

Death-bed scenarios and TennCare

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Behold, Terri Schiavo could come to Tennessee — to die again.

This time, however, she would be fully aware of what's happening. This time, she would realize her life is being shortened outside of God's plan. This time, she would agonize, plead and weep for mercy.

But the story probably would end just the same here as in Florida.

It is cruel and heinous to have your life placed in someone else's hands. You've committed no crime. Yet your life has been deemed less worthy. This is what happens when the bar is lowered on the value of human life. The ripple effect is wide and reaches extremes we never dreamed. And now it could come to Tennessee with 323,000 people to be cut from TennCare rolls.

Last week, Gov. Phil Bredesen staged some theatrics to conceal this reality and to make people believe he cares for the hundreds and perhaps thousands of Terri Schiavos in Tennessee. But his press conference offering a tentative agreement that purportedly would save almost 100,000 doomed enrollees was a bigger sham than when Geraldo Rivera opened Al Capone's empty vault.

To save lives, federal courts overseeing TennCare would have to accept the state's demand of removing adequate constitutional rights of these enrollees to due process and appeals under TennCare. People under a government program must have the right to appeal a faceless decision. And if you've ever been involved in a bureaucracy, from an HMO to a government, that is the only way to be heard.

No court has allowed the elimination of such rights in previous TennCare decisions. And Bredesen knows it. So when the courts refuse again, Bredesen can act like he tried to save these 100,000 of the most hurting TennCare enrollees. Despicable. But it protects his political career from the fallout over the first death due to the cuts.

I used to regard the contention of deaths as propaganda. But TennCare Director J.D. Hickey testified recently in federal court that the claim was true. He acknowledged that "hundreds" of those who rely on nursing care at their homes will be among the first wave to lose benefits. They suffer severe or terminal illnesses, such as ALS, also known as Lou Gehrig's disease, and some rely on ventilators to survive.

Sounds like Terri Schiavo, doesn't it?

Passions, however, are running high on all sides. Taxpayers see themselves as victims. Chip Allen of Brentwood writes: "What is going on over at *The Tennessean*? They, along with Gordon Bonnyman and some religious leaders, believe TennCare and other

universal health-care programs to be a 'right.' Gov. Bredesen has attempted to introduce some sound managerial practices to reform TennCare, but emotional arguments continue to trump sound judgment and hinder bringing the ill-formed program under control. So where did the idea come from that one person has to pay for another person's health care? And if I do not pay for someone's health care, am I responsible for his or her death?"

Health care is not a right. It is a responsibility — for a state and nation that goes to great lengths to profess itself as "under God." Helping people whose lives would be minimized, shortened or snuffed out because of no health care is the rightful domain of public policy and is a natural moral extension from the "under God" claim.

Yes, there also is a responsibility to taxpayers. But Bredesen has done little to control costs despite sound proposals being offered. A retro drug use review to catch abuse would have saved \$250 million annually. A disease management program already in use in North Carolina would have saved millions more. Tennessee has a proposal written for it but no program. Last year, the administration budgeted less money for prescription drugs based on a cost savings plan to limit prescriptions. Then the program was never implemented, putting TennCare deeper into the hole and now requiring the deep enrollee cuts.

After two and a half years in office, Bredesen has nothing to show for his promise to fix TennCare — except all the Terri Schiavos waiting to die in Tennessee.

Tim Chavez is a columnist for The Tennessean. Contact him at tchavez@tennessean.com or (615) 771-5428.