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PERSONAL SUPPORT BUILT ON PERSONAL EXPERIENCE

March 19, 2024

The Honorable Susan R. Donovan
Chairman, House Committee Health and Human Services
RI House of Representatives
By Email To: HouseHealthandHumanServices@rilegislature.gov

Re: **Support for H-7875 (CHW Reimbursement)**

Dear Chair Donovan:

Thank you for this opportunity to offer testimony in **support** of requiring commercial insurers to provide reimbursement for services provided by Community Health Workers (CHWs) (H-7875). RIPIN is a 33-year-old **peer-led** nonprofit that helps thousands of Rhode Islanders annually navigate access to special education, health care, and health aging. Being "peer led" means that **most of our board and staff are parents or caregivers to a loved one with a special health care need.** That peer model – always hiring from the community we serve – made the CHW model a perfect fit for RIPIN. RIPIN served as a leader in establishing the CHW certification process in Rhode Island, and today we employ about 100 CHWs who are either certified or on the path to certification within 18 months of hire. We believe that makes us the State's largest employer of certified CHWs.

As defined by the American Public Health Association, a CHW "is a frontline public health worker who is a **trusted** member of and/or has an unusually close understanding of the community served. This **trusting relationship** enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery." **Numerous peer-reviewed studies** have shown **impressive results from CHW-led interventions,** both in terms of health outcome improvements and return-on-investment achieved,[1] **including one study about a RIPIN CHW program** supporting vulnerable low-income older adults that showed reduced utilization of care in institutional settings and Medicaid savings of $7,000 per-patient-per-year.[2] CHWs are an important and growing part of the national landscape for health care and social services.

While RIPIN **supports** this legislation, we also wish to express **reservations** about the insurance billing model for financing CHW services. **We support the legislation because** CHWs can lead unique and effective interventions to address challenges that have plagued our health and human services systems for generations, and insurance reimbursement is one tool that can help support CHW interventions in certain contexts. It is also **poor policy for Medicaid alone to bear the burden of reimbursing for important programs and services.**

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[1] See, e.g., Kangovi S, et. al, Evidence-Based Community Health Worker Program Addresses Unmet Social Needs And Generates Positive Return on Investment, Health Affairs 2020 Feb, available at www.healthaffairs.org/doi/10.1377/hlthaff.2019.00981; and London, K. et al, Connecticut Health Foundation, Sustainable Financing Models for Community Health Worker Services in Connecticut : Translating Science into Practice, June 2017, available at https://mhpsalud.org/programs/community-health-workers-roi/.
[2] Tucher EL, et. al. Evaluating a Care Management Program for Dual-Eligible Beneficiaries: Evidence from Rhode Island. Popul Health Manag. 2023 Feb;26(1):37-45. doi: 10.1089/pop.2022.0236. Epub 2023 Feb 6. PMID: 36745407.

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Our **reservations** primarily stem from the belief that **insurance reimbursement is a poor fit for financing CHW services in many settings.** While insurance billing might work for a hospital or health center that wants to add CHW support, it is often a **poor fit for the many community-based organizations (CBOs)** who have been most successful at deploying CHWs to meet communities' needs. Many of these organizations do not have (and probably should not have) the infrastructure to support insurance billing. The technology and staff time associated with insurance billing are also extremely expensive relative to the scale of many extremely worthy CHW programs. And even for organizations that have the wherewithal to implement insurance billing, it **"medicalizes" the work in ways that undermine its effectiveness.** Frankly, **it's harder to build trust when you start a relationship by verifying insurance,** and potentially turning away people who have the wrong kind of coverage. It also makes nearly impossible the types of community-level interventions that CHWs can otherwise undertake. **Building CHW interventions primarily on a foundation of insurance billing risks taking many of the worst aspects of our health care system and imposing them onto CHW programs.**

Two technical notes also feel worth sharing. First, this legislation would likely only apply to fully-insured commercial plans, which make up less than half of the commercial insurance market. Under federal law, self-insured plans would likely be exempt from this type of State-based coverage mandate. Second, the legislation reserves significant discretion for commercial insurers in setting reimbursement rates, coverage rules, and network buildout strategies that together might inhibit the bill's opportunities to support many worthy CHW initiatives, even those that are reimbursed by Medicaid today.

We support this legislation because it's **one piece of an important puzzle.** But we should be absolutely clear that this is **far from a comprehensive solution** to the policy question of how best to finance this important and promising new category of services.

Sincerely,

/s/

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