



State Coordinating Council For Community Transportation (SCC)

SFY2025 Annual Report

October 2025

Purpose:

Per [RSA 239 – B:4](#), “The SCC shall annually report its findings, progress, and any recommendations for proposed legislation to the governor, the speaker of the house of representatives, and the president of the senate by November 1 of each year. The report shall cover the state fiscal year ending June 30 of the same year.”

Findings:

Community Transportation Needs Assessment (CTNA)

Led by the State Commission on Aging, the CTNA started in fall 2024 and will not be completed until spring 2026. Preliminary findings offer much for SCC and its partners to consider that will enhance the state’s transportation network, allow state agencies to direct the flow of funds to those most in need of transportation services, etc. A final report is planned for release in spring/summer 2026.

Website

The creation of the www.KeepNHMoving.com website, which went live in May 2024, is seen as a crucial step in NH’s attempt to have a “one stop shop” for the travelling public who need any manner of rides, whether via non-profit or private, for-profit providers. While feedback has been overwhelmingly positive, it is recognized that upgrades to the site are needed to continue to enhance the ease of use for NH’s residents/visitors to find rides. SCC continues to search for funding opportunities to assist with the necessary upgrades to the site.

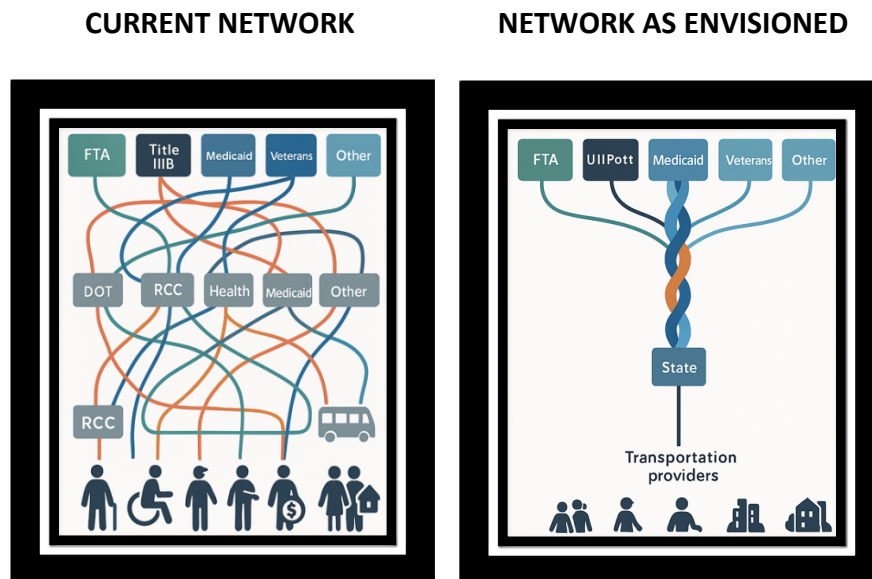
Healthcare

The issue of transportation as it relates to healthcare has risen as a priority issue. The SCC’s Healthcare Taskforce took shape in SFY2024 with the purpose of bringing high-level stakeholders together to look at the intersection of public health, healthcare and transportation. In SFY2025,

the Taskforce continued to grow, with partners brought to the table who will be instrumental in effecting change in the coming years. This will be a long-term effort that will ideally help improve health outcomes and reduce costs associated with missed appointments.

Turning Fragmented into Coordinated

While NH DHHS has been a valuable partner at the Healthcare Taskforce table, SCC remains concerned that the disconnected administration of funding, e.g., Medicaid vs Federal Transit Administration (FTA), creates barriers to efficiency within the state. While the federal government encourages coordination in terms of service delivery, it defers to the states to determine how, or if, that is done. In NH, there are separate and distinct systems of human services transportation that preclude realizing the economies of scale and efficiencies gained by the implementation of a single delivery system of transportation services. Here's the goal:



The SCC requests that, in collaboration with the SCC, policy makers continue to focus on efforts that would allow a single, coordinated system of transportation service delivery in the coming years.

Progress:

With a network including a State Mobility Manager and (8) Regional Mobility Managers in place, SFY2025 saw the SCC focus on core governance to ensure a systematic approach to the State's coordination efforts. Here are some highlights:

- ✓ *Enhanced by-laws to reflect the network's development*
- ✓ *Implemented SurveyMonkey-based reporting for improved data collection and analysis*
- ✓ *Established connections with healthcare facilities to develop Non-Emergency Medical Transportation (NEMT) programs, modeled after the UCVH program in Colebrook*
- ✓ *Introduced two expanded Volunteer Driver Programs (VDPs) thanks to cross-regional collaboration*
- ✓ *Developed pilot program for regional ride program that involves philanthropic partnerships*

Recommendations for Proposed Legislation:

Vehicle Registration Fees (NH RSA 261:153)

SCC first and foremost supports a stable source of state funding for public transit/human services transportation, at least at a level necessary to provide required match for federal funding. In the absence of such funding, SCC advocates for amending [NH RSA 261:153](#) relative to vehicle registration fees. Specifically, Section VI of the RSA caps the amount that municipalities may collect for a “municipal and transportation improvement fund” at \$5. **SCC requests that this cap be raised to at least \$10.** Any increase, or removal of a cap entirely, would not serve to increase taxes, as is commonly misunderstood. Rather, it would provide municipalities a further mechanism to utilize user fees in lieu of relying on broad taxes, similar to how toll revenues dovetail with gas tax revenues. While no municipalities would be compelled to vote to establish a fund, or to increase any current maximum, they would be provided with an option to do so. Communities have expressed interest in having that option rather than having revenues solely borne by property taxes.

SCC’s Governing Legislation (NH RSA 239-B)

The SCC’s governing legislation, [RSA 239-B](#), is in need of broad updating to reflect the maturation of the SCC since its enactment in 2017. Should a broad revamping not be feasible at present, an update regarding **239-B:2 Membership and Compensation** is recommended/requested:

239-B:2 I

- a. Existing: Defines 15 members but excludes a customer representative
- b. Proposed: Amend RSA to add the following as letter (i): *A member of the general public who represents the human services transportation customer base*
 - i. This change would ensure that customers are represented at the SCC level. The SCC is currently taking steps to ensure that each Regional Coordination Council (RCC) has a customer-based voting member to ensure those with lived experience are at the table.

Federal Fund Braiding

The SCC recommends that the Governor & Legislature continue to focus on coordination for service delivery in NH to ensure efficiency and ease of access for customers. For example, currently, Medicaid-eligible customers must book rides with one of two Medicaid brokers in NH. Non-Medicaid-eligible passengers, including seniors and individuals with disabilities, can often book rides with their local transit agency, senior center, or volunteer driver program. Often, customers eligible for Medicaid simply prefer to avoid the brokerage system and instead book rides via those other means. Not only does that place an administrative and financial burden on those non-Medicaid transportation providers, but the Medicaid Managed Care Organization (MCO) still receives funding for those individuals via the capitated rate as well. Ideally, a study will eventually lead to a coordinated system of delivery that will allow for a seamless “braiding” of funding sources.

Thank you for the opportunity to present this annual report. For more information regarding the SCC, RCCs, and human service transportation services within NH, please visit www.KeepNHmoving.com.