SENATE DOCKET, NO. 1730 FILED ON: 1/16/2025

SENATE . . . . . No. 251

The Commonwealth of Massachusetts

PRESENTED BY:

Robyn K. Kennedy

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:	
Robyn K. Kennedy	*First Worcester*	
Sal N. DiDomenico	*Middlesex and Suffolk*	*7/31/2025*

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SENATE . . . . . No. 251

By Ms. Kennedy, a petition (accompanied by bill, Senate, No. 251) of Robyn K. Kennedy for legislation relative to health equity and community health workers. Consumer Protection and Professional Licensure.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

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:

SECTION 1. Section 259 of chapter 112 of the General Laws, as so appearing in the 2022 Official Edition, is hereby amended by striking out, in lines 40 through 51, the definition of "Core competencies" and inserting in place thereof the following:-

"Core competencies", a set of overlapping and mutually reinforcing skills and knowledge essential for effective community health work in core areas that include, but are not limited to:

(a) outreach methods and strategies;

(b) client and community assessment;

(c) effective communication;

(d) culturally-based communication and care;

(e) health education for behavior change;

(f) support, advocacy and coordination of care for clients;

(g) navigation and connection to resources for health needs, including but not limited to behavioral health, mental health and substance use disorder services;

(h) application of public health concepts and approaches;

(i) community capacity building; and

(j) writing and technical communication skills.

SECTION 2. Section 260 of said chapter 112, as so appearing in the 2022 Official Edition, is hereby amended by striking out the third paragraph in its entirety.

SECTION 3. (a) As used in this section, the following term shall have the following meaning:

"Community health worker services," services provided by a community health worker, including but not limited to, health education, information, and outreach; health promotion and coaching; navigation of health care and community-based services, resources and systems; care coordination; socioemotional support; and self-advocacy skill-building.

(b) Notwithstanding any general or special law to the contrary, the group insurance commission public employee plans under Chapter 32A; the division of medical assistance under chapter 118E and its contracted health insurers, health plans, health maintenance organizations, accountable care organizations, behavioral health management firms and third-party administrators under contract to a managed care organization or primary care clinician plan; insurance companies organized under Chapter 175; non-profit hospital service corporations organized under Chapter 176A; medical service corporations organized under chapter 176B; and

health maintenance organizations organized under chapter 176G shall provide coverage and reimbursement for community health worker services delivered by a certified community health worker, as defined by Section 259 of Chapter 112, or a community health worker in the process of obtaining certification, who is employed by a health care provider entity, community-based organization, or municipality, including entities that provide only non-medical health-related services and support.

(c) The executive office of health and human services shall obtain any federal authorization necessary to implement this section and maximize federal financial participation for the coverage and benefits provided under this section.

(d) The office of Medicaid, the division of insurance and the group insurance commission shall promulgate regulations or other guidance necessary to effectuate this section, including establishing provider organization enrollment pathways for non-health care entities.

SECTION 4. (a) There shall be a Community Health Worker Workforce Development Taskforce. The taskforce shall be chaired by the president of the senate or their designee and the speaker of the house of representatives or their designee, and shall consist of the following members: the senate chair of the joint committee on health care financing, the house chair of the joint committee on health care financing, the senate chair of the joint committee of public health, the house chair of the joint committee on public health, the secretary of health and human services or their designee, the secretary of labor and workforce development or their designee, the assistant secretary for MassHealth or their designee, the commissioner of public health or their designee, the commissioner of mental health or their designee, the commissioner of the division of insurance or their designee, the executive director of the Health Policy Commission

or their designee, a representative of the Massachusetts Association of Community Health Workers, a representative of the Massachusetts League of Community Health Centers, a representative of Health Care For All, a representative of the Massachusetts Health and Hospital Association, a representative of the Association for Behavioral Healthcare, a representative of the Massachusetts Public Health Alliance, a representative of a municipality employing community health workers, a representative of a provider organization employing community health workers, and a representative of a community-based organization employing community health workers.

(b) The taskforce shall study and assess: (i) the existing community health worker workforce, including but not limited to: the current supply and distribution of community health workers by demographics, including age, race, ethnicity, language, disability status, sexual orientation, gender identity and other characteristics currently available through existing data sources; certification status; city, municipality or region of the state; role and scope of services provided; and employer type; (ii) the state of certification of community health workers, including barriers to certification; (iii) the sustainability of reimbursement of community health workers in health care and community-based settings; and (iv) opportunities and challenges in community health worker recruitment, retention, and career pathway development, including advancement in the health care workforce.

(c) The taskforce shall issue a report with the findings under subsection (b) and recommendations on: (i) making data on community health workers collected by state agencies and contracted entities publicly available and actionable; (ii) addressing barriers to community health worker certification; (iii) standardizing community health worker roles based on core competencies; (iv) increasing community health worker recruitment, retention and career

pathways for clinical and non-clinical roles; (v) building capacity among employers to effectively support and supervise community health workers; and (vi) creating a sustainable reimbursement structure for community health worker services, including considerations for providing a living wage.

(d) The taskforce shall file its report, including any recommendations for proposed legislation or regulations, to the clerks of the house of representatives and senate, the joint committee on health care financing and the joint committee on public health no later than March 31, 2026.