



Coordination of Health Care and Transportation Services



Senate Committees on Transportation and Health and Welfare

January 23, 2026

Legislative Mandate in Act 43

- Sec. 28. COORDINATION OF HEALTH CARE AND TRANSPORTATION SERVICES; WORKING GROUP; REPORT (a) The Secretary of Transportation, in consultation with the Commissioner of Vermont Health Access, shall **convene a working group to improve the coordination of health care and transportation services** in relation to individuals enrolled in the State's demand response transportation programs. The working group shall be composed of stakeholders identified by the Secretary in consultation with the Commissioner of Vermont Health Access, including representatives of the Vermont Association of Hospitals and Health Systems, independent dialysis and methadone facilities, and the Vermont Public Transportation Association. (b) The working group shall examine various options for improving the coordination of health care and transportation services, including: (1) **opportunities to coordinate the scheduling of health care appointments and treatments to maximize the use of shared rides;** and (2) opportunities to **improve communication between the public transit agencies and health care providers** to facilitate coordination of health care and transportation services for individuals enrolled in the State's demand response transportation programs. (c) On or before January 15, 2026, the Secretary and Commissioner shall submit a written report to the House Committees on Transportation and on Health Care and the Senate Committees on Transportation and on Health and Welfare with the working group's findings and any recommendations for legislative action.

Working Group

- Vermont Agency of Transportation
 - Michele Boomhower
 - Ross MacDonald
 - Dan Currier
 - Jeremy Whiting
- Vermont Agency of Human Services
 - Peter McNichol
 - Kelli Rhodes
 - Grace Johnson
 - Alicia Cooper
 - Stephanie Beck
 - Anthony Folland
- Vermont Public Transportation Association
 - Caleb Grant
 - Elaine Haytko
- Vermont Association of Hospitals and Health Systems
 - Devon Green
- University of Vermont Health
 - Karen Vastine
 - Natasha Withers
- Bi-state Primary Care Association
 - Mary Kate Mohlman

Efforts to Date

- Working Group has met five times from October 2025 through December 2025
- UVM Health Care Management
 - January 2025 instituted Health-Related Social Needs screen for all primary care practices
 - Positive result generates referral to Care Management Team
 - Transportation challenges one of the most common reasons for referral
- TVT, Porter Medical Center and UVM Medical Center
 - July 2025 began working together to increase shared rides
 - Four dialysis patients transitioned from solo trips to shared trips
 - Saves about \$1,300 per month and frees up volunteer driver time to run other trips

Outreach to Medical Facilities

- Four regional health systems have engaged thus far
 - UVM Health (UVMMC in Burlington, CVMC in Berlin and Porter MC in Middlebury)
 - Northeastern Vermont Regional Hospital (St. Johnsbury)
 - Springfield Hospital
 - Rutland Regional Medical Center
- Volunteer Sharing
 - Seek to augment capacity of transit providers' community drivers with hospital volunteers
 - Transit agencies have infrastructure and processes set up to promote volunteer driving
- Travel Coordination
 - Connect medical facilities with regional transit providers
 - Pursue opportunities for shared rides

Potential Efficiencies

Trip Characteristics	Frequency	
	High	Low
Long	Primary Target (Dialysis trips to distant clinics)	Medium Priority (Infrequent trips to UVM MC or Dartmouth from rural parts of Vermont)
Short	Medium Priority (Dialysis trips to nearby clinics)	Low Priority (Infrequent trips to nearby facilities)

Near-Term Targets

- Dialysis

- In October 2025, 188 riders who took frequent trips for dialysis
- 57 of these traveled regularly in shared rides
- Based on data from transit providers
 - 30 riders could be grouped with minor changes to their schedules
 - 52 riders could be grouped with more significant changes
- Limits on potential sharing
 - Capacity of dialysis clinics
 - Discomfort felt by dialysis patients

- Substance Use Disorder

- Already group more than 90% of these trips – continue to look for opportunities

- Trips to Major Regional Facilities

- Investigate narrowing scheduling windows for patients from specific regions, assuming no significant impact on medical treatment

Longer-Term Goals

- Patient scheduling process
 - Screen all patients for transportation challenges
 - Work with transit providers to coordinate trips
- Established communication channels
 - Ensure all medical facilities have direct contact with regional transit provider
- Scheduling software
 - Investigate possibility of allowing medical staff to view upcoming scheduled trips to ease coordination

Recommended Next Steps

- Make Working Group permanent
 - Meet quarterly (March, June, September, December)
 - Set target for each transit provider to achieve three new shared rides per quarter
 - Report to Public Transit Advisory Committee quarterly
 - Report to Vermont Legislature each January
 - Continue outreach to medical centers; Dartmouth Health is a priority
- Vermont Legislature
 - Monitor progress, including participation of for-profit dialysis clinics
 - Hold joint session of Transportation and Health Care committees
 - Consider holistic accounting of health care and transportation expenses (impacts of consolidation and specialization on public transit)
 - Consider investment in mobility management to help manage demand