



May 12, 2026

Representative Marvin L. Abney  
Chair, House Committee on Finance  
Rhode Island State House  
82 Smith Street  
Providence, RI 02903

**H 8211 – Joint Resolution Making an Appropriation of \$10,000,000 to the Rhode Island Department of Health Community Health Worker Initiative**

**Supporting Legislation**

Dear Chairperson Abney and Members of the House Finance Committee:

The Institute for Education in Healthcare (IEH) and its Community Health Work Association of RI (CHWARI) submits this letter of support for H8211, which seeks to provide a \$10,000,000 appropriation to the Rhode Island Department of Health (RIDOH) CHW Initiative. Representative Kislak’s leadership and advocacy for Community Health Workers (CHWs) in Rhode Island are greatly appreciated. Adoption of this legislation affords the opportunity to support Rhode Island’s public health infrastructure through a commitment to the community health workforce and its critical role as the bridge connecting systems of care and vulnerable communities.

The Institute for Education in Healthcare (IEH) was established at Rhode Island College in 2016 as a vehicle for connecting the College to the community through innovative education, career pathways, and workforce transformation to bolster RI’s care continuum. In 2018, the IEH assumed oversight of the Community Health Work Association of RI (CHWARI) through a partnership with the RI Department of Health (RIDOH). The IEH-CHWARI has successfully served as an approved training resource for CHWs by RIDOH and the RI Certification Board (RICB). In this capacity the IEH-CHWARI has trained over 600 CHWs and supported certification, apprenticeships and advanced professional development for this workforce. The IEH-CHWARI is a member of the Alliance for

CHW Employers and maintains partnerships with industry and state partners to align its training and other workforce supports to meet complex public and community health needs.

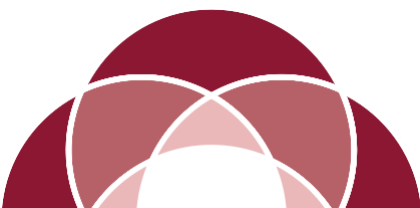
The American Public Health Association (APHA) and the Affordable Care Act (ACA) define Community Health Worker (CHW) as a frontline public health professional who is a trusted member of, or has an unusually close understanding of, the community they serve. This trusting relationship enables the CHW to serve as a liaison, link, or intermediary between health and social services and the community, facilitating access to services and improving the quality and cultural competence of service delivery.

Across at least 534 published studies, CHWs have repeatedly proven to be effective at improving health outcomes and reducing healthcare costs across a variety of settings. According to the National Association of State Health Policy (NASHP) and ASTHO, they are essential for advancing health equity, as they address the social determinants of health (such as housing, food insecurity, and transportation) that often occur outside the walls of a doctor's office. By providing culturally appropriate health education, system navigation, and advocacy, CHWs empower individuals to take charge of their own health, ensuring the healthcare system is more responsive to the community's actual needs.

**The IEH-CHWARI applauds H 8211 for its innovation and provision of the state investment necessary to sustain and augment the CHW workforce, which is essential to health equity and community resilience.**

Our Support for H 8211 is grounded in several key factors:

- **Medicaid Billing is Broken:** We appreciate that this appropriation offers a grant-based funding model and will allow smaller, community-focused organizations that may not have the capacity to bill for insurance to remain active participants in the public health landscape. Medicaid billing has become unavailable for nearly all Alliance for Alliance for CHW Employers members due to a series of restrictive rule changes implemented by the Rhode Island Executive Office of Health and Human Services (EOHHS) throughout 2025. These rule changes have proven so restrictive that we are not aware of a single established clinical or CBO provider who has been able to continue participating in the program.
- **Sustainability Beyond Federal Grants:** Much of our current CHW infrastructure was established through the 2021 CDC COVID-19 response grant. As these federal funds sunset, H 8211 ensures that the state does not lose this vital workforce. This appropriation provides the stability needed to keep trained CHWs in the field.



- Expansion into Community Hubs: We strongly endorse the program’s goal to place CHWs in libraries and other community-based organizations. These locations serve as trusted anchors where residents can access health-system navigation and facilitate coordination of care in collaboration with clinical and community partners.
- Support for Employer Infrastructure: We specifically support the provision to fund anchor CBOs to hire, employ, and supervise CHWs. Effective supervision is critical to the CHW model; by funding the organizations that employ them, this bill ensures CHWs have the infrastructure necessary to fulfill the scope of their work.
- Workforce Development and Leadership: The resolution’s commitment to developing the CHW workforce and creating leadership opportunities aligns perfectly with our mission to professionalize and elevate this sector.

We support including funding for program evaluation, and capturing the return on investment for CHW placement in non-clinical settings will be vital for securing long-term, permanent funding in future budget cycles.

Thank you again for your leadership in recognizing that CHWs are a cornerstone of a resilient Rhode Island. We look forward to continuing our dialogue and supporting the passage of this important legislation.

Sincerely,



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Tonya Glantz, MSW, PhD  
Executive Director  
Institute for Education in Healthcare  
CHWARI Administrator

