**Tennessee will be a test case for healthcare block grants**

By Debra Wines

This is going to be a long road for the people of Tennessee, our hospitals and the future of healthcare in our state. Last summer, Bill Lee, as a candidate, talked about the possibility of using a block grant/waiver as a solution to the healthcare crisis in Tennessee rather than expanding Medicaid under the Affordable Care Act. It made some sense to try another tactic since our state legislature buried former Governor Haslam’s expansion proposal in “do nothing” committees. During that same period, our own State Senator Paul Bailey, along with others in the Senate leadership were also promoting Bill Lee’s block grant proposal to expand Medicaid, during their campaigns. In February 2019, Senator Bailey and State Representative Timothy Hill, R-Blountville filed legislation requiring Governor Lee to negotiate terms for a block grant for TennCare with the federal government. The Tennessee State Assembly passed the bill and it was signed by Gov. Lee in May 2019. During the summer months, officials with TennCare have been working on a draft waiver to submit to Centers for Medicare and Medicaid Services (CMS).

In a couple of weeks, the Lee Administration will unveil a concept paper of their proposed deal for a block grant/waiver with CMS. The state must allow a 30-day public comment period after the proposal is announced. According to the governor’s office, there will be public hearings in the Eastern, Middle and Western parts of the state. Specific details will be made public in an appropriate amount of time so citizens can participate. Thirty days doesn’t seem a very long time for the public to access copies of the proposal, analyze the information, ask questions and give feedback. Reading several articles and reports about this process and the timelines, like with anything involving any government entity, no matter what level, city, county, state or federal, it is always a hurry up and wait ordeal.

The date of November 20, 2019, by law, is the date Governor Lee must submit the block grant/waiver application to CMS. By mid-January 2020, after a holding period for more public input, CMS will then contact TennCare to start negotiations. That process could take us into 2022. During that time period a great deal of things could happen, especially when the political atmosphere could change drastically. The block grant/waiver proposal is not a sure thing, by any stretch of the imagination, and in the meantime, many Tennesseans will be living in uncertainty regarding their healthcare, possible closings of more rural and possibly urban hospitals and less access to medical services.

There certainly is no easy answer to the questions centered around providing Tennesseans and Americans with accessible and affordable healthcare. The block grant/waiver may sound like a good idea on paper, but not everyone in the healthcare and business communities are onboard with this proposal. There is very real concern about the limitations of the money available through the federal government and how Tennessee would be able to cope with changes if the number of people eligible for TennCare exceeds the projected numbers that are being used to determine the state’s financial needs. I have read that Governor Lee, and those working with him on this proposal. will be including provisions that should help avoid possible problems that could influence the financial future of the program. Governor Lee is hoping to build some “safety nets” into his proposal, but he also indicated those could be negotiable. If those “safety nets” are “negotiable items”, will the public be informed what may be lost if the CMS won’t budge on those issues. How much could Tennesseans lose and still be in a better situation than we are currently? Will the people have a right to vote on the final product or will we just have to trust our legislators have gotten the best deal for us?

Wouldn’t it just be better for all of us if we had single payer health insurance: Medicare for all?? This is not a free program. It will be administered by the Federal Government and funded by our taxes. Yes, taxes would increase. The amount of your tax increase would still save you thousands of dollars a year over what you are currently paying for health insurance from private industry. You would get better medical services, no co-pays, more affordable prescriptions and not have to worry about going broke from a serious illness, isn’t that worth it? Before you start pulling your hair out and screaming, “it’s socialism”, Medicare and Medicaid are already “socialism”, so is your Social Security. These are programs were established by concerned legislators, in the Federal Government, to put our tax dollars to work for us.

A few Democratic Presidential candidates have said Medicare for all would help large corporations and small businesses financially because those businesses would not have to provide health insurance to their employees and families. It would, if those businesses used those savings properly, increase the pay to their employees. The savings could encourage companies to invest in new equipment while stimulating our economy. Employees wouldn’t feel “stuck” at a job or occupation because of the health insurance coverage they have with a current employer. It would save money for doctor’s offices, clinics and hospitals because they would be processing claims through one entity and coverage would be the same for everyone. Yes, I understand some people may not want “one size fits all” kind of health insurance, but if that insurance covers everything from birth to death for the majority of people, isn’t that worth it?

I understand there will be some people who want something “special” and if they want to pay for it, out of their own pockets, let them. The thing is Medicare for All, is popular and many Americans think it is viable solution to the chaos we are experiencing in our current healthcare system. For now, Tennesseans will have to take a “wait and see” attitude.