NACHW
NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS

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September 6, 2022

Chiquita Brooks-LaSure
Administrator, Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: file codes CMS-4203-NC and CMS-1770-P.

Dear Administrator Brooks-LaSure,

The National Association of Community Health Workers (NACHW) writes today to ask for strong consideration of our comments in response to your **requests for information regarding various aspects of the Medicare Advantage program (CMS-4203-NC) and Medicare Part B Payment for Services Involving Community Health Workers (CHWs) (CMS-1770-P).**

Our recommendations address opportunities to acknowledge, advance and sustain the CHW profession related to increased professional recognition and integration of CHW leadership, and the capacity of our workforce to improve Medicare services.

Founded in April 2019 as a 501(c)(3) nonprofit, NACHW is the only national membership driven organization that unifies CHWs across geography, ethnicity, sector, and experience to support communities to achieve health, equity and social justice.

NACHW is a national voice for CHWs, including Community Health Representatives (CHRs) from tribal nations, *Promotoras(es) de Salud*, Peers, and hundreds of other workforce titles. NACHW promotes and advocates for the values of CHW self-determination, integrity and social justice. We facilitate national and state policy discussions, advance CHW professional identity and authentic workforce integration, and amplify CHW leadership and capacity. We have over 2,000 members who represent diverse languages, cultures, geographies and lived experiences. They hail from all 50 states and a growing number of tribes and territories.

NACHW's Executive Director is a CHW, Patient Navigator and survivor of a rare chronic disease. The organization is governed by a national Board of Directors of predominantly CHWs, *Promotoras(es) de Salud*, CHRs from tribal nations, and CHW allies. Our board members have decades of research and practice expertise in CHW training and workforce development; community organizing and engagement; intervention design, equity and social justice advocacy; and policy leadership.

NACHW is encouraged that CMS is interested in sustaining CHW roles and services in Medicare. Thank you for using a portion of the American Public Health Association (APHA) definition (we promote the use of the full version). Thank you also for recognizing the Community Health Worker Core Consensus Project (C3)[1], a project driven by a diverse team of CHWs and CHW allies from across the country that has collaborated for more than 20 years.

Our recommendations that follow are informed by the experiences and input of our CHW members who are employed across sectors, including clinical, behavioral health, social, and community-based organizations (CBOs). We apply an equity and social justice lens by prioritizing the lived experience of CHWs, rather than limiting our focus to "evidence" or "best practices" gathered from research interventions in well-resourced environments.

Here we provide a brief summary of our recommendations in four areas, and additional details on each point are included in the next section. We believe the following recommendations are applicable across CMS:

A. **Adopt the full APHA CHW definition and C3 scope of practice.**
B. **Promote equitable payment and pay CHWs for their lived experience.**
C. **Embrace CHW-driven evaluation and consult the National CHW Common Indicators (CI) Project[2].**
D. **Eliminate funding barriers for CBOs that employ CHWs.**

Additional details on each of these points are included below:

A. Adopt the full APHA CHW definition and C3 Scope of practice: CMS should adopt the full APHA definition of CHWs and allow and encourage payment for CHW services across employers and work settings in a manner that supports a full range of CHW core roles and competencies. Collectively, CHWs' skillset and requisite lived experience have positioned the CHW workforce to address the *health-related social needs* of individuals and families (e.g. by connecting participants with food boxes, housing, and transportation resources, and providing health education). Likewise, CHWs' unique qualities and skills prepare us to address broader *social and structural determinants of health (SSDoH)* at community, organizational, institutional, and policy levels (e.g. through community organizing, capacity-building, and advancing health-promoting policies). Unfortunately, CHW funding

[1] The C3 Project's primary aims are to expand cohesion in the field and to contribute to the visibility and greater understanding of the full potential of Community Health Workers (CHWs) to improve health, community development, and access to systems of care. https://www.c3project.org/about
[2] The purpose of the CI Project is to contribute to the integrity, sustainability, and viability of CHW programs through the collaborative development and adoption of a set of common process and outcome constructs and indicators for CHW practice. https://www.nwrpca.org/page/CHWCommonIndicators

opportunities tend to overemphasize the provision of services to individuals, which has the impact of under-supporting community and population-level CHW core roles.

CMS should sustain and promote CHW core roles at all levels of socio-ecological influence by issuing guidance on how employers across a variety of sectors can successfully be reimbursed for CHW services that address social and structural determinants of health at community, organizational, institutional, and policy-levels, as well as for individual-level services.

Additionally, CMS should include CHWs as eligible providers, and apply lessons learned from innovative state-level Medicaid programs that have been developed through:

- Section 1115 Demonstration Waivers;
- Dual Eligible Programs (individuals eligible for both Medicare and Medicaid);
- Medicaid State Plan Amendments (SPA)

B: Promote equitable payment and pay CHWs for their lived experience. *Lived experience that is shared/in common with communities served* is the cornerstone of the CHW profession. Because of this requisite quality, CHWs' contributions to the Triple Aim cannot be replicated by other professions. CMS should ensure Medicare and Medicaid compensate CHWs at rates that ensure a *thriving wage* and are commensurate with the value of our skills and lived and professional experience.

Lived experience of oppression is the sum of an individual's past events and personal history with navigating systems of power through their marginalized/oppressed identities or backgrounds. Lived experience is not defined only as one's firsthand experiences – a person's circumstances must have been filtered through encounters where their stability or well-being was negatively impacted by systemic oppression.[3]

A *thriving wage*[4] can be defined as a combination of compensation and benefits that allows a CHW to pay for basic needs, build up an emergency fund of at least $1,000, contribute enough to a retirement account, save for a big purchase, such as a house, etc.

C. Embrace CHW-driven evaluation and consult the CI Project. We strongly recommend that CMS consult the CI Project and C3 regarding system-level standards for CHW practice. We also advise that CMS align its CHW research and evaluation efforts with the CI Project,

[3] Health Resources in Action (HRiA) Lived Experience Workgroup. (2022). Lived experience working definition. inspired by Lindsay, J. (2020, April 17). *Lived Experience.* New Discourses https://newdiscourses.com/tfw-lived-experience/

[4] Friese, G. (2022, January 10). Pay paramedics a thriving wage to end the retention crisis [Review of Pay paramedics a thriving wage to end the retention crisis]. https://www.ems1.com/recruitment-and-retention/articles/pay-paramedics-a-thriving-wage-to-end-the-retention-crisis-68xRW8ONK5rmnMvM/#:~:text=What%20is%20a%20thriving%20wage,in%20and%20out%20of%20EMS.

including measurement of the extent to which CHWs in Medicaid-funded employment settings are supported to enact a full range of C3 CHW core roles.

The CI Project uses CHW-centered methods to develop process and outcome indicators and constructs that appropriately measure CHW impact and practice. We applaud both the CI and C3 project processes because they embody CHW self-determination, integrity, and social justice. As a result of both projects' participatory methods, their recommendations and outputs have received NACHW's endorsement as the best available information about CHW core competencies, roles, and evaluation.

D. Eliminate funding barriers for CBOs that employ CHWs. It is currently impossible for most CBOs to bill Medicaid for CHW services. To ensure Medicare equitably reimburses CBOs for CHW services, we urge CMS to issue guidance that addresses how CBOs can successfully be reimbursed for a full range of core roles and services provided by CHW employees in a manner that preserves organizational strengths and does not require additional procedures and staffing that are financially and administratively burdensome.

By definition, most CBOs do not have billing departments or a physician or other eligible practitioners on staff who supervise CHW employees for billing purposes. This is one of multiple barriers that prevent CBOs from participating in Medicaid reimbursement for CHW services. To advance its health equity goals, CMS should issue guidance to eliminate these barriers to CHW service delivery within community settings that reflect the cultural needs and preferences of beneficiaries.

CHWs do not tend to be employees of physicians or of the same entities that employ physicians, nor are they typically referred to as "auxiliary personnel of physicians." NACHW's national member data,[5] the National Academy for State Health Policy (NASHP),[6] and the Bureau of Labor Statistics[7] indicate that the majority of CHWs are employed by CBOs, individual & family services, and local governments (excluding schools & hospitals). CBOs that offer culturally specific services are often integral to the health and wellbeing of the communities where CHWs live and serve but these organizations receive a fraction of federal funds[8].

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[5] *NACHW Membership Data 2022*. https://nachw.org/wp-content/uploads/2022/08/NACHW-Membership-Data-2022.pdf
[6] Higgins, E., Chhean, E., Wilkniss, S., & Tewarson, H. (2021, December). Lessons for Advancing and Sustaining State Community Health Worker Partnerships. https://www.nashp.org/wp-content/uploads/2021/12/community-healthworker-brief.pdf
[7](2021, May). Occupational Employment and Wages, May 2021 21-1094 Community Health Workers. U.S. Bureau of Labor Statistics; U.S. Department of Labor. https://www.bls.gov/oes/current/oes211094.htm
[8] Farjado, A., Quinn, A., White, A., Gines, V., & Octavia Smith, D. (2021, November 15). Addressing Systemic Inequities and Racism in Community-Based Organization Funding. https://vaccineequitycooperative.org/news/blog_cbo_funding/

Further, many CHW roles and services are delivered in a combination of environments, including clinical and community. A major strength of the CHW workforce is our ability to reduce disparities and promote health equity across a variety of settings and employment sectors. Medicare and Medicaid should fund and sustain CHWs in a full range of core roles, regardless of what type of organization they are employed by.

We also strongly recommend that CMS access the following resources available on the NACHW website and reach out to our organization with any questions.

- The NACHW National Policy Platform[9] contains recommendations, policies, and practices that are already endorsed nationally within the CHW field, including CHW-identified solutions to many of the most pressing issues the CHW workforce faces today. It can be applied to pandemic response efforts as well as long-term policy development.
- The CHW Document Resource Center (DRC)[10] is the nation's largest searchable collection of documents related to state-level CHW policy development.

Thank you for consideration of our comments. We invite CMS to collaborate with NACHW in the future to advance equitable inclusion of CHWs' roles and services through Medicare and Medicaid CHW reimbursement.

Sincerely,

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National Association of Community Health Workers
Harvard School of Medicine Primary Care Program Global Primary Care and Social Change Senior Scholar
Aspen Institute Healthy Communities Fellow
Robert Wood Johnson Foundation Culture of Health Leader
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[9]The NACHW National Policy Platform was created over the past two years of town hall calls with over 30 CHW networks & associations, 3 national CHW polls, numerous partner meetings, and member input on the Build Back Better plan. https://nachw.org/2021/03/01/nachw-national-policy-platform/
[10] https://nachw.org/chw-document-resource-center/