

118TH CONGRESS
1ST SESSION

S. _____

To amend titles XVIII and XIX of the Social Security Act to increase access to community health workers under the Medicare and Medicaid programs.

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice
and referred to the Committee on _____

A BILL

To amend titles XVIII and XIX of the Social Security Act to increase access to community health workers under the Medicare and Medicaid programs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Health
5 Worker Access Act”.

6 **SEC. 2. COVERAGE OF COMMUNITY HEALTH SERVICES**

7 **UNDER PART B OF THE MEDICARE PROGRAM.**

8 (a) COVERAGE OF SERVICES.—

1 (1) IN GENERAL.—Section 1861(s)(2) of the
2 Social Security Act (42 U.S.C. 1395x(s)(2)) is
3 amended—

4 (A) in subparagraph (II), by striking
5 “and” after the semicolon at the end;

6 (B) in subparagraph (JJ), by inserting
7 “and” after the semicolon at the end; and

8 (C) by adding at the end the following new
9 subparagraph:

10 “(KK) community health services (as defined in
11 subsection (nnn)(1)) furnished on or after January
12 1, 2024;”.

13 (2) DEFINITIONS.—Section 1861 of the Social
14 Security Act (42 U.S.C. 1395x) is amended by add-
15 ing at the end the following new subsection:

16 “(nnn) COMMUNITY HEALTH SERVICES; COMMUNITY
17 HEALTH AGENCY.—

18 “(1) COMMUNITY HEALTH SERVICES.—

19 “(A) IN GENERAL.—The term ‘community
20 health services’ means the services described in
21 subparagraph (B)—

22 “(i) that are furnished—

23 “(I) by a community health agen-
24 cy (as defined in paragraph (2)); and

1 “(II) in accordance with an indi-
2 vidual needs assessment conducted
3 under the supervision of a primary
4 care physician that meets require-
5 ments established by the Secretary;
6 and

7 “(B) SERVICES DESCRIBED.—The services
8 described in this subparagraph are the fol-
9 lowing:

10 “(i) PREVENTIVE SERVICES.—Diag-
11 nostic, screening, and preventive services
12 to prevent illness, disease, injury, or any
13 other physical or mental health condition,
14 reduce physical or mental disability, and
15 restore an individual to the best possible
16 functional level, including the following:

17 “(I) Services described in section
18 1905(a)(13).

19 “(II) Containment of infectious
20 disease outbreaks, including providing
21 in-language, culturally specific, and
22 trusted support services, such as pub-
23 lic health outreach.

24 “(III) Direct provision of
25 screenings and basic health services,

1 as recommended by a primary care
2 provider.

3 “(IV) Provision of coaching and
4 social support, such as support for in-
5 dividuals to obtain health care, sup-
6 port to reduce stress and social isola-
7 tion, support for self-management of
8 disease, and other support necessary
9 for the prevention and management of
10 health conditions.

11 “(V) Care coordination and con-
12 nection to preventive care services, in-
13 cluding for chronic conditions, such as
14 diabetes, asthma, chronic obstructive
15 pulmonary disease, congestive heart
16 disease, autoimmune disease, or be-
17 havioral health conditions.

18 “(VI) Facilitation of transpor-
19 tation to needed services.

20 “(VII) Promotion of healthy be-
21 haviors, such as physical activity and
22 smoking cessation.

23 “(VIII) Case management and
24 linkage to resources that connect peo-
25 ple with disabilities to assistive tech-

1 nology, home modifications, and other
2 adaptations to increase their ability to
3 live independently in the community.

4 “(IX) Provision of support for
5 health literacy and cross-cultural com-
6 munication.

7 “(X) Provision of culturally and
8 linguistically appropriate health edu-
9 cation.

10 “(XI) Other services, as the Sec-
11 retary determines appropriate to pre-
12 serve and improve individual and pub-
13 lic health.

14 “(ii) SERVICES TO ADDRESS SOCIAL
15 DETERMINANTS OF HEALTH.—Services to
16 address social determinants of health, in-
17 cluding the following:

18 “(I) Assessment of individual and
19 community needs and communicating
20 identified needs to public health,
21 health care, and social service agen-
22 cies.

23 “(II) Provision of outreach and
24 education regarding health insurance,

1 and other health and social service
2 systems.

3 “(III) Provision of education, as-
4 sessment of needs, and social support
5 through home visiting.

6 “(IV) Provision of case manage-
7 ment (as defined in section
8 1915(g)(2)) and linkage to resources
9 to alleviate financial strain, including
10 food, housing, child services, tech-
11 nology, educational services, employ-
12 ment services, and other services.

13 “(V) Identification of under-
14 served populations and referring them
15 to appropriate health care agencies
16 and community-based programs and
17 organizations in order to increase ac-
18 cess to quality health and social serv-
19 ices and to streamline care, including
20 serving as a liaison between individ-
21 uals and communities and health and
22 social service organizations.

23 “(2) COMMUNITY HEALTH AGENCY.—The term
24 ‘community health agency’ means an entity, includ-
25 ing a community-based organization, a nonprofit or-

1 organization, an urban Indian organization, a commu-
2 nity health worker network, a Federally qualified
3 health center, a rural health clinic, a local or State
4 public health department, an academic institution, a
5 health care provider, and any other organization
6 deemed appropriate by the Secretary, that meets re-
7 quirements established by the Secretary, which may
8 include the following requirements:

9 “(A) The entity provides for the employ-
10 ment of health workers who share lived experi-
11 ences with the community served and minimize
12 barriers to employment, including formal edu-
13 cational requirements.

14 “(B) The entity provides for market wage
15 compensation and professional development and
16 career advancement opportunities for health
17 workers, as well as training on core com-
18 petencies.

19 “(C) The entity has established work prac-
20 tices and manageable caseloads that allow
21 health workers to provide tailored, holistic, per-
22 son-centered support.

23 “(D) The entity ensures—

24 “(i) the safety of health workers, in
25 accordance with applicable fair labor laws;

1 (4) WAIVER OF APPLICATION OF DEDUCT-
2 IBLE.—The first sentence of section 1833(b) of the
3 Social Security Act (42 U.S.C. 1395l(b)) is amend-
4 ed—

5 (A) by striking “, and (13)” and inserting
6 “(13)”; and

7 (B) by striking “1861(n)..” and inserting
8 “1861(n), and (14) such deductible shall not
9 apply with respect to community health services
10 (as defined in section 1861(nnn)(1)).”.

11 **SEC. 3. STATE MEDICAID OPTION TO SUPPORT COMMUNITY**
12 **HEALTH WORKFORCE FOR SUSTAINABLE**
13 **COMMUNITY HEALTH.**

14 Section 1903 of the Social Security Act (42 U.S.C.
15 1396b) is amended by adding at the end the following new
16 subsection:

17 “(cc) COMMUNITY HEALTH WORKFORCE SUP-
18 PORT.—

19 “(1) IN GENERAL.—Notwithstanding section
20 1902(a)(1) (relating to statewideness), section
21 1902(a)(10)(B) (relating to comparability), and any
22 other provision of this title that the Secretary deter-
23 mines is necessary to waive in order to implement
24 this subsection, beginning January 1, 2024, a State,
25 at its option as a State plan amendment, may pro-

1 vide for medical assistance for preventive services
2 and services to address the social determinants of
3 health furnished by a community health worker,
4 promotora, or community health representative.

5 “(2) GUIDANCE.—The Secretary shall issue
6 guidance on the components that are necessary for
7 a State plan amendment to receive approval under
8 this subsection, including:

9 “(A) Plans to recruit community health
10 agencies for the provision of preventive services
11 and services to address the social determinants
12 of health that are furnished by a community
13 health worker, promotora, or community health
14 representative.

15 “(B) Plans to make medical assistance
16 available for each category of preventive serv-
17 ices and services to address the social deter-
18 minants of health.

19 “(C) Plans to ensure that the preventive
20 services furnished by community health work-
21 ers, promotoras, or community health rep-
22 resentatives under the amendment will respond
23 to public health emergencies.

24 “(D) Plans to minimize barriers to com-
25 munity health worker, promotora, or commu-

1 nity health representative program participation
2 in the State plan, such as by providing guid-
3 ance and technical assistance on requirements
4 for participation.

5 “(E) Plans to coordinate with and build
6 the capacity of community health worker net-
7 works within the state or region.

8 “(F) Plans to address barriers to partici-
9 pation experienced by community health agen-
10 cies that do not bill insurance for other services,
11 such as community-based and nonprofit organi-
12 zations, academic institutions, faith-based orga-
13 nizations, tribal organizations, or other organi-
14 zations that employ community health workers,
15 promotoras, or community health representa-
16 tives.

17 “(3) INCREASED FMAP.—

18 “(A) IN GENERAL.—Notwithstanding sec-
19 tion 1905(b), for calendar quarters beginning
20 on or after January 1, 2024, the Federal med-
21 ical assistance percentage determined under
22 such section for a State shall be increased by
23 6 percentage points with respect to amounts ex-
24 pended by the State for medical assistance for
25 preventive services and services to address the

1 social determinants of health furnished by a
2 community health worker that is provided in ac-
3 cordance with a State plan amendment ap-
4 proved under this subsection or otherwise pro-
5 vided in accordance with the guidance issued
6 under paragraph (2).

7 “(B) EXCLUSION OF AMOUNTS ATTRIB-
8 UTABLE TO INCREASED FMAP FROM TERRI-
9 TORIAL CAPS.—With respect to payments made
10 to a territory for expenditures for medical as-
11 sistance described in subparagraph (A), the
12 portion of such payment that exceeds the
13 amount that would have been paid without re-
14 gard to the increase in the Federal medical as-
15 sistance percentage under such subparagraph
16 shall not be taken into account for purposes of
17 applying payment limits under subsections (f)
18 and (g) of section 1108.

19 “(4) DEFINITIONS.— In this subsection:

20 “(A) COMMUNITY HEALTH AGENCY.—The
21 term ‘community health agency’ has the mean-
22 ing given that term in section 1861(nnn).

23 “(B) COMMUNITY HEALTH REPRESENTA-
24 TIVE.—The term ‘community health representa-
25 tive’ means a frontline health worker who is a

1 trusted member of a tribal community with a
2 close understanding of the community, lan-
3 guage, and traditions that enables the worker
4 to serve as a liaison between health and social
5 services and the community, facilitate access to
6 services, and improve the quality and cultural
7 competence of service delivery.

8 “(C) COMMUNITY HEALTH WORKER.—The
9 term ‘community health worker’ means a front-
10 line health worker who is a trusted member of
11 the community in which the worker serves or
12 who has an unusually close understanding of
13 the community served that enables the worker
14 to build trusted relationships, serve as a liaison
15 between health and social services and the com-
16 munity, facilitate access to services, and im-
17 prove the quality and cultural competence of
18 service delivery.

19 “(D) COMMUNITY HEALTH WORKER NET-
20 WORK.—The term ‘community health worker
21 network’ means a statewide, regional, or local
22 association or coalition with leadership and
23 membership that is composed of at least 50
24 percent community health workers, promotoras,
25 or community health representatives and whose

1 activities include training, workforce develop-
2 ment, mentoring, and other initiatives to sup-
3 port community health worker, promotora, and
4 community health representative programs.

5 “(E) PREVENTIVE SERVICES.—The term
6 ‘preventive services’ means services described in
7 clause (i) of section 1861(nnn)(1)(B).

8 “(F) PROMOTORA.—The term ‘promotora’
9 means a trusted frontline worker who primarily
10 works in Spanish-speaking communities and
11 who shares lived experiences, language, and cul-
12 ture with the populations served that enables
13 the worker to improve individual, family and
14 community health outcomes by serving as a liai-
15 son between health and social services and the
16 community, facilitating access to services, and
17 improving the quality and cultural competence
18 of service delivery.

19 “(G) SERVICES TO ADDRESS THE SOCIAL
20 DETERMINANTS OF HEALTH.—The term ‘serv-
21 ices to address the social determinants of
22 health’ means services described in clause (ii) of
23 section 1861(nnn)(1)(B).”