



Paratransit Service during COVID-19:

Serving People with Disabilities & Seniors May Require

Different Solutions than Fixed-Route Transit Service

As news of the impacts of the COVID-19 pandemic in the U.S. changes by the hour, so do the adaptive service delivery strategies of transit agencies throughout the country.

People with disabilities and seniors traditionally rely on public transit—and the ADA paratransit programs transit agencies provide—to meet their essential life activities, including accessing goods and services. In the midst of this rapidly changing environment, we are concerned that the specific mobility needs of people with disabilities and seniors may not be prioritized by heavily overburdened transit operators and policymakers.

In the absence of clear guidance from the Federal Transit Administration (FTA) about how to respond to challenges posed by COVID-19 in the delivery of ADA paratransit service (as of March 31st), we identify some of the key disability-related factors that should be taken into account as agencies adapt to the new reality. We provide solutions to some of these challenges based on input from a range of service providers, and we report on creative strategies that have been implemented by those serving these populations in their own communities. The following is a review of what we have learned so far, both in an ADA and non-ADA context.

ADA Paratransit Programs Are Changing Their Policies to Meet Mobility Needs While Balancing Compliance

ADA paratransit service is determined by the level of service provided by an agency's fixed-route transit. As fixed-route ridership in some communities has dropped by 80 to 90 percent, and as increasing numbers of drivers are unable to report for duty, paratransit programs are cutting back service to essential trips, destinations such as grocery stores and pharmacies. Most systems report using the honor system to enforce this approach, and if a trip does not appear to be essential, they request more detail on the trip purpose. While this appears to risk ADA non-compliance (under which denials based on trip purpose are not allowed), it may be the only practical response given the lack of available resources. Agencies indicate that riders are largely choosing not to travel, so this has not been a source of contention. In fact, some agencies have maintained their service areas and hours despite reductions in fixed-route service in those areas.

Due to concerns about infection in the use of fare media, many agencies have eliminated fixed-route fares, and almost all that we are aware of have also eliminated paratransit fares for parity reasons. While the higher cost per trip for paratransit would result in a disproportionate loss of revenue between these two modes, the fact that so few paratransit riders are using the service suggests that revenue considerations should not be a factor in eliminating paratransit fares during this period.

Best Practices in Paratransit Eligibility Are Not Practical during the Pandemic

Prior to COVID-19, the industry trend had been towards conducting full or partial in-person functional assessments in order to determine an applicant's eligibility. While the functional assessment model is considered far more accurate than other approaches, for the duration of the pandemic, in-person assessments have largely been suspended due to social distancing. The most common approach among San Francisco Bay Area operators is to grant three- to six-month temporary eligibility to new applicants and those renewing, based on a phone interview or faxed or paper application. Some agencies are staggering the duration of the temporary eligibility terms in order to avoid a potential wave of renewals in the future. Some systems are also granting full unconditional eligibility to those whose functional inability to ride transit is clear-cut.

Social Distancing Presents Unique Challenges for Paratransit Service

Serving individuals who need assistance with boarding, wheelchair securement, or assistance to the front door presents particular challenges in the context of social distancing. For fixed-route service, many agencies have shifted to rear entrance boarding. However, this may not be possible for riders with limited mobility and wheelchair users.

The Disability Rights Education and Defense Fund (DREDF) has asked that [the following procedures](#) be adopted to accommodate these users:

- Installation of a safety strap or other temporary barrier to prevent the use of front seats by passengers other than those in a wheelchair, scooter, walker, or similar mobility device.
- Development of protocol for assisting passengers with wheelchairs upon request; and adequate gloves, wipes, hand sanitizer and masks where needed to assist safely with wheelchair securement if securement is requested by wheelchair-using passengers.

While these practices are intended for fixed-route services, they may only partially translate to the smaller vehicles used for paratransit service. While wheelchair riders may voluntarily forego securement in a large, fixed-route vehicle, it is not possible to safely leave a wheelchair unsecured in a smaller paratransit vehicle. In response, many agencies require that drivers wear adequate PPE and have attempted to achieve passenger social distancing by limiting trips to one or two passengers.

Services That Supplement ADA Paratransit Have Unique Challenges

Some jurisdictions have requested that ADA and other paratransit programs provide different types of service during this period, such as meal or grocery delivery. Some programs have voluntarily taken on this responsibility. One particular program is working with a local grocery store and food bank to provide groceries to isolated individuals. The food bank is coordinating the service.

Some agencies have been asked by their public health department to provide health care related trips to vulnerable populations for COVID-19 testing or to individuals who have already tested positive. The proposed service would only be conducted by drivers who volunteer for this role with full knowledge of the rider's status. Drivers would be provided full PPE, including gowns, masks, and goggles, and they would be trained by public health, medical, and/or emergency response officials. Since paratransit programs are often operated by contractors, this development has raised issues about liability and worker's compensation that have yet to be sorted out.

City and nonprofit organizations providing transportation, without the same federal responsibilities through the ADA, have had to make individual decisions about safety and level of service. Several have added meal delivery to their programs and have asked volunteers to shop for and deliver groceries to seniors instead of providing those seniors door-through-door rides. These small programs are also well positioned to have sensitive discussions with riders about the necessity of their trips and their health conditions.

In recent years transit agencies and other community transportation providers have begun experimenting with TNC partnerships. Some of these partnerships required shared TNC service (e.g., Lyft Line, Uber Pool), but this requirement has been removed due to COVID-19 social distancing restrictions. TNC ridership has reportedly declined by a similar percentage to fixed-route and paratransit services.

Looking Ahead

Today, the delivery of paratransit service is radically different than what it was a month ago. In addition to a major drop in ridership, providers have made substantive changes to policy enforcement, as programs seek to protect the wellbeing of riders and drivers while complying with the ADA. While it is impossible to speculate about the shape of paratransit services post-pandemic, there are reasons for both concern and optimism. If fixed-route service does not recover to its pre-pandemic levels, paratransit service could suffer from major reductions in service areas and hours, which could pose a serious threat to the wellbeing of many who live in less dense areas no longer served by paratransit. At the same time, there may be expanded opportunity for innovative ways of serving these mobility needs beyond the traditional paratransit model through the more flexible use of emerging mobility modes—a trend that had already been growing pre-pandemic. We have identified two important considerations going forward:

- **Accounting for and receiving support to cover expenditures made during the pandemic.** Many transit agencies have already requested that their ADA programs complete appropriate records to assess the financial impacts on their services, but smaller agencies should also prepare similar records as the basis for future funding requests. The National Aging and Disability Transportation Center has provided [guidance for transit agencies](#) on this topic, and other smaller agencies could consider a similar methodology.

- **Recognizing the status of paratransit drivers and support personnel as frontline providers in an emergency and as providers of essential services.** While public employees can be classified as “public disaster workers,” many paratransit personnel are private contractors or subcontractors. Many are being asked—or are volunteering themselves—to take on a great deal of responsibility for the vulnerable populations they serve, without the same protections as public-sector employees. This crisis has emphasized the need to recognize the essential importance of many jobs in our society, including these critical transportation roles. Improving compensation for these positions would address the key issue of driver shortages experienced by paratransit programs in recent years. Increased recognition of the critical role of paratransit service in the event of an emergency may also lead to greater levels of funding, allowing for the kinds of innovations that the industry has already been exploring in recent years.

The COVID-19 pandemic presents double risks for people who rely on paratransit service. DREDF warns, “The virus itself hits people with underlying conditions harder, and long-standing discrimination in our healthcare system means that people with disabilities are most likely to bear the burden of ‘rationing’ measures that hospitals and providers will put into place as patient needs strain the resources of the U.S. healthcare system.” As transit agencies, too, are challenged by the impacts of COVID-19, the strategies above offer adaptive ways to prioritize safety, navigate compliance, and continue to meet the mobility needs of seniors and people with disabilities during the pandemic.

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