TESTIMONY

BEFORE THE SENATE COMMITTEE ON

BANKING, HOUSING AND URBAN AFFAIRS

on

IMPROVING TRANSPORTATION OPTIONS IN RURAL STATES AND TRIBAL AREAS UNDER MAP-21

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WITNESS:

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Good afternoon, Chairman Johnson. I am Sarah Jennings, State Director of AARP South Dakota. I appreciate the opportunity to testify on a topic of critical importance to millions of older Americans in rural communities – how public transportation can help them maintain their independence, health and quality of life.

Aging in Place

Rural America is becoming increasingly older. South Dakota's senior population, for example, comprises 14.3 percent of South Dakota's total population, a greater share than for older persons in the US population as a whole (13 percent). Indeed, as younger people relocate away from rural areas, often in search of work, the remaining older population (age 65 and above) has become a larger presence in rural America, now constituting 14 percent of all rural residents nationwide. Among the total population of people age 65 and over, one-fifth live in nonmetropolitan areas.

Our research indicates that nearly 90 percent of persons age 50 and above prefer to remain in their homes as they age; and 95 percent prefer to remain in their communities. When older persons do move, they tend to move within the same county.

In rural America, the greater distances between homes and essential destinations, such as health care, grocery stores and shopping, exacerbate the transportation challenges of older nondrivers. Nationally, over one in five older persons, 8 million people, does not drive. These individuals often rely on family and friends, who provide more than 1.4 billion trips per year, according to the 2009 NHTS.

Older persons living in rural areas risk their ability to live independently if they do not drive. A 2006 study published in the American Journal of Public Health found that nondrivers in their semi-rural sample of older adults were four times as likely as drivers to end up in long-term care, not necessarily because they needed long-term care services, but because they could no longer function independently without transportation. Over half of older nondrivers stay home on a given day which puts them at greater risk of isolation due to the inability to access needed services and the

loss of connection to their community. This can lead to unforeseen and significant costs as social isolation is associated with an increase in serious health conditions and depressive symptoms.

The population is also aging on our nation's Indian reservations. Based on Census data presented in a 2007 report by the Small Urban and Rural Transit Center (SUTC), the population *age 60* and above is somewhat higher in tribes in the lower 48 states than in the nation as a whole (17 percent versus 16.3 percent nationally). Further, 31 tribes have older populations that are at least 20 percent of the total. South Dakota's tribal population age 60 and over is approximately 14 percent. The SURTC report, "Tribal Transit Demographic Need Indicators," places five South Dakota reservations among the top 25 reservations in the lower 48 states in mobility dependent populations (defined as older adults, persons with disabilities, low income, school age, and households without a vehicle) on a percentage basis. These tribes are the Crow Creek Sioux, Oglala Sioux, Lower Brule, Rosebud Sioux, and Cheyenne River.

Need for Transportation Services in Rural America

Public transportation services are often very limited in nonmetropolitan areas. Indeed, two-thirds of South Dakota residents age 50 and older reported in a recent AARP South Dakota survey that it would be difficult for them to get where they wanted to go if they were no longer able to drive. Further, 56 percent said that public transportation is simply not available in their community. This is a particular concern for the nearly two-thirds who reported that transportation services are extremely or very important to help people remain in their own homes as they age.

The number of U.S. counties served by the federal nonurban transit program (Section 5311) has been growing, yet 23 percent of counties still lack service. Where service is available, however, rural transit is a lifeline that helps older adults and persons with disabilities stay connected to their community and remain independent in their homes. The dispersed geographic character of rural America makes fixed routes less effective for serving the general public. Indeed, over 80 percent of rural transit providers offer demand-response service, according to a 2012 report by the Small Urban and Rural Transit Center.

Older adults and individuals with disabilities depend on these services and represent a disproportionate share of ridership in rural areas. In fact, persons age 60 and older make 31 percent of all rural transit trips, and people with disabilities, 23 percent.

The need is especially pronounced in tribal areas as many reservations are extremely rural with less than 5 people per square mile and one-way travel distances may be well over 100 miles to the nearest regional center. Many tribes have high rates of extreme poverty making prohibitive the cost of gasoline and other costs of car ownership.

Importance of MAP-21 Federal Investment in Public and Specialized Transportation

Federal transit investments have played a critical role in rural and tribal areas. In fact, the Federal Transit Administration (FTA) is the primary funding source for 81 percent of rural transit vehicles. Specialized transportation, funded through FTA and other federal agencies, is a lifeline for older nondrivers and their families. According to the 2009 National Household Travel Survey, senior nondrivers take 228 million trips per year on specialized transportation (in all geographic locations), comprising nearly two-thirds of all their public transportation trips.

Funding

FTA funding has contributed to the tremendous growth in the number of tribal transit services in the past decade, from 18 in 1999 to nearly 120 in 2011, covering about 20 percent of tribes. That the Tribal Transit program requires no federal match has encouraged its growth. However, demand for new services remains very strong. From fiscal year 2006 through fiscal year 2010, the high number of funding requests and amount of funds requested for Tribal Transit far exceeded the ability to satisfy demand. Existing systems provide about 1.2 million rides annually.

Under MAP-21, formula grant programs affecting small town and rural communities received significant increases. For example, the Section 5311 nonurban transit program is funded at nearly $600 million in fiscal year 2013, up from $465 million in fiscal year 2012, and will increase to approximately $608 million in fiscal year 2014. Tribal Transit funding is a takedown from

Section 5311 and the amount dedicated to it is doubled to $30 million in both fiscal years 2013 and 2014. Twenty-five million dollars of this amount is distributed by formula grant, with the balance distributed by competitive grant.

Funding was also increased for the revised Section 5310 program, Enhanced Mobility for Seniors and Disabilities, above the total fiscal year 2012 levels for Section 5310 and New Freedom combined. (The revised program merges these two programs.) Funding is increased by 13 percent above fiscal year 2012 levels in fiscal year 2013, for a total of $254.8 million, and by 15 percent above fiscal year 2012 in fiscal year 2014, for a total of $258.3 million.

Planning

MAP-21 established several policy enhancements to federal transit programs affecting rural areas. Planning is a vital component of high quality service delivery and is now an eligible activity for Section 5311 funds. In addition, under the statewide planning program, there is a new state option to create regional transportation planning organizations (RTPOs) to address the needs of nonmetropolitan areas for planning, coordination, and implementation of long-range plans and Statewide Transportation Improvement Programs. The law also requires states to cooperate with nonmetropolitan local officials (or if applicable, through RTPOs) in planning activities covering nonmetropolitan areas, including the development of the Long-Range Statewide Transportation Plan. Finally, states are required to develop a consultative process for nonmetropolitan local official involvement (including through RTPOs) that is "separate and discrete" from the public involvement process.

For the Section 5310 transit program for the elderly and individuals with disabilities, the law retains the requirement for a connection between projects and the locally-developed coordinated public transit-human services transportation plan. This is discussed further below.

Program Features

The Section 5311 program has a new eligibility, the Job Access and Reverse Commute program which links low-income workers to job opportunities. This eligibility also applies to the Section 5307 large urban program.

Intercity bus service provides a critical link to local transportation services in rural areas and may offer the only access to distant medical centers for many rural residents. MAP-21 continues the requirement that states spend at least 15 percent of Section 5311 funds for intercity bus transportation. A new provision of the law allows the costs of private intercity bus operations to be treated as a match for the MAP-21-funded operating costs of rural intercity bus feeder service, providing greater flexibility for securing the federal match.

MAP-21 also creates a new formula-based program to increase public transportation access for residents within the Appalachian region. This program, a set-aside from the Section 5311 program, provides states $20 million per year.

The new law made several changes to the Section 5310 program, foremost among them being its merger with the former Section 5317 New Freedom program. AARP is pleased that the committee and Congress did not advance full consolidation of the FTA specialized transportation programs. The purposes and goals of these two programs align well.

The new program retains the designation, "Section 5310," as well as the purposes of the original programs: to make grants for public transportation projects to meet the special needs of seniors and persons with disabilities when public transportation is insufficient, inappropriate, or unavailable (Section 5310); and to make grants for public transportation projects that exceed the requirements of the Americans with Disabilities Act (New Freedom). Newly-established grant purposes include, 1) public transportation projects that improve access to fixed route service and decrease reliance on paratransit; and, 2) alternatives to public transportation for seniors and persons with disabilities.

Under the new program structure, a minimum of 55 percent of funds must be used for the original purpose of Section 5310, as described above. The balance of the funding is reserved for the remaining purposes, described above.

Importantly, operating assistance (with a 50 percent federal match) is now an eligible expense under the Section 5310 program. This rectifies the long-standing discrepancy in which Section 5310 was the sole small transit program prohibited from using funds for operating expenses. This new eligibility will assist providers in paying the costs of gasoline, insurance, salaries and other expenses necessary to put vehicles on the road. The allowance continues for funds from other (non-DOT) federal programs to make up the local share of program costs.

States continue to receive funding for the 20 percent of 5310 funds designated for rural areas, and the 20 percent designated for small urban areas. However, under MAP-21 60 percent of funds is now allocated directly to large urban areas. Program subrecipients continue to include nonprofit providers. The competitive selection process, which was formerly required for the New Freedom program, is now optional.

Coordination of Human Services Transportation in MAP-21

Mobility management remains eligible as capital expense under MAP-21. The mobility management approach offers a single point of access that navigates multiple provider services to meet individual travel needs. Mobility managers may serve several functions, including helping communities develop coordination plans, brokering transportation services, and working with human service agencies that coordinate their clients' travel.

As mentioned above, MAP-21 retains and strengthens the requirement that funds be contingent on the locally developed coordinated public transit-human services transportation planning process. The law specifies that projects must be "included in" (rather than "derived from") the coordinated plan. In addition, states and designated recipients must certify that transportation services are coordinated with those assisted by other federal departments, including any carried out by a recipient of a grant from the Department of Health and Human Services (HHS).

Significantly, the law makes newly explicit the requirement for participation by seniors and people with disabilities in the development and approval of the locally developed, coordinated public transit-human services transportation plan.

AARP Board Charge on Transportation Coordination

In 2011, the AARP Board of Directors tasked the National Policy Council (NPC) with examining approaches to strengthen the coordination and delivery of transportation services to older adults and to make policy recommendations. Recognizing that the lack of transportation has particularly acute consequences in rural locations, the board charge paid particular attention to the challenges of serving rural older adults. In pursuing this charge, the NPC conducted three site visits and heard from a diverse array of over 60 experts, stakeholder organizations, and AARP representatives in the states. One of the Council's site visits was to South Dakota where they met with stakeholders in Sioux Falls, Pierre, Rapid City, the Cheyenne River Indian Reservation, and the Pine Ridge Indian Reservation. The Council met with leaders from major hospitals and transit agencies, the Secretary of Transportation and other state transportation officials, tribal leaders, chairs of the South Dakota House and Senate Transportation Committees, academics, and staff from the state's Congressional delegation.

The Council observed that social networks are shrinking in many small, rural agricultural communities. In 1900, the typical farm was less than 200 acres. Today in South Dakota, it is not uncommon to find farms of 40,000 to 50,000 acres in size. Fewer people are needed to sustain an agricultural economy, thus many small rural communities are dying. The older population that remains has fewer younger relatives and neighbors to assist with transportation. Local budgets are shrinking as well, and cannot easily fill the gap. It was noted that one rural community chose to invest in public transit when it realized that its older residents were packing up and leaving for urban areas (and taking the tax base and their consumer expenditures with them) when the challenge of transportation became too great.

The South Dakota site visit offered many positive examples of coordinated transportation services. The State DOT has long worked with human service agencies, such as the area agencies on aging (AAAs), to eliminate duplication of efforts. AAAs negotiate contracts with the local transit providers to obtain transportation for their clients. Section 5310 funding is almost entirely directed to local transit providers.

River Cities Transit, based in Pierre, is an exemplar of a transit provider that has expanded coordinated transit services. It now serves 11 counties, two Indian reservations, provides express service to hospitals and clinics in Sioux Falls, service to the airport, and coordinates its service to link customers to other transit providers in North Dakota. It is the transportation provider for all local YMCAs, employment training centers, and schools. RCT operates 24 hours a day, 7 days a week, a remarkable level of service for a rural transportation provider.

The South Dakota DOT's efforts at coordination predate and go beyond federal requirements. In 1996, the Governor created the Transportation Planning and Coordinating Task Force comprised of representatives from the state departments of Transportation, Social Services, Health, and Human Services, and the Coalition of Citizens with Disabilities. The task force is charged with providing cost-effective and efficient transportation services and reducing fragmentation and duplication of services. The intent of coordination is to increase vehicle use and ridership, thereby helping local agencies combine resources to better meet the mobility needs of the community. The DOT enforces federal coordination requirements by tying FTA's specialized transit funding to the development of a coordinated public transit human services transportation plan. A regional coordinated plan must be in place for any eligible agency in the community to receive FTA specialized transit funding.

In South Dakota and beyond, the Council was struck by the fact that many older people were simply unfamiliar with transit and needed help in getting started using it. Consumer education and outreach, such as transit travel training for prospective older riders, could overcome a number of cultural barriers to greater transit use.

The Council also found that rural towns that are slowly dying could be helped by locating senior-friendly affordable housing in central areas of the towns thereby retaining the economic

investments that flow from older residents. This would enhance access to transportation and medical care while allowing continued connections to social supports, such as family and churches.

Discovering the Health and Transportation Connection

The Council learned that transportation is an essential service for access to health care and to enable older people to live independently. The changing nature of health care delivery presents its own set of challenges for rural residents as health care facilities locate in more centralized locales, increasing the travel distance required to obtain medical care. The shift from inpatient to outpatient medicine, particularly for dialysis and cancer treatment, is also placing increasing demands on transportation systems. In addition, findings from the National Health Interview Survey indicate that the lack of access to nonemergency medical transportation is a critical barrier to the management of chronic illness and disabilities. The Survey found that approximately 3.6 million adults living in the community fail to obtain health care due to a lack of transportation and these individuals are more likely to be older, minority, and female. They are also more likely to report multiple medical conditions and impairments that make transportation difficult and often cause them to miss critical medical appointments.

The Committee's visit to the Avera Cancer Institute in Sioux Falls demonstrated that the coordination of health and transportation services is essential to providing quality patient-centered care. Avera staff noted that the lack of convenient and reliable transportation is the top barriers to care for their patients. Sixty-eight percent of the Institute's patients live outside of the Sioux Falls area traveling up to 255 miles from locations in South Dakota, Iowa and Minnesota. Cancer treatment typically involves regular, at times daily or weekly, visits to medical facilities, presenting a serious challenge for patients who are too weak to drive after treatment or who lack the human or financial resources to find other means to get to and from lifesaving treatment.

Avera assigns patient navigators to identify barriers to treatment and to make referrals. Social workers at the Center assist patients with transportation needs, working closely with the medical staff and transportation providers to accommodate treatment to transportation resources. Fragmented service patterns, long application and waiting periods, and lack of transportation resources are major

barriers. Avera attempts to bridge gaps in transportation resources through donations from its Foundation and employees to pay for taxi vouchers.

South Dakota's high rate of mastectomies also illustrates how the lack of transportation impacts patient care. Avera staff noted that many women will choose a treatment based on the number of visits required and because of transportation concerns will favor those with less time required for radiation.

As part of Board Charge study, the Council also learned that Medicaid is the largest public payer of non-emergency medical transportation (NEMT) services for older adults and people with disabilities. NEMT may include, for example, transportation to doctors' appointments, dialysis, and chemotherapy. While data on total Medicaid spending for transportation is not collected, estimates range from close to $1 billion to slightly more than $3 billion annually, dwarfing expenditures by many federal transit programs.

Currently, CMS does not track non-emergency medical transportation (NEMT) expenditures in a way that facilitates rigorous analysis and development of solutions to better coordinate and improve services. Under current reporting guidelines, those transportation costs that are classified as an administrative expense (rather than a medical service) are not itemized within the larger category of administrative expenses, thus the full amount of Medicaid spending on transportation services is unknown. According to a 2002-2003 survey by the National Consortium on the Coordination of Human Services Transportation, 13 states reported that they classified transportation services to be paid as an administrative expense. Another 12 states classify transportation expenditures as both administrative and a medical service (for which transportation expenses *are* tracked and reported).

States may qualify for full Medicaid federal match reimbursement if they bill NEMT as a medical expense and meet other requirements, such as a transportation brokerage system. The Deficit Reduction Act of 2006 allows states to contract with brokers to manage NEMT services, which are required to be cost effective, and for which providers must be selected through a competitive bidding process. As of 2009, 38 states used brokers to contain NEMT costs and ensure quality of service.

In addition to Medicaid, federal funding for transportation services is also provided through other programs of HHS, most notably Title III-B supportive services and the services for Native Americans under Title VI of the Older Americans Act (OAA). Under Title VI, the OAA provides funds to American Indian and Alaska Native elders for an array of supportive services, including transportation. No local matching funds are required. In fiscal year 2008, Title VI provided roughly 1 million rides to meal sites, medical appointments, pharmacies, markets and other essential destinations for elders.

The Council also learned that the Affordable Care Act has placed a priority on reducing the high cost of unnecessary hospital readmissions, improving care coordination and transitions of care, and supporting community-based care. Transportation is essential to each of these care goals.

Key findings from the AARP National Policy Council Board Charge on Transportation Coordination include the following:

- **A "bottom up" approach is effective in strengthening the coordination of transportation services and developing new partnerships to expand services.** Strong local leadership is critical for success, but coordination should be fostered at all levels to strengthen the transportation network. A case study of River Cities Transit is included in a forthcoming report by AARP's Public Policy Institute that highlights local providers from around the country that demonstrate successful coordination of funding sources to provide quality transportation services.

- **Coordinating health services and transportation is essential to quality, patient-centered care.** Staff at the Avera Cancer Institute in Sioux Falls, SD, told the Council that the lack of convenient and reliable transportation is the greatest barrier to care for their patients. South Dakota's high rate of mastectomies illustrates how the lack of transportation impacts patient care: Studies find that many women choose a treatment based on the number of visits required and favor those with less time required for radiation because of transportation concerns.

- **Due to severe fiscal constraints on states, federal funding for transportation, including from human service agencies is more essential than ever.** Sustaining and making more efficient use of transportation-related funding is essential as most states are unlikely to be able to significantly increase contributions to transportation services. The Centers for Medicare and Medicaid Services (CMS) is the largest public payer of nonemergency medical transportation services to older adults and persons with disabilities.

- **Additional funding for mobility management would strengthen coordination and increase the quality of transportation services.** The inclusion of dedicated funding for mobility managers through the US DOT and other federal agencies would strengthen the coordination and quality of services.

- **Technology has a significant role in improving the efficiency and quality of transportation services.** Ride scheduling software and other technology enable "one call" transit services and are key elements in achieving the goal of efficient use of transportation assets and improving the quality and coordination of services.

AARP South Dakota Works to Advance Transportation Coordination

AARP South Dakota is committed to addressing the transportation challenges and opportunities in our state. Dennis Eisnach, our volunteer state president, provides incredible leadership on this issue and feels passionately that a resident of our state should have access to transportation choices regardless of where they live and that AARP South Dakota must address this issue or many older South Dakotans will not have the option to age in their homes.

After hearing from volunteers and members from across South Dakota regarding the transportation challenges they face on a daily basis, AARP South Dakota has prioritized working on transportation coordination in 2013 and beyond. Our long-term goal is to work with our partners in our state to implement a one call system that will allow our residents to be able to make a single call to receive a ride at any time for any need.

Thanks to Ron Baumgart with River Cities Public Transit, Barb Cline with Prairie Hills Transit and Northern State University's Dr. Jim Seeber and the Northeast South Dakota Regional Aging Council, much work has already been done in this area with much more left to do. AARP South Dakota also appreciates Bruce Lindholm and the South Dakota Department of Transportation's efforts to work with us on this issue.

AARP South Dakota, along with many other leaders in our state, know this solution won't come quickly but the work over the long term will provide the results we want.

Looking Ahead in South Dakota

According to the 2010 South Dakota DOT Long Range Plan, the state population is shifting from rural to urban communities. For the first time in South Dakota history, the urban population was found to be greater than the rural population. One consequence of this development is that persons with disabilities who live in these more densely populated communities and do not drive will need to rely on costly complementary paratransit services if they are unable independently to access a bus stop due to missing or broken sidewalks, an inaccessible bus stop, or other road obstructions. Well-constructed and maintained sidewalk networks can result in great savings for paratransit services.

Economic conditions can be strengthened by increasing coordination between separate funding resources, thereby amplifying the impact they would have independently. This approach is underway through an effort by the Oglala Lakota Tribe on the Pine Ridge Reservation and the Thunder Valley Community Development Corporation with assistance from a HUD Sustainable Communities Regional Planning Grant. Agencies including the reservation's Housing Authority, Environmental Protection Program, Chamber of Commerce, and Health Administration will collaborate on the development of the regional plan that seeks to integrate housing, land use, economic development, transportation, and infrastructure investments across a wide southeastern swath of South Dakota. Residents will be involved in all stages of the planning process. Success in this approach for such an economically challenged community could demonstrate the valuable

benefits that can be achieved, perhaps with more ease, by those communities that are less challenged.

Human Services Transportation Coordination

Status of Federal Efforts

The Government Accountability Office has examined the status of human services transportation coordination many times beginning as far back as 1999. The GAO has stated that it cannot determine the total amount spent on transportation because agencies often do not separately track transportation costs from other program costs. It has also noted that most federal departments on the Federal Interagency Coordinating Council on Access and Mobility (CCAM) do not have an inventory of existing programs or related expenditure information for transportation services. (Council member agencies include DOT, HHS, Education, Veterans Affairs, Labor, Interior, and HUD.)

In its March 2011 report, the GAO recommended that federal agency members of the CCAM identify and assess their transportation programs and related expenditures. It also called on the agency members to work with other departments to identify potential opportunities for additional coordination, such as the use of one-call centers, transportation brokerages, or shared resources. In addition, the GAO has advised that federal departments develop and disseminate policies and guidance to their grantees on coordinating transportation services. Many of these grantees, for instance, are unclear about cost sharing and vehicle sharing among programs.

In its June 2012 report, GAO noted that the Coordinating Council leadership has not met since 2007 and that momentum has stalled. It further shared the observations of agency officials that the absence of activity from leadership contributes to a lack of buy-in from program officials and may affect how coordination is treated at the state and local levels. Further, the CCAM is missing a strategic plan with roles and responsibilities, measurable outcomes, or required follow-up.

One notable demonstration of progress, however, is the Veteran's Transportation & Community Living Initiative, launched in July 2011. As part of the Coordinating Council's Veteran's Affairs working group, the Departments of HHS, Labor, Transportation, and Veterans Affairs developed the initiative. The FTA has made over $30 million in Bus and Bus Facilities grant funding available to local governmental agencies to finance the capital costs of implementing, expanding, or increasing access to local One-Call/One-Click Transportation Resource Centers. This funding is complemented by training, technical assistance, outreach and social media technology investments provided by FTA and other agencies, including the Departments of Veterans Affairs and Labor. HHS and the Department of Defense are also lending critical support.

Recommendations

- AARP supports the GAO's recommendation that agencies identify their transportation-related expenditures. For instance, the Medicaid program could increase its transparency regarding transportation expenditures by requiring States to itemize both their administrative and medical NEMT expenses on CMS Form 64. Data collection systems should be designed to report expenditures on NEMT, as well as emergency transportation, and transportation funded through waivers, both in the aggregate and by state. Information on state Medicaid NEMT programs and service delivery, such as use of brokers, should also be available.

- AARP also endorses the GAO's recommendations that the Coordinating Council complete and publish a strategic plan, and report on the progress of the Council's recommendations in a report to the President in 2005. These recommendations included seeking mechanisms to require human service transportation programs to participate in coordinated planning, promote vehicle sharing, develop allocation principles to enable cost sharing, and develop reporting and evaluation methods. In addition, federal agencies should develop guidance to their grantees regarding participation in coordination efforts at the local level.

- Funding should also be increased for mobility management activities which would advance coordination significantly. These activities should include the acquisition of advanced technology for routing and scheduling trips. Such technology has been found to reduce operating costs.

- Data should be collected and reported annually regarding program information for the Section 5310 program, including at a minimum the number of trips, vehicles, vehicle age, trip purpose, and number of clients. The authors of the Rural Transit Fact Book note that a number of rural transit providers receive funding under the section 5310, but that national data on their programs is not available since there is no requirement to report to the National Transit Database.

- Integrate and streamline federal grant applications and reporting requirements. A balance should be struck between solid data and burdensome administrative requirements.

- Encourage state coordinating councils on human services transportation in the 23 states that do not have them (as of December 2011). South Dakota has demonstrated that high quality services can be fostered through this approach.

Additional Transportation Recommendations

- Funding should be increased for Section 5310, the nonurban transit program, and the Tribal Transit program. These services are vital to maintaining independence, and in rural areas are lifelines. Demand already far exceeds supply and is growing.

- Expand and improve the quality of the larger public transportation program, including increased funds for capital assistance and operating subsidies. Promote the use of public transportation by older people and people with disabilities through transit travel training.

- Remove the barriers for participation in volunteer driver programs by increasing the charitable standard mileage reimbursement rate to that for business-related driving. Programs in rural areas are losing volunteers who cannot absorb the high cost of gasoline to travel long distances.

- Ensure that transportation agencies routinely design and operate the entire right of way to enable safe access for all road users of all ages and abilities, including drivers, transit users and vehicles, pedestrians, and bicyclists. This will allow people with disabilities to safely access public

transportation, and will create safer roads to address the alarming pedestrian fatality rate among older people, currently higher than that for any age group.

- Facilitate the ability of local communities to employ federal funding in a way that allows transportation and housing investments to support each other. Authorize funding for competitive planning grant programs to enable communities to develop comprehensive regional plans that incorporate transportation, housing, community and economic development. In addition, funding for grants to implement comprehensive regional plans should also be authorized. These projects will help communities create and preserve affordable housing and multimodal transportation near housing. Seniors are able to age more successfully in such places where destinations are close by and where they have transportation options by which to reach them.

Thank you, Chairman Johnson, for this opportunity to testify before you today. I welcome any questions you may have.