Statement for the Record

To the Special Committee on Aging, U.S. Senate

TRANSPORTATION-DISADVANTAGED POPULATIONS

Coordination Efforts are Underway, but Challenges Continue

Statement for the Record by Dave Wise, Director, Physical Infrastructure Issues
Why GAO Did This Study

Millions of Americans are unable to provide their own transportation or have difficulty accessing public transportation. Such transportation-disadvantaged populations may include those who are elderly, have disabilities, or have low incomes. Older adults represent the fastest-growing segment of the U.S. population, and access to transportation is critical to helping individuals remain independent as they age.

This statement addresses (1) the federal programs that provide funding for transportation services for the transportation-disadvantaged populations, including older adults, and (2) the types of challenges faced in providing services to transportation-disadvantaged populations. This statement is based on GAO’s body of work in this area from 2004 through 2012.

What GAO Found

In 2012, GAO reported that 80 federal programs in eight different agencies fund a variety of transportation services for transportation-disadvantaged populations, which include older Americans. Within the Department of Transportation (DOT), the Federal Transit Administration (FTA) is a key source of federal transportation funding for older Americans. For example, some FTA programs provide formula funding to states to serve transit-dependent populations with special needs.

States typically distribute these funds to local nonprofit human service agencies to buy vehicles to transport older adults and people with disabilities, and the funds may support transportation to access a range of activities, such as grocery shopping. While some federal funding programs are transportation focused, transportation was not the primary mission for the vast majority of the 80 programs GAO identified in 2012. For example, the Department of Health and Human Services’ Medicaid program reimburses states that provide Medicaid beneficiaries with bus passes, among other transportation options, to access eligible medical services. Total federal spending on transportation services for the transportation disadvantaged remains unknown because federal departments did not separately track spending for roughly two-thirds of the programs identified in 2012. Through regulations, guidance, or agency initiatives, some agency programs require or encourage their grantees to coordinate transportation services. For example, FTA’s Enhanced Mobility of Seniors and Individuals with Disabilities program required grantees to coordinate and establish locally developed, coordinated public transit-human services transportation plans.

While some transportation planning and service coordination efforts are under way at the federal, state and local levels, GAO previously identified continuing challenges such as insufficient leadership at the federal level and limited financial resources and growing unmet needs at the state and local level. For example, in 2012 GAO reported that insufficient federal leadership and guidance about how to coordinate transportation services for the transportation disadvantaged and navigate various federal program requirements might hinder the coordination of transportation services among state and local providers. Selected state officials also said that the federal government could provide state and local entities with improved guidance on transportation coordination—especially related to instructions on how to share costs across programs (i.e., determining what portion of a trip should be paid by whom). Limited financial resources and growing unmet needs challenge state and local providers as well. Several state and local officials expressed concern about their ability to adequately address expected growth in elderly, disabled, low-income, and rural populations. For example, transit agency officials reported to GAO in 2012 that demand for Americans with Disabilities Act paratransit—a service that can be more costly to operate than traditional fixed-route transit and that is often used by transportation-disadvantaged populations including the elderly—has increased because of the growing older population.

What GAO Recommends

GAO is not making any new recommendations. In 2012, GAO recommended that the Secretary of Transportation, as the chair of the Coordinating Council on Access and Mobility, along with its member agencies, should (1) complete and publish a strategic plan that would outline agency roles and responsibilities and articulate a strategy to help strengthen interagency collaboration and communication, and (2) report on the progress of Coordinating Council recommendations and develop a plan to address any outstanding recommendations. DOT has begun taking action to implement these recommendations.

View GAO-14-154T. For more information, contact David J. Wise at (202) 512-2834 or wised@gao.gov.
Chairman Nelson, Ranking Member Collins, and Members of the Committee:

I am pleased to submit this statement discussing GAO’s work on transportation-disadvantaged populations, including older adults. Millions of Americans are unable to provide their own transportation or have difficulty accessing public transportation. Such transportation-disadvantaged populations may include those who are elderly, have disabilities, or have low incomes. Older adults represent the fastest-growing segment of the U.S. population, and access to transportation, via automobile or other modes, is critical to helping individuals remain independent as they age. In the face of limited financial resources, state and local transportation providers are concerned about growing elderly populations and unmet transportation needs.

This statement describes: (1) the federal programs that provide funding for transportation services for the transportation-disadvantaged populations, including older adults, and (2) the types of challenges federally-funded programs face in providing services to transportation-disadvantaged populations. This statement is drawn from a body of work that we completed from 2004 through 2012 regarding transportation-disadvantaged populations. The reports cited in this statement contain more detailed explanations of the methods used to conduct our work. The work on which this statement is based was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Older adults represent the fastest-growing segment of the U.S. population. According to 2010 U.S. census data, the population aged 65 and older grew 15 percent from 2000 to 2010, compared with growth of about 10 percent in the overall population. As people age, their physical, visual, and cognitive abilities may decline, making it more difficult for them to drive safely. Public transportation can be an option for the elderly, but access and ease of use can be a challenge.

Federal programs play an important role in helping transportation-disadvantaged populations, including older adults, by providing funds to state and local grantees that, in turn, offer transportation services either directly or through private or public transportation providers. This includes contracting with private transit providers or providing transit passes, taxi vouchers, or mileage reimbursement to program participants, or some combination of these methods. Some programs may use federal funds to purchase and operate their own vehicles. Federal programs provide funding for transportation under a variety of services including education, employment, medical care, and other human services.

We have previously reported that people in need of transportation often benefit from greater and higher quality services when transportation providers coordinate their operations. Additionally, federal coordination of transportation services can lead to economic benefits, such as funding flexibility, reduced costs, or greater efficiency. The Department of Transportation (DOT) chairs the Interagency Coordinating Council on Access and Mobility (Coordinating Council), which among other things, assists federal transportation program coordination efforts so that transportation-disadvantaged persons have access to improved transportation services. The Coordinating Council launched the “United We Ride” initiative in fall 2003 to act as a forum for interagency communication and to help states and communities overcome obstacles to coordination. Coordinating Council actions included issuing publications such as policy statements and progress reports on efforts taken.
In 2012, we reported that 80 federal programs in eight different agencies fund a variety of transportation services for transportation-disadvantaged populations. Within the DOT, the Federal Transit Administration (FTA) is a key source of federal transportation funding for older Americans. For example, FTA’s Enhanced Mobility of Seniors and Individuals with Disabilities program—authorized at approximately $255 million for fiscal year 2013 and $258 million for fiscal year 2014—provides formula funding to states to serve the special needs of transit-dependent populations beyond traditional public transportation services. States typically distribute these funds to local nonprofit human service agencies to buy vehicles that transport older adults and people with disabilities, and the agencies funded may support a range of activities including visiting friends or grocery shopping.

While some federal funding is targeted to programs with a transportation-related mission, transportation was not the primary mission of the vast majority of the programs we identified. Other key federal agencies that provide transportation funding include the Departments of Health and Human Services (HHS), Education, and Housing and Urban Development. These departments’ programs primarily provide a variety of human services, such as medical care, which incorporate transportation as an eligible program expense to ensure that participants can access a service. For example, HHS’s Medicaid program reimburses states that provide Medicaid beneficiaries with bus passes, among other transportation options, to access eligible medical services.

The total spending on transportation services for the transportation disadvantaged—including the elderly—remains unknown because, in many cases, federal departments do not separately track spending for these services. Of the 80 programs that we identified in 2012, roughly two-thirds of the programs were unable to provide spending information for eligible transportation services offered in fiscal year 2010. However,

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2GAO-12-647. In 2012, we reported on the universe of fiscal year 2010 federal programs that provide funding for transportation services for the transportation disadvantaged.

total expenditures and obligations\textsuperscript{4} for the 28 programs that did track or estimate transportation spending were at least $11.8 billion in fiscal year 2010.

Through regulations, guidance, or agency initiatives, some federal programs require or encourage their grantees to coordinate transportation services. For example, FTA’s Enhanced Mobility of Seniors and Individuals with Disabilities program required grantees to coordinate their transportation services and establish locally developed, coordinated public transit-human services transportation plans.\textsuperscript{5} Additionally, there are some federal partnership efforts underway, such as the Veterans Transportation and Community Living Initiative Grant Program, a coordinated effort by the Departments of Defense, HHS, Labor, Transportation, and Veterans Affairs to support one-call transportation resource centers.\textsuperscript{6}

\textsuperscript{4}Spending was reported by program officials, and we did not verify the information. Amounts obligated or expended on transportation are given, depending upon the information available. When actual information was not available, agency officials provided estimates.

\textsuperscript{5}MAP-21, Pub. L. No. 112-141, § 20009, 126 Stat., 675-680, codified at 49 U.S.C. § 5310, consolidated DOT’s Transportation Services for Individuals with Disabilities and New Freedom programs into the Mobility of Seniors and Individuals with Disabilities program. Among other things, section 5310 further provides for the apportionment of funds for urbanized and rural areas based on the population distribution of seniors and individuals with disabilities. Recipients must certify that projects selected are included in a locally developed, coordinated public transit-human services transportation plan. The plan must undergo a development and approval process that includes seniors and people with disabilities, transportation providers, among others, and is coordinated to the maximum extent possible with transportation services assisted by other federal departments and agencies.

\textsuperscript{6}One-call centers support human service and other specialized transportation services by providing program information such as service characteristics, eligibility criteria, and referrals for appropriate service providers. For example, a regional planning commission in Virginia operates a one-call center that provides clients with information on the public, private, and volunteer transportation options available in the region.
Despite Transportation Planning and Service Coordination Efforts, Challenges Continue

While some transportation coordination efforts are under way at the federal, state and local levels, we have previously identified key challenges to providing services to transportation disadvantaged populations, such as insufficient leadership and guidance at the federal level, changes to state legislation and policies, limited financial resources, and growing unmet needs. In 2012 we reported that insufficient federal leadership and guidance on how to coordinate transportation services for the transportation disadvantaged and varying federal program requirements may hinder the coordination of transportation services among state and local providers. For example, state and local officials in four out of the five states we selected in 2012 said that with the exception of DOT, other federal agencies were not actively encouraging transportation coordination. Officials in each of the five states we selected also said that the federal government could provide state and local entities with improved guidance on transportation coordination—especially as it relates to instructions on how to share costs across programs (i.e., determining what portion of a trip should be paid by whom).\(^7\)

To promote and enhance federal, state, and local coordination activities, we recommended that the Secretary of Transportation report on the progress of Coordinating Council recommendations and develop a plan to address any outstanding recommendations, including the development of a cost-sharing policy and the actions taken by member agencies to increase federal program grantee participation in locally developed, coordinated planning processes.\(^8\)

We also recommended that the Coordinating Council meet and complete and publish a strategic plan to clearly outline agency roles and responsibilities and articulate a strategy to help strengthen interagency collaboration and communication, which could help address state and local challenges in understanding program requirements.\(^9\)

DOT and the Coordinating Council’s member agencies responded to this recommendation by issuing a strategic plan for 2011-2013, which established agency roles and responsibilities and identified a shared strategy to reinforce cooperation, and officials have

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\(^7\)In 2012, we reported on the types of coordination that occurred at the state and local level by conducting interviews with officials from five states—Florida, Texas, Virginia, Washington, and Wisconsin.

\(^8\)As of November 2013, this recommendation remained open, meaning that DOT has not taken action on the recommendation.

\(^9\)GAO-12-647. In 2012, we reported that the Coordinating Council was largely active from 2003 to 2007, and that the Secretary-level members of the council had last met in 2008.
indicated they will continue to take steps to implement these recommendations. For example, the Coordinating Council’s member agencies agreed, among other things, to demonstrate federal leadership on transportation coordination through: developing, promoting, and implementing an effective human service transportation policy that facilitates local- and state-level coordination practices and supports national priorities.

Changes in state legislation or state policies may also pose challenges to coordinating services for the transportation disadvantaged at the state and local level. State officials in four of the five states we met with in 2012 told us that such changes have caused some uncertainty. For example, in 2012 we reported some state coordinating bodies’ authority had not been renewed or was about to expire, causing uncertainty in the states’ efforts to coordinate human services transportation going forward. In addition, uncertainty regarding how developments—such as a state shifting responsibilities for Medicaid nonemergency medical transportation from a coordinated state-level transportation system to a private managed care system—may affect state Medicaid program’s participation in state and local efforts to coordinate transportation services for the transportation disadvantaged.

Limited financial resources and growing unmet needs are also challenges for state and local providers and their ongoing coordination efforts—both now and in the future. Several state and local officials expressed concern about their ability to adequately address expected growth in elderly, disabled, low-income, and rural populations. For example, transit agency officials told us in 2012 that demand for Americans with Disabilities Act of 1990 (ADA)\textsuperscript{10} paratransit,\textsuperscript{11} a service often used by transportation-disadvantaged population including the elderly, has increased because of the growing older population.\textsuperscript{12} However, ADA paratransit trips are much more costly to provide than fixed-route trips because they may, for example, provide door-to-door service. Officials pointed to the growth in


\textsuperscript{11}As defined at 49 C.F.R. § 37.3.

\textsuperscript{12}Paratransit service, broadly defined, is accessible, origin-to-destination transportation service that operates in response to calls or requests from riders. It is an alternative to fixed-route transit service, which operates according to regular schedules along prescribed routes with designated stops.
the older adult population as a reason why more people are living with disabilities and need ADA paratransit services. Additionally, some agencies and their potential partners reported that they find it difficult to come up with funding, even when it is a modest local match for grants. Similarly, state and local officials in Virginia told us that state and local match requirements may preclude some entities from applying for federal funds. Given these growing unmet needs in an environment of limited resources, additional information on (1) the current extent of transportation services and funding available for older adults, and (2) efforts to coordinate services, including with the private sector and at the federal, state, and local levels could help identify both challenges and leading practices for providing funding and transportation services for older Americans going forward.

This concludes my statement for the record.

For further information on this statement, please contact David J. Wise at (202) 512-2834 or wised@gao.gov. Contact points for our offices of Congressional Relations and Public Affairs may be found on the last page of this statement. In addition to the contact named above, Bert Japikse, Delwen Jones, Heather MacLeod, Sara Ann Moessbauer, Maria Wallace, and Betsey Ward-Jenks made key contributions to this statement.
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