

Tennessee

Medical Assistance to the Indigent

No constitutional or statutory obligations requires the state or its local governmental entities to provide either general assistance or medical care to those medically needy low-income residents who do not qualify for Medicaid and Medicare.

In 1994, Tennessee's Medicaid program only covered 54.7 percent of the population below 100 percent of the federal poverty line.¹ There is no reason to assume that percentage has changed much since that time. Tennessee applied for and obtained an 1115 Waiver from HCFA, theoretically allowing it to enroll non-categorically eligible low-income adults into the program, requiring premium payments from those individuals with incomes above a certain mark.

There are some state programs which are discussed here which provide medical care to low-income populations suffering from some specific diagnostic condition, but those programs are limited to the extent that the legislature appropriates funds. The legislature specifically stated that "no person shall be entitled to have made available to them, or otherwise be entitled to, any program or any services provided by or through the state, its departments, agencies or political subdivisions unless funds remain available for such programs or services from moneys appropriated for that purpose by the General Assembly or the appropriate body of a political subdivision."²

Hospitals

Public Aid to Hospitals

Counties may choose to provide for indigent residents either by maintaining public hospitals, or alternatively, by contracting with non-county hospitals to provide treatment.³

Indigent Health Care Risk Fund

This fund is the beneficiary of hospital licensing fees.⁴ The program's stated purpose is to equalize the

¹REFORMING THE HEALTH CARE SYSTEM: STATE PROFILES 1996, American Assoc. of Retired Persons (AARP), Washington D.C., 1996.

²T.C.A. § 9-1-116(b) [Michie 1992].

³T.C.A. 68-11-501 *et seq.* (Michie 1996).

⁴T.C.A. 68-11-1102.

burden between hospitals of treating indigent patients.⁵ The statute is silent, however, on how these funds are distributed.

Public Health Services and Infectious Disease Control

Vaccinations and Immunizations

Each county board of health must establish one or more clinics for the purpose of providing vaccinations and/or immunizations to prevent the introduction and spread of communicable disease in the county.⁶ Other than medical restrictions imposed by the state, the county may not impose restrictions on the availability of services.⁷ In the event that the county fails to provide immunizations or/and vaccinations, the state shall so provide, and recoup the costs from the county.⁸

If the incidence of Hepatitis-A reaches such a level as to warrant widespread vaccination, the State Commissioner of Public Health shall use state funds (if no federal funds are available) to provide vaccines to the community.⁹

Newborn Testing

The State Department of Health must arrange for the testing of newborn babies for phenylketonuria, hypothyroidism, galactosemia, and other metabolic or genetic defects that would result in mental retardation or physical dysfunction.¹⁰ No charge for these tests may be imposed on those unable to pay.¹¹

Serological Testing

The state requires pregnant women to be tested for rubella immunity and syphilis infection.¹² The Department shall perform these tests free of charge if the samples are sent to their facilities.¹³

⁵T.C.A. 68-11-1103.

⁶T.C.A. 68-5-105(a) (Michie 1996).

⁷*Id.*

⁸T.C.A. 68-5-105(b) [Michie 1996].

⁹T.C.A. 68-1-402 (Michie 1996).

¹⁰T.C.A. 68-5-401(a) [Michie 1996].

¹¹T.C.A. 68-5-401(b) [Michie 1996].

¹²T.C.A. 68-5-602.

¹³T.C.A. 68-5-603 (Michie 1996).

Tuberculosis (“TB”) Control

The State Department of Health is authorized to create and maintain a division of Tuberculosis control for the prevention, diagnosis and treatment of TB. State residents deemed medically eligible for this program’s services shall be treated without cost if they would otherwise be unable to afford all or part of the costs of services.¹⁴

Children with Disabilities

The Department of Health is empowered to organize and provide proper care, advice, diagnostic services, treatment, and rehabilitation to physically handicapped and crippled children.¹⁵

Eligibility

Persons eligible under this program are: (1) less than 21 years in age; (2) have chronic physical infirmities (congenital or acquired) which require medical, surgical, dental, or rehabilitation services, and; (3) are partially or completely precluded from participating in “normal” education or employment activities.¹⁶

Costs of Care

The county and state “may” provide for the costs of treatment where the parent or guardian of the child is not financially able to pay for the costs of treatment.¹⁷ The state shall render financial assistance, but only to the degree it is able to charge the county.¹⁸

Medical and Rehabilitation Services for the Blind

This program is supposed to provide a panoply of medical services to eligible persons whose visual acuity meets the definition of blindness.¹⁹ Eligible persons are low-income state residents do not reside in public institutions, and are not receiving Old Age Assistance.²⁰

Extensive rehabilitation services are also available to those low-income blind individuals who with the

¹⁴T.C.A. 68-9-112 (Michie 1996).

¹⁵T.C.A. 68-12-101 (Michie 1996).

¹⁶T.C.A. 68-12-102 (Michie 1996).

¹⁷T.C.A. 68-12-104, 103 (Michie 1996).

¹⁸T.C.A. 68-12-104 (Michie 1996).

¹⁹T.C.A. 71-4-101 *et seq* (Michie 1995).

²⁰ 71-4-104 (Michie 1995).

assistance of the services available under this program may reasonably be expected to be able to become employable, or achieve an independent living status.²¹

Aid to Disabled Persons Program

This is a limited program which pays for or provides medical care (including hospital inpatient and outpatient care), nursing home care, drugs, and any other types of remedial treatments recognized under state law to eligible persons.²²

Persons eligible for this program must be permanently and totally disabled, which is defined as having a permanent physical or mental impairment, disability, or loss which substantially precludes one from engaging in useful occupations within one's competence.²³ Further, eligible applicants are 18 years of age or more, are state residents, are not inmates of public institutions, are not receiving Old Age Assistance, Aid to the Blind, or Aid to Dependent Children, and must have been receiving Aid to the Permanently and Totally Disabled benefits during the month of December 1973, and be currently qualified under the provisions of Pub.L. 93-66 to continue to receive a state money payment as a supplement to federally provided SSI benefits.²⁴

Mental Health Services²⁵

State Obligation to Provide Care

Any person who has a mental illness or is developmentally disabled is entitled "to humane care and treatment, and, to the extent that facilities, equipment and personnel are available, to medical care and other professional services in accordance with the highest standard of accepted medical practice."²⁶ Inpatient mental health and developmental disability services are available at specifically enumerated state facilities,²⁷ and outpatient services are made available at community mental health clinics.²⁸ To what

²¹T.C.A. 71-4-601 *et seq.* (Michie 1995).

²²T.C.A. 71-4-1102 (Michie 1995).

²³T.C.A. 71-4-1102(3) (Michie 1995).

²⁴T.C.A. 71-4-1103 (Michie 1995).

²⁵T.C.A. 33-1-201 through 33-6-605 (Michie 1984).

²⁶T.C.A. 33-3-104 (Michie 1996 Supp).

²⁷Lakeshore Mental Institute, at Knoxville, for mental illness; Middle Tennessee Mental Health Institute, at Nashville, for mental illness; Western Mental Health Institute, at Bolivar, for mental illness and mental retardation; Moccasin Bend Mental Health Institute, at Chattanooga, for mental illness; Memphis Mental Health Institute, at Memphis, for mental illness; Green Valley Developmental Center, at Greenville, for mental retardation, and; Clover Bottom Developmental Center, at Greeneville, for mental

extent this obligation to “care for and treat” extends, however, turns on whether eligibility is based on requisite levels of severity of mental illness or developmental disability.

Costs of Care

Patients, their spouses, and if the patients are under the age of 18 years, their parents, are assigned liability for the costs of care rendered under this program.²⁹ No patient shall be denied care due to the inability to pay however. Payments sought from patients and their families must be based on their ability to pay.³⁰

Epilepsy and Seizure Disorders

The Department of Health shall establish a program for the care and treatment of persons with epilepsy or seizure disorders. This program shall assist persons in need who are unable to pay for such services on a continuing basis.³¹

retardation. T.C.A. 33-2-101 (Michie 1984).

²⁸T.C.A. 33-2-101 (Michie 1984).

²⁹T.C.A. 33-4-103 (Michie 1996 Supp to 1984).

³⁰T.C.A. 33-4-102 (Michie 1996 Supp to 1984 edition).

³¹T.C.A. 68-49-101 (Michie 1996).