



Policy Options for Improving Health in Middle Tennessee

May 2024

This brief outlines a range of policy options for improving health and reducing health disparities in Middle Tennessee, with a particular focus on steps that could address challenges in Davidson, Rutherford, and Williamson Counties. We focused on access to care and mental and behavioral health because they are two needs (among others) that Vanderbilt University Medical Center (VUMC) and Ascension Saint Thomas have consistently highlighted in their Community Health Needs Assessments (CHNA) since 2013.

Tackling these and other issues emerging from the CHNA process may require changes to public policy. The options we identify reflect approaches from other states, recent funding opportunities, and evidence-based practices and policies at the state and local level. The options presented do not represent the views of VUMC or Ascension Saint Thomas; they are simply potential levers for improving health outcomes related to access to care and mental and behavioral health.

Improving Access to Care

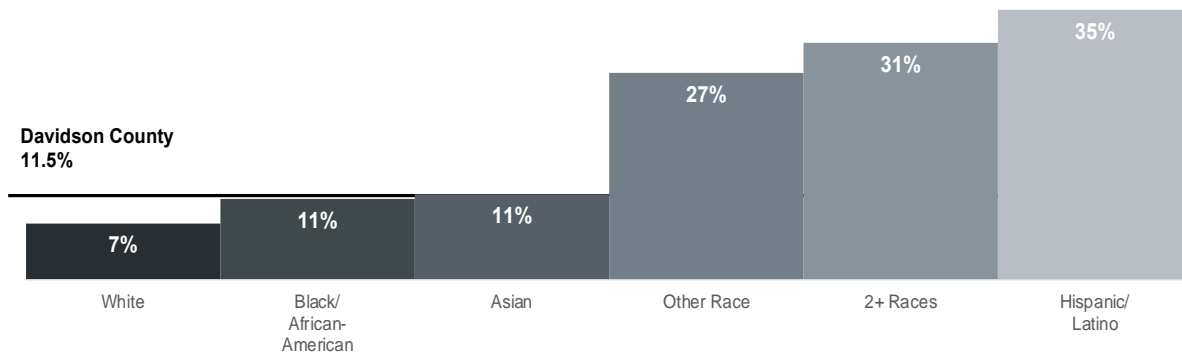
Better access to health care services is one of the most effective ways to improve population health. (1) Options policymakers might consider include expanding access to health insurance coverage, expanding alternative and primary care settings, and increasing capacity to navigate the health care system.

Health Insurance Coverage — Increase the number of people with health insurance through incremental or full expansion of Medicaid/TennCare eligibility. Expanding Medicaid eligibility can reduce financial barriers to care and improve access to health care services, especially among lower income individuals. (2)

- Removing TennCare's 5-year waiting period for lawfully present immigrants could improve the stark disparities in **Davidson and Rutherford Counties'** uninsured rates (**Figures 1 and 2**). To date, more than half of all states have removed the 5-year waiting period for lawfully present immigrants to obtain Medicaid benefits. Most of these states have expanded eligibility specifically for pregnant women and children who meet the criteria. (3)

Figure 1. Hispanic and Multiracial Individuals Had the Highest Uninsured Rates in Davidson County in 2022

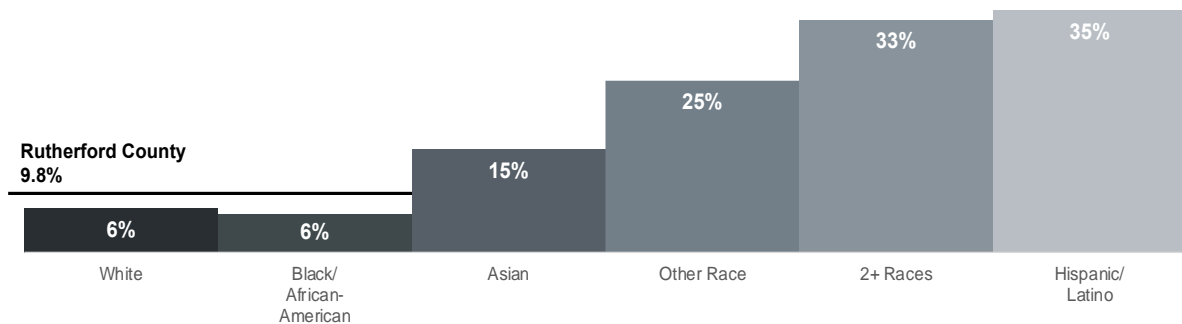
Percent of Individuals Who Were Uninsured in Davidson County (2022)



Source: 2022 American Community Survey 1-Year Estimates (4)

Figure 2. Hispanic and Multiracial Individuals Had the Highest Uninsured Rates in Rutherford County in 2022

Percent of Individuals Who Were Uninsured in Rutherford County (2022)



Source: 2022 American Community Survey 1-Year Estimates (4)

- Expand Medicaid eligibility to some or all adults living within 138% of the federal poverty level, who don't currently qualify for TennCare or ACA subsidies for private insurance. (5) States that expanded Medicaid under the ACA have generally observed the following effects: (6) (7)
 - Improved population health outcomes, including lower overall mortality rates,
 - Improved health care coverage among people with cancer, disabilities, and other chronic diseases,
 - Better access to health services for pregnant women and infants,
 - Improved access to care for those with substance use disorder,
 - Reduced disparities in health insurance coverage by race and ethnicity,
 - Only modest if any increases in state spending, and
 - Increased overall hospital revenue, though the literature shows this varies by type of hospital.

Alternative Care Settings — Increase access to alternative health care settings that remove physical barriers to getting needed care, such as geographic isolation and transportation. For example, Tennessee could expand its support for community-based health centers and safety net clinics to promote access and well-being among the uninsured and underinsured. (5)

- Local leaders in **Davidson, Rutherford, and Williamson Counties** could support local education leaders and potential health care partners in creating school-based health centers (SBHCs) that serve students, staff and community members. SBHCs have the potential to provide care to students, staff, and community members by removing physical barriers to health care that often lead to health disparities, such as the need for transportation or after-hours care. (8). Across these three counties, the only existing school-based health center is in the Franklin Special School District in Williamson County. (9)

Care Coordination and Navigation — Increase capacity for residents to navigate our complex health care and social services systems.

- Organizations serving **Davidson, Rutherford, and Williamson Counties** could seek federal grants through the Centers for Medicare and Medicaid Services to increase the number of navigators that can help residents select and enroll in health insurance plans. (10)
Community health workers can also help connect residents to health and social services with culturally responsive care that improves health equity. (11)

Transportation — Increase access to transportation, which serves as a barrier for many low-income patients to reach needed health care. For example, many local governments support Mid-Cumberland Public Transit, which provides low-cost, door-to-door transportation to residents in the northern Middle Tennessee area—with a prioritization on rides to medical appointments. (12)

Strengthen Primary Care Safety Net — Tennessee’s primary care safety net is made up of federally qualified health centers, community and faith-based clinics, and local health departments. Funding for these providers comes from a variety of sources, including the Tennessee Department of Health, federal grants, and charitable donations. (13) The department’s 2023 annual report on the primary care safety net cited several opportunities to invest in and expand services that support providers across Tennessee who serve the uninsured population. The opportunities hold the potential of both expanding access to care and improving the quality of care delivered by the state’s safety net providers: (14)

- Expand Project Access Network to serve all 95 counties and refer more people to specialty care (currently in 86 counties).
- Invest funds in community and faith-based clinics that provide culturally responsive care and serve as a safety net provider.
- Support safety net providers in transitioning from paper records to electronic health records (EHR), which can improve patient care and eventually increase clinical efficiency. (15)
- Connect safety net providers with financial resources to procure paid versions of EHR systems.

Improving Mental and Behavioral Health

Supporting mental and behavioral health needs has been a growing priority since outcomes like substance use and depression worsened during the pandemic. To address these challenges, policymakers could look to expand coverage of mental and behavioral health care, strengthen access to those services, and grow the provider workforce.

School-Based Behavioral Health — Increase access to mental health support and services in schools. Schools serve as critical touch points for reaching children and their families. Schools across the state use a variety of approaches to connect their students to behavioral health services—including school-based health centers, formal agreements with community-based partners, and school-based behavioral health liaisons. Many of these approaches represent new initiatives and expansions spearheaded by state policymakers. (9) As these initiatives are rolled out and expanded, state and local governments should closely monitor effectiveness, find ways to learn from one another, and identify remaining gaps.

Pediatric Mental Health Supports — Increase access to pediatric mental health care. For example, the state's Department of Health received a \$300,000 federal grant in 2022 for the Tennessee Child and Adolescent Psychiatry Education and Support (TCAPES) program, which helps pediatricians better meet their patients' mental health needs. (17) Through training and consultation with pediatricians, the program helps providers screen and manage pediatric mental and behavioral health conditions and connect and make referrals to mental health specialists. (18)

- State and local leaders could increase outreach to providers in **Davidson, Rutherford, and Williamson Counties** to encourage enrollment in the free TCAPES program.

Behavioral Health Workforce — Increase recruitment and retention of behavioral health workers. For instance, the state could continue annual provider reimbursement increases within TennCare and the behavioral health safety net. While asking the governor for an additional rate adjustment for inflation the state's Department of Mental Health and Substance Abuse Services recently shared that higher provider reimbursements have helped improve retention of behavioral health personnel. (19) (20) Efforts to reduce mental and behavioral health disparities could also emphasize diversifying the workforce. Potential initiatives might prioritize workforce diversity in statewide planning, build relationships with underrepresented communities, and provide financial assistance and incentives that remove barriers to entry to the workforce. (21)

Opioid Settlement Funds — Promote transparency in decision-making and reporting for the use of opioid settlement funds. The opioid crisis led to thousands of national lawsuits against manufacturers, distributors, retailers, and affiliated parties in the last three years, resulting in settlement disbursements to state trust funds, cities, and counties. Tennessee requires public reporting on the use of the opioid abatement funds, but the same requirements do not apply to the settlements administered directly to individual counties and cities. Increasing transparency in how funds are spent could help ensure expenditures are aligned with current resident needs.

- As of July 2023, **Davidson and Rutherford Counties** were among the top recipients of opioid settlement funds—which include allocations from the state's abatement fund and direct

settlement payments from plaintiffs to the localities (Figures 3 and 4). (22) (23) Additional disbursements are expected in the years to come. As local governments allocate these funds to address the fallout of the opioid epidemic, they should maintain transparency and look to national best practices and innovative approaches. For example, they could explore collaborative approaches to pool money across jurisdictions to better meet regional needs, prevention efforts that target the drivers of substance use disorders more broadly, and targeted approaches that hold the promise of reducing disparities. (24) (25)

Figure 3. Counties Across the State Have Received as Much as \$3.6 Million in State Opioid Abatement Funds

County Allocations from the State Opioid Abatement Fund (2023)

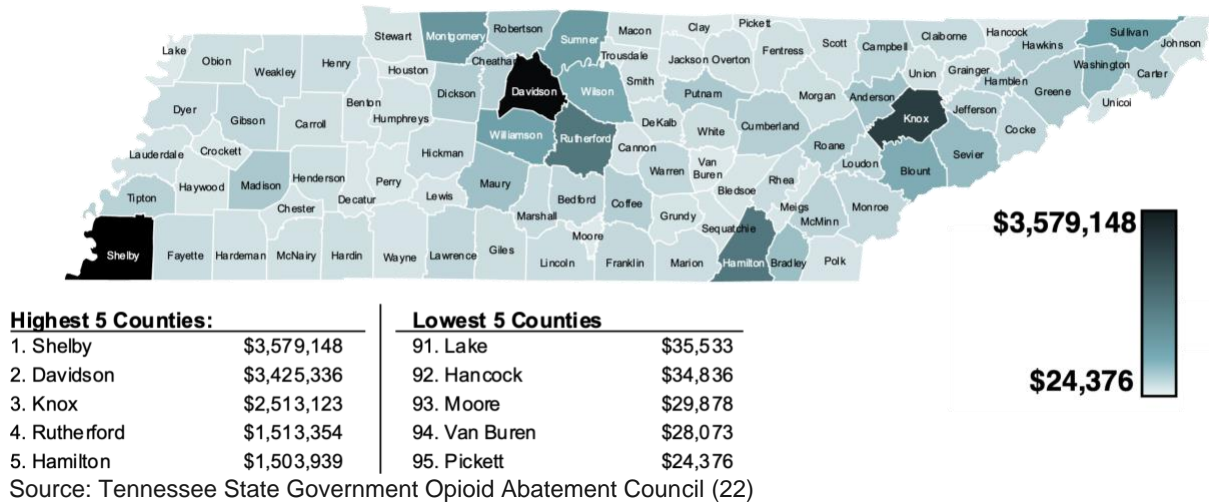
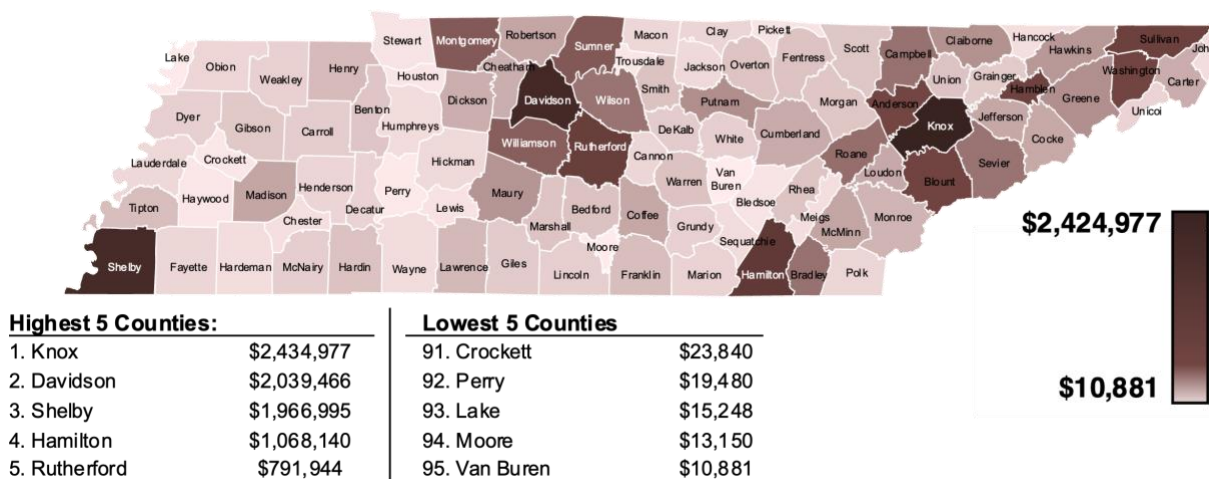


Figure 4. Counties Across the State Have Received as Much as \$2.4 Million in Direct Opioid Settlement Funds

Direct Opioid Settlement Disbursements to Cities and Counties by County through June 16, 2023



Note: The settlement funds to subdivisions in this map come from the Distributors settlement and Janssen settlement as of June 16, 2023. Municipal government dollars were included in their respective county totals for this figure. Source: Kaiser Health News (23)

TennCare Coverage — Expand Medicaid eligibility to targeted uninsured populations with substance use disorders. Alabama currently has a similar proposal pending with the federal government that would expand that state’s Medicaid eligibility to populations meeting these criteria in one of several “high need counties.” (26) Tennessee plans to use federal “shared savings” funding available through its TennCare agreement for several 5-year projects aimed at behavioral health care capacity and treatment beginning in FY 2025. (27) (28) Tennessee could continue to explore ways to use innovative funding sources to improve access to substance use disorder treatment while ensuring long-term sustainability.

Mental Health and Substance Use Parity — Strengthen state rules to ensure adequate coverage of needed treatment. Federal law requires most health insurance plans—including TennCare—that cover mental health services to do so at least as generously as they cover services for physical health. Federal rules were proposed in 2023 to enhance that requirement using several new metrics, such as outcomes-focused measures and additional evaluations of network composition and out-of-network reimbursement rates. (16) Federal rules serve as a minimum standard. Tennessee could pursue stronger parity requirements—including requiring and enforcing minimum network adequacy standards. (29)

References

1. **U.S. Department of Health and Human Services.** Access to Health Care Services. *Healthy People 2030*. [Online] [Cited: February 22, 2024.] <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services>.
2. **Glied, Sherry A and Weiss, Mark A.** Impact of the Medicaid Coverage Gap: Comparing States that Have and Have Not Expanded Eligibility. [Online] September 11, 2023. [Cited: January 10, 2024.] <https://www.commonwealthfund.org/publications/issue-briefs/2023/sep/impact-medicaid-coverage-gap-comparing-states-have-and-have-not#:~:text=Research%20has%20overwhelmingly%20established%20that,insurance%20coverage%20and%20health%20outcomes..>
3. **Kaiser Family Foundation.** Key Facts on Health Coverage of Immigrants. *Kaiser Family Foundation*. [Online] September 17, 2023. [Cited: December 10, 2023.] <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/>.
4. **U.S. Census Bureau.** 2010-2022 American Community Survey 1-Year Estimates. [Online] September 2023. Available via <http://data.census.gov>.
5. **Spears, Mandy.** Medicaid Expansion 101 & 6 Six Lessons for Tennessee. *The Sycamore Institute*. [Online] March 7, 2018. [Cited: February 22, 2024.] <https://www.sycamoreinstituten.org/medicaid-expansion-101/>.
6. **Guth, Madeline and Ammula, Meghana.** Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021. *Kaiser Family Foundation*. [Online] May 6, 2021. [Cited: February 22, 2024.] <https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/>.
7. **Slusky, David.** Impact of Medicaid Expansion on State Budgets and Mortality. *EconoFACT*. [Online] July 21, 2021. [Cited: February 25, 2024.] <https://econofact.org/impact-of-medicaid-expansion-on-state-budgets-and-mortality>.
8. **University of Wisconsin Population Health Institute.** What Works for Health. *County Health Rankings & Roadmaps*. [Online] [Cited: January 2, 2023.] <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>.
9. **Henderson, Sarah.** Child Mental Health Programs and Services in Tennessee . [Online] March 13, 2024. <https://www.sycamoreinstituten.org/child-mental-health-services/>.
10. **Centers for Medicare & Medicaid Services.** 2022 CMS Navigator Cooperative Agreements. *Centers for Medicare & Medicaid Services*. [Online] 2022. [Cited: December 20, 2023.] <https://www.cms.gov/files/document/2022-navigator-grant-recipients.pdf>.
11. **County Health Rankings & Roadmaps.** Community health workers. *County Health Rankings & Roadmaps*. [Online] [Cited: January 10, 2024.] <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-health-workers>.
12. **Mid-Cumberland Human Resource Agency.** Mid-Cumberland Public Transit. [Online] [Cited: May 7, 2024.] <https://www.mchra.com/public-transit>.
13. **Spears, Mandy.** What is Tennessee's State-Funded Primary Care Safety Net? *The Sycamore Institute*. [Online] May 21, 2018. [Cited: February 22, 2024.] <https://www.sycamoreinstituten.org/primary-care-safety-net/>.
14. **Tennessee Department of Health.** Uninsured Adult Healthcare Safety Net: 2023 Annual Report. *Tennessee Department of Health, Division of Health Disparities*. [Online] January 2024. [Cited: February

- 22, 2024.] https://www.tn.gov/content/dam/tn/health/division-of-health-disparities/Safety%20Net%20Annual%20Report%202023_FINAL.pdf.
15. **The Office of the National Coordinator for Health Information Technology.** Benefits of EHRs. *U.S. Department of Health and Human Services*. [Online] [Cited: May 7, 2024.] <https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/benefits-ehrs>.
16. **Federal Register: The Daily Journal of the United States Government.** Requirements Related to the Mental Health Parity and Addiction Equity Act: A Proposed Rule by the Internal Revenue Service, the Employee Benefits Security Administration, and the Health and Human Services Department on 08/02/2023. *National Archives*. [Online] August 3, 2023. [Cited: December 2, 2023.] <https://www.federalregister.gov/documents/2023/08/03/2023-15945/requirements-related-to-the-mental-health-parity-and-addiction-equity-act>.
17. **Health Resources & Services Administration (HRSA).** FY 2022 Pediatric Mental Health Care Access (PMHCA) Awards. *HRSA Maternal and Child Health*. [Online] May 2023. [Cited: September 1, 2023.] <https://mchb.hrsa.gov/programs-impact/programs/pediatric-mental-health-care-access/fy-2022-pediatric-mental-health-care-access-awards>.
18. **Tennessee Department of Health.** About Tennessee Child and Adolescent Psychiatry Education and Support (TCAPES). *Tennessee Department of Health*. [Online] [Cited: August 15, 2023.] <https://www.tn.gov/health/health-program-areas/fhw/tcapes/about-tcapes.html>.
19. **Tennessee Department of Mental Health and Substance Abuse Services Planning and Policy Council.** 2022 Needs Assessment Summary Multiple Needs by Region Department Update. *Tennessee Department of Mental Health and Substance Abuse Services*. [Online] [Cited: December 11, 2023.] <https://www.tn.gov/content/dam/tn/mentalhealth/planning/2022%20NA%20Summary%20Multiple%20Needs%20Department%20Update.pdf>.
20. **Tennessee Department of Mental Health & Substance Abuse Services.** Fiscal Year 2024-2025 Budget Hearing. *Tennessee Governor's Office*. [Online] November 15, 2023. [Cited: November 16, 2023.] Slide deck emailed to participants.
21. **National Academy for State Health Policy.** State Strategies to Increase Diversity in the Behavioral Health Workforce. *National Academy for State Health Policy*. [Online] December 13, 2021. [Cited: January 10, 2024.] <https://nashp.org/state-strategies-to-increase-diversity-in-the-behavioral-health-workforce/>.
22. **Tennessee Opioid Abatement Council.** Opioid Abatement Trust Funds Paid to Counties 2023. [Online] 2023. [Cited: July 6, 2023.] https://www.tn.gov/content/dam/tn/mentalhealth/documents/OAC_2023_County_Funding.pdf.
23. **Pattani, Aneri.** Find Out How Much Opioid Settlement Cash Your Locality Received. *KFF Health News*. [Online] June 16, 2023. <https://kffhealthnews.org/news/article/lookup-how-much-opioid-settlement-cash-by-locality/>.
24. **National Association of Counties and National League of Cities.** Opioids: How Settlement Dollars Advance City and County Opioid Abatement. [Online] [Cited: May 7, 2024.] <https://www.naco.org/resource/osc-nlc-settlement-dollars>.
25. **Johns Hopkins Bloomberg School of Public Health .** To Guide Jurisdictions in the Use of Opioid Litigation Funds, We Encourage the Adoption of Five Guiding Principles. [Online] [Cited: May 7, 2024.] <https://opioidprinciples.jhsph.edu/the-principles/>.
26. **Kaiser Family Foundation.** Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State. *Kaiser Family Foundation: Medicaid*. [Online] December 21, 2023. [Cited: May 7, 2024.]

<https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>.

27. **State of Tennessee.** FY 2025 Tennessee State Budget. [Online] February 2024.

<https://www.tn.gov/finance/fa/fa-budget-information/fa-budget-archive/fiscal-year-2024-2025-budget-publications.html>.

28. **Spears, Mandy.** The Budget in Brief: Summary of Gov. Lee's FY 2025 Recommended Budget . *The Sycamore Institute*. [Online] February 21, 2024. <https://www.sycamoreinstitute.org/2025-lee-budget/>.

29. **Volk, JoAnn, Goe, Christina and Giovannelli, Justin.** Ensuring Access to Behavioral Health Providers. *The Commonwealth Fund*. [Online] January 25, 2024.

<https://www.commonwealthfund.org/blog/2024/ensuring-access-behavioral-health-providers>.