National Rural Health Association Policy Brief

Transportation barriers and solutions to care for rural older adults

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Introduction

Transportation is an essential resource that affects overall quality of life.[i] For rural America, transportation is especially vital to health as most rural residents live 10 to 30 miles from the nearest hospital or pharmacy.[ii] Rural older adults, who comprise a quarter of adults 65 and older in the country,[iii] face unique challenges accessing transportation-based care. Addressing these challenges will improve older adult well-being by helping overcome financial and logistical barriers that contribute to compounded health issues, financial strain, and logistical burdens.

Rural stakeholders identify transportation as a top barrier to care for aging in place,[iv] with funding gaps and fragmented service coordination posing serious challenges. Federal programs designed to support rural transportation for older adults often require administrative work that rural agencies do not have the workforce or funding to comply with, reducing the effectiveness of these programs. Further, federal funding levels often do not match the long travel distances and higher per-trip costs that define rural mobility needs. People with limited transportation are not only restricted in their civic participation but also face challenges accessing basic medical care, buying groceries, and attending social gatherings. Transportation challenges also leave rural older adults vulnerable to social isolation, which may lead to health problems such as cognitive decline, depression, and heart disease.[v]

When rural Americans have affordable, accessible, and safe transportation, the social fabric of rural communities is strengthened. Individuals with reliable transportation are able to volunteer, vote, contribute to local organizations, and participate in social and civic life. They are also more likely to seek and receive primary care, avoiding costly hospitalizations down the line. Addressing infrastructural, economic, and systemic challenges around transportation in rural areas through program and policy solutions is key to improving rural health.

Analysis

Geographic and infrastructure barriers

Long distances to care: Rural residents must travel greater distances for care, frequently living 10 to 30 or more miles from essential services, including hospitals and primary care. The lack of public transportation, unpaved or poorly maintained roads, and hazardous seasonal weather increase travel challenges.[vi] More than 40 percent of country roads in rural areas are “inadequate for current travel” according to federal guidelines, posing safety risks and increasing maintenance costs on vehicles.[vii]

Limited or nonexistent rural public transit: Many rural counties have no public transportation infrastructure. Where transit does exist, it may operate only a few days per week, with limited geographic coverage or on-demand schedules requiring booking. Further, the built environment of rural areas often lacks amenities that accommodate pedestrian traffic, such as sidewalks and ramps.[viii] Reliance on informal or ad-hoc transportation such hitchhiking may be a strategy rural residents use when no formal

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transit or non-emergency medical transportation (NEMT) options exist.[ix] These limitations restrict access to care, especially for older adults with mobility or cognitive impairments.[x]

Economic and social barriers

Lower income: Rural residents disproportionately experience higher poverty rates and economic hardship than their urban counterparts.[xi] According to the U.S. Department of Agriculture's "Rural Poverty and Well-Being" report, the 2019 poverty rate for adults 65 and older was 10.3 percent in nonmetropolitan areas, compared with 9.3 percent in metropolitan areas.[xii] Lower Social Security benefits, fewer employment opportunities, and transportation-related expenses contribute to financial strain. These economic barriers restrict private transportation options[xiii] and limit the ability to pay for alternatives, especially where costs increase with distance.

Higher health care-related costs: A study by the Commonwealth Fund found that rural adults spend more on health care than urban residents, largely due to greater reliance on emergency services, limited primary care access, and transportation-related expenses.[xiv] When adults cannot afford transportation, they are more likely to forgo preventive care, which leads to worsened chronic health conditions.

Transportation workforce shortages*:* Workforce shortages extend to transportation programs, with rural transportation challenges further compounded by declining volunteer driver networks. Meals on Wheels America documents growing difficulty in maintaining volunteer drivers due to rising fuel prices, long distances, and inadequate reimbursement, including poor tax incentives. [xv,xvi]

Systemic barriers

Disintegrated funding streams and lack of coordination: Cross-agency coordination and funding foster better results against systemic barriers. Federal transportation programs often operate in silos across state and local transportation agencies, including Area Agencies on Aging (AAA), state departments of transportation, Medicaid programs, veterans' services, local nonprofits, hospitals and health systems, and community-based organizations. A U.S. Government Accountability Office report on federal programs that fund transportation services for older adults found that multiple funding streams and limited coordination among state and local agencies create fragmented and inefficient systems. The assessment also revealed significant challenges in aligning programs across the aging network, Medicaid, transportation agencies, and other partners. As a result, rural older adults often face inconsistent eligibility rules, limited service coverage, and siloed transportation options.[xvii]

Underfunded federal transportation programs

Federal transportation programs play a fundamental role in connecting rural older adults to essential health and social services, including providing an important foundation for community mobility. However, despite their value, these programs remain underfunded, difficult to leverage, or misaligned with the true costs of serving rural communities. This chronic underinvestment worsens transportation barriers at a time when rural hospitals, clinics, and long-term care providers are already experiencing significant financial strain.[xviii]

Older Americans Act (OAA) Title III-B Supportive Services: OAA Title III-B Supportive Services[xix] provide funding for community-based services through AAA to help older adults maintain independence in their homes and communities, including transportation to medical appointments, socialization/community engagement, grocery shopping, and other essential destinations.[xx] Though critical, Title III-B transportation funding often fails to meet demand as it has not kept pace with the growth of the older

adult population, especially in rural counties where older adults comprise a disproportionate share of residents. As a result, programs must routinely develop wait lists or prioritize transportation to services such as dialysis, cancer treatment, or urgent visits, leaving transportation needs for preventive care and socialization unmet. Even when appropriations increase slightly, inflation and rising costs for fuel, fleet

insurance, equipment maintenance, and vehicle replacement effectively turn those nominal increases into funding cuts, especially for providers serving large, sparsely populated rural areas. Rural AAAs also report that flat funding arrangements make it harder to keep pace with the resources required to recruit, retain, and compensate staff, drivers, and volunteers. While volunteers are a great resource, trips often require a CDL or chauffeur license, which limits opportunities for many potential volunteers. For rural older adults, this means fewer available rides, longer wait times, and missed opportunities to receive timely preventive care. These challenges highlight the need to allocate more funding and resources to support recruiting, training, retaining, and compensating volunteers, drivers, and staff to bring transportation to rural areas.

Federal Transit Administration (FTA) Section 5310 – Enhanced Mobility of Seniors and Individuals with Disabilities: The FTA Section 5310 program[xxi] provides funds to improve transportation for older adults and people with disabilities, including vehicles, mobility management, volunteer driver programs, and other supports that are central to removing transportation barriers.[xxii] Section 5310 requires local match contributions, which may be difficult to achieve for small rural transit agencies or providers, older adult centers, and nonprofits with a limited tax base and fundraising capacity, especially in sparsely populated communities. Further, grants often emphasize capital (i.e. vehicles and equipment) over long-term operational needs, meaning drivers, fuel, maintenance, dispatch, and insurance may remain underfunded. These investments provide important transportation support, but rural communities and small rural agencies often face administrative burdens, insufficient funding, local match barriers, and limited operating costs. These constraints leave many rural organizations unable to pursue all available 5310 funds or sustain expanded services once the initial grant periods end.

Federal Transit Administration (FTA) Section 5311 – Formula Grants for Rural Areas: The FTA Section 5311 program is the primary federal transit funding stream, providing funding to states for rural communities with a population under 50,000.[xxiii] It supports capital, planning, and operating assistance and includes grants for training and technical assistance through the Rural Transportation Assistance Program.[xxiv] However, current funding and rules do not match rural realities, with allocations based on formulas that do not fully account for long distances, low population density, and higher per-trip costs in frontier and remote areas. Like Section 5310, local match requirements are a major barrier for small agencies and tribes, particularly in counties with stagnant or declining tax bases. The federal share is 80 percent for capital projects, 50 percent for operating assistance, and 80 percent for Americans with Disabilities Act non-fixed route paratransit service. Many rural transportation systems operate on limited schedules (weekday business hours, no evenings or weekends), making it impossible for older adults to reach early-morning specialty appointments, after-hours urgent care, or weekend services. When funding covers large rural areas, there is often no regular bus service available, with options such as on-demand or flexible route rides usually needing to be scheduled days or even weeks ahead.

Non-emergency medical transportation (NEMT): NEMT is a benefit for eligible Medicaid beneficiaries who need to access medical services such as doctor visits, dialysis, or prescription pickups and have no other means of transportation.[xxv] NEMT supports millions of trips annually and is particularly critical for rural older adults who are dually eligible for Medicare and Medicaid. NEMT availability varies substantially by state and represents less than 1 percent of total Medicaid spending, with annual federal and state expenditures around $3 billion, even though it facilitates access to health care services worth billions of dollars.[xxvi] Further, only “loaded” mileage – or transportation when a beneficiary is in the

vehicle – is reimbursed, meaning NEMT providers are not paid if the patient does not show or refuses care or for return trips.[xxvii] A report by the Kaiser Family Foundation indicates that pending Medicaid policy changes in HR-1 (Pubic Law 119–21) will reduce federal Medicaid spending in rural areas by an estimated $137 billion over 10 years. State-level policies differ and result in substantial variation in NEMT availability and quality, with some states tightening qualifying regulations or requiring additional paperwork and approvals. Pending decreases in Medicaid funding make NEMT an easy target despite its relatively small cost and outsized benefits.[xxviii]

For rural older adults, NEMT is essential to access dialysis, chemotherapy, cardiac rehabilitation, and social or primary care visits, which helps prevent emergency department visits and hospitalizations. Reductions to NEMT and the administrative barriers of the program limit this life-saving access.

Veterans transportation programs: Rural older veterans rely on several under-resourced programs, including the U.S. Department of Veterans Affairs (VA) Highly Rural Transportation Grants,[xxix] the VA Transportation Services Beneficiary Travel Program,[xxx] and volunteer networks such as Disabled American Veterans transportation services.[xxxi] These programs are lifelines but face cumbersome and limited eligibility requirements, which restrict applications to only veterans service organizations (VSO) or state veterans services. These programs offer limited grant amounts that do not adequately account for rising fuel and maintenance costs and depend heavily on volunteer drivers, many of whom are also aging and face challenges with insurance, liability, and vehicle replacement. Coordination barriers between VA medical centers and local transit providers result in gaps between VA appointment schedules and available community transportation. When VA transportation funding is limited or unreliable, rural older veterans may skip specialty care, mental health services, or rehabilitation appointments.

Additional transportation programs: Other programs available to rural residents requiring transportation assistance include the USDA Rural Development Community Facilities Programs, The John A. Hartford Foundation and National Rural Health Association's National Rural Age-Friendly Initiative, and the Rural Health Information Hub's transportation resources.

Policy recommendations

NRHA proposes the following evidence-based policy recommendations aligned with proven age-friendly strategies and federal rural health priorities.

- **Increase OAA Title III-B Supportive Services funding**: Raise funding to accurately reflect increasing demand, rising costs, and the growing population of rural older adults. Establish a funding floor for rural communities using this service, as in many areas it is the only transportation program available.
- **Increase FTA funding**: Increase Section 5310 and Section 5311 funding to account for low population densities and higher per-trip costs in rural areas. Adjust funding models to meet long-term operating costs and support drivers, fuel, insurance, and maintenance.
- **Decrease FTA match requirements**: Many rural counties have limited resources and a shallow tax pool, making FTA match requirements unreachable and excluding them from Section 5310 and 5311 funding. Match requirements should be determined on a sliding scale or waived altogether in certain areas. Alternatively, match requirements could accept community partnerships (such as donated vehicles, office space, etc.) instead of monetary contributions.

- **Set FTA interstate guidelines**: Set interstate guidelines for FTA funding at the federal level. Rural counties often border each other across state lines, with closest health care provider in another state.
- **Utilize tax incentives**: Bolster tax incentives for volunteer drivers and programs for vehicle and maintenance costs. Provide tax credits for physicians conducting home visits or mileage reimbursement for those using their own vehicles.
- **Increase NEMT funding**: Allocate funding to accurately reflect transportation costs, the growing number of older adults in rural America, and the rising costs of gas and vehicle maintenance.
- **Improve community service integration:** Models like mobile integrated health or community paramedicine reduce transportation dependence. Expand support for these programs and allow them to be eligible for Medicaid reimbursement.
- **Reduce administrative burdens**: Take measures to review and decrease (where appropriate) administrative burdens on rural agencies that may lack the staff to comply with transportation-related grant applications or reporting requirements. Balancing the reduced administrative burden with a continued focus on measuring outcomes is essential to determine whether coordination efforts are improving mobility.
- **Streamline VA collaboration and communication**: Improve interoperability between VA systems and local transit systems. Standardize scheduling and health record platforms.
- **Enhance existing rural transportation provider resources, training, and technical assistance**: Resource centers such as the Accessible Transportation Resource Center, the CCAM Technical Assistance Center, and the recently lapsed National Aging and Disability Transportation Center are vital to rural and tribal residents.[xxxii]
- **Improve rural infrastructure**: Prioritize the repair and maintenance of rural roads and bridges. Many rural roads are in disarray from lack of modernization, natural disasters, or climate disruptions. Improving infrastructure removes another barrier in rural access to care.

Recommended actions

- **Reauthorization of the Older Americans Act** (S. 2120) would appropriate the Older Americans Act for fiscal years 2026-2030, including programs such as Title III-B Supportive Services and Senior Centers, Title III-C Transportation to Congregate Meal Sites, and Title III-E National Family Caregiver Support Program.
- **The Delivery Elderly Lunches and Increasing Volunteer Engagement and Reimbursements (DELIVER)** Act (H.R. 1942) would increase the tax-deductible mileage rate for individuals who deliver lunches to elderly or at-risk populations.
- **Rural Veterans Transportation to Care Act** (H.R. 1733) would expand the VA's Highly Rural Transportation Grant eligibility to rural areas (from highly rural areas), counties with VSOs, and tribal organizations. It makes the grants permanent and increases the maximum amount to $60,000.

Conclusion

Transportation is foundational to rural age-friendly ecosystems. For rural communities, transportation is more than mobility — it is a lifeline. Unreliable, unaffordable transportation leaves older adults unable to access most forms of health care, nutritious food, or social engagement. This is particularly challenging for older adults who want to remain healthy, independent, and engaged. The growing population of people over 65 in rural America and the deepening rural transit crisis make addressing transportation barriers for rural older adults an economic, public health, and policy priority.

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