



Dear Health Care Advocates,

Thank you for your advocacy efforts to raise the concerns with converting Tennessee’s funding for Medicaid into a “Block Grant” as outlined in “Amendment 42.”

THCC opposed the “Block Grant” legislation in the 2019 General Assembly. Among our concerns were that block grants historically do not adjust with population growth, during recessions, or in instances of natural disaster. The Division of TennCare has addressed many of these concerns; this proposal does allow for adjustment based on growth and need.

Concerns of health equity among uninsured Tennesseans, non-Caucasian populations, seniors, and persons with disabilities have not been addressed. Specifically, we are concerned:

- Amendment 42 does not guarantee coverage for Tennessee’s uninsured. Tennessee will still not receive federal dollars already designated to provide health insurance for working Tennesseans who earn too much for TennCare and do not qualify for ACA subsidies.
- Amendment 42 would permit Tennessee to cut or limit optional benefits (e.g. physical therapy, vision services, hospice, etc) and place additional limits on mandatory benefits (e.g. hospital services, physician services, etc) without federal approval.
- Amendment 42 authorizes Tennessee to limit benefits and/or target certain populations. This has the potential to deepen health inequities among people who are in poverty, who are non-Caucasian, and/or people who experience other discrimination in health care.

Advocates may submit comments to public.notice.tennCare@tn.gov or via [THCC’s website](#) where we have provided a starter template. Please edit using your unique perspective.

Tips for Submitting Comments to TennCare

- Establish your credibility for making the comment to distinguish it from others. If you are a member, will be personally impacted, or have experience with TennCare beneficiaries, please say so at the start of the letter.
- Be concise but support your claims fully.
- Be specific about how the block grant will impact the group of people you interact with using evidence and relevant examples.
- Clearly identify the issues within the draft amendment on which you are commenting. If you are commenting on a word, sentence, or citation, provide the page number or section.

Public Meetings

Tuesday, October 1, 2019
2:00am CST
Family & Children’s Services
Training Room B
2400 Clifton Avenue, Nashville

Wednesday, October 2, 2019
2:30pm EDT
Burlington Branch,
Knoxville Public Library
4614 Asheville Hwy, Knoxville

Thursday, October 03, 2019
2:30pm CST
Jackson-Madison Co. Library
Program Center
433 East Lafayette St., Jackson

Comments are due by October 18th!



Advocate Talking Points for Submitting Comments on “Amendment 42”

- **Amendment 42 does not guarantee coverage for Tennessee’s 300,000 working uninsured.**
 - To improve Tennessee’s uninsured rate, [that has increased to 10%](#), TennCare would need to submit a separate waiver to expand eligibility.
 - The amount of money requested by TennCare does not include the \$1.2 Billion Federal tax dollars Tennessee is eligible for annually.
 - Tennessee continues to be denied resources to provide coverage for healthy, working adults who earn too much for TennCare and do not qualify for subsidies on the ACA.
- **Tennessee’s block grant proposal requests a few “flexibilities” in exchange for receiving a fixed amount of federal funds to administer the TennCare program.**
 - Amendment 42 would permit the state to cut or limit optional benefits (e.g. physical therapy, vision services, hospice, etc) and place additional limits on mandatory benefits (e.g. hospital services, physician services, etc) without federal approval.
 - Waiving these federal protections and allowing the state to limit benefits without a transparent oversight process represents a major threat to beneficiaries in Tennessee.
- **Targeting benefits has the potential to exacerbate inequities**
 - Allowing Tennessee the unchecked power to limit benefits or target certain populations has the potential to deepen health inequities among people who are in poverty, who are non-Caucasian, and/or people who experience other discrimination in health care.
 - People of color make up approximately [40% of TennCare enrollees](#) and are [more likely](#) to suffer from certain health conditions, and they are more likely to get sicker, have serious complications, and even die from them.
 - Tennessee’s proposal requests authority to eliminate optional benefits without federal approval as long as they don’t “affect the overall sufficiency of the benefit.” There will be no federal check on whether the state is exacerbating health disparities by eliminating certain benefits, or by providing benefits to a target population that does not include beneficiaries who experience health disparities.
- **Concerning dental benefits for pregnant women:**
 - Tennessee is one of only [three](#) states that does not provide adult dental benefits.
 - Tennessee does not need to pursue a block grant to achieve this authority to target benefits and should provide dental benefits to all Medicaid eligible families.
 - States currently have [flexibility](#) in designing adult dental benefits, hence the benefit varies greatly across states.
 - The prevalence of dental disease and tooth loss is disproportionately high among lower-income individuals, reflecting lack of access to dental coverage and care. Racial and ethnic disparities in these measures are also pronounced.
 - Compared to non-Hispanic whites, Latinos and Non-Hispanic Blacks are more likely to have [untreated dental needs](#), more likely to [go without dental care](#), and more likely to have [unmet dental needs](#) due to cost.

A special thanks to [Families USA](#) for researching and compiling much of this information.