

The Commonwealth of Massachusetts

PRESENTED BY:

Marjorie C. Decker

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to health equity and community health workers.

PETITION OF:

| NAME: | DISTRICT/ADDRESS: | DATE ADDED: |
|--------------------|-------------------|-------------|
| Marjorie C. Decker | 25th Middlesex | 1/20/2023 |

HOUSE DOCKET, NO. 3058 FILED ON: 1/20/2023

By Representative Decker of Cambridge, a petition (accompanied by bill, House, No. 1184) of Marjorie C. Decker for legislation to assure coverage and reimbursement for covered health care services and to establish a community health worker workforce development task force (including members of the General Court) to provide health equity. Health Care Financing.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court (2023-2024)

An Act relative to health equity and community health workers.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

| l | SECTION 1. | Section 259 d | of chapter 1 | 12 of the | General I | Laws is hereb | y amended b | уy |
|---|------------|---------------|--------------|-----------|-----------|---------------|-------------|----|
| | | | | | | | | |

2 striking out the definition of "Core competencies" and inserting in place thereof the following:-

3 "Core competencies", a set of overlapping and mutually reinforcing skills and knowledge

4 essential for effective community health work in core areas that include, but are not limited to:

- 5 (a) outreach methods and strategies;
- 6 (b) client and community assessment;
- 7 (c) effective communication;
- 8 (d) culturally-based communication and care;
- 9 (e) health education for behavior change;

| 10 | (f) support, advocacy and coordination of care for clients; |
|----|--|
| 11 | (g) application of public health concepts and approaches; |
| 12 | (h) behavioral health, mental health, and substance use disorder services; |
| 13 | (i) community capacity building; and |
| 14 | (j) writing and technical communication skills. |
| 15 | SECTION 2. Section 260 of said chapter 112 is hereby amended by striking out the third |
| 16 | paragraph in its entirety. |
| 17 | SECTION 3. Notwithstanding any general or special law to the contrary, the group |
| 18 | insurance commission public employee plans under Chapter 32A; the division of medical |
| 19 | assistance under chapter 118E and its contracted health insurers, health plans, health |
| 20 | maintenance organizations, behavioral health management firms and third-party administrators |
| 21 | under contract to a Medicaid managed care organization or primary care clinician plan; insurance |
| 22 | companies organized under Chapter 175; non-profit hospital service corporations organized |
| 23 | under Chapter 176A; medical service corporations organized under chapter 176B; and health |
| 24 | maintenance organizations organized under chapter 176G shall not decline to provide coverage |
| 25 | and reimbursement for covered health care services solely on the basis that those services were |
| 26 | delivered by a certified community health worker, as defined by Section 259 of Chapter 112, |
| 27 | employed by health care providers or provider groups, including but not limited, an acute care |
| 28 | hospital, health system, community health center, school-based health center, community |
| 29 | behavioral health center, community mental health center, or behavioral health community |
| 30 | partner. |
| | |

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31 SECTION 4. There shall be a Community Health Worker Workforce Development Task 32 Force. The task force shall be chaired by the president of the senate or their designee and the 33 speaker of the house of representatives or their designee, and shall consist of the following 34 members: the senate chair of the joint committee on health care financing, the house chair of the 35 joint committee on health care financing, the senate chair of the joint committee on public health, 36 the house chair of the joint committee on public health, the secretary of health and human 37 services or their designee, the commissioner of public health or their designee, the executive 38 director of the Group Insurance Commission or their designee, the executive director of the 39 Health Policy Commission or their designee, a representative of the Massachusetts Association 40 of Community Health Workers, a representative of the Massachusetts League of Community 41 Health Centers, a representative of Health Care For All, a representative of the Massachusetts 42 Health and Hospital Association, a representative of the Massachusetts Health Council, a 43 representative of the Association for Behavioral Healthcare and a representative of the 44 Massachusetts Public Health Association. 45 The commission shall:

46 (a) examine the existing community health worker workforce, including but not limited
47 to, the current supply and distribution of certified community health workers, by region, and
48 organization and employer type;

49 (b) study barriers to retention of community health workers, including but not limited to,
50 lack of integrative reimbursement models that cover community health worker services and other
51 financial or socioemotional unmet needs of community health workers;

(c) examine the demographics of certified community health workers and of patients
receiving services from community health workers, including but not limited to, race, ethnicity,
language, disability status, sexual orientation, and gender identity;

(d) issue a report and recommendations on: (i) improving the pipeline of community
health workers; (ii) expanding use of community health workers across inpatient and outpatient
settings; (iii) methods and strategies for community health worker retention and career growth;
(iv) requiring reimbursement of community health worker services; (v) the impact of insurance
coverage on the community health worker pipeline.