



October 18, 2019

Submitted via email to public.notice.tennCare@tn.gov

Gabe Roberts
Director Division of TennCare
310 Great Circle Road
Nashville, TN 37243.

RE: TennCare II Demonstration, Project No. 11-W-00151/4, Amendment 42

Dear Mr. Roberts,

Thank you for the opportunity to comment on the TennCare II Demonstration's Amendment 42, hereby referred to as "Amendment 42." If implemented, Amendment 42 would restructure the TennCare Medicaid program's funding to a block grant.

The National Health Care for the Homeless Council is a membership organization representing federally funded health centers and other organizations providing health services to people experiencing homelessness. In 2018, seven federally funded Health Care for the Homeless (HCH) programs in Tennessee provided care to nearly 19,000 patients experiencing homelessness. Of these patients, approximately 60% were uninsured and 20% are enrolled in Medicaid.

As a network of providers caring for very vulnerable people, we are extremely concerned about the impact of Amendment 42 on our patients' health and livelihood and **we stand in adamant opposition to block grants and spending caps in the Medicaid program.** We hope that the perspectives provided in this letter (along with the supplementary information linked at the bottom) illustrate why Amendment 42 is so harmful, and specifically how it undermines national efforts to improve health outcomes. In order to improve outcomes and access to care, the state of Tennessee should expand coverage, not reduce it through cost-cutting measures such as a block grant.

We acknowledge that Tennessee is not pursuing a traditional block grant, per se, and is attempting to mitigate some of the negative effects of a traditional block grant by requiring the federal government to increase the amount of money offered if enrollment grows and sharing cost savings with the federal government. While we appreciate the intent to mitigate the worst effects of a traditional block grant, we must emphasize that **these provisions do not ameliorate the dangers of a block grant and Amendment 42 continues to pose significant harm to the health of Tennesseans¹.**

High rates of uninsured patients place a financial burden on safety net programs to cover costs, further stressing an already under-resourced system. Without insurance to cover needed services, it is difficult to deliver preventative medicine and keep patients under regular care. Untreated chronic conditions, mental health, addiction, and other health issues can then worsen and contribute to an overall downward spiral, often leaving patients with no choice but to end up seeking care in

emergency rooms, hospitals, and other higher-cost venues. While many of our patients are already uninsured, Amendment 42 would give the state more financial incentive to limit the “amount, duration, and scope” of core benefits for those who do have coverage, thereby incentivizing the state to limit access to health services.² For patients experiencing homelessness, having access to Medicaid’s comprehensive set of services is the key to improving and maintaining health.

Lack of insurance coverage is a primary cause of poor health outcomes and poor health outcomes are a driver of homelessness. In addition, homelessness causes new health conditions and worsens existing ones, contributing to early mortality for this population. To focus on cost-cutting within the Medicaid program while our patients suffer irreparable damage due to a lack of Medicaid coverage is not in the best interests of Tennesseans, and may have deadly consequences for the most vulnerable people. **We hope that the state of Tennessee will invest in health care by expanding Medicaid to all low-income Tennesseans and forgo the dangerous and ill-advised approach of Amendment 42.**

Attached to the electronic submission are two resources that further detail the impact of Medicaid restrictions and expansions on homelessness and health care. If you would like to discuss these comments further, please contact Barbara DiPietro, PhD, Senior Director of Policy, at 443-703-1346 or at bdipietro@nhchc.org

Sincerely,



G. Robert Watts, MPH, MS, CPH
Chief Executive Officer

ATTACHMENTS:

- A. National Health Care for the Homeless Council, **Medicaid and Health Care for the Homeless: The Dangers of Block Grants or Per Capita Caps and Guiding Principles for Reform**, January 2017, accessed at <https://nhchc.org/wp-content/uploads/2019/08/block-grants-caps-and-principles-for-reform.pdf>
- B. Kaiser Family Foundation, **Early Impacts of the Medicaid Expansion for the Homeless Population**, November 2014, accessed at <https://www.kff.org/uninsured/issue-brief/early-impacts-of-the-medicaid-expansion-for-the-homeless-population/>

¹ Rachel Sachs, Nicole Huberfeld, “The Problematic Law and Policy of Medicaid Block Grants,” Health Affairs Blog, July 2019, accessed at <https://www.healthaffairs.org/doi/10.1377/hblog20190722.62519/full/>

² Hannah Katch, Judith Solomon, Aviva Aron-Dine, “Tennessee Block Grant Proposal Threatens Care for Medicaid Beneficiaries,” Center on Budget and Policy Priorities, September 2019, accessed at <https://www.cbpp.org/research/health/tennessee-block-grant-proposal-threatens-care-for-medicaid-beneficiaries>