

**First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

ENGROSSED

*This Version Includes All Amendments Adopted
on Second Reading in the House of Introduction*

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

101 **CONCERNING SEEKING FEDERAL AUTHORIZATION FOR MEDICAID**
102 **REIMBURSEMENT FOR SERVICES PROVIDED BY A COMMUNITY**
103 **HEALTH WORKER, AND, IN CONNECTION THEREWITH, MAKING**
104 **AN APPROPRIATION.**

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

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

SENATE
Amended 2nd Reading
April 6, 2023

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.

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

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

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

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

17 (c) Community health workers are crucial in providing access to
18 services that are available to communities with the goal of reducing

1 health disparities and improving health outcomes;

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

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

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

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

25 (h) Evidence supporting the involvement of community health
26 workers in the prevention and management of costly chronic diseases is
27 well established. Interventions incorporating community health workers

1 have been found to be effective for improving knowledge about cancer
2 screening as well as screening outcomes for both cervical and breast
3 cancer. Asthma symptom frequency was reduced by 35 percent among
4 adolescents working with community health workers. Community health
5 worker interventions improve patient self-efficacy, quality of life,
6 adherence to medical care, and satisfaction with care for individuals with
7 kidney failure.

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

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

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

24 (l) The Colorado Heart Healthy Solutions (CHHS) program is a
25 community-based health-worker-led program that educates program
26 participants about their cardiovascular disease risks and steps to improve
27 their cardiovascular health. For over five years, CHHS has assisted more

1 than 36,000 individuals and has promoted behavior changes such as
2 decreased fat intake, higher engagement in physical activity, lowering of
3 blood pressure, and increasing health-related knowledge.

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

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

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

17 **25.5-5-334. Community health worker services - federal**
18 **authorization - reporting - rules - definition.** (1) AS USED IN THIS
19 SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "COMMUNITY
20 HEALTH WORKER" MEANS A FRONTLINE PUBLIC HEALTH WORKER WHO
21 SERVES AS A LIAISON BETWEEN HEALTH-CARE PROVIDERS OR SOCIAL
22 SERVICE PROVIDERS AND COMMUNITY MEMBERS IN ORDER TO FACILITATE
23 ACCESS TO PHYSICAL, BEHAVIORAL, OR DENTAL HEALTH-RELATED
24 SERVICES, OR SERVICES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH,
25 AND WHO IMPROVES THE QUALITY AND CULTURAL RESPONSIVENESS OF
26 HEALTH-RELATED SERVICE DELIVERY. ==

27 (2) NO LATER THAN JULY 1, 2024, THE STATE DEPARTMENT SHALL

1 SEEK FEDERAL AUTHORIZATION FROM THE CENTERS FOR MEDICARE AND
2 MEDICAID SERVICES TO PROVIDE REIMBURSEMENT FOR COMMUNITY
3 HEALTH WORKER SERVICES INCLUDING, BUT NOT LIMITED TO, THE
4 DELIVERY OF PREVENTIVE SERVICES, GROUP AND INDIVIDUAL HEALTH
5 EDUCATION AND HEALTH COACHING, HEALTH NAVIGATION, TRANSITIONS
6 OF CARE SUPPORTS, SCREENING AND ASSESSMENT FOR NONCLINICAL AND
7 SOCIAL NEEDS, AND INDIVIDUAL SUPPORT AND HEALTH ADVOCACY.

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

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

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

1 REQUIREMENTS;

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

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

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

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

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

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

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

26 (4) IN CONSIDERATION OF OPPORTUNITIES FOR FUTURE EXPANSION
27 OF THE COMMUNITY HEALTH WORKER WORKFORCE, THE COLORADO

1 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IS ENCOURAGED TO
2 PARTNER WITH THE STATE DEPARTMENT AND STAKEHOLDERS TO MAKE
3 RECOMMENDATIONS FOR TRAINING AND COMPETENCY STANDARDS
4 RELATED TO SPECIALIZATION THAT WOULD ENABLE COMMUNITY HEALTH
5 WORKERS TO SPECIALIZE THEIR WORK WITH DIFFERENT POPULATIONS AND
6 HEALTH CONDITIONS.

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

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

23 (7) THE STATE DEPARTMENT SHALL CONSULT WITH THE
24 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IN
25 PROMULGATING RULES CONCERNING THE VOLUNTARY
26 COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY MANAGED
27 BY THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

1 AND ANY ADDITIONAL CRITERIA OR STANDARDS THAT MAY BE NECESSARY.

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

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

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

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

16 (10) ON OR BEFORE JANUARY 31, 2026, THE STATE DEPARTMENT
17 SHALL REPORT ON WAYS COMMUNITY HEALTH WORKERS ARE BEING
18 UTILIZED THROUGH THE STATE MEDICAL ASSISTANCE PROGRAM AND
19 INCLUDE AVAILABLE DATA OR ANY IDENTIFIED COSTS OR SAVINGS
20 ASSOCIATED WITH COMMUNITY HEALTH WORKER SERVICES AND
21 CONSIDERATIONS FOR THE GENERAL ASSEMBLY TO EXPAND COMMUNITY
22 HEALTH WORKER SERVICES IN COMMUNITY-BASED ORGANIZATIONS THAT
23 ARE OUTSIDE OF THE TRADITIONAL HEALTH-CARE SETTING IN ITS
24 PRESENTATION TO THE JOINT BUDGET COMMITTEE OF THE GENERAL
25 ASSEMBLY AND IN ITS PRESENTATION TO THE HEALTH AND HUMAN
26 SERVICES COMMITTEE OF THE SENATE AND THE HEALTH AND INSURANCE
27 COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR

1 COMMITTEES, AT THE HEARING HELD PURSUANT TO SECTION 2-7-203 (2)(a)
2 OF THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND
3 TRANSPARENT (SMART) GOVERNMENT ACT".

4 **SECTION 2.** In Colorado Revised Statutes, add 25-20.5-112 as
5 follows:

6 **25-20.5-112. Voluntary competency-based community health**
7 **worker registry - requirements - rules - definition.** (1) AS USED IN
8 THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "VOLUNTARY
9 COMPETENCY-BASED COMMUNITY HEALTH WORKER REGISTRY" MEANS
10 THE REGISTRY IN THE DEPARTMENT THAT LISTS INDIVIDUALS WHO HAVE
11 COMPLETED STATE-APPROVED TRAINING AND CREDENTIALING
12 REQUIREMENTS BASED ON COMPETENCY STATEMENTS THAT REPRESENT
13 GENERALIST ENTRY-LEVEL CORE COMPETENCIES FOR UNLICENSED
14 COMMUNITY HEALTH WORKERS.

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

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

1 (4) THE DEPARTMENT SHALL PROMULGATE RULES PURSUANT TO
2 THIS ARTICLE 20.5 AS NECESSARY TO IMPLEMENT AND ADMINISTER THE
3 VOLUNTARY COMPETENCY-BASED COMMUNITY HEALTH WORKER
4 REGISTRY.

5 **SECTION 3. Appropriation.** (1) For the 2023-24 state fiscal
6 year, \$40,717 is appropriated to the department of health care policy and
7 financing for use by the executive director's office. This appropriation is
8 from the general fund and is based on an assumption that the office will
9 require an additional 0.8 FTE. To implement this act, the office may use
10 this appropriation as follows:

11 (a) \$36,842 for personal services, which amount is based on an
12 assumption that the office will require an additional 0.8 FTE; and

13 (b) \$3,875 for operating expenses.

14 (2) For the 2023-24 state fiscal year, the general assembly
15 anticipates that the department of health care policy and financing will
16 receive \$40,717 in federal funds to implement this act, which amount is
17 subject to the "(I)" notation as defined in the annual general appropriation
18 act for the same fiscal year. The appropriation in subsection (1) of this
19 section is based on the assumption that the department will receive this
20 amount of federal funds to be used as follows:

21 (a) \$36,842 for personal services; and

22 (b) \$3,875 for operating expenses.

23 (3) For the 2023-24 state fiscal year, \$169,973 is appropriated to
24 the department of public health and environment for use by chronic
25 disease prevention programs in the prevention services division. This
26 appropriation is from the general fund and is based on an assumption that
27 the programs will require an additional 2.0 FTE. To implement this act,

1 the programs may use this appropriation for the community health
2 workers initiative.

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