

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

INTRODUCED

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

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.**

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 for community health worker services.

The bill requires the state department to hold at least 4 public

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

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) Community health workers play a critically important part in
5 informing communities about services that help prevent the onset or
6 progression of disease, disability, and other health conditions and promote
7 physical, dental, and behavioral health and efficiency;

8 (b) Community health workers are crucial in providing access to
9 services that are available to communities with the goal of reducing
10 health disparities and improving health outcomes;

11 (c) Community health workers are trusted members of their
12 communities who have personal experience with a health condition, lived
13 experience, and a shared language and cultural background, and they help
14 to address chronic conditions, preventive health-care needs, and
15 health-related social needs within their communities in a culturally
16 relevant manner;

17 (d) Current research demonstrates that community health worker
18 services improve health-care outcomes and promote health equity.
19 Interventions that integrate community health worker services into

1 health-care delivery and public health systems are associated with
2 reductions in chronic illnesses, better medication adherence, increased
3 patient involvement, improvements in overall community health, and
4 reduced health-care costs.

5 (e) The centers for medicare and medicaid services recognizes that
6 community health workers play an integral role in achieving health
7 equity. Community health workers help health-care and public health
8 systems improve health-care quality, address health-care workforce
9 shortages, and strengthen relationships and trust within the communities
10 for which they provide care.

11 (f) Research on community health worker interventions that
12 address unmet social needs for historically marginalized populations
13 found that every dollar invested in the intervention returns \$2.47 to an
14 average medicaid payer within a fiscal year;

15 (g) Evidence supporting the involvement of community health
16 workers in the prevention and management of costly chronic diseases is
17 well established. Interventions incorporating community health workers
18 have been found to be effective for improving knowledge about cancer
19 screening as well as screening outcomes for both cervical and breast
20 cancer. Asthma symptom frequency was reduced by 35 percent among
21 adolescents working with community health workers.

22 (h) Research on Colorado health worker interventions has shown
23 positive results related to cost-effectiveness and improvements in
24 community and individual health-related outcomes;

25 (i) The Community Heart Health Actions for Latinos At-risk
26 Program, a lifestyle program in Colorado that focuses on modifying risk
27 for cardiovascular disease and diabetes, effectively used community

1 health workers to support participants in lowering their blood pressure,
2 addressing risk factors such as cholesterol and weight management, and
3 improving dietary behaviors;

4 (j) The Colorado Heart Healthy Solutions (CHHS) program is a
5 community-based health-worker-led program that educates program
6 participants about their cardiovascular disease risks and steps to improve
7 their cardiovascular health. For over five years, CHHS has assisted more
8 than 36,000 individuals and has promoted behavior changes such as
9 decreased fat intake, higher engagement in physical activity, lowering of
10 blood pressure, and increasing health-related knowledge.

11 (k) CHHS has also been shown to be cost effective, with cost
12 savings being greater for at-risk populations, suggesting that
13 population-based public health programs have the potential to
14 complement preventive primary care services to improve health outcomes
15 and reduce the financial burden of traditional medical care.

16 (2) Therefore, the general assembly finds that it is in the best
17 interest of the state of Colorado to reduce health disparities and support
18 the community health worker workforce by prioritizing expanded access
19 to community health worker services in health-care and public health
20 settings across the state to contribute to lower health-care costs and better
21 health outcomes.

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

24 **25.5-5-334. Community health worker services - federal**
25 **authorization - reporting - rules - definition.** (1) AS USED IN THIS
26 SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "COMMUNITY
27 HEALTH WORKER" MEANS A FRONTLINE PUBLIC HEALTH WORKER WHO

1 SERVES AS A LIAISON BETWEEN HEALTH-CARE PROVIDERS OR SOCIAL
2 SERVICE PROVIDERS AND COMMUNITY MEMBERS IN ORDER TO FACILITATE
3 ACCESS TO PHYSICAL, MENTAL, OR DENTAL HEALTH-RELATED SERVICES,
4 OR SERVICES TO COMBAT SOCIAL DETERMINANTS OF HEALTH, AND WHO
5 IMPROVES THE QUALITY AND CULTURAL COMPETENCE OF
6 HEALTH-RELATED SERVICE DELIVERY. THIS TERM MAY INCLUDE HEALTH
7 PROMOTERS, COMMUNITY OUTREACH WORKERS, HEALTH NAVIGATORS,
8 PATIENT NAVIGATORS, OR OTHER FRONTLINE PUBLIC HEALTH WORKERS.

9 (2) NO LATER THAN JULY 1, 2024, THE STATE DEPARTMENT SHALL
10 SEEK FEDERAL AUTHORIZATION FROM THE CENTERS FOR MEDICARE AND
11 MEDICAID SERVICES TO PROVIDE REIMBURSEMENT FOR COMMUNITY
12 HEALTH WORKER SERVICES INCLUDING, BUT NOT LIMITED TO, THE
13 DELIVERY OF PREVENTIVE SERVICES, GROUP AND INDIVIDUAL HEALTH
14 EDUCATION AND HEALTH COACHING, HEALTH NAVIGATION, SCREENING
15 AND ASSESSMENT, AND INDIVIDUAL SUPPORT AND HEALTH ADVOCACY.

16 (3) PRIOR TO SEEKING FEDERAL AUTHORIZATION, THE STATE
17 DEPARTMENT SHALL HOLD AT LEAST FOUR PUBLIC STAKEHOLDER
18 MEETINGS TO FACILITATE PUBLIC ENGAGEMENT AND SOLICIT INPUT FROM
19 RELEVANT STAKEHOLDERS ON THE DEVELOPMENT OF THE REQUIRED
20 ELEMENTS FOR FEDERAL AUTHORIZATION. RELEVANT STAKEHOLDERS
21 INCLUDE, BUT ARE NOT LIMITED TO, COMMUNITY HEALTH WORKERS,
22 CONSUMER ADVOCATES, LOCAL PUBLIC HEALTH AGENCIES, PUBLIC HEALTH
23 NONPROFITS AND INSTITUTES, A REPRESENTATIVE OF A COLORADO
24 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT-RECOGNIZED
25 TRAINING PROGRAM FOR HEALTH NAVIGATORS, HEALTH-CARE PROVIDERS,
26 MANAGED CARE ENTITIES, REPRESENTATIVES FROM SCHOOLS AND
27 SCHOOL-BASED HEALTH CENTERS, AND THE COLORADO DEPARTMENT OF

1 PUBLIC HEALTH AND ENVIRONMENT. AT A MINIMUM, THE STATE
2 DEPARTMENT SHALL SEEK INPUT FROM STAKEHOLDERS REGARDING:

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

5 (b) MINIMUM QUALIFICATIONS FOR COMMUNITY HEALTH
6 WORKERS, SUCH AS TRAINING AND SKILLS-BASED EXPERIENCE
7 REQUIREMENTS;

8 (c) METHODS FOR MINIMIZING THE BURDEN OF ENTERING INTO THE
9 COMMUNITY HEALTH WORKFORCE;

10 (d) HOW TO LEVERAGE THE VOLUNTARY COMPETENCY-BASED
11 HEALTH NAVIGATOR REGISTRY MANAGED BY THE COLORADO
12 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;

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

15 (f) PROCESSES AND REQUIREMENTS REGARDING PROVIDER TYPES,
16 PROVIDER ENROLLMENT, BILLING CODES, PLACES OF SERVICE, AND ANY
17 OTHER OPERATIONAL COMPONENT NECESSARY FOR IMPLEMENTATION IN
18 THE MEDICAID MANAGEMENT INFORMATION SYSTEM;

19 (g) REIMBURSEMENT USING THE FEE-FOR-SERVICE PAYMENT
20 MODEL FOR COMMUNITY HEALTH WORKERS WITH CONSIDERATION OF THE
21 USE OF ALTERNATIVE PAYMENT METHODOLOGIES IN THE FUTURE THAT
22 INCLUDE, BUT ARE NOT LIMITED TO, PROSPECTIVE PAYMENTS AND
23 VALUE-BASED PAYMENTS; AND

24 (h) CLARIFICATION ON COMMUNITY HEALTH WORKERS' ROLE AND
25 SCOPE OF PRACTICE AS PART OF A DELIVERY SYSTEM THAT MAY INCLUDE
26 CASE MANAGEMENT, CARE MANAGEMENT, AND CARE COORDINATION
27 SERVICES PROVIDED BY MANAGED CARE ENTITIES, COMMUNITY-CENTERED

1 BOARDS, SINGLE ENTRY POINTS, BEHAVIORAL HEALTH ADMINISTRATIVE
2 SERVICE ORGANIZATIONS, CASE MANAGEMENT AGENCIES, AND HEALTH
3 CARE PROVIDERS.

4 (4) COSTS ASSOCIATED WITH SERVICES PROVIDED BY COMMUNITY
5 HEALTH WORKERS THROUGH A FEDERALLY QUALIFIED HEALTH CENTER, AS
6 DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395X
7 (aa)(4), ARE CONSIDERED ALLOWABLE COSTS FOR THE PURPOSES OF A
8 FEDERALLY QUALIFIED HEALTH CENTER'S COST REPORT AND MUST BE
9 INCLUDED IN THE CALCULATION OF THE REIMBURSEMENT RATE FOR A
10 PATIENT VISIT AT A FEDERALLY QUALIFIED HEALTH CENTER.

11 (5) COSTS ASSOCIATED WITH SERVICES PROVIDED BY COMMUNITY
12 HEALTH WORKERS THROUGH A RURAL HEALTH CLINIC, AS DEFINED IN THE
13 FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395X (aa)(2), ARE
14 CONSIDERED ALLOWABLE COSTS FOR THE PURPOSES OF A RURAL HEALTH
15 CLINIC'S COST REPORT AND MUST BE INCLUDED IN THE CALCULATION OF
16 THE REIMBURSEMENT RATE FOR A PATIENT VISIT AT A RURAL HEALTH
17 CLINIC.

18 (6) THE STATE DEPARTMENT SHALL PROMULGATE RULES, IN
19 CONSULTATION WITH STAKEHOLDERS, THAT DESIGNATE ONE OR MORE
20 NEW PROVIDER TYPES THAT WILL FACILITATE COMMUNITY HEALTH
21 WORKER SERVICES OUTSIDE OF THE TRADITIONAL HEALTH-CARE SETTING
22 AND, AT A MINIMUM, SHALL CONSIDER THE INCLUSION OF A
23 COMMUNITY-BASED ORGANIZATION PROVIDER TYPE, AND ANY OTHER
24 RULES THAT ARE NECESSARY TO CARRY OUT THE REQUIREMENTS OF THIS
25 SECTION. THE STATE DEPARTMENT SHALL CONSULT WITH THE COLORADO
26 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IN PROMULGATING
27 RULES CONCERNING WAYS TO LEVERAGE THE EXISTING INFRASTRUCTURE

1 OF THE VOLUNTARY COMPETENCY-BASED HEALTH NAVIGATOR REGISTRY
2 MANAGED BY THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND
3 ENVIRONMENT AND ANY ADDITIONAL CRITERIA OR STANDARDS THAT MAY
4 BE NECESSARY TO IMPLEMENT THIS SECTION.

5 (7) A COMMUNITY HEALTH WORKER MUST MEET THE MINIMUM
6 QUALIFICATIONS DETERMINED BY THE STATE DEPARTMENT IN ORDER TO
7 BE REIMBURSED THROUGH THE STATE MEDICAL ASSISTANCE PROGRAM FOR
8 PROVIDING COMMUNITY-HEALTH-WORKER-COVERED SERVICES TO A
9 MEDICAID PARTICIPANT. ANY OTHER HEALTH-CARE WORKER, SUCH AS A
10 PEER SUPPORT PROFESSIONAL OR VIOLENCE PREVENTION PROFESSIONAL,
11 MAY BILL FOR COMMUNITY-HEALTH-WORKER-COVERED SERVICES AS LONG
12 AS THE PROFESSIONAL MEETS THE MINIMUM QUALIFICATION
13 REQUIREMENTS DETERMINED BY THE STATE DEPARTMENT.

14 (8) ON OR BEFORE JANUARY 31, 2026, THE STATE DEPARTMENT
15 SHALL REPORT ON WAYS COMMUNITY HEALTH WORKERS ARE BEING
16 UTILIZED THROUGH THE STATE MEDICAL ASSISTANCE PROGRAM AND
17 INCLUDE AVAILABLE DATA AND ANY IDENTIFIED COST SAVINGS
18 ASSOCIATED WITH COMMUNITY HEALTH WORKER SERVICES IN ITS
19 PRESENTATION TO THE JOINT BUDGET COMMITTEE OF THE GENERAL
20 ASSEMBLY AND IN ITS PRESENTATION TO THE HEALTH AND HUMAN
21 SERVICES COMMITTEE OF THE SENATE AND THE HEALTH AND INSURANCE
22 COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR
23 COMMITTEES, AT THE HEARING HELD PURSUANT TO SECTION 2-7-203 (2)(a)
24 OF THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND
25 TRANSPARENT (SMART) GOVERNMENT ACT".

26 **SECTION 3. Act subject to petition - effective date.** This act
27 takes effect at 12:01 a.m. on the day following the expiration of the

1 ninety-day period after final adjournment of the general assembly; except
2 that, if a referendum petition is filed pursuant to section 1 (3) of article V
3 of the state constitution against this act or an item, section, or part of this
4 act within such period, then the act, item, section, or part will not take
5 effect unless approved by the people at the general election to be held in
6 November 2024 and, in such case, will take effect on the date of the
7 official declaration of the vote thereon by the governor.