



Community Health Worker Association of Rhode Island, Room 222 Alger Hall, Rhode Island College
600 Mt. Pleasant Avenue, Providence, RI 02908
(401) 456-9039 joinchwari@gmail.com

To: House Health & Human Services Committee
From: Sarah Lawrence, Community Health Worker Association of Rhode Island
Date: March 19, 2024
Re: Support for H7875

Dear Committee,

I am writing to urge you to support H7874 to require private insurers to pay for Community Health Worker services. For the past seven years, I have served as director of the Community Health Worker Association of Rhode Island, a trade association made up of 1500+ members, the bulk of whom are community health workers and their allies. CHWARI is the state's vehicle for community health workers to enter the workforce arena, train, upskill, network, advocate and become employed. We are the main instrument for training of CHWs in standardized competencies aligned with national CHW policy and workforce development entities. We instruct scores of CHWs yearly in the foundational work toward state CHW certification that they apply to hundreds of different kinds of worksites, from accountable entities, federally qualified health centers and pharmacies, to senior centers, schools, refugee centers, domestic violence shelters and many more. Employers are increasingly interested in integrating this diversely talented, nubile workforce that can transform the way they outreach to clients.

The community health worker's core value of lived experience, combined with deep knowledge of their community and how best to access its resources, is sometimes the only tool to assist a client in preventive care or empowered growth toward a state of sustained well-being. I have heard from countless CHWs stories of how their clients have told them they saved their lives, they were the only ones to care, they showed them tremendous respect and that is what moved the needle for them to make positive changes in their lives. There are now many research articles indicating strong return on investment (ROI) for interventions including CHWs over those without.

Calling for private insurers to cover this workforce is long overdue. CHWs' services are tried and true; they effect large cost savings as well as provide an empowering channel for community leadership and capacity building. But the use of insurance coverage cannot be the only means of sustaining this workforce; in fact, an overemphasis on reimbursement for services and commensurate necessity of billing could be harmful to the way community-based organizations can employ CHWs currently. But this is an important piece to the whole amalgam of financial and systemic support that must be fostered for this workforce that is indispensable to just, equitable, effective care of our state's most vulnerable.

Sincerely,
Sarah R. Lawrence, CCHW, LCSW, PhD
Director, CHWARI