RHRPC
UH Rural Health Research and Policy Center

The Impacts of Transportation and Travel Access on Rural Health in Hawai‘i

Part 3: Policy Options

University of Hawai‘i (UH) Rural Health Research and Policy Center

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UNIVERSITY of HAWAI‘I SYSTEM

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Project Overview

The University of Hawai‘i (UH) Rural Health Research and Policy Center (RHRPC) was established in 2022 to translate community health needs into policy solutions. Key partners in our work have included the Hawai‘i State Rural Health Association, Office of Primary Care and Rural Health at the Hawai‘i State Department of Health (HI DOH), the Hawai‘i/Pacific Basin Area Health Education Center, Provider Shortage Crisis Task Force, and the Pacific Basin Telehealth Resource Center. Some of the community health needs identified to date that have formed the basis for RHRPC's work include the appropriateness of federal formulas for Hawai‘i, such as in determining Medicare reimbursement rates and Health Professional Shortage Area designations and loan/scholarship awards, as well as the need for exemption of certain medical services from the state's General Excise Tax.

Additionally, RHRPC has heard loudly and clearly from the community that transportation/travel access is one of the most important barriers to adequate health care, particularly in rural areas. Transportation is an important economic and social determinant of health (SDOH), impacting both individual and community health.[1] Upstream policy decisions in this area significantly impact downstream health outcomes.[2] For example, patients' access to reliable transportation can impact the ability to attend doctors' appointments or reach an emergency room, thereby impacting acute, primary/preventive, and specialty care. In a non-contiguous state such as Hawai‘i, where those on neighbor islands must often travel on airplanes across the ocean to access care, long travel times, airline unreliability, and travel/financial burdens challenge health care access and negatively impact health outcomes.

In 2024, RHRPC embarked on a multi-part project to study these issues through conducting a literature review; hearing directly from stakeholders about how transportation challenges impact rural health in Hawai‘i; and then leveraging these insights to develop policy options to address the challenges. The completion of this project, entitled "The Impacts of Transportation and Travel Access on Rural Health in Hawai‘i," is presented in four parts. Part 1 is a literature review regarding the impacts of travel and transportation access on rural health, both nationally and in Hawai‘i. Part 2 is a report of our Stakeholder Insights from 40 interviewees in such fields as health care, transportation services, and insurance. Part 3 is a compilation of policy options to address transportation and travel access barriers and improve rural health in Hawai‘i. Finally, Part 4 is a sub-report outlining specific issues and policy options regarding maternal-fetal telehealth.

[1] Lane, Leigh, Brandy Huston, and Chris Danley. *Connecting Transportation and Health: A Guide to Communication and Collaboration.* National Cooperative Highway Research Program, April 2019. https://onlinepubs.trb.org/onlinepubs/nchrp/docs/NCHRP25-25Task105/NCHRP25-25Task105Guidebook.pdf.
[2] Ibid.

Executive Summary

Access to reliable, affordable transportation is a critical determinant of health in rural Hawai‘i, where residents often face geographic isolation, limited healthcare infrastructure, and costly inter-island travel requirements. These barriers create significant delays in receiving care. This report—Part 3 in a four-part series from RHRPC—presents policy options aimed at improving rural health by addressing transportation and travel access challenges. As previously discussed, the University of Hawai‘i’s (UH) Rural Health Research and Policy Center (RHRPC) undertook a literature review (Part 1 of this series) and discussions with 40 stakeholders (Part 2 of this series) to gain insights on the challenges related to transportation and travel access on rural health in Hawai‘i, as well as to glean ideas for policy options. Additionally, our team leveraged past knowledge and experience, discussion with other stakeholders, news stories, existing precedents, and internal dialogue to develop further policy options to address identified challenges related to transportation and rural health in Hawai‘i. All of these policy options are provided below for consideration by policymakers and the public. The policy options are organized, as in Parts 1 and 2 in this series, by Emergency Medical Services (EMS), Non-Emergency Medical Transportation (NEMT), insurance coverage, and Maternal Fetal (MF) health. Each policy goal has a background and policy options. Taken together, these potential policy options aim to bridge critical gaps and promote equitable access to healthcare services statewide.

Policy options related to EMS include improving both air and ground ambulance services, expanding rapid response vehicle deployment, and developing community paramedicine programs to address overuse and staffing challenges. Other options include integrating pharmacists and community health workers into primary care teams to improve chronic disease management and reducing emergency service reliance.

NEMT policy options include increasing the affordability and reliability of inter-island medical travel. Proposals include creating subsidized flight programs, expanding airline competition, offering grants for community-based travel coordination, improving accountability for federally subsidized air carriers, investing in airport infrastructure, and exploring alternative modes such as waterplanes. Additionally, it calls for expanded partnerships with rideshare services for ground transport and encourages enabling hospitals and clinics to directly provide and be reimbursed for patient transport services.

Policy options regarding Insurance Coverage focus on expanding transportation benefits across public and private insurance plans. Recommendations include mandating NEMT as a covered benefit under traditional Medicare and employer-based insurance, piloting transportation coverage through the Center for Medicare and Medicaid Innovation, and improving Medicaid NEMT processes by streamlining approval timelines and enhancing service delivery for rural beneficiaries.

Finally, MF Health policy options emphasize the need for transportation-sensitive solutions for pregnant individuals in rural and neighbor island communities. The report proposes

state-funded housing for patients needing to relocate for care, financial incentives for MF health specialists to travel to remote areas, and expansion of mobile maternal clinics to bring essential prenatal and postpartum services directly to underserved communities.

Together, these policy options offer multiple strategies to reduce transportation-related barriers and improve health equity in Hawai‘i’s rural regions. If implemented, they could support more timely access to care, reduce avoidable complications, and build a more resilient and inclusive healthcare system across the islands.

Introduction

Transportation and travel access is a significant social determinant of health (SDOH), particularly in rural areas of Hawai‘i. Many policymakers have proposed and sought solutions to these issues from different angles, such as through insurance coverage, transportation accessibility, and pilot projects.

As previously discussed, the University of Hawai‘i’s (UH) Rural Health Research and Policy Center (RHRPC) undertook a literature review (Part 1 of this series) and discussions with 40 stakeholders (Part 2 of this series) to gain insights on the challenges related to transportation and travel access on rural health in Hawai‘i, as well as to glean ideas for policy options. Additionally, our team leveraged past knowledge and experience, discussion with other stakeholders, news stories, and internal dialogue to develop further policy options to address identified challenges related to transportation and rural health in Hawai‘i. All of these policy options are provided below for consideration by policymakers and the public. The policy options are organized, as in Parts 1 and 2 in this series, by Emergency Medical Services (EMS), Non-Emergency Medical Transportation (NEMT), insurance coverage, and Maternal Fetal (MF) health. Each policy goal has a background and policy options. Taken together, these potential policy options aim to bridge critical gaps and promote equitable access to healthcare services statewide.

Additionally, Part 4 of this series will delve into policy options specific to MF telehealth issues, which are critical components to addressing transportation and travel access barriers in rural Hawai‘i.

Policy Options

EMERGENCY MEDICAL SERVICES

Policy Goal #1: Improve Emergency Medical Care and Decrease Burdens on EMS Providers

Background

EMS is a critical component in healthcare and public health as it provides timely care in acute medical situations, such as heart attacks, strokes, and other life-threatening injuries or trauma (e.g., motor vehicle crashes or collisions). The goal of EMS is to provide care to stabilize patients on the way to the hospital during emergent situations. Typically, EMS transports patients by ground ambulance or air medical services. Ground ambulance services are also heavily relied on due to high rates of elderly accidents or medical emergencies, and in replacement of NEMT when patients are not able to use regular transportation to access medical care for non-emergent situations. In addition, due to Hawai‘i’s unique geography, air EMS is frequently used. The community’s high reliance on EMS can lead to a large burden on EMS systems that may result in reduced response times, quality of care, and staff burnout, which may be difficult to address with existing high call volumes, understaffing, and long working hours/irregular shifts.

In Part 2 of this series, entitled Stakeholder Insights, there were several common threads regarding EMS from our interviews with 40 stakeholders, including scarcity of emergency vehicles and helicopters/airplanes leading to unavailable and untimely EMS/transport, EMS overutilization and limited emergency room (ER) capacity, staffing issues (pilots, EMS crew, and ER), insurance reimbursement issues, problems with having a singular air-medical private company (Hawai‘i Life Flight), and high costs to fly patients inter-island.

Policy Option #1: Expand and Support Air Ambulance Services

Due to Hawai‘i’s geographic isolation, air ambulances play a crucial role in providing emergency medical transport, particularly for residents of neighbor islands who require urgent care on O‘ahu or Maui. Expanding and improving air ambulance services can help reduce delays in emergency response by getting the right patient to the right place at the right time to ensure that critically ill patients receive timely medical interventions.

- **Policy Level:** State and Local, Legislative and Programmatic
- **Implementation Framework:**
    - **Expand Air Ambulance Services:**
        - The Hawai‘i State Legislature and county governments could invest in a dedicated public air ambulance program to ensure timely transport of critically ill patients between neighbor islands and higher-level treatment facilities on O‘ahu and Maui.

1. Legislative initiatives to consider include those such as HB 2437 (Hawai‘i State Legislature, 2024), which proposes an Emergency Aeromedical Services Partnership Program administered by HI DOH for counties with populations under 500,000, which would create additional air ambulance options, maintained by counties, to provide more options for rural EMS provision.
2. Future legislative efforts could support and expand cost-sharing and revenue-sharing mechanisms between the State and counties (Hawai‘i, Kaua‘i, and Maui) for air ambulances.

- **Address Regulatory and Market Entry Barriers**
  - Re-evaluate the Certificate of Need (CON) requirement for EMS inter-facility transports to assess its impact on service availability. As Hawai‘i is a CON state, formal state approval is required to operate such services. While intended to prevent unnecessary duplication of services, this regulation has also contributed to bottlenecks in establishing or expanding inter-facility EMS transport capabilities.
  - Incentivize new market entrants by streamlining the approval process or creating limited exemptions for non-emergency and inter-facility transports. Easing these restrictions could reduce strain on the current EMS infrastructure and introduce more service providers to meet growing demand, especially in rural and neighbor island settings.

Policy Option #2: Establish a Centralized Emergency and Trauma Care Communications Center

Creating a centralized Emergency and Trauma Care Communications Center would allow EMS and first responders to consult real-time experts for guidance on applying a uniform field triage scheme, determining the nearest appropriate facility, and when to initiate air medical transport directly to the scene. Other states such as Arkansas have implemented similar programs which have been estimated to save over $100 million dollars annually in state medical costs.[3]

- **Policy Level:** State, Programmatic and Operational
- **Implementation Framework:**
  - **Establishment:** The Hawai‘i State Legislature could authorize and appropriate funds to The Hawai‘i Department of Health’s Emergency Medical Services and Injury Prevention System Branch (EMSIPSB), in coordination with the State Trauma System, to establish a 24/7 communications center staffed by trained personnel (e.g., trauma nurses, emergency physicians, dispatch coordinators).

[3] Maxson, T., C. D. Mabry, M. J. Sutherland, R. D. Robertson, J. O. Booker, T. Collins, H. J. Spencer, C. F. Rinker, T. L. Sanddal, and N. D. Sanddal. “Does the Institution of a Statewide Trauma System Reduce Preventable Mortality and Yield a Positive Return on Investment for Taxpayers?” Journal of the American College of Surgeons 224, no. 4 (April 2017): 489–99.

        - The center would provide live consultation for EMS personnel on trauma and maternal emergencies, using a standardized triage protocol to advise on destination decisions and support coordination across islands.
        - Integration with hospital capacity dashboards and air medical transport systems (e.g., rotor and fixed-wing services) could enable faster response for high-risk maternal cases and trauma scenarios.

Policy Option #3: Support Ground Ambulance Expansion and Rapid Response Services

Ground ambulance services are essential for timely emergency medical care, but rural areas and high-traffic regions face challenges due to an insufficient number of vehicles and personnel. Expanding ground ambulance fleets and implementing rapid response services can improve coverage, reduce wait times, and enhance emergency care for underserved communities.

- **Policy Level:** State and Local, Legislative and Programmatic
- **Implementation Framework:**
    - **Comprehensive Needs Assessment:**
        - EMSIPSB and the HI DOH Office of Public Health Preparedness could work in coordination with County governments, healthcare systems, and community stakeholders to undertake or procure a comprehensive needs assessment to determine whether the current distribution of ground EMS coverage best serves the communities, particularly in underserved rural and high-traffic areas, based on vehicle availability, personnel, and equipment.
    - **Vehicle Procurement and Allocation:**
        - After identifying high-needs areas through a comprehensive needs assessment, individual counties and/or the Hawai‘i State Legislature could invest in additional ground ambulances and rapid response vehicles (RRVs), with a focus on the identified high-needs areas.
        - RRVs require fewer resources (e.g., staffing) for cost-effective emergency coverage. RRVs have a more limited scope than ambulances, but can be mobilized more efficiently and arrive prior to EMS to provide initial medical care before more advanced life support arrives. RRVs have previously been implemented by the Honolulu Fire Department,[4] and are beginning to be implemented across the country.[5] RRVs could identify and collaborate with alternative, well-equipped locations (e.g., urgent care facilities, community health centers) where teams can deliver patients who might not need a higher level of care.

[4] Honolulu Fire Department. "HFD to Roll Out Rapid Response Vehicles (RRVs)." Last modified January 27, 2021. https://fire.honolulu.gov/2021/01/27/hfd-to-roll-out-rapid-response-vehicles-rrvs/

[5] Davis Simpson, “Fire-EMS Adds Quick Response Vehicle to Support City of Clemson,” *Clemson University Newsroom*, March 18, 2025, https://news.clemson.edu/fire-ems-adds-quick-response-vehicle-to-support-city-of-clemson/.

    - **Funding and Grants:** Coordinators of the RRV programs could leverage federal grants such as the Federal Emergency Management Agency (FEMA) Assistance to Firefighters Grant[6] for vehicle procurement and allocation in rural areas.

Policy Option #4: Expand Community Paramedicine Outreach Programs

Many non-emergency medical situations could be better managed outside of traditional EMS and hospital settings, reducing reliance on emergency services. Community paramedicine programs began in the 1990s as a way to expand access to healthcare by leveraging paramedics to provide non-emergency services such as wellness checks, chronic disease management, and post-discharge follow-ups. These programs aim to reduce unnecessary emergency room visits and hospital readmissions by bringing care directly to patients in their homes or communities. Expanding community paramedicine programs would allow trained professionals to provide preventive as well as follow-up care in patients' homes or community settings, which could improve outcomes and reduce healthcare costs by allowing EMS resources to be used more efficiently.

- **Policy Level:** Local, Programmatic
- **Implementation Framework:**
    - **Program Design:** Community-Based Organizations (CBOs), county governments, HI DOH, hospital systems, and/or UH, could develop community paramedicine programs and mobile clinics that offer preventive and other upstream healthcare services (e.g., vaccines, mental health services, chronic disease management, health education, harm reduction, wellness checks, and primary care services).

Policy Option #5: Integrate Clinical Pharmacists and Community Health Workers (CHWs) into Primary Care Teams to Improve Chronic Disease Care and Reduce EMS Reliance

Many avoidable EMS calls are due to gaps in chronic disease management, medication issues, and limited access to preventive care in rural communities. Clinical pharmacists have extra training beyond a pharmacy doctorate degree that enables them to provide direct patient care and counseling as well as medication therapy management and interprofessional care. Community health workers (CHWs) are trusted frontline public health workers who connect individuals to health services and resources within their community. Integrating pharmacists and CHWs into primary care teams can strengthen community-based health support, manage conditions upstream, and reduce unnecessary emergency responses.

- **Policy Level:** State and Local, Legislative and Programmatic
- **Implementation Framework:**

[6] Federal Emergency Management Agency. "Firefighters Grant Program." Last modified March 21, 2025. https://www.fema.gov/grants/preparedness/firefighters.

- **Incentivize Workforce Expansion in Underserved Areas:** HI DOH could establish a grant or incentive program to support rural clinics and health centers in recruiting and employing pharmacists and certified CHWs. Incentives could include rural service bonuses or housing stipends for pharmacists and CHWs serving in high-need areas.
- **Support Team-Based Care Integration:** The grant could require participating hospitals and clinics to develop or strengthen collaborative practice agreements that allow pharmacists to co-manage chronic conditions (e.g., diabetes, hypertension) alongside physicians. It could also encourage integration of CHWs into care coordination teams to conduct home visits, wellness checks, and health education, particularly for high-utilizer patients.
- **Core state model**: HI DOH could work with UH to create a centralized hub for pharmacists and CHWs to serve practices in the state on a more part-time basis that are not able to hire them full-time.

NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)

Policy Goal #1: Expand Affordable and Reliable Air Travel Options for Medical Transportation in Hawai‘i

Background

Access to affordable and reliable air travel is crucial for healthcare in Hawai‘i, given the state’s unique non-contiguous geography and resultant transportation challenges. Residents of rural and remote areas, such as Moloka‘i and Lāna‘i, face significant barriers to accessing advanced medical care, which is concentrated in urban centers such as Honolulu. These barriers necessitate frequent inter-island travel for specialist appointments, surgeries, and advanced diagnostic procedures. The absence of specialized services on many neighbor islands makes air travel an essential link in the healthcare system for these populations, as no or limited ferry services exist between islands. Current challenges include high flight costs, limited flight availability, and limited reliability of air service. Frequent delays and cancellations disrupt patient schedules, complicating access to care and sometimes forcing rescheduling of critical treatments or surgeries, which can have serious consequences for health outcomes.

While the U.S. Department of Transportation (DOT) Essential Air Service (EAS) program does fill critical air transport service gaps for rural areas, as discussed in Part 1, there are few of these subsidies in Hawai‘i. Additionally, infrastructure constraints, such as the limited runway capacity of airports on islands such as Moloka‘i, restrict the types and sizes of aircraft that can serve these locations, further limiting service options and reliability. Recent efforts to address these concerns include SB1570, introduced to the Hawai‘i State Legislature in 2025 by

Rep. Lynn Decoite and others, which would "require the Department of Transportation to plan and design an expansion of the runway at Molokai Airport to accommodate larger aircraft."

Policy Option #1: Expand and/or Create Subsidized Inter-Island Flight Programs for Health Services

Hawai‘i's neighbor island residents frequently travel inter-island for specialized medical care, but high flight costs and limited availability pose significant challenges. Establishing a subsidized inter-island flight program could reduce financial burdens and improve access to essential healthcare services.

- **Policy Level:** Federal, State, Programmatic
- **Implementation Framework:**
    - **Public-private partnerships**: The State of Hawai‘i, through HI DOH or HI DOT, could negotiate with inter-island airlines to offer subsidized inter-island flights for medically necessary travel for kama‘āina, with the difference in costs covered by state funding. Certain airlines might offer such discounts in exchange for various benefits, such as the ability to solely operate such a program. The administering state agencies could facilitate airline engagement, airport coordination, and federal grant pursuit.
    - Funds could also be requested from the Hawai‘i State Legislature to reimburse airlines for the costs incurred, or federal grants could be sought, such as from the Federal Aviation Administration (FAA) Innovative Coordinated Access and Mobility (ICAM) program.[7]
        - A pilot project with a similar goal, championed by Hawai‘i State Senator Lynn DeCoite (District 7) and Hawai‘i State Representative Mahina Poepoe (District 13) and entitled "Essential Rural Medical Air Transport (ERMAT), will be tested by HI DOH from 2025-2026 to provide transport from Lāna‘i and Moloka‘i to O‘ahu or Maui for medically necessary appointments. Evaluation of this program could lead to expansion to improve health access in rural areas.
    - **Private leadership**: Certain airlines could choose to operate such a service for market share and public trust. For example, Hawaiian Airlines could expand on the Huaka‘i program[8] for kama‘āina needing medical services.

Policy Option #2: Expand Inter-Island Airline Participation and Competition

Limited airline competition and inconsistent service reliability contribute to high costs and flight disruptions, impacting medical travel for neighbor island residents. Expanding airline

[7]Federal Transit Administration. "Fact Sheet: Innovative Coordinated Access & Mobility Pilot Program." *U.S. Department of Transportation*, 2025. https://www.transit.dot.gov/funding/grants/fact-sheet-innovative-coordinated-access-mobility-pilot-program.
[8] Hawaiian Airlines. "Huaka‘i Travel Program." *Hawaiian Airlines*, 2025. https://www.hawaiianairlines.com/huakai.

participation and encouraging competition could improve affordability and access to consistent inter-island travel options.

- **Policy Level:** State, Programmatic
- **Implementation Framework:**
    - **Fostering Competition:**
        i. HI DOT could issue contracts to smaller airlines (e.g., Lānaʻi Air) to service underserved routes. It could also provide grants or tax credits (through funding appropriated by the Hawaiʻi State Legislature) to incentivize new market entrants that have aircraft suitable for short runways, given the constraints of Molokaʻi Airport and Lānaʻi Airport.

Policy Option #3: Establish a Grant Program for CBOs and/or Health Systems to Provide Affordable Air Travel for Medical Needs

Many rural hospitals and clinics dedicate a large amount of staff time to help patients with travel logistics, taking time away from direct patient care. Some CBOs, such as Angel Flight West,[9] already assist patients with medical travel logistics between islands, but lack sufficient funding to expand their services.

- **Policy Level:** Federal, State, Programmatic
- **Implementation Framework:**
    - **Grant Program Details:**
        - A grant program could be created and funded by the Hawaiʻi State Legislature, and administered by HI DOT or HI DOH, to support CBOs and/or health systems in coordinating affordable air travel for patients. Initial funding for this program could come from state appropriations, while also leveraging federal funding opportunities such as the Federal Transit Administration grants for rural transportation,[10] or the U.S. DOT ICAM program.[11] Program developers could also partner with private foundations or corporations to secure additional funding for ongoing program support.
        - The grantees' responsibilities could include:
            - Negotiating preferred or bulk rate agreements with airlines for medical travel, including incentives such as credits or fuel subsidies for participating airlines;
            - Providing financial support for healthcare professionals traveling to rural and neighbor island areas to deliver critical services; and

[9] Angel Flight West, "By the Numbers: Hawaiʻi," Angel Flight West, 2025, https://angelflightwest.org/by-the-numbers/by-the-numbers-hawaii/.
[10] Federal Transit Administration. "Public Transportation in Rural Areas." U.S. Department of Transportation, 2025. https://www.transit.dot.gov/rural.
[11] Federal Transit Administration. "Fact Sheet: Innovative Coordinated Access & Mobility Pilot Program." *U.S. Department of Transportation*, 2025. https://www.transit.dot.gov/funding/grants/fact-sheet-innovative-coordinated-access-mobility-pilot-program.

        - Funding staffing, logistical management, and technology infrastructure to streamline travel coordination.
    - Grant recipients could create a centralized platform to coordinate travel schedules, reimbursement, and patient-provider communication. The platform could integrate:
        - Real-time updates on flight availability/delays;
        - Automated reimbursement processing; and
        - Performance tracking to monitor grant utilization and program effectiveness.

Policy Option #4: Improve Reporting Mechanisms and Public Engagement to Address EAS Airline Reliability Concerns

The EAS program aims to maintain air travel options for rural areas by offering subsidies to air carriers to provide service to small, rural airports. Even with these subsidies in place, residents can often face service reliability issues that affect healthcare access. Strengthening public engagement and improving reporting mechanisms can help identify and address deficiencies in air travel services, which can then be shared directly with the U.S. DOT and FAA, who have accountability mechanisms for entities that receive EAS subsidies.

- **Policy Level:** Federal and State, Programmatic
- **Implementation Framework:**
    - **State Complaint Portal:**
        - HI DOT could establish an online portal for passengers to report air service issues across the state, including delays, cancellations, and reliability concerns.
        - The portal should allow passengers to file complaints directly, with data shared regularly with the U.S. DOT and FAA for review and enforcement. It should also categorize and analyze complaints by type (e.g., reliability, frequency, safety) to identify recurring service issues and prioritize interventions.
    - **Public Advocacy Campaign:**
        - CBOs, such as the Hawai‘i State Rural Health Association, or HI DOH, could launch a campaign to both educate residents about sharing their stories and concerns about the reliability of airlines providing EAS services, as well as collect feedback to submit to HI DOT or U.S. DOT. The campaign could provide user-friendly resources, such as guides, workshops, and community outreach, to simplify the submission process.

Policy Option #5: Enhance Accountability Measures for Airlines Receiving EAS Subsidies

Airlines receiving EAS subsidies are expected to provide reliable service, but frequent delays and cancellations negatively impact patients who rely on these flights for medical care. While reporting mechanisms and public engagement are critical, going a step further to enhance federal accountability measures for airlines receiving EAS subsidies can help ensure consistent and dependable transportation for healthcare access.

- **Policy Level:** Federal, Regulatory and Legislative
- **Implementation Framework:**
    - **EAS Accountability Standards:**
        - Currently, the FAA states in their compensation procedures that: "...If the [EAS] carrier does not schedule or operate its flights in full conformance with the terms of the contract for a significant period, it may jeopardize its entire subsidy claim for the period in question."[12] The FAA could consider instituting additional requirements for airlines with EAS subsidies to submit service improvement plans addressing recurring complaints or face penalties and establish reliability benchmarks, such as:
            1. Minimum on-time performance percentages.
            2. Maximum allowable cancellations over a set period.
            3. Passenger satisfaction ratings and complaint thresholds.
    - **FAA Oversight and Requests for Proposals (RFPs) Mechanisms:**
        - The FAA could introduce additional regulations that trigger either mitigating measures, such as warnings or monetary penalties, when breached.
        - If continued breach of regulations occurs, re-issuance of RFPs could be triggered for subsidized service, such as when reliability metrics fall below established thresholds or a designated number of complaints are received.
        - The triggered bidding could exclude the current airline (which failed to fit reliability metrics) from bidding on the subsidized service to encourage competition and incentivize better performance; however, if no other airlines bid on the subsidy, the original airline could retain the contract with renewed expectations. This bidding process could also include specific requirements in contracts with airlines regarding cancellations and delays, and enforcement actions requiring improvements.

[12] U.S. Department of Transportation. "Essential Air Service." *Office of Aviation Analysis*, accessed May 8, 2025. https://www.transportation.gov/policy/aviation-policy/small-community-rural-air-service/essential-air-service.

Policy Option #6: Invest in Airport Infrastructure Improvements

Airport infrastructure limitations on islands such as Molokaʻi (such as runway size) restrict the types of aircraft that can operate, reducing air travel options for patients needing medical care. Investing in infrastructure improvements, such as runway expansions, can support increased flight availability and improve healthcare access for patients in rural and underserved areas.

- **Policy Level:** State, Legislative and Programmatic
- **Implementation Framework:**
    - **Runway Expansion:**
        i. The Hawaiʻi State Legislature could appropriate funds to extend Molokaʻi Airport's runway to accommodate larger aircraft, enabling more airlines to operate and improving service reliability. Cultural and environmental impact assessments could be conducted, as well as securing approval from stakeholders, including the Department of Hawaiian Home Lands (DHHL), whose land is adjacent to the airport, and residents of Molokaʻi. Funding for these extensions could come from the FAA Airport Improvement Program grants,[13] and potentially be supplemented by state appropriations.

Policy Option #7: Establish and Expand Seaglider Services

Seaglider services have the potential to provide alternative inter-island travel options, reducing dependency on expensive and unreliable air travel. Encouraging investment in these transportation methods could improve connectivity for rural residents needing medical care. Some private companies have already begun developing such technologies, such as Regent in partnership with Hawaiian Airlines,[14] as well as Surf Air Mobility, the new parent company of Mokulele Airlines.[15]

- **Policy Level:** State, Programmatic
- **Implementation Framework:**
    - **Collaboration with Private Operators:**
        - HI DOT could partner with private companies, such as Regent and its seaglider technology partners, to develop waterplane and seaglider transport options between the Hawaiian islands. HI DOT could provide tax credits, subsidies, or operational grants to encourage private operators to service underserved routes, such as those connecting neighbor islands to Oʻahu and Maui. HI DOH and HI DOT could explore reduced harbor fees

[13] Federal Aviation Administration. "Airport Improvement Program (AIP)." *Federal Aviation Administration*, 2025. https://www.faa.gov/airports/aip.
[14] Regent Craft. "Hawaiʻi." *Regent*, accessed May 8, 2025. https://www.regentcraft.com/category/hawaii.
[15] Madeleine List, "Electric Seagliders Could Come to Hawaii as Soon as 2026," *Honolulu Civil Beat*, September 17, 2023, https://www.civilbeat.org/2023/09/electric-seagliders-could-come-to-hawaii-as-soon-as-2026/.

and expedited permitting processes as additional incentives to foster adoption and expansion of seaglider services if particularly used by residents for medical reasons. Program operators could also work with healthcare providers and community organizations to identify critical routes and ensure these services align with medical travel needs.

- **Pilot Programs and Expansion:**
  - HI DOH could alternatively launch a pilot program for waterplanes and/or seagliders connecting rural islands, such as Molokaʻi and Lānaʻi, with major medical hubs on Oʻahu and Maui to assess feasibility and demand. HI DOH could utilize pilot program data to refine operations, scale services statewide, and secure additional funding from state and federal sources.

Policy Goal #2: Increase Partnerships with Ridesharing Services to Provide Ground NEMT

Background

NEMT consists of transportation provided to individuals to access medically necessary, non-urgent healthcare services. NEMT services in Hawaiʻi, which are currently often provided by contracted providers or reimbursed to taxi services, often suffer from inefficiencies such as long wait times, high costs, and limited availability. Ridesharing platforms such as Uber and Lyft, along with independent providers/taxis, have the potential to address these issues by providing more flexible, cost-effective, and technology-driven transportation options.

Policy Option #1: Build State and Local Partnerships Between Medicaid and Ridesharing Agencies, Independent Providers, and/or Taxi Services

Traditional NEMT services in Hawaiʻi have a number of inefficiencies, including long wait times and limited availability, making it difficult for patients to reach their medical appointments. Partnering with rideshare services such as Uber and Lyft can provide a cost-effective, flexible transportation option to ensure patients have reliable access to care.

- **Policy Level:** State and Local, Programmatic
- **Implementation Framework:**
  - **Education and Technical Assistance for Medicaid Managed Care Organizations (MCOs), and other potential partners:**
    - The State of Hawaiʻi Med-QUEST Division and other appropriate organizations could create an educational program to inform Medicaid MCOs about the benefits of contracting with ridesharing companies, independent providers/taxi services, and other eligible platforms that meet healthcare transportation standards. The program could highlight cost savings, improved service availability, and the potential to address

geographic challenges in Hawai‘i’s healthcare system, while providing technical assistance on establishing contracts that align with Medicaid requirements, including driver training and insurance standards. This program could be built from any previous or existing pilot programs.

- **Incentives for Ridesharing Drivers:**
  - Medicaid MCOs, when contracting with ridesharing services, could provide incentives for drivers willing to operate NEMT services, particularly in rural and neighbor island areas. Examples of incentives may include:
    1. Higher reimbursement rates for servicing underserved regions;
    2. Subsidized vehicle modifications for wheelchair accessibility; and
    3. Bonuses for meeting high service standards, such as timeliness and patient safety.

Policy Option #2: Incentivize Service Providers for Houseless Population Transportation

Individuals experiencing houselessness often struggle to access transportation due to stigma and financial barriers, leading to missed medical appointments and poorer health outcomes. Creating incentives for transportation providers to serve this population can improve healthcare access and reduce the burden on emergency services.

- **Policy Level:** Local, Programmatic
- **Implementation Framework:**
  - **Enhanced Compensation and Provision of Supplies:** County governments could create or contract out the creation of programs to provide monetary incentives for transportation providers, including taxis, rideshares, and shuttle services, to serve houseless patients. Incentives could be based on trip distance and service complexity to ensure adequate reimbursement. The program should include transportation after discharge from the Emergency Room. Counties could also offer materials/services, such as disposable seat covers and vehicle detailing, to further support and encourage providers to serve this population. A similar incentive framework could be used to prioritize wheelchair-accessible vans for physically disabled patients.

<u>Policy Goal #3: Improve Utilization of Hospitals and Clinics as Medical Transport Providers</u>

Background

Hospitals and clinics, especially those serving rural or isolated populations, are uniquely positioned to provide transportation services directly to patients, as many already do. Current transportation systems, such as taxis or other third-party NEMT providers, are less suited to meet the specific needs of patients, such as coordinating ride schedules with appointment times. By

becoming reimbursable transportation providers, hospitals and clinics can align transportation services with patient care, ensuring reliability and efficiency. However, operationalizing such a model requires hospitals and clinics to navigate complex regulatory frameworks, secure funding for start-up and maintenance costs, and develop the capacity and staffing to manage transportation logistics. Establishing a state-supported program to assist hospitals and clinics in creating and maintaining transportation services could address these barriers and enhance access to care across Hawai‘i.

Policy Option #1: Enable Hospitals and Clinics to Serve as Reimbursable Transportation Providers

Hospitals and clinics are well-positioned to provide medical transportation but often lack the resources and reimbursement structures to do so. Enabling them to serve as reimbursable transportation providers could create a more integrated and patient-centered system for accessing healthcare.

- **Policy Level:** State, Legislative and Programmatic
- **Implementation Framework:**
    - **State-Run Assistance Program:**
        - The Hawai‘i State Department of Human Services (DHS) or HI DOH could establish a program to provide technical assistance to hospitals and clinics aiming to become reimbursable NEMT providers. Areas of assistance could include navigating transportation regulations, developing operational and logistical plans for transportation services, and meeting insurance reimbursement requirements. Funding could be acquired through state appropriations from the Hawai‘i State Legislature or from federal grants such as the Rural and Tribal Assistance Pilot Program.[16] Grant funding could cover vehicle acquisition, driver training focused on patient safety and needs, and administrative system development for scheduling and compliance.
    - **Monitoring and Evaluation:**
        - HI DHS or HI DOH could require participating hospitals and clinics to report on key metrics, including utilization rates, patient outcomes, and financial performance of transportation services.

[16] U.S. Department of Transportation. “Rural and Tribal Grants.” *Build America Bureau*, 2025. https://www.transportation.gov/buildamerica/RuralandTribalGrants.

Policy Goal #4: Improve Public Transportation Options for Rural Residents

Background

Hawai‘i’s unique geography and rural areas pose significant challenges for residents needing access to healthcare services. While inter-island flights are often the primary mode of transportation for inter-island travel, they are costly and unreliable, particularly for rural populations. Public transportation in these areas also suffers from limited frequency and coverage, further compounding access issues. Alternative transportation options, such as ferries, and enhancements to public bus services could provide cost-effective solutions, improving accessibility and affordability for healthcare-related travel.

Policy Option #1: Explore Cost-Effective Alternatives to Inter-Island Flights

High inter-island flight costs make air travel a significant barrier for rural residents who need to reach healthcare facilities on O‘ahu or Maui. Exploring cost-effective alternatives, such as expanded ferry services or seagliders/waterplanes, could provide an affordable and sustainable solution. Expanding marine transit for medically necessary travel provides several benefits, including increased resilience and redundancy in the inter-island transportation network, lower greenhouse gas emissions compared to conventional air travel, cost-effective options for communities frequently impacted by air service cancellations or limited airline competition, and a more inclusive, multimodal approach that reflects the unique geography and needs of rural residents.

- **Policy Level:** State, Programmatic
- **Implementation Framework:**
    - **Feasibility Studies:**
        i. UH or other research organizations could conduct studies to assess the economic, environmental, and operational viability of increasing the number of inter-island ferries, and potentially intra-island ferries on Oahu, as an alternative to flights. Research could evaluate potential expanded routes connecting underserved islands (e.g., Moloka‘i and Lāna‘i) to larger hubs such as O‘ahu or Maui, including if used particularly for medical needs and visits. Researchers should also collaborate with HI DOT to explore funding opportunities for ferry services and address regulatory requirements.
        ii. The Hawai‘i State Legislature could commission a Task Force designed to explore cost-effective alternatives to inter-island flights.
        iii. If ferry service were found to be feasible, HI DOH or HI DOT could take steps to meet with potential ferry providers on considerations for proposals.

Policy Option #2: Develop a Pilot Program for Clean-Fuel Inter-Island Medical Ferry Services

Expanding sustainable marine transportation for NEMT could include piloting clean-fuel ferry services specifically tailored for inter-island medical travel. Such services could operate on short-distance maritime routes (e.g., Maui–Molokaʻi, Maui–Lānaʻi) and prioritize zero- or low-emission propulsion systems such as electric, hybrid, or hydrogen power. Unlike private or speculative ventures, this option would create a public-private partnership model focused on scheduled, reliable service aligned with medical appointments. The pilot would assess operational feasibility, patient access improvements, and environmental benefits.

- **Policy Level:** State, Programmatic
- **Implementation Framework:**
    - **Pilot Design and Route Selection:**
        - HI DOH and HI DOT Harbors Division could jointly coordinate a medical ferry pilot program for routes with high unmet NEMT need and viable maritime distances.
        - The pilot program could include onboard accessibility accommodations, priority booking for medically necessary travel, and coordination with rural hospitals and clinics.
        - Schedules would be designed around peak medical travel times and could include telehealth-enabling infrastructure onboard.
    - **Clean Fuel Requirements and Vessel Procurement:**
        - The program would prioritize vessels powered by electric, hydrogen, or hybrid propulsion, consistent with the HI DOT Energy Security and Waste Reduction Plan.[17] This plan identifies opportunities for inter-island and commercial marine vessels to transition to clean energy technologies, including battery-electric propulsion, hydrogen fuel cell systems, and biofuel-compatible engines.
        - If zero-emission vessels are not immediately available, the pilot program could begin with lower-emission biofuel-compatible vessels as a transitional step.
    - **Partnerships and Funding:**
        - Key partners of the pilot program could include HI DOT, the Hawaiʻi Department of Land and Natural Resources (DLNR), HI DOH, county transportation agencies, and private-sector marine operators.

[17] Hawaiʻi Department of Transportation. Carbon Reduction Strategy: Hawaiʻi DOT Carbon Reduction Strategy (CRS) November 2023. Honolulu: Hawaiʻi Department of Transportation, 2023. https://hidot.hawaii.gov/wp-content/uploads/2024/03/nov-2023-carbon-reduction-strategy.pdf.

- Funding could be sourced from the FTA Ferry Grant Program,[18] the Maritime Administration (MARAD) Marine Highway Program,[19] and Inflation Reduction Act clean port and maritime infrastructure funds.[20]
- Additional federal opportunities include U.S. Department of Energy maritime decarbonization initiatives and public-private innovation challenge grants.

Policy Option #3: Enhance Public and Private Bus Services

Public transportation in rural Hawai‘i is limited, creating significant barriers to healthcare access for residents who lack personal vehicles. Expanding bus services and improving transit infrastructure could provide more reliable and affordable transportation options for medical appointments. One example of such expanded bus services exists in Maui County, where the Maui Economic Organization (MEO), a private organization, operates public transit routes as contracted by the Maui County Department of Transportation.[21]

- **Policy Level:** State and Local, Programmatic
- **Implementation Framework:**
  - **Increase Frequency and Reliability:**
    i. Counties and private transportation providers could expand public bus schedules and routes in rural areas to ensure consistent and convenient access to healthcare facilities, such as by implementing free bus services, modeled after Hawai‘i County’s zero-fare program, or expanding the MEO model.
  - **Infrastructure and Operational Investments:**
    i. Counties and private transportation providers could utilize state and federal grants to improve bus stop infrastructure, including shelters and real-time tracking systems, to enhance usability and accessibility for residents. Programs could prioritize underserved areas with limited public transportation options. HI DOT could partner with counties to play a larger role in public transportation funding and planning.
  - **Strategic Transit Planning:**
    i. Counties with populations exceeding 200,000 are eligible for and could explore the creation of Metropolitan Planning Organizations (MPOs)[22] to

[18] Federal Transit Administration. Ferry Programs. U.S. Department of Transportation. 2025. https://www.transit.dot.gov/grants/fta-ferry-programs.
[19] U.S. Maritime Administration. *America’s Marine Highway Program*. U.S. Department of Transportation. Accessed June 2, 2025. https://www.maritime.dot.gov/grants/marine-highways/marine-highway.
[20] U.S. Environmental Protection Agency. About the Clean Ports Program. Accessed June 2, 2025. https://www.epa.gov/ports-initiative/cleanports#:~:text=Public%20Engagement-,About%20the%20Clean%20Ports%20Program,quality%20planning%20at%20U.S.%20ports.
[21] Maui Economic Opportunity, Inc. “Transportation Services.” *Maui Economic Opportunity*, 2025. https://www.meoinc.org/programs-services/transportation-services/.
[22] U.S. Department of Transportation. (n.d.). Metropolitan Planning Organization (MPO). Federal Transit Administration. https://www.transit.dot.gov/regulations-and-guidance/transportation-planning/metropolitan-planning-organization-mpo

improve public transit strategic planning and funding allocation. Such public transit improvements should align with healthcare access needs. Honolulu County already operates a MPO, and the next county approaching eligibility to create an MPO is Hawai‘i County.

Policy Goal #5: Establish Medical Housing Programs for Traveling Patients

Background

Access to specialized medical care often requires patients and their families to travel long distances, particularly in rural and underserved areas. This is especially challenging for individuals who require extended stays near major hospitals for treatment, such as those undergoing intensive therapies, managing chronic illnesses, or facing high-risk pregnancies. The financial and logistical strain of finding temporary lodging adds to the already significant emotional and physical stress of medical care. Developing medical housing programs modeled after programs such as Ronald McDonald Houses (which provide much-needed relief but are not able to meet all needs) could provide a practical and compassionate solution to these challenges, ensuring that patients can focus on recovery rather than logistics and financial strain.

Policy Option #1: Create State-Operated Housing Options for Patients with Medical Needs

Patients traveling for specialized or long-term medical care often struggle to find affordable lodging, adding financial and logistical stress to an already difficult situation. Establishing state-supported medical housing programs for patients and their companions/family could help alleviate these burdens and improve access to necessary care.

- **Policy Level:** State, Programmatic
- **Implementation Framework:**
    - **State-Operated Housing Facilities for Medical Needs:**
        i. HI DOH, in partnership with hospital systems and CBOs, could develop or purchase housing facilities near major hospitals. Facilities could provide affordable lodging, essential amenities, and wraparound support services, such as transportation and meal assistance. These partnerships could utilize state appropriations, hospital contributions, grants from programs such as the U.S. Department of Housing and Urban Development (HUD), and/or philanthropic organizations to fund such efforts.

Policy Option #2: Grant Program for CBOs to Provide Patient and Family Housing

Many community organizations already provide temporary housing for traveling medical patients but face funding constraints that limit their reach. Creating a state-funded grant program to support these organizations could expand access to affordable lodging for patients in need.

- **Policy Level:** State, Programmatic
- **Implementation Framework:**
    - **Grant Program Creation:**
        - HI DOH or HI DOT could establish a competitive grant program to fund CBOs offering free or reduced-rate housing for patients requiring extended stays for medical care. The grant could support infrastructure upgrades for housing facilities, operational costs for running medical housing programs, as well as wraparound services, such as transportation and meal assistance. The grant programs could emphasize coordination between transportation providers, health systems, and rural airports. HI DOH or HI DOT could utilize state appropriations, federal funding such as HUD's Continuum of Care grants,[23] and/or philanthropic contributions to fund the grant program.

INSURANCE COVERAGE

Policy Goal #1: Add NEMT as a Benefit in Traditional Medicare

Background

Transportation barriers are a significant issue for Medicare beneficiaries in Hawai‘i, particularly older adults and individuals with disabilities who rely on traditional Medicare, which does not currently cover NEMT (unlike the federal/state Medicaid program). Seventeen percent of Hawai‘i residents are enrolled in Medicare, and 40% of those are enrolled in traditional Medicare.[24] Medicare Advantage plans sometimes include an NEMT benefit, but it is not standard across all plans. These barriers contribute to patients experiencing missed medical appointments, delayed care, and preventable complications. Incorporating NEMT as a standard benefit in traditional Medicare could improve healthcare access, enhance outcomes, and reduce healthcare costs by enabling timely medical interventions.

Policy Option #1: Congressional Action to Mandate NEMT Coverage in Traditional Medicare

Traditional Medicare does not cover NEMT, making it difficult for older adults and individuals with disabilities to reach healthcare services. Expanding Medicare to include NEMT as a covered benefit could improve access to care and reduce missed medical appointments.

- **Policy Level:** Federal, Legislative
- **Implementation Framework:**

[23] U.S. Department of Housing and Urban Development. "Continuum of Care (CoC) Program." *HUD.gov*, accessed May 8, 2025. https://www.hud.gov/hud-partners/community-coc.
[24] KFF. "Election 2024: State Health Care Snapshots – Hawaii." *KFF*, September 30, 2024. https://www.kff.org/statedata/election-state-fact-sheets/hawaii/.

    - Congress could amend Medicare's authorizing statutes to require the Centers for Medicare and Medicaid Services (CMS) to include NEMT as a covered benefit in traditional Medicare. Certain limitations could also be applied to the required coverage to limit financial impacts, including:
        - Requirement of healthcare provider certification of medical necessity of travel to ensure appropriate use of the benefit; and
        - Establishment of quality benchmarks for transportation providers, covering licensing, safety protocols, reliability, consistency, and additional customer service requirements.
    - These implementation frameworks could be structured using current state Medicaid plans that cover NEMT, or by adapting specific Medicare Advantage frameworks that already cover NEMT for traditional Medicare.

Policy Option #2: Establish a Centers for Medicare and Medicaid Innovation (CMMI) Pilot Program to Assess Feasibility

Before considering legislation to expand NEMT coverage in Medicare nationwide, a pilot program through CMMI could help assess feasibility. Testing NEMT coverage in regions with high transportation barriers could provide valuable data on cost-effectiveness and patient outcomes.

- **Policy Level:** Federal, Regulatory, Executive
- **Implementation Framework:**
    - **Pilot Design:**
        - CMMI could create a pilot program to cover NEMT for certain traditional Medicare beneficiaries in targeted regions. The program could focus on high-need populations, including beneficiaries with chronic conditions or frequent medical appointments, and/or those in underserved rural areas.
        - CMMI evaluation metrics could include assessing reductions in missed appointments, monitoring changes in healthcare utilization patterns, such as reduced emergency department visits and hospitalizations, and measuring cost-effectiveness and beneficiary satisfaction.
    - **Scalability Analysis:** CMMI could examine operational challenges and cost implications to assess feasibility before consideration of nationwide implementation.

<u>Policy Goal #2: Reform Employer-Based and Private Insurance Policies to Cover NEMT</u>

Background

Current employer-based and private insurance plans often exclude coverage for transportation to healthcare services, leaving rural residents, particularly in Hawai‘i, with significant out-of-pocket costs for inter-island flights, ground transportation, and lodging. Some

insurers may cover the flight only, without covering family/companion service or wraparound needs or other incurred costs (e.g., missing work or daycare). Interviews with our stakeholders revealed cases where patients had to quit their jobs to qualify for Medicaid, which does provide some transportation benefits, or were forced to bear the high costs of temporary relocation for specialized care, such as high-risk pregnancies or cancer treatments. Without mandated coverage of transportation, rural residents face delayed or foregone care, worsening health outcomes and increasing reliance on emergency services. While insurers often cover the costs of medical services, the additional financial and logistical burden of travel remains unaddressed. This gap disproportionately impacts rural and neighbor island residents who must travel to Oʻahu or Maui for care unavailable locally.

Policy Option #1: Mandate Transportation Coverage in Employer-Based and Private Insurance Plans

Employer-based and private insurance plans typically do not cover transportation costs for medical appointments, creating financial hardships for rural residents. Mandating coverage for medical travel, including flights and ground transportation, could help ensure more equitable healthcare access.

- **Policy Level:** State, Legislative
- **Implementation Framework:**
    - **Comprehensive Coverage Requirements:**
        - The Hawaiʻi State Legislature could pass a bill to mandate that all employer-based and private insurance plans operating in Hawaiʻi cover transportation costs for patients and one companion for medically necessary travel, including:
            1. Inter-island flights for specialized care unavailable on the patient's home island.
            2. Ground transportation to and from airports and medical facilities.
            3. Lodging for patients and, where applicable, one companion, especially for maternal or chronic care cases requiring extended travel.
        - Such legislation could allow insurers the option to directly arrange travel and lodging for beneficiaries or require pre-authorization and expense documentation for reimbursement. The implementation framework could also be modeled in part by the coverage requirements currently in place through Hawaiʻi Medicaid.
    - **Monitoring and Compliance:**
        - Oversight of the program could be accomplished through the Insurance Division of the Hawaiʻi Department of Commerce and Consumer Affairs (DCCA) to monitor insurers' compliance with coverage mandates and address patient concerns efficiently.

Policy Option #2: Implement Policy #1 in Phases with Geographic Focus

Rolling out transportation coverage mandates in phases, starting with the most underserved regions, could allow for a more manageable and data-driven implementation process. Targeting high-need populations first could help refine the policy before expanding it statewide.

- **Policy Level:** State, Programmatic
- **Implementation Framework:**
    - **Rural Area Focus:**
        - Using the implementation framework in Policy Option #1 above, state legislation could begin with a pilot program including only rural and neighbor island areas, where healthcare transportation costs and barriers are most pronounced. The legislation could define geographic eligibility using data on healthcare access disparities and proximity to major medical facilities. For example, the pilot program could incorporate ICD-10 Z-codes (e.g., Z59.82 for Transportation Insecurity) to identify patients with significant transportation challenges, and streamline eligibility determinations using these codes before broadening coverage requirements.
        - The program could also focus initially on high-priority cases, such as maternal care, chronic disease management, cancer treatment, pediatric care, and/or dialysis. It could then expand coverage incrementally based on data on cost-effectiveness and patient outcomes.
        - Research and evaluations should be conducted regarding the phased implementation to determine future expansion efforts.

<u>Policy Goal #3: Enhance Medicaid NEMT Coverage in Hawai‘i</u>

Background

Medicaid does cover NEMT, which is a critical service, but issues in Hawai‘i include unique challenges due to the state’s geographic isolation, fragmented transportation infrastructure, and reliance on inter-island travel for specialty care. Medicaid beneficiaries, particularly those on neighbor islands and in rural areas, often encounter limited transportation provider availability, long wait times, and a lack of transportation options. Inter-island travel introduces additional barriers, such as high costs, logistical complexities, and the absence of integrated scheduling systems to align transportation with medical appointments. The current reliance on third-party agents for approval processes often leads to delays and inefficiencies, further exacerbating access issues.

Policy Option #1: Streamline Medicaid NEMT Approval Processes

Medicaid beneficiaries in Hawai‘i often face long approval wait times for NEMT, sometimes 14-21 days, delaying necessary medical care. Streamlining the approval process and reducing administrative burdens could improve efficiency and ensure timely access to transportation.

- **Policy Level:** State, Programmatic
- **Implementation Framework:**
    - **Legislative Mandate for Timely Approval:**
        - Hawai‘i DHS Med-QUEST Division could require MCOs to process and approve NEMT travel requests within 7 days of submission, reducing delays from the current 14-21 day timeframe. The regulation could mandate that MCOs provide confirmed travel details to beneficiaries no later than two days before travel or five days after the request was submitted, whichever comes first.
        - The regulation could include mechanisms to prioritize approvals for high-risk or time-sensitive cases. MCOs could introduce options for same-day or urgent appointments that do not qualify for EMS transportation but address urgent medical needs.

MATERNAL-FETAL (MF) HEALTH

Policy Goal #1: Improve Access to Maternal-Fetal (MF) Health Care Services

Background

MF care is a vital part of the healthcare ecosystem, focusing on the overall wellbeing and health of women during pregnancy, childbirth, and postpartum. MF providers can help to ensure that patients have a positive experience from conception to birth and beyond. In addition, MF healthcare providers are vital in decreasing maternal and child mortality and morbidity rates as they are able to identify, prevent, and/or mitigate health complications. Because of Hawai‘i’s geographical isolation, many women living on neighbor islands are encouraged or required to fly to O‘ahu or Maui to seek MF health services throughout the pregnancy process. This may put a burden on the patient as it is stressful to travel while pregnant and it may incur additional costs which might not be covered by insurance (e.g., local transportation such as taxi/Uber/Lyft, air transportation, hotel, food). Not only do patients from rural areas often need to seek care throughout the pregnancy process on larger islands O‘ahu or Maui, but many are also required to give birth on O‘ahu or Maui, especially if it is a high-risk pregnancy or their home island does not have the resources to allow a person to give birth (e.g., Lāna‘i does not have a birthing center). Telehealth is also a critical component of solving these issues, which will be covered in Part 4 of this series.

In Part 2 of this report series, stakeholders often shared several common findings in regard to MF health, including: high-risk pregnancies requiring transport to Oʻahu or Maui via EMS/helicopter, high-risk and rural pregnancies relocating to Oʻahu or Maui to give birth, limited access to prenatal care services leading to the need for EMS, women in poverty and mothers experiencing houselessness facing additional transportation challenges, and limited obstetric care access across the state. With these findings come additional policy options that could improve access to MF health overall across the state.

Policy Option #1: Create a Grant Program for CBOs to Provide Patient Housing for MF Medicine Patients

Limited availability of MF health specialists on neighbor islands forces many pregnant women to travel to Oʻahu or Maui for care, adding stress and financial strain. Expanding housing options for pregnant women traveling for care could greatly reduce barriers to accessing care.

- **Policy Level:** State, Programmatic
- **Implementation Framework:**
    - **Grant Program Creation:**
        - HI DOH could establish a competitive grant program to fund CBOs offering free or reduced-rate housing specifically for patients requiring extended stays for MF care. Funding for the grant could utilize state appropriations and targeted philanthropic contributions from organizations focused on MF health. Grants could support:
            1. **Infrastructure Upgrades:** Improving housing facilities to meet the needs of pregnant women and their families from neighbor islands, including accommodations for dependents.
            2. **Operational Costs:** Sustaining programs that support MF patients.
            3. **Wraparound Services:** Providing transportation to medical appointments, meal assistance, and family support services.

Policy Option #2: Improve Incentives for MF Health Specialists to Travel to Neighbor Islands to Provide Care

Oftentimes, patients have to travel long distances between islands to access in-person MF care. Creating pathways for MF health specialists to travel to where the patients are and provide care without requiring the pregnant women to travel could improve outcomes and access.

- **Policy Level:** Federal and State
- **Implementation Framework:**
    - **Grant and Funding Framework:**
        - HI DOH or HI DOT could develop a program (or partner with insurers to co-develop a program) that provides a comprehensive travel incentive

package for MF providers that are willing to travel to neighbor islands, including stipends, travel reimbursements, housing allowances, and per diem support.
    - The program could include a centralized scheduling and resource-sharing platform to coordinate specialist visits, maximize efficiency, and prevent burnout. The program could also assign a dedicated program coordinator to oversee logistics and scheduling.
    - Such a program could provide a model for providers from other specialties in the future, who also need to travel to neighbor islands to provide needed care.

Policy Option #3: Establish, Fund, and Staff Regional Health Hubs and Mobile Maternal Health Clinics on Neighbor Islands and in Rural Areas of Hawai‘i

Mobile maternal health clinics and regional health hubs can bring essential prenatal and postpartum care directly to underserved communities, reducing the need for long-distance travel. Investing in these solutions could help improve maternal and infant health outcomes across the state. Clinics such as these are currently operated by Healthy Mothers Healthy Babies in Hawai‘i.[25]

- **Policy Level:** State, Programmatic
- **Implementation Framework:**
    - **Grant Program Development:**
        - HI DOH could establish a grant program allowing rural hospitals and clinics to apply for funding to create mobile maternal health clinics. Funding sources could include federal programs such as HRSA's Rural Health Programs[26] and Title V Maternal and Child Health Services Block Grants,[27] along with state appropriations. Additional financial support could come from partnerships with private healthcare systems (e.g., Queen's Hospital, Straub, Kaiser Permanente, Hawai‘i Pacific Health).
    - **Equipment and Facility Preparation:**
        - The mobile clinics could be equipped with essential maternal care tools, including ultrasound machines, telehealth systems, and diagnostic equipment. These clinics could be modeled after the Healthy Mothers Healthy Babies mobile clinics, currently operating on multiple neighbor islands.[28]

[25] Big Island Now. "Healthy Mothers Healthy Babies Opens New Office and Mobile Clinic in Kailua-Kona." Big Island Now, February 14, 2023. https://bigislandnow.com/2023/02/14/healthy-mothers-healthy-babies-opens-new-office-and-mobile-clinic-in-kailua-kona/.
[26] Health Resources and Services Administration. "Rural Health Grants." *HRSA.gov*, 2025. https://www.hrsa.gov/rural-health/grants.
[27] Maternal and Child Health Bureau. "Title V Maternal and Child Health (MCH) Services Block Grant." *Health Resources and Services Administration*, accessed May 8, 2025. https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-services-block-grant.
[28] Big Island Now. "Healthy Mothers Healthy Babies Opens New Office and Mobile Clinic in Kailua-Kona." Big Island Now, February 14, 2023. https://bigislandnow.com/2023/02/14/healthy-mothers-healthy-babies-opens-new-office-and-mobile-clinic-in-kailua-kona/.

In addition to these policy options regarding MF care, Part 4 of this series will include further policies regarding MF care and telehealth.

Conclusion

The transportation challenges in rural Hawai‘i significantly impact healthcare access, particularly for EMS, NEMT, insurance coverage, and MF health. Geographic isolation, limited inter-island flight availability, unreliable public transit, and high travel costs create substantial barriers that disproportionately affect underserved communities. These barriers often contribute to delays in medical care, poorer health outcomes, and increased financial burdens on individuals seeking essential healthcare services.

Our discussions with 40 stakeholders throughout this project have highlighted the urgent need for a comprehensive and multi-level policy response. Addressing transportation-related healthcare challenges requires efforts from federal, state, and local governments, as well as from healthcare institutions and private sector partners. Policy options presented in this report aim to address challenges highlighted in the literature review and stakeholder insights. Part 4 of this report will present additional policy options regarding how telehealth can decrease barriers to access to care in rural areas for MF health, especially where transportation issues are present.

By implementing these multi-tiered policy options, Hawai‘i can make meaningful strides toward a more equitable and accessible healthcare system. Reducing transportation barriers will contribute to improved health outcomes, fewer preventable complications, and a more resilient healthcare infrastructure for all residents, regardless of geographic location. Through strategic collaboration and investment in needed solutions, the state can enhance healthcare delivery and ensure that rural communities receive the timely medical care they need.