

Department of Legislative Services
Maryland General Assembly
2014 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 592

(Senator Jones-Rodwell, *et al.*)

Finance

Health and Government Operations

Workgroup on Workforce Development for Community Health Workers

This bill requires the Department of Health and Mental Hygiene (DHMH) and the Maryland Insurance Administration (MIA) to jointly establish a stakeholder workgroup on workforce development for community health workers (CHWs). At least 50% of the membership of the workgroup, to the extent practicable, must be individuals who are directly involved in the provision of nonclinical health care or represent an institution or organization directly involved in such care. The workgroup must study and make recommendations regarding (1) the training and credentialing required for CHWs to be certified as nonclinical health care providers and (2) reimbursement and payment policies for CHWs through Medicaid and private insurers. The workgroup must report its findings and recommendations to specified committees of the General Assembly by June 1, 2015.

The bill takes effect June 1, 2014.

Fiscal Summary

State Effect: Staffing of the workgroup can be handled with existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: As part of the Health Enterprise Zone (HEZ) initiative under the Maryland Community Health Resources Commission, applicants for designation as an HEZ may submit proposals to use innovative public health strategies to reduce health disparities, including the use of CHWs. CHWs may also qualify for certain tax credits under the HEZ initiative.

Background: The American Public Health Association defines a CHW as 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 CHW 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. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

As of December 31, 2012, 15 states and the District of Columbia had enacted laws addressing CHW infrastructure, professional identity, workforce development, or financing. Five states have enacted workforce development laws that create a certification process or require CHWs to be certified. Seven states have laws authorizing Medicaid reimbursement for some CHW services. No state requires CHW coverage by private insurers.

Under the federal Patient Protection and Affordable Care Act, the U.S Centers for Disease Control and Prevention must award grants to public or nonprofit private entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of CHWs.

DHMH's Health Systems and Infrastructure Administration (HSIA) is currently studying the role of CHWs as part of health care reform in Maryland. These efforts broadly include literature reviews, identifying existing best practices in Maryland and across the nation, key informant interviews, stakeholder meetings, key elements of successful training programs, key elements of successful programs in clinical and community settings, and diverse mechanisms for reimbursement.

Additional Information

Prior Introductions: None.

Cross File: Although designated as a cross file, HB 1257 (Delegate Tarrant, *et al.* - Health and Government Operations) is no longer identical. However, HB 856 (Delegate Nathan-Pulliam, *et al.* - Health and Government Operations), which is not designated as a cross file, is identical.

Information Source(s): National Center for Chronic Disease Prevention and Health Promotion, Department of Health and Mental Hygiene, Department of Legislative Services

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