



March 20, 2023

The Honorable Bernie Sanders
Chair, Senate HELP Committee
United States Senate
Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy
Ranking Member, Senate HELP Committee
United States Senate
Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Sanders and Senator Cassidy,

Thank you for the opportunity to provide comments on the Senate HELP Committee Request for Information on the drivers of the health care workforce shortage. We appreciate your commitment to identifying bipartisan solutions to remedy the nation's health care workforce shortages and developing these ideas into legislation.

[Aligning for Health](#) is an advocacy organization that brings together a broad coalition of members focused on improving health and wellbeing through interventions related to better aligning health and social needs. We are supported by an Advisory Board of individuals representing public health, mental health, housing, community development, human services, and many other sectors. As a coalition, we work to develop and promote actionable, bipartisan policies that create opportunities - and remove challenges - for states and local governments, health care organizations, and non-health care organizations to work together to develop cross-sector, coordinated solutions to address both health and social needs.

Identifying and addressing social needs and alleviating the impacts of social determinants of health is critical to improving health outcomes and reducing disparities. Clinicians play a critical role in identifying and helping to develop care plans and make referrals to address social needs. However, clinicians need support in integrating screenings and referrals into workflows without adding burden, and in building relationships and partnerships with critical community connectors that are best suited to assist patients in meeting their social needs.

In our comments, we urge Congress to consider the vital role of community-based providers and entities in bridging gaps in the health care workforce and providing necessary services to address health-related social needs at the community level. Specifically, we provide recommendations around leveraging community health workers to support and enable care in communities, considerations for eligibility and enrollment supports for social safety net programs, and bolstering support for community-based organizations to address the health and social needs of communities.

Leverage Community Health Workers to Address Care in Communities

Community health workers (CHWs) have [played](#) a vital role at the community-level in bridging workforce gaps and serving as trusted community partners who provide essential health and social services. CHWs are non-clinical, frontline health care professionals who reside in the communities they serve. CHWs also tend to be reflective of and share lived experiences with those in the communities they serve. As such, they are in a unique position to reach community members where they reside, and should be leveraged as trusted community partners that can bridge care gaps and improve health outcomes.



CHWs provide a range of culturally appropriate services to address the health and social needs of the community they serve. This can [include](#) translation services, health education and information, informal counseling and guidance on health behaviors, and providing direct services such as screenings for blood pressure or first aid. CHWs can also play a role in [advocating](#) on behalf of patients, particularly when engrained in a health care system, to bridge the relationship and build trust between patients and their clinicians. Recent [evidence](#) has indicated the value of CHWs in reducing health disparities, improving health outcomes, [advancing health equity](#) and addressing health-related social needs, and helping individuals access health care in traditionally underserved areas.

CHWs have a designated workforce classification by the Department of Labor (DOL). As of May 2021, DOL [estimates there were](#) 61,010 CHWs employed in communities across the country.

However, there are often differing function definitions around what constitutes a CHW, and standards around certifications for CHWs vary from state to state. As an example, CHW is often an umbrella term that encompasses a variety of community health representatives, such as community health advisors, health advocates, promotoras/promoters, outreach and enrollment educators, peer health educators, patient navigators, or other workforce members.

Some communities and health care entities have also considered doulas to be under this umbrella as CHWs with specific obstetrics training, supporting maternal health care and outcomes at the community level. Doulas are particularly equipped to address maternal health disparities and racial inequities in care for women of color in the communities they serve.

Congress should consider instructing HHS to develop a uniform definition and designation to create consistency across the country and to codify the important role that CHWs play, particularly when considering the increasing intersections between our health system and the communities its serves.

Further, certification and training requirements for CHWs are [not consistent](#) across the country, and often depend on the state, or the specific employer for which a CHW works or the types of responsibilities or services provided by the CHW. There is also no national core curriculum or training for CHWs, nor are there [federal Medicaid requirements](#) in place for training and certification for CHWs, despite the authorized role that CHWs play in Medicaid Health Homes and other Medicaid programs. States that leverage CHW services are more likely to define certification and training requirements as a condition for receiving Medicaid payment, resulting in a variation of requirements from state-to-state.

The [question](#) of whether CHWs should be certified or licensed is a [frequent policy consideration](#) when thinking of expanding the CHW workforce, and views on this issue are evolving. The Kaiser Family Foundation (KFF) [22nd Annual Medicaid budget survey](#) found that several states are considering plans to develop standardized training or new certification programs in Fiscal Year (FY) 2023.

There are many [benefits](#) that can come from standardized CHW certification – including enhancing professional credibility to better integrate CHWs into the health care team, bridging the various subsets of CHW professionals into one collective understanding across multiple disciplines, standardizing core competencies and skills, increasing opportunities for professional development and career advancement, and expanding the number of and better integrating CHWs into the larger health care workforce.

Congress may consider pushing HHS to work with states and certifying entities to determine the best pathway forward for creating standardized certification processes. We note, however, that mandatory or burdensome certification processes [could unintentionally risk](#) excluding professionals from becoming a CHW who share lived experiences with community members (such as those previously involved in the justice system) or severing the historically community-driven ethos of the profession.



Finally, states currently take a variety of approaches to payment for CHWs within the Medicaid program. According to a [review](#) conducted in 2021 by the Medicaid and CHIP Payment and Access Commission (MACPAC), “at least 21 states authorize Medicaid payment for certain CHW services, in their state plan or under managed care arrangements. In most cases, state Medicaid programs allow coverage of a limited range of CHW-provided services or limit CHW services to specific populations.” A more [recent review](#) by KFF in July 2022 found that 29 out of 48 responding states reported allowing Medicaid payment for services provided by CHWs, whether authorized under state plans or by including CHWs as part of a Health Home program care team, members of interdisciplinary teams or networks under Section 1115 demonstration waivers, or coverage of CHW services provided by MCOs.

We appreciate that Congress has also taken significant steps in recent years to increase federal investment in building the CHW workforce, including most recently through the Consolidated Appropriations Act, 2023 ([P.L. 117-328](#)) that authorized \$50 million annually to build CHW workforce capacity from FY 2023 through FY 2027. Congress should continue to invest in CHW programs and workforce supports, and instruct CMS to provide continuous guidance to state Medicaid programs on reimbursement for CHW services and interventions. Sustainable funding streams to support the CHW workforce are [critical](#) to amplify the impact of CHW-delivered interventions to address health-related social needs.

It would also be beneficial for CMS to provide guidance to states to encourage CHWs’ professional advancement in their career trajectory, to ensure CHWs remain a vital part of the workforce at the community level and have the skills and competencies needed to care for their communities. This is particularly relevant for states with health systems that stretch state borders and can therefore leverage their employed CHW workforce to address needs in multiple communities.

Congress should also support efforts to increase access to CHWs in federal programs beyond just Medicaid. The [President’s FY2024 Budget Request for HHS](#), for example, includes a proposal to add Medicare coverage of services furnished by CHWs, as under current law such services are not paid under Medicare. This proposal would provide coverage of select, evidence-based support services delivered by a CHW under the direction of a patient’s primary care provider for prevention and care navigation for chronic or behavioral health conditions, in addition to screening for social determinants of health and linkage to social supports. We encourage Congress to consider the inclusion of this proposal in upcoming FY 2024 appropriations discussions to ensure Medicare beneficiaries can access these important services.

Considerations for Eligibility & Enrollment Supports

Program administration often exists in siloes – funding, eligibility, outcome measures, reporting, and data systems all tend to be program specific. Therefore, efforts to better coordinate care and services provided across health and human service programs, or to reduce burden on individuals applying for or receiving services, are often difficult to accomplish.

Improving coordination of federal programs and services is critical to removing certain barriers faced by individuals in accessing needed benefits and services. We encourage Congress to consider advancing policies and strategies that would help to coordinate eligibility and enrollment processes for cross-sector programs, streamline applications for federal programs, and enable data sharing across programs that serve the same populations. Not only will this ease the enrollment process for such individuals, but it will also decrease the burden on the workforce conducting this important work.

Specifically, we encourage Congress to provide flexibility within federal health insurance programs to leverage non-traditional health care providers, such as community health workers, eligibility support workers, Navigators, social workers and others as part of integrated care teams that can better reach



underserved communities and assist with referrals, and other supports and services. Doing so will help to reach more individuals, and help individuals to be able to support applicants in understanding, applying for, and enrolling in multiple benefit programs, or to provide referrals to other non-governmental support.

Additionally, Congress should instruct CMS to continue to provide guidance to states on integrating and aligning eligibility and enrollment processes for benefit programs. This could include use of an integrated application and eligibility system, or expansion of express lane eligibility initiatives to include additional populations, and allowing individuals to jointly apply for and enroll in Medicaid and other programs such as Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF), among others. Congress could also instruct CMS to work with other federal agencies to streamline applications for federal programs and enable data sharing across programs that serve the same populations.

These recommendations would build on the goals of an [Executive Order](#) signed by President Biden in December 2021 on Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government, directing a whole-of-government effort to design and deliver an equitable, effective, and accountable government that delivers results for all Americans. The Executive Order stated that improving service delivery and customer experience should be a fundamental priority for those seeking government services. The Administration has worked to identify and define critical services that meet customers' needs and expectations, assess performance delivery and report it publicly, incorporate customer feedback during each interaction, and ultimately ensure services deliver a better experience to the public.

Congress should support continued investment in and initiatives to modernize services, reduce administrative burdens, pilot new online tools and technologies, and improve agency capacity to improve service delivery. The President's FY 2024 Budget Request [includes proposals](#) to further this work, including a request of \$11 million for HHS and cross-agency partners to improve federal data services for benefits delivery, \$15 million to help streamline access to benefits and improve cross-enrollment rates, \$9 million to streamline Medicare enrollment, and \$40 million to expand the Healthy Start Benefits Bundle. We urge Congress to support these proposals in upcoming FY 2024 appropriations discussions.

Bolstering Support for Community-Based Organizations

Community-based organizations (CBOs) also play an important role in connecting individuals to the health and social services to meet their needs. These organizations are trusted entities in the community that provide resources and supports such as referrals to food pantries or coordination of vaccination drives that can help improve overall health outcomes.

Comprehensive, standardized, and timely data is a key component to successful care coordination and to connect individuals to needed services to address their health and social needs. But data sharing also requires that CBOs and other entities have the technical capability and capacity to seamlessly share data with the health care system or health care organizations.

Over the past few years, Congress, CMS, and other federal agencies have taken steps to promote and require interoperability and exchange of health data. However, social services organizations and CBOs have not benefitted from the same level of infrastructure and systems funding, and often experience difficulty in connecting with and sharing information with health care organizations. Many CBOs do not have the capacity to invest in the tools and functionality required to connect with individual primary care providers or other entities that would allow for seamless closed loop referrals and data exchange.



We recommend Congress consider policies that bolster CBO capacity, including by providing CBOs with support and assistance in navigating health care partnerships and in addressing data sharing exchange. Partnerships between CBOs and trusted community partners such as CHWs or other health care supports help to close gaps in care and focus on more upstream challenges – improving outcomes.

Other Considerations for Growing the Workforce

Congress should also consider the following when developing priorities and legislation to address workforce shortages, particularly in underserved communities:

- In addition to efforts to grow the overall workforce across the United States, there is a need to increase the diversity of the health care workforce across the board. Black and Hispanic populations, as well as other minority groups, are [consistently underrepresented](#) in the health care workforce, despite efforts to increase diversity. Studies have also shown that patients have greater satisfaction with their care and trust in their providers when their race or ethnicity matches that of their provider. Congress should continue efforts to increase diversity and equitable representation within the health care workforce, including through efforts to increase recruitment at historically black colleges and universities (HBCUs), provide financial support or tuition reimbursement, or provide incentives to practice in rural or underserved areas.
- Congress should also consider policies that incent career growth within the existing workforce. This can include opportunities or incentives for career training and advancement, whether in partnership with state education systems or other avenues, to advance more immediate career growth and address current staffing shortages within the health care system. This would also promote longevity in careers for individuals in the existing workforce.
- Providers are increasingly screening for their patients' health-related social needs, but it is often not enough to solely conduct this screening. Conversely, while providers may want to address their patients' social needs, they do not always have the tools, capacity, or resources to do so. Congress should work with CMS to consider how to provide incentives and ensure supports are in place to encourage providers and other entities to provide referrals and take steps to address identified social needs. Efforts to screen without equipping providers with the tools to provide access or referrals to available resources or self-navigation resources may unintentionally increase provider burden and burnout, while risking patients' trust.

Thank you again for the opportunity to provide comments on this important issue. We greatly appreciate the Senate HELP Committee's commitment to examining ways to address the workforce shortage issue from all angles, including consideration for bolstering the health care workforce professionals addressing health and social needs within communities. Please do not hesitate to let us know if you have any questions. I can be reached mquick@aligningforhealth.org.

Sincerely,

Melissa Quick
Co-Chair, Aligning for Health