

Rhode Island Alliance for Community Health Worker Employers

March 31, 2025

The Honorable Susan Donovan
Chair, House Committee on Health & Human Services
RI House of Representatives
By Email to:

Re: Testimony in **support** of H-6117

Dear Chair Donovan:

Thank you for supporting Community Health Workers (CHWs) in Rhode Island. The Alliance for CHW Employers writes in **support** of H-6117, which would require commercial insurers to provide reimbursement for services provided by CHWs.

The Alliance for CHW Employers advances the status of Community Health Workers (CHWs) as a foundation for the health and well-being of Rhode Island communities. By championing the interests of organizations, advocating for the recognition and support of CHWs, and promoting best practices, we aspire to make a lasting impact in communities. RIPIN currently houses the Alliance's funding and activities, and the advisory steering committee is comprised of Rhode Island College's Institute for Education in Healthcare, the CHW Association of Rhode Island (CHWARI), Family Service RI, Integra, Brown University Health, ONE Neighborhood Builders, and Progreso Latino. The Alliance provides technical assistance and networking to many CHW employers, large and small, and is working to build a broader formal membership structure. Our diverse community provides multiple perspectives on the uniqueness of the CHW role and mechanisms to support sustainability.

The Alliance supports H-6117's efforts to provide another source of funding for this valuable work. CHWs effectively create solutions for long-standing issues in our health and human services systems. Many studies show that investing in CHWs can lead to financial savings.¹ We want to share our thoughts on the legislation and funding for CHWs and emphasize our commitment to advocating for this workforce in the future.

The Alliance supports H-6117 because it provides another funding option for CHWs. This is especially important for organizations that can bill health insurance. Medicaid and Medicare now pay for CHW services, and it makes sense for private

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<https://www.astho.org/globalassets/pdf/community-health-workers-summary-evidence.pdf>
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insurance also to cover these services to create integrated systems and to prevent freeriding.

This bill, while a very positive step, does not create a complete funding system for every type of CHW program. Many strong CHW organizations won't bill insurance due to administrative work or changes to their culture. Insurance billing can be effective for larger organizations, and we should provide a reimbursement network that includes all major payers. However, billing may not be suitable for smaller organizations, and this could undermine their approach. If this bill passes, we will still need other funding options for organizations that employ CHWs. The Alliance supports diverse funding structures to match various CHW work and organizations. We also have a few technical comments or questions about the legislative language:

- This bill seems to give insurers great flexibility over “reimbursement, credentialing, and contracting,” which might undermine the bill's impact. Considering basic network adequacy requirements or other regulatory tools might be worthwhile to ensure carriers build a suitable provider network.
- As drafted, this bill would only apply to fully insured commercial insurers, which represent less than half of Rhode Island's commercial insurance population. We should consider mechanisms allowable under federal law to support the participation of self-insured plans.
- We support section (b)(2), which we read as prohibiting a referral requirement before CHW services would be reimbursable. Many CHW employers operate outside of clinical settings, making it difficult and impractical to obtain clinician referrals.
- Please consider language in the bill allowing carriers to satisfy their requirements to invest in CHW services through methods other than fee-for-service billing. Other reimbursement or contracting models may allow different types of effective community-based organizations to engage in the work, and also potentially have the benefit of allowing CHWs to serve individuals regardless of insurance status.
- The federal Medicare program launched reimbursement for CHW services as of Jan. 1, 2024. The community may benefit from a detailed comparison of the Medicare and Medicaid CHW benefits, with an eye towards designing the commercial CHW benefit to align as much as possible and support best practices where Medicaid and Medicare differ. One known difference is that Medicare requires CHW services to be initiated only following an outpatient clinical visit. This requirement is not present in Medicaid, which merely requires that CHW services be recommended by a practitioner of the healing arts. The Alliance strongly prefers the Medicaid model on this topic, which is reflected in the current proposed legislation.

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- Please consider the possible technical challenges about billing procedures that may result from doing commercial billing while implementing Medicaid CHW billing which is very challenging for the organizations that have done it, and the Alliance would very much appreciate the opportunity to coordinate with commercial payers on implementation.
- Please consider language in the bill allowing for health education in group settings, such as diabetes or other chronic disease self-management classes, aligning with the current RI Medicaid CHW benefit.

Thank you very much again for your advocacy for community health. We look forward to continued dialogue on this important topic.

Sincerely,

The Alliance for Community Health Worker Employers *

* This represents the consensus views of the Alliance's advisory committee but not necessarily the views of any individual organization.

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