

**Community Health Worker Reimbursement  
through Medicaid/ 2023 Legislative Session  
Recap**

HEALTH EQUITY SOLUTIONS

# Why CHWs?



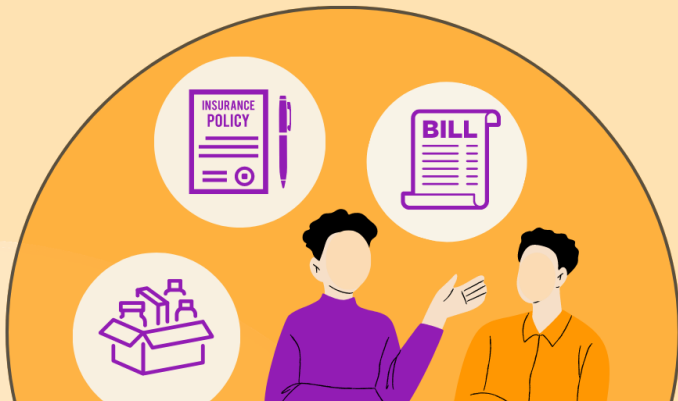
Community Health Workers (CHWs) are essential for reducing health inequities across Connecticut. Their roles include helping people overcome language barriers, helping those with lower health literacy, educating communities on health, making sure communities are enrolled in healthcare coverage, and providing individualized attention to the health concerns of community members.

## CHWS IN ACTION

HEALTH  
EQUITY  
SOLUTIONS

“If somebody needs something that we can’t provide, we usually find somebody in the community who can.”  
- A CHW in CT

*Community health workers **can help to identify** and navigate state and local services and CT’s increasingly complex health systems*



## CHWS IN ACTION

HEALTH  
EQUITY  
SOLUTIONS

“I **listen to them**. And I offer them practical guidance and insight based on my personal experience, things I think have worked for me, things that haven’t worked for me... **listening to what they have going on, referring them to an array of services** if they need to deal with vicarious trauma they might be experiencing.” - A CHW IN CT

*Community health workers **serve as a link** to connect people to the resources they need.*



# Why reimbursement through Medicaid?



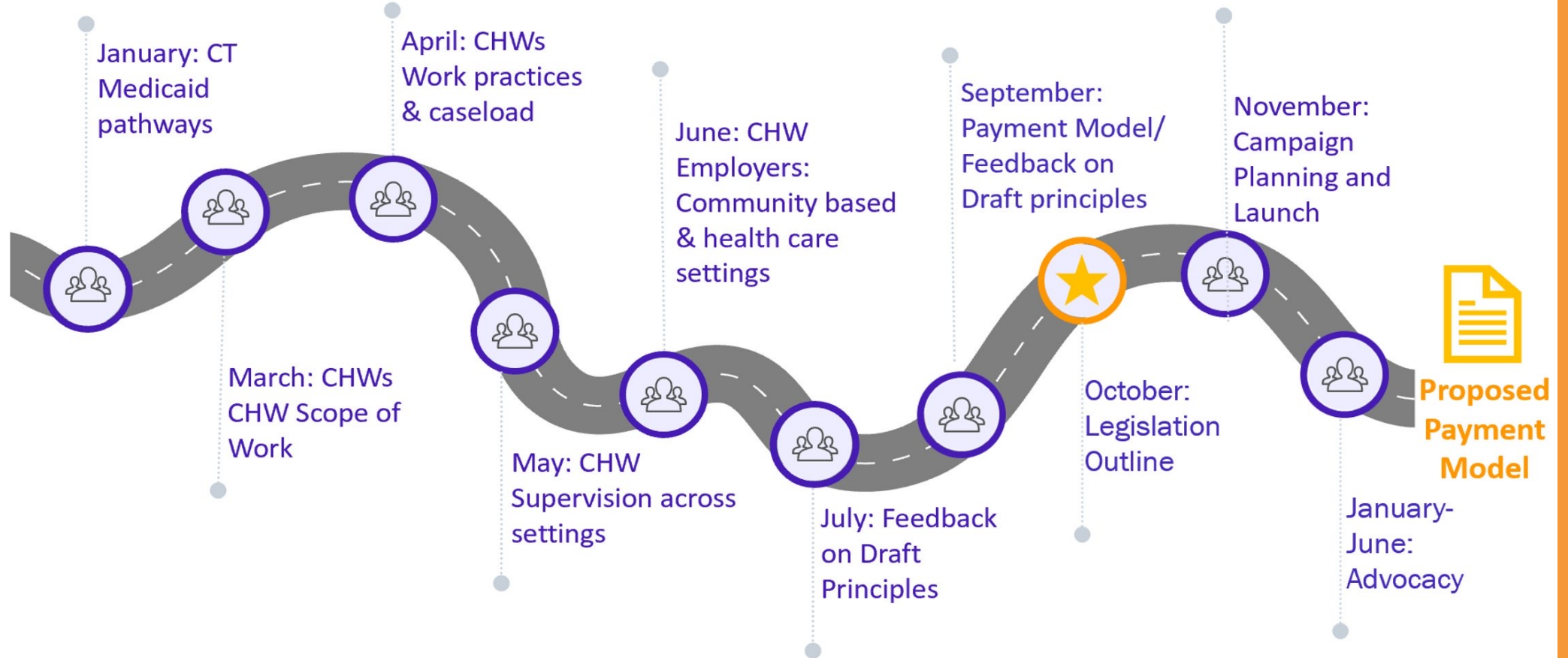
Without sustainable reimbursement through Medicaid, CHWs scope of work are often limited, and not sustainable. Prior to this bill passing, CHWs in Connecticut were/are mostly employed through community-based organizations. These organizations, however, are funded by unpredictable and unevenly distributed grant funding which limits their ability to hire and sustain a workforce.

## Impact of CHW reimbursement in other states:

- Evidence strongly suggests that providing CHW support through Medicaid is likely to reduce health disparities, which are tied to social and economic factors as well as medical factors
- A randomized trial of [ImPaCT](#), a CHW model developed by the Penn Center for CHWs to improve outcomes after hospitalization, led to increased primary care utilization, better communication between health providers, and higher patient activation scores
- CHW interventions in [California](#) led to a decrease in reported preference for emergency or urgent care by 40%, along with improved relationships with primary care providers and an increased preference for use of primary care
- In [Arkansas](#), a CHW program for older adults and adults with physical disabilities reduced state Medicaid costs by \$3.5 million, saving \$3 dollars for every dollar invested

# Legislative Process with the CHW coalition:

## CHW Coalition Timeline



# Legislative Process with the CHW coalition:

- Through monthly meetings beginning in 2022, the coalition of **over 100 CHWs and CHW allies** came to consensus on a set of **3 principles** and the goal of passing legislation to require Medicaid reimbursement for CHWs in CT.
- ***Our collaborative efforts informed the CHW reimbursement language in S.B. 10 and the coalition supports the changes recommended in S.B. 991.***
- **74 people submitted a written testimony** to support the bill regarding sustainable reimbursement for CHWs, and some others submitted oral testimonies at the public hearing.
- We reached out to **36 Senators and over 100+ Representatives** to support S.B.10.
- **143 people signed up for Lobby Day and 100+ showed up on the day!**

# Implementation/Next Steps:



*HES met with DSS in July and sent over all relevant CHW resources and documents*



*The CHW coalition will reconvene in September after not having met the past two months*



*A member of DSS will be at the next Coalition meeting to discuss CHW reimbursement programs*

# Legislative Recap/ Highlights:



In 2023, HES submitted 17 pieces of testimony on 20 bills aligned with our policy agenda and in support of our partners!

## Other New laws that promote health equity:

- DPH will establish a doula certification process
- Children under age 15 who live in families whose income qualifies will be able to enroll in HUSKY health programs regardless of their immigration status (the current limit is age 12)
- Early voting rules were established