First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee Amendments Not Yet Adopted on Second Reading

LLS NO. 23-0175.01 Chelsea Princell x4335 **SENATE BILL 23-002**

SENATE SPONSORSHIP

Mullica and Simpson,

HOUSE SPONSORSHIP

McCluskie and Bradfield,

Senate Committees
Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

CONCERNING SEEKING FEDERAL AUTHORIZATION FOR MEDICAID REIMBURSEMENT FOR SERVICES PROVIDED BY A COMMUNITY HEALTH WORKER.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill authorizes the department of health care policy and financing (state department) to seek federal authorization from the centers for medicare and medicaid services to provide medicaid reimbursement for community health worker services.

The bill requires the state department to hold at least 4 public

stakeholder meetings to solicit input on considerations to include in the state department's request for federal authorization.

The bill grants the state department the authority to promulgate rules necessary to facilitate reimbursement for community health worker services.

The bill requires that on or before January 31, 2026, the state department include a report on how community health workers are being utilized through medicaid in its presentation to the joint budget committee of the general assembly and in its presentation at the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Legislative declaration. (1) The general assembly finds and declares that:

(a) The American Public Health Association defines "community health worker" as a frontline public health worker who is a trusted member of, and has a close understanding of, the community that worker serves. This trusting relationship enables the worker to serve as a liaison between health and social services and improve the quality and cultural competence of service delivery. "Community health worker" is meant to be an umbrella term for individuals who may go by many names, such as health promoters, community outreach workers, promotores de salud, health navigators, and patient navigators.

(b) Community health workers play a critically important part in informing communities about services that help prevent the onset or progression of disease, disability, and other health conditions and promote physical, dental, and behavioral health and efficiency;

(c) Community health workers are crucial in providing access to services that are available to communities with the goal of reducing health disparities and improving health outcomes;

(d) Community health workers are trusted members of their communities who have personal experience with a health condition, lived experience, and a shared language and cultural background, and they help to address chronic conditions, preventive health-care needs, and health-related social needs within their communities in a culturally relevant manner;

(e) Current research demonstrates that community health worker services improve health-care outcomes and promote health equity. Interventions that integrate community health worker services into health-care delivery and public health systems are associated with reductions in chronic illnesses, better medication adherence, increased patient involvement, improvements in overall community health, and reduced health-care costs.

(f) The centers for medicare and medicaid services recognizes that community health workers play an integral role in achieving health equity. Community health workers help health-care and public health systems improve health-care quality, address health-care workforce shortages, and strengthen relationships and trust within the communities for which they provide care.

(g) Research on community health worker interventions that address unmet social needs for historically marginalized populations found that every dollar invested in the intervention returns $2.47 to an average medicaid payer within a fiscal year;

(h) Evidence supporting the involvement of community health workers in the prevention and management of costly chronic diseases is well established. Interventions incorporating community health workers have been found to be effective for improving knowledge about cancer

screening as well as screening outcomes for both cervical and breast cancer. Asthma symptom frequency was reduced by 35 percent among adolescents working with community health workers. Community health worker interventions improve patient self-efficacy, quality of life, adherence to medical care, and satisfaction with care for individuals with kidney failure.

(i) Research on Colorado health worker interventions has shown positive results related to cost-effectiveness and improvements in community and individual health-related outcomes;

(j) Community health workers include violence prevention professionals who may be employed by hospital-based violence intervention programs. These workers identify and target risk factors of violence, then link program participants with hospital and community-based resources. The rate of hospital readmission for participants who engaged in these programs was reduced by 50 percent, with an accrued savings of $32,000, a tenfold reduction.

(k) The Community Heart Health Actions for Latinos At-risk Program, a lifestyle program in Colorado that focuses on modifying risk for cardiovascular disease and diabetes, effectively used community health workers to support participants in lowering their blood pressure, addressing risk factors such as cholesterol and weight management, and improving dietary behaviors;

(l) The Colorado Heart Healthy Solutions (CHHS) program is a community-based health-worker-led program that educates program participants about their cardiovascular disease risks and steps to improve their cardiovascular health. For over five years, CHHS has assisted more than 36,000 individuals and has promoted behavior changes such as

decreased fat intake, higher engagement in physical activity, lowering of blood pressure, and increasing health-related knowledge.

(m) CHHS has also been shown to be cost effective, with cost savings being greater for at-risk populations, suggesting that population-based public health programs have the potential to complement preventive primary care services to improve health outcomes and reduce the financial burden of traditional medical care.

(2) Therefore, the general assembly finds that it is in the best interest of the state of Colorado to reduce health disparities and support the community health worker workforce by prioritizing expanded access to community health worker services in health-care and public health settings across the state to contribute to lower health-care costs and better health outcomes.

SECTION 2. In Colorado Revised Statutes, **add** 25.5-5-334 as follows:

25.5-5-334. Community health worker services - federal authorization - reporting - rules - definition. (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "COMMUNITY HEALTH WORKER" MEANS A FRONTLINE PUBLIC HEALTH WORKER WHO SERVES AS A LIAISON BETWEEN HEALTH-CARE PROVIDERS OR SOCIAL SERVICE PROVIDERS AND COMMUNITY MEMBERS IN ORDER TO FACILITATE ACCESS TO PHYSICAL, BEHAVIORAL, OR DENTAL HEALTH-RELATED SERVICES, OR SERVICES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH, AND WHO IMPROVES THE QUALITY AND CULTURAL RESPONSIVENESS OF HEALTH-RELATED SERVICE DELIVERY.

(2) NO LATER THAN JULY 1, 2024, THE STATE DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION FROM THE CENTERS FOR MEDICARE AND

MEDICAID SERVICES TO PROVIDE REIMBURSEMENT FOR COMMUNITY HEALTH WORKER SERVICES INCLUDING, BUT NOT LIMITED TO, THE DELIVERY OF PREVENTIVE SERVICES, GROUP AND INDIVIDUAL HEALTH EDUCATION AND HEALTH COACHING, HEALTH NAVIGATION, TRANSITIONS OF CARE SUPPORTS, SCREENING AND ASSESSMENT FOR NONCLINICAL AND SOCIAL NEEDS, AND INDIVIDUAL SUPPORT AND HEALTH ADVOCACY.

(3) PRIOR TO SEEKING FEDERAL AUTHORIZATION, THE STATE DEPARTMENT SHALL HOLD AT LEAST FOUR PUBLIC STAKEHOLDER MEETINGS TO FACILITATE PUBLIC ENGAGEMENT AND SOLICIT INPUT FROM RELEVANT STAKEHOLDERS ON THE DEVELOPMENT OF THE REQUIRED ELEMENTS FOR FEDERAL AUTHORIZATION. RELEVANT STAKEHOLDERS INCLUDE, BUT ARE NOT LIMITED TO, COMMUNITY HEALTH WORKERS, REPRESENTATIVES FROM A STATEWIDE GROUP REPRESENTING COMMUNITY HEALTH WORKERS, CONSUMER ADVOCATES, LOCAL PUBLIC HEALTH AGENCIES, PUBLIC HEALTH NONPROFITS AND INSTITUTES, REPRESENTATIVES FROM COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT-RECOGNIZED TRAINING PROGRAMS FOR HEALTH NAVIGATORS AND COMMUNITY HEALTH WORKERS, HEALTH-CARE PROVIDERS, MANAGED CARE ENTITIES, REPRESENTATIVES FROM SCHOOLS AND SCHOOL-BASED HEALTH CENTERS, AND THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. AT A MINIMUM, THE STATE DEPARTMENT SHALL SEEK INPUT FROM STAKEHOLDERS REGARDING:

(a) WAYS TO ENSURE COMMUNITY HEALTH WORKERS SERVE TO REDUCE HEALTH DISPARITIES AND INCREASE HEALTH EQUITY;

(b) MINIMUM QUALIFICATIONS FOR COMMUNITY HEALTH WORKERS, SUCH AS TRAINING AND SKILLS-BASED EXPERIENCE REQUIREMENTS;

(c) METHODS FOR MINIMIZING THE BURDEN OF ENTERING INTO THE COMMUNITY HEALTH WORKFORCE;

(d) A PATIENT SAFETY MONITORING RESPONSIBILITIES AND GRIEVANCE PROCESS;

(e) WHAT SERVICES PROVIDED BY A COMMUNITY HEALTH WORKER WILL BE CONSIDERED COVERED SERVICES AND NONCOVERED SERVICES;

(f) PROCESSES AND REQUIREMENTS REGARDING PROVIDER TYPES, PROVIDER ENROLLMENT, BILLING CODES, PLACES OF SERVICE, AND ANY OTHER OPERATIONAL COMPONENT NECESSARY FOR IMPLEMENTATION IN THE MEDICAID MANAGEMENT INFORMATION SYSTEM;

(g) REIMBURSEMENT USING THE FEE-FOR-SERVICE MANAGED CARE OR VALUES-BASED PAYMENT MODELS FOR COMMUNITY HEALTH WORKERS WITH CONSIDERATION OF THE USE OF ALTERNATIVE PAYMENT METHODOLOGIES IN THE FUTURE; __

(h) NEW PROVIDER TYPES THAT COULD FACILITATE COMMUNITY HEALTH WORKER SERVICES OUTSIDE OF TRADITIONAL HEALTH-CARE SETTINGS, SUCH AS COMMUNITY-BASED ORGANIZATIONS; AND

(i) CLARIFICATION ON COMMUNITY HEALTH WORKERS' ROLE AND SCOPE OF PRACTICE AS PART OF A DELIVERY SYSTEM THAT MAY INCLUDE CASE MANAGEMENT, CARE MANAGEMENT, AND CARE COORDINATION SERVICES PROVIDED BY MANAGED CARE ENTITIES, COMMUNITY-CENTERED BOARDS, SINGLE ENTRY POINTS, BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATIONS, CASE MANAGEMENT AGENCIES, AND HEALTH CARE PROVIDERS.

(4) IN CONSIDERATION OF OPPORTUNITIES FOR FUTURE EXPANSION OF THE COMMUNITY HEALTH WORKER WORKFORCE, THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IS ENCOURAGED TO

PARTNER WITH THE STATE DEPARTMENT AND STAKEHOLDERS TO MAKE RECOMMENDATIONS FOR TRAINING AND COMPETENCY STANDARDS RELATED TO SPECIALIZATION THAT WOULD ENABLE COMMUNITY HEALTH WORKERS TO SPECIALIZE THEIR WORK WITH DIFFERENT POPULATIONS AND HEALTH CONDITIONS.

(5) COSTS ASSOCIATED WITH SERVICES PROVIDED BY COMMUNITY HEALTH WORKERS THROUGH A FEDERALLY QUALIFIED HEALTH CENTER, AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395X (aa)(4), ARE CONSIDERED ALLOWABLE COSTS FOR THE PURPOSES OF A FEDERALLY QUALIFIED HEALTH CENTER'S COST REPORT. THE STATE DEPARTMENT SHALL WORK WITH STAKEHOLDERS TO DETERMINE HOW SERVICES PROVIDED BY COMMUNITY HEALTH WORKERS WILL BE CAPTURED IN FEDERALLY QUALIFIED HEALTH CENTERS' COST REPORTS.

(6) COSTS ASSOCIATED WITH SERVICES PROVIDED BY COMMUNITY HEALTH WORKERS THROUGH A RURAL HEALTH CLINIC, AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395X (aa)(2), ARE CONSIDERED ALLOWABLE COSTS FOR THE PURPOSES OF A RURAL HEALTH CLINIC'S COST REPORT. THE STATE DEPARTMENT SHALL WORK WITH STAKEHOLDERS TO DETERMINE HOW SERVICES PROVIDED BY COMMUNITY HEALTH WORKERS WILL BE CAPTURED IN RURAL HEALTH CENTERS' COST REPORTS.

(7) THE STATE DEPARTMENT SHALL CONSULT WITH THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IN PROMULGATING RULES CONCERNING THE VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY MANAGED BY THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND ANY ADDITIONAL CRITERIA OR STANDARDS THAT MAY BE NECESSARY.

(8) FOR PURPOSES OF MEDICAID REIMBURSEMENT, A COMMUNITY HEALTH WORKER SHALL:

(a) WORK UNDER THE SUPERVISION OF A CLINICIAN OR WITHIN A LICENSED OR OTHERWISE APPROVED AND MEDICAID-ENROLLED HEALTH PROVIDER AGENCY; AND

(b) MEET THE MINIMUM QUALIFICATIONS AND CREDENTIALING REQUIREMENTS OF THE VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY AS DEFINED IN SECTION 25-20.5-112.

(9) THE STATE DEPARTMENT SHALL ENSURE THAT REIMBURSEMENT POLICIES AND FEDERAL AUTHORITIES FOR EXISTING UNLICENSED HEALTH WORKERS, SUCH AS PEER SUPPORT PROFESSIONALS, RECOVERY PROFESSIONALS, MANAGED CARE NAVIGATION STAFF, AND OTHERS, ARE ALIGNED AND INCORPORATED WITH THE COMMUNITY HEALTH WORKER PAYMENT MODELS.

(10) ON OR BEFORE JANUARY 31, 2026, THE STATE DEPARTMENT SHALL REPORT ON WAYS COMMUNITY HEALTH WORKERS ARE BEING UTILIZED THROUGH THE STATE MEDICAL ASSISTANCE PROGRAM AND INCLUDE AVAILABLE DATA OR ANY IDENTIFIED COSTS OR SAVINGS ASSOCIATED WITH COMMUNITY HEALTH WORKER SERVICES AND CONSIDERATIONS FOR THE GENERAL ASSEMBLY TO EXPAND COMMUNITY HEALTH WORKER SERVICES IN COMMUNITY-BASED ORGANIZATIONS THAT ARE OUTSIDE OF THE TRADITIONAL HEALTH-CARE SETTING IN ITS PRESENTATION TO THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO SECTION 2-7-203 (2)(a)

OF THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT".

SECTION 3. In Colorado Revised Statutes, **add** 25-20.5-112 as follows:

25-20.5-112. Voluntary competency-based community health worker registry - requirements - rules - definition. (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY" MEANS THE REGISTRY IN THE DEPARTMENT THAT LISTS INDIVIDUALS WHO HAVE COMPLETED STATE-APPROVED TRAINING AND CREDENTIALING REQUIREMENTS BASED ON COMPETENCY STATEMENTS THAT REPRESENT GENERALIST ENTRY-LEVEL CORE COMPETENCIES FOR UNLICENSED COMMUNITY HEALTH WORKERS.

(2) A COMMUNITY HEALTH WORKER MUST COMPLETE A STATE-APPROVED TRAINING PROGRAM THAT MEETS CREDENTIALING REQUIREMENTS BASED ON COMPETENCY STATEMENTS THAT REPRESENT GENERALIST ENTRY-LEVEL CORE COMPETENCIES FOR UNLICENSED COMMUNITY HEALTH WORKERS, AND MUST BE LISTED ON THE DEPARTMENT'S VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY IN ORDER TO BE REIMBURSED THROUGH THE STATE MEDICAL ASSISTANCE PROGRAM FOR PROVIDING COMMUNITY HEALTH WORKER COVERED SERVICES TO A MEDICAID MEMBER.

(3) PARTICIPATION IN THE VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY IS NOT REQUIRED FOR COMMUNITY HEALTH WORKERS WHO DO NOT SEEK REIMBURSEMENT THROUGH MEDICAID.

(4) THE DEPARTMENT SHALL PROMULGATE RULES PURSUANT TO

THIS ARTICLE 20.5 AS NECESSARY TO IMPLEMENT AND ADMINISTER THE VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY.

SECTION 4. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2024 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.