**TennCare for Working Adults with Disabilities Act**

**What it is:**

* This bill – HB2424/SB2360 – allows working adults with disabilities to pay a premium to access TennCare Medicaid services, while having income and assets above the current eligibility threshold

**What happens now:**

* Currently, in order to access TennCare Medicaid services and waiver programs, an individual must not earn more than $19,392/year for a household of one ($39,900 for a household of 4) and must not have more than $2,000 in assets (like bank accounts, retirement accounts, cars, land, etc.)
	+ This dramatically limits the amount somebody can work and the types of jobs they can obtain. For a household of one, this is a 40 hour per week job that must pay $10.10 per hour or less.

**Precedents:**

* 46 other states have a program like this, often referred to as a Medicaid Buy-In program
	+ Other states have different eligibility requirements depending on the design of their program – these are different age, disability status, income or asset thresholds
* TennCare III, the current waiver that establishes the state’s Medicaid programs (like ECF CHOICES), has a provision called “shared savings,” which we believe could fund this program ($300 million in 2023)
	+ Shared savings allow the state to take any money designated for TennCare programs and populations that wasn’t spent the previous year (“savings”) and keep some of it, so long as the state spends it on “new programs or access for new populations”
* Other states with programs like this show that most participants were already in a Medicaid program, cost the state less in a program like this and have much higher rates of employment and higher earnings (money they then spend in the state)

**Why this is important:**

* Tennesseans with disabilities had the 8th lowest employment rate, 12th lowest earnings and 13th highest poverty rate in the country in 2023

**Obstacles**:

* The state strictly limits access to TennCare by design – savings and “cost-efficiency” are foundational tenets of our state’s Medicaid program, and this bill represents more spending and greater access
* This bill will have a large fiscal note, an estimate of how much money the law would cost the state if passed. Tennessee is currently running a budget deficit, limiting funds available for new programs