

To: Members of the Senate Business, Labor, & Technology Committee
From: Tori Bird, Young Invincibles' Young Advocate Program Participant
Re: **SB26-063 - Nonemergency Medical Transportation Services**

Madam Chair, and Members of the Committee,

Thank you for the opportunity to share my testimony. My name is Tori Bird, and I represent Young Invincibles as one of their Young Advocates. I previously worked as a case manager at Developmental Pathways, a nonprofit community-centered board serving adults with intellectual and developmental disabilities (also known as I/DD) in Arapahoe and Douglas counties through Long-Term Care Medicaid waivers. I am here today to urge you all to **pass SB26-063**.

In my role, I regularly helped individuals within my caseload arrange transportation to community services. I saw firsthand how critical reliable transportation is for Medicaid recipients. When transportation works well, it supports independence, stability, and confidence. When it does not, it creates unnecessary stress and barriers to care.

Many adults with I/DD rely on consistent routines to thrive. Sudden ride delays, last-minute cancellations, or service gaps can cause significant distress and disrupt their ability to access needed medical care. When transportation fails, families and caregivers are often forced to step in or appointments are missed altogether. Neither outcome supports independence.

As a case manager, I connected adults with I/DD to services such as behavioral therapy, day programs, job coaching, community employment, and host homes, to promote independence while ensuring safety. One Medicaid member I served, "Susan", was an older woman who lived with her parents and had worked at a local grocery store for 30 years. Although she could schedule her own non-medical transportation to work, frequent last-minute cancellations and delays, similar to issues seen with nonemergency medical transportation, caused her to be late or miss work. These disruptions created significant stress and raised concerns for Susan and her care team about the reliability of the service and its impact on her employment. This example with "Susan" highlights the distress and mistrust that is created when transportation resources cannot be relied on by members accessing Medicaid services.

SB26-063 would strengthen Colorado's nonemergency medical transportation system by improving reliability, quality, and member choice. These improvements would make the system more person-centered by increasing accessibility for adults with I/DD.

I respectfully urge you to **vote yes on SB26-063** to ensure Medicaid members can confidently and independently access the care they need.

Thank you for your time and consideration. I am happy to answer any questions.

Sincerely,

Tori Bird

Young Advocates Program | Young Invincibles - Colorado



To: Members of the Business Labor and Technology Committee
From: Sara Navidi | Young Invincibles
Re: SB26-063: Nonemergency Medical Transportation Services

Madame Chair and members of the committee,

Thank you for the opportunity to share my testimony with you. My name is Sara Navidi, I am 25, and from Parker Colorado. I am here today representing myself and the organization Young Invincibles to urge you all to **pass SB26-063**.

Since graduating from the University Colorado Boulder, I have been participating in different clinical roles while preparing for medical school. During this time, I worked as a medical assistant, where I witnessed firsthand how transportation is a silent and often overlooked barrier to receiving necessary medical care. Studies from the Colorado Health Institute estimates that Medicaid patients forgo an estimated 486,000 specialty care visits annually, and it is our responsibility to address this multifaceted problem [1,2].

Patients often wait months for specialist appointments, only to miss them because of unreliable transportation. This not only harms patients' health outcomes but also contributes to appointment backlogs, increasing already long wait times for everyone.

Professionally, I have observed this situation in the healthcare setting. I had one patient who was frequently late to appointments - not because of any fault of her own, but because her transportation provider routinely arrived late to pick her up. Like many other patients, she was at the mercy of the transportation agency assigned to her and had no ability to request a more reliable transportation provider.

This issue has also affected my family personally. My grandmother, who is a Medicare beneficiary, has faced similar frustrations. She regularly calls transportation couriers asking why her ride has not arrived. She knows which transportation providers are more reliable, yet she does not have the option to choose. In one troubling incident, a driver arrived twenty minutes late and began speeding and weaving through traffic in an attempt to make up time. When transportation systems rely too heavily on a single courier network, delays with one rider can create cascading delays for everyone else.

Through this bill, you will help ensure that brokers contract with at least five transportation providers and allow Medicaid patients the opportunity to choose among them. I strongly urge you all to **vote yes on SB26-063**. This increases accountability, improves reliability, and gives patients greater control over their own health care.

Thank you for your time and consideration. I am happy to answer any questions.

Sincerely,
Sara Navidi

To: Members of the Business Labor and Technology Committee
From: Sara Navidi | Young Invincibles
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Young Invincibles | Young Advocates Fellow

References

1. Caldwell, Alex. "Colorado's Unmet Demand for Specialty Care." *Colorado's Unmet Demand for Specialty Care* | *Colorado Health Institute*, www.coloradohealthinstitute.org/research/colorados-unmet-demand-specialty-care. Accessed 23 Feb. 2026.
2. "Colorado's Unmet Demand for Specialty Care." *Colorado Health Institute*, www.coloradohealthinstitute.org/sites/default/files/file_attachments/Telligen%20Specialty%20Care%20Access%20Report.pdf. Accessed 23 Feb. 2026.

Dear Senator Hinrichsen and Representative Ricks,

Thank you for your leadership on SB26-063 and for the opportunity to submit written testimony. I appreciate the work that has gone into this bill and the effort to strengthen oversight, accountability, and member protections within Colorado's Non-Emergency Medical Transportation (NEMT) program.

I submit this testimony in support of the bill's overall intent, while respectfully recommending several amendments to improve operational efficiency, reduce fraud risk, and ensure the program functions effectively for Medicaid members, providers, and the State.

1. Importance of a Local Broker with Colorado-Specific Expertise

I strongly encourage that any transportation broker serving Colorado's Medicaid NEMT program be **local or deeply embedded in Colorado**. A broker with direct understanding of **HCPF guidelines, local Medicaid members, medical facilities, and in-state providers** is far better positioned to prevent fraud and abuse, identify issues early, and operate the program efficiently.

Historically, when oversight lacked sufficient local understanding, fraud and inefficiencies went undetected for extended periods, ultimately costing the State and taxpayers significantly more. Local expertise allows for faster identification of irregularities, better coordination with providers, and improved service delivery for members who rely on NEMT to access essential care.

2. Broker Role Should Focus on Oversight, Not Day-to-Day Operations

While strong oversight is critical, I respectfully recommend revising the bill language that assigns **scheduling, billing, and recordkeeping** responsibilities to the broker.

From an operational standpoint, these functions are best handled by the providers who are directly delivering transportation services. Providers are closest to real-time conditions, member needs, and local logistics. The broker's role is most effective when focused on:

- Provider qualification and credentialing
- Compliance monitoring and audits
- Performance reviews and enforcement
- Ensuring adherence to HCPF guidelines

Maintaining a clear separation between **operational functions** and **oversight responsibilities** strengthens internal controls, improves timeliness, and reduces administrative bottlenecks. Concentrating too many operational duties at the broker level has, in prior models, contributed to **delays in scheduling**, delays in payment due to untimely billing submission, and inefficiencies that negatively impact both members and providers.

3. **Avoiding Centralized Call Center Bottlenecks**

Centralizing all scheduling through a broker-operated call center may unintentionally overwhelm phone systems. **Calls from Medicaid members, medical facilities, and providers competing for limited resources can lead to long hold times, delayed trip confirmations, and frustration for members who depend on timely and reliable transportation.**

Allowing providers to manage scheduling directly, while remaining subject to broker oversight and audit, can improve responsiveness, reduce delays, and enhance the member experience.

4. **Preserving Member Choice and Preferred Providers**

I strongly support the bill's provision allowing Medicaid members to preapprove services and select a preferred provider. I respectfully urge that this right be preserved and protected.

Continuity of care improves safety, comfort, and service quality. Providers who consistently serve the same members are better prepared to accommodate individual needs such as mobility devices, cognitive or mental health considerations, car seats, and other special conditions. Maintaining preferred provider relationships benefits members and strengthens accountability.

5. **Clarification of the "Three Years of Experience" Requirement**

I also recommend clarifying the bill's requirement that transportation providers have **three years of experience**. It would be helpful to specify whether this refers to:

- Three years since company formation, **or**
- Three years of **verifiable operational experience**, supported by actual trip data, billing records, compliance history, and performance metrics

From a quality and fraud-prevention perspective, verifiable operational experience is a more meaningful standard and better aligns with the bill's intent.

Closing

I offer these recommendations in the spirit of collaboration and with the goal of ensuring SB26-063 is effective, efficient, and sustainable. With targeted refinements, particularly around broker responsibilities, local oversight, and operational structure, this legislation can significantly strengthen Colorado's Medicaid NEMT program while improving outcomes for members and safeguarding public resources.

Thank you for your time, your leadership, and your willingness to consider provider level insight. I appreciate the opportunity to submit this testimony and would welcome further discussion if helpful.

Respectfully,

Yonatan Sebhat
Paragon Transportation