Testimony in Strong Support of S.B. 991, An Act Concerning Medicaid Reimbursement for Community Health Workers

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Human Services Committee
February 21, 2023

Dear Representative Gilchrest, Senator Lesser, Senator Seminara, Representative Case, and esteemed members of the Human Services Committee,

Thank you for accepting this testimony in **support of S.B. 991** on behalf of Health Equity Solutions (HES), a nonprofit organization with a statewide focus on advancing health equity through anti-racist policies and practices. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Research, listening to Connecticut residents, and conversations with national experts, Centers for Medicare & Medicaid Services (CMS) staff, Community Health Workers (CHWs), CHW employers, and other stakeholders have all led HES to prioritize ***a robust CHW workforce with sustainable funding as one of the most crucial levers for advancing health equity***. This is a proven, cost-effective intervention to address the barriers to health that disproportionately impact Black, Latino/a, Indigenous, and other people of color in our state. ***We urge you to make Connecticut the 26th state to provide CHW services through Medicaid.***

Who are Community Health Workers?

As defined in Section 20-195ttt, a community health worker is a public health outreach professional with an in-depth understanding of the experience, language, culture, and socioeconomic needs of the community. CHWs, go by many names: lay health workers, navigators, promotors, health educators, community health advocates, community health liaisons, and many other titles.

CHWs provide a range of services, including, but not limited to: outreach, engagement, education, coaching, informal counseling, social support, advocacy, care coordination, research related to social determinants of health, and basic screenings and assessments of risks associated with social determinants of health. In other words, CHWs facilitate interactions between patients, the health care system, and social and economic services. For example, CHWs can help people: make appointments; understand their health insurance benefits; communicate effectively with doctors, pharmacists, dentists, and other health care providers; adapt medical advice to their lived reality; access services like food and diaper banks; and more. Essentially, CHWs fill gaps in our health systems. While these may sound like small things, they are often the difference between being able to control asthma or diabetes and repeatedly ending up in the emergency room.

Community Health Workers Address Equity and Diversify and Strengthen the Health Care Workforce

Systemic racism and its consequences create many barriers to health for Black, Latino/a, Indigenous, and other people of color. While Medicaid eliminates cost barriers, other significant obstacles remain.

From connecting clients to transportation services to helping clients adapt medical advice to their dietary preferences and lifestyles to helping clients navigate which benefits are available to them and how to best communicate with a doctor or pharmacist about their needs to encouraging people to get screened for breast cancer, CHWs can address these barriers. CHWs also alleviate pressure on other health care professionals both by providing health education and preventing urgent visits and by addressing non-clinical issues related to health that clinic-based health care professionals rarely can. For example, CHWs can assist with applications for food and housing assistance or conduct home visits to detect and help mitigate environmental factors related to asthma and other chronic conditions. ***With shortages of primary care doctors, social workers, and nurses already straining our health system, CHWs are needed now more than ever.***

A recent survey of certified CHWs in CT found that 27% identified as Black or African American and 44% identified as Hispanic or Latino, both overrepresented compared to the state population. CHWs foster trust in health systems because of their lived experience and ability to relate to their clients. At the same time, CHWs help health care professionals be more attuned to the communities they serve and to the cultures of those communities.

Medicaid Reimbursement

Currently, 25 states have implemented Medicaid reimbursement programs for CHWs. For example, Oregon's program centers the role of CHWs in providing "whole person" care and holding health care providers collectively accountable for health outcomes. Michigan's Medicaid program requires a ratio of at least 1 CHW for every 5,000 Medicaid enrollees. While Connecticut's Medicaid program has made very small steps towards including CHWs through care coordination efforts for severely ill members and to connect some members with primary care, the number of CHWs and scope of services are extremely limited, and Connecticut is not mentioned in the summary linked above or the Medicaid and CHIP Payment and Access Commission (MACPAC) summary of Medicaid CHW services likely for this reason.

HES supports efforts by the Office of Health Strategy to convene state agencies funding or working with CHW initiatives. Medicaid should not be the only payer for this important set of interventions AND it must engage in comprehensive CHW programming to meet the needs of its members. Connecticut's HUSKY Health (Medicaid and CHIP) enrollees are more likely to be Black, Latino/a, and other people of color than the state's population and all live in low-income households as required by eligibility limits. This means Medicaid enrollees have a higher need for CHW services because systemic racism and lower economic status lead to a higher need for social and economic supports, a higher likelihood of developing chronic diseases and many kinds of cancer, more difficulty navigating complex bureaucracies, and a higher likelihood of mistrusting health systems based on personal experiences of discrimination and historical mistreatment of Black and Indigenous people by our health systems. Without sustainable reimbursement, the CHW workforce is limited in size and job stability is limited to the duration of a grant. This creates barriers for both the CHW workforce and the populations they serve. Sustainable reimbursement makes it possible for the workforce to grow, for CHWs to earn a reliable and livable income, and for CHWs' clients to be able to depend on someone they trust for the duration of an illness, while navigating a new diagnosis, or when experiencing a crisis. Medicaid has led the way in other states with robust, cross-payer CHW programs and it should in Connecticut, too. Federal officials have signaled an openness to CHW efforts of many kinds and approved a handful of sweeping reforms embedding CHWs, including in California and Massachusetts.

HEALTH EQUITY SOLUTIONS

A High Impact Intervention with a High Return on Investment

Over the past 50 years, approximately 850 studies have demonstrated that CHW services are highly effective at reducing health inequities, improving health outcomes, and reducing costs across multiple settings and health conditions. Studies have demonstrated CHWs interventions resulted in: improved outcomes after hospitalization, increased primary care utilization, better communication between health providers, higher patient activation scores, decreases in reported preference for emergency or urgent care by 40%, improved relationships with primary care providers, an increased preference for use of primary care, a 69% decrease in hospital stays, and improved quality of care for Black adults with multiple chronic conditions living in high-poverty zip codes. These are just a few examples.

Further, CHW interventions consistently demonstrate a high return on investment. Researchers at the University of Massachusetts developed 4 CHW models based on Connecticut data and projected ROIs of $1.12, $1.86, $2, and $2.40 per dollar invested over 3 years. For example, improving asthma control for children in New Haven was projected to return $1.86 per $1 spent while connecting people in New London County with complex health needs to appropriate services was projected to result in an ROI of $2.40. More recently, an evaluation of COVID-19 CHW interventions deployed by 5 Connecticut health departments found that the number of averted cases likely offset the cost of the program while meeting the needs of community members reached by these interventions. In states with Medicaid CHW reimbursement programs, savings are significant: New Mexico saved $2 million in one year of reaching 448 Medicaid members and Arkansas' Medicaid CHW intervention showed a $3 return on investment amounting to $3.5 million in savings.

Policy Recommendations

A coalition of over 100 CHWs and allies convened by HES and the Community Health Worker Association of Connecticut (CHWACT) in 2022 agreed on a set of principles for Medicaid reimbursement to maximize the potential of this policy.

Overarching principles:

- Program design, implementation, and evaluation must include ***engagement of community health workers and HUSKY Health members*** and input should be documented;
- HUSKY Health should consult with other stakeholders, including physicians, health systems, community-based organizations, and CHW employers;
- OHS should continue to lead cross-agency collaboration on CHW efforts across the state; and
- The program must ***regularly evaluate equity in health outcomes***.

CHW services should include, at minimum:

- Navigation support for primary and secondary prevention (enrollment, making appointments, engaging in cancer screening and vaccination, etc.);
- Health coaching and health education for people with chronic or complex social and medical needs (including oral and behavioral health needs); and
- Pregnancy, birth, lactation, and postpartum support.

Funding:

- Reimbursement should not require physician referral, but MAY require diagnosis for chronic diseases;
- Reimbursement ***must include community-based CHWs;***

- Reimbursement must account for any "startup" costs associated with hiring, connecting to data systems, and paperwork;
- If the program leverages new or existing alternative payment models, these must include adequate funding for CHWs and incentivize collaboration with community-based organizations; and
- Payment models must ***center equity*** in any payment adjustment or incentive mechanism.

There was also broad agreement that HUSKY Health should have the flexibility to implement these policies through any combination of federal Medicaid authorities that will align with these goals including state plan amendments, waivers, leveraging contracting arrangements, and flexible funding for preventive health care.

History of CHWs in Connecticut and Concluding Remarks

Health Equity Solutions submits this testimony after years of research and coalition building on this issue. Why? Community health workers (CHW) are a crucial, well-supported means for addressing inequities in health. Since its inception, our organization has worked alongside CHWs to advocate for and implement certification and served as inaugural cochair and staff for the CHW Advisory Board overseen by the Office of Health Strategy.

In 2021, with certification up and running, HES collaborated with the Community Health Workers Association of Connecticut (CHWACT) to conduct listening sessions with CHWs to learn more about their needs. Based on this input, HES and CHWACT co-convened a series of conversations with CHWs about how they could most productively interact with Medicaid throughout 2022, culminating in the shared vision for Medicaid reimbursement, which we have shared above.

The need for CHWs has never been more urgent. Our health and social systems grow increasingly more complex, even when the changes are positive. At the same time, accumulated health needs left untreated during the pandemic-related social isolation increase the risk of preventable illness and death. Inequities remain a significant and consistent concern in Connecticut and community health workers offer effective, affordable solutions. This is truly a high reward policy both in terms of fiscal impact and improved health, health equity, and quality of life for Connecticut's people.

Thank you for the opportunity to submit this testimony in support of **S.B. 991, An Act Concerning Medicaid Reimbursement for Community Health Workers.** I can be reached with any questions at aclarke@hesct.org or 860-937-6611.