



Transportation Association of Maryland

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Bill: House Bill 58: Transportation - Paratransit Services - Interjurisdictional Routes

Position: SUPPORT WITH AMENDMENT

Dear Chair Korman, Vice-Chair Guyton, and Members of the Committee:

The Transportation Association of Maryland represents every local transit agency in our state from Garrett County to Town of Ocean City, and recognizes and affirms the key principle of helping Marylanders everywhere have access to critical life-sustaining medical appointments. Many Marylanders, especially elderly citizen and persons with disabilities rely upon public transit options as their primary means of accessing medical care.

However, we have concerns with the very broad mandate imposed by this legislation without accompanying increased resources. Many of our members' paratransit (curb-to-curb) services are near capacity for trips originating and ending within the local area. There is not excess drivers, buses, or service capacity for local transit agencies to take additional long trips out of their service area to medical facilities. Such trips would, by their very nature, make inefficient use of existing resources as the vehicles would be less full and drivers would have enforced idle times as they waited nearby for passengers to finish their appointments. Indeed, the mandate imposed by this legislation to provide transportation in interjurisdictional service routes to the specified medical facilities is so open-ended that our members cannot accurately estimate the true additional cost of such providing service.

TAM also anticipates that to provide the type of service prescribed in the bill, in-area routes would have to be reduced in size, frequency, or eliminated outright. This would open local agencies to lawsuits under federal civil rights law that requires complementary service under the American with Disabilities Act within existing fixed route networks.

We propose the following amendments to pursue the worthy aims of HB 58 -- a study group to be formed to include large and small transit systems, representatives from the health department and the department of transportation, as well as passenger advocates and health care providers. This study group should have a mandate to:

1. Determine the unmet need for interjurisdictional paratransit service in Maryland.
2. Determine the additional resources necessary to make such service a reality, keeping in mind the differing cost based on jurisdiction location and distance from our state's major healthcare facilities.
3. Make recommendations for methods of collaboration and service coordination between and among local transit agencies.
4. Recommend measures to meet the service funding needs for local transit to achieve the desired interjurisdictional service.

We respectfully urge amendment of House Bill 58 to avoid unintended harm to service and determine the true scope of the problem at hand.

Sincerely,

John Duklewski
Executive Director, Transportation Association of Maryland