



Leadership Council of Aging Organizations

Debra B. Whitman, Chair

December 27, 2019

The Honorable Alex M. Azar, II, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Submitted via [Medicaid.gov](https://www.medicaid.gov)

Dear Secretary Azar,

The Leadership Council of Aging Organization (LCAO) appreciates this opportunity to provide comments to the Department of Health & Human Services (HHS) responding to Tennessee's request for Section 1115 demonstration waiver amendment (Amendment 42)¹ which seeks to establish block grant funding for its mandatory Medicaid populations. We oppose this proposal.

LCAO is a coalition of national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena. The coalition serves as a source of information about issues affecting older adults and provides leadership and vision as the United States works to meet the challenges and opportunities presented by our aging society. LCAO organizations have expertise in health care, economic security, nutrition and food security, housing, elder justice, and other issues facing people with disabilities and older adults.

While we appreciate some of the clarifications the state has made to the waiver, we remain concerned that it could set a negative precedent for older adults and their families in other parts of the country. The stated goal of Amendment 42 is to "convert the federal share of [Tennessee's] Medicaid funding relating to providing its core medical services to its core population to a block grant,"² thereby capping Medicaid expenditures for core populations. In an effort to mitigate Tennessee's financial risk, Amendment 42 seeks to eliminate key federal accountability elements that provide important safeguards for Medicaid enrollees. LCAO strongly opposes such restructuring, which would undermine the main objective of the Medicaid program: to help states provide medical assistance to residents whose incomes and resources are insufficient to meet the costs of necessary medical services. The proposal would create inflexible limitations on the availability of federal funding—limitations that would neither account for

¹ Division of TennCare. (2019, November 20). *TennCare II demonstration: Project No. 11-W-00151/4, Amendment 42 Modified Block Grant and Accountability*. Retrieved from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/tn/tn-tenncare-ii-pa10.pdf>

² *Ibid.*

unexpected costs arising from health epidemics nor respond adequately to changes in service costs or residents' needs. Further, Amendment 42 would create incentives for Tennessee to reduce enrollment and its own investment in the program and would eliminate federal oversight we see as critical to ensure beneficiary protections. This means that Medicaid's most critical access and health care protections would be stripped away at a time when the older adult population is growing rapidly and when economic insecurity, especially among people with disabilities and older adults, is increasing.³

LCAO is further concerned about the vagueness of the proposal. For example, though the proposal hopes to generate billions in savings, exactly how that money will be saved is not clear. We urge HHS to require greater clarity on the health care savings impact on vulnerable beneficiaries.

Implementation of Amendment 42 would inhibit TennCare's ability to serve people with disabilities and older adults, exacerbating residents' economic insecurity particularly in times of economic downturn and very likely worsening people's health outcomes. We urge HHS to not go forward with this proposed amendment and focus instead on improving and expanding coverage to low-income Tennesseans, including older adults and people with disabilities.

Thank you for your consideration of our comments.

Sincerely,

A handwritten signature in black ink that reads "Debra B Whitman". The signature is written in a cursive, flowing style.

Debra Whitman, PhD
Chair, Leadership Council of Aging Organizations

³ See, for example, the following brief: Meschede, T., Sullivan, S., & Shapiro, T. (2011, July). *From bad to worse: Senior economic insecurity on the rise* [Dēmos–Institute on Assets and Social Policy research and policy brief]. Retrieved from https://www.demos.org/sites/default/files/publications/FromBadToWorse_Senior_Economic_Insecurity.pdf