DISABILITY RIGHTS NEW MEXICO
3916 Juan Tabo Blvd., NE • Albuquerque, New Mexico 87111
TEL: (505) 256-3100 • FAX: (505) 256-3184
State-wide Toll Free 1-800-432-4682
WEBSITE: www.drnm.org • EMAIL: info@drnm.org
Gary Housepian, Chief Executive Officer

Promoting and Protecting the Rights of Persons with Disabilities

February 25, 2026

New Mexico Health Care Authority
Office of the Secretary
ATTN: Medical Assistance Division Public Comments
P.O. Box 2348
Santa Fe, NM 87504-2348

Transmitted via electronic mail to HCA-madrules@hca.nm.gov on February 25, 2026.

Dear Secretary Armijo:

Disability Rights New Mexico (DRNM) is the designated protection and advocacy agency for individuals with disabilities in our state. DRNM's mission is to protect, promote, and expand the rights of people with disabilities, including providing public comment on proposed regulatory changes that affect our constituents. We appreciate the opportunity to comment on HCA's proposed amendments to 8.324.7 NMAC regarding *Adjunct Services, Transportation Services and Lodging.*

DRNM is uniquely positioned to comment on these proposed changes because the majority of our clients participate in a New Mexico Medical Assistance Division (MAD) program, including Turquoise Care, a Home and Community-Based Services waiver, or both. Many of our clients rely on non-emergency medical transportation (NEMT) to access medically necessary care. Some are unable to drive due to their disabilities while others must travel significant distances to access care not available in their home communities. Unfortunately, DRNM has observed persistent and systemic failures in the delivery of medical transportation services across the state. These include:

- A weak and inconsistent transportation provider network with drivers frequently unavailable to transport patients to scheduled appointments.
- Chronic administrative breakdowns between Managed Care Organizations (MCOs) and their transportation vendors, resulting in lost documentation, delayed approvals, and confusion about eligibility requirements.
- Inconsistent and unclear communication to participants about required forms, deadlines, and submission processes, with MCO and transportation staff providing conflicting information.

These failures have serious and sometimes devastating consequences. Clients miss medically necessary appointments through no fault of their own. In the worst cases, medical providers dismiss patients after repeated "no-shows," even when those absences are caused entirely by

transportation failures. The system then penalizes individuals for barriers they did not create and cannot control.

We implore you to consider the following:

• A Medicaid participant undergoing chemotherapy was told by his MCO that he must use the local city bus to attend appointments, despite severe pain and documentation from his physician indicating that private transportation was medically appropriate. Because public transportation was technically "available," the MCO refused to authorize private transit. The patient's family ultimately relied on a GoFundMe campaign to pay for Uber rides to and from chemotherapy.

• An individual receiving dialysis three times per week was required to use the city's paratransit service. The shuttle service was unreliable and frequently failed to pick the client up as scheduled, resulting in missed dialysis appointments. The dialysis provider threatened to dismiss the client from care. Again, the family organized a GoFundMe campaign to cover private transportation costs.

• A Turquoise Care participant who uses a motorized wheelchair relied on NEMT for routine appointments. When transportation repeatedly failed to arrive, the family transported the client in a standard vehicle without the patient's wheelchair. The physician conducted the appointment in the parking lot --- examining the client in a car ---- because the client could not access the building without his wheelchair. This is unacceptable.

• In another case involving a client who uses a motorized wheelchair, transportation services repeatedly cancelled at the last minute due to a lack of drivers. The client's family rented a U-Haul van to transport the wheelchair so she could attend a medical appointment. Families should not have to rent moving trucks to access basic health care.

• DRNM attorneys have represented clients in fair hearings where MCOs refused to issue written denials of transportation services. Instead, MCOs characterized the lack of available transportation as a "customer service issue" rather than an appealable denial. When a client cannot access an approved medical appointment due to unavailable transportation, the distinction is meaningless. The impact is the same and it is devasting for many: denial of access to medically necessary care.

Upon reviewing the proposed changes, DRNM does appreciate HCA's efforts to reduce administrative burdens on transportation providers. We support increasing the service area from 65 to 120 miles and extending required verification from six months to twelve months. These changes are beneficial to MAD participants.

However, when the existing system is already failing so many patients, incremental administrative improvements are not sufficient. Without stronger accountability measures like adequate transportation provider networks, clear appeal rights, and meaningful oversight of transportation vendors, these small changes are unlikely to resolve the underlying crisis. We urge HCA to take seriously its oversight of non-emergency medical transportation for MAD participants.

Sincerely,

Katie Gordon
Director of Communications & Outreach
Disability Rights New Mexico