

# Human Services Committee

## JOINT FAVORABLE REPORT

**Bill No.:** SB-1470

AN ACT CONCERNING TWICE ANNUAL REPORTING BY THE DEPARTMENT  
OF SOCIAL SERVICES ON MEDICAID REIMBURSEMENT FOR COMMUNITY

**Title:** HEALTH WORKER SERVICES.

**Vote Date:** 3/14/2025

**Vote Action:** Joint Favorable

**PH Date:** 3/11/2025

**File No.:** 383

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### SPONSORS OF BILL:

Human Services Committee

### CO-SPONSORS OF BILL:

Rep. Bobby G. Gibson, 15th Dist.

### REASONS FOR BILL:

Since 2023, the Department of Social Services (DSS) has been tasked with designing and implementing a Medicaid reimbursement program for Community Health Workers (CHWs). States save significant money by implementing such programs, versus CT, where most CHWs are funded through unstable, short-term grants. CHWs are essential actors in the state's healthcare system, helping often overlooked, vulnerable communities. Without long-term, sustained funding, CHWs experience interruptions to the continuity of care, negatively impacting the people they serve. DSS has yet to implement a CHW Medicaid reimbursement program. SB-1470 increases the required reporting on DSS' progress from once to twice a year. The testimony below highlights the need for DSS to follow through in its assignment. The testimony almost uniformly recommends that this committee focus on forcing DSS to implement the program rather than increasing the reporting frequency.

**Substitute Language:** The name was changed from "An Act Concerning Medicaid Reimbursement for Community Health Worker Services" to the current name.

### RESPONSE FROM ADMINISTRATION/AGENCY:

[Connecticut Department of Social Services Andrea Barton Reeves, Commissioner:](#) suggests this bill will not provide information beyond what the current annual reporting structure provides. DSS reports annually on its progress in designing and implementing a CHW Medicaid reimbursement program. CHWs have access through DSS' medical administrative services organization, Community Health Network of Connecticut (CHNCT), the newly launched maternity bundle program, and the Integrated Care for Kids (InCK) program. Preliminary results of DSS' "test-and-learn initiative to track and monitor the results of the use of CHWs through CHNCT" are expected in the first quarter of 2026. Since 2024, a 15-member work group has sought feedback on developing a CHW coverage policy. A final summary report, submitted to the legislature, will help DSS "evaluate and strategize ways to further incorporate the use of CHWs into the Medicaid program, particularly as new Medicaid programs and reimbursement methodologies are developed or redesigned, within available appropriations."

## **NATURE AND SOURCES OF SUPPORT:**

[CT Community Nonprofit Alliance Ben Shaiken, Director of Government Relations:](#) The Department of Social Services (DSS) has not implemented a reimbursement program for Community Health Workers (CHWs), although directed to do so by the legislature. CHWs save significant money for states that implement Medicaid funding programs. The Committee is urged to continue to push implementation of Medicaid funding for these cost effective, essential services.

[CT Association for Community Action, Inc. \(CAFCA\), Rhonda Evans, Executive Director:](#) CHWs, known and trusted within their communities, "are essential, frontline health workers who bridge the gap between Connecticut's vulnerable populations, social service providers, and the health care system" by connecting, through resources and services, those in need with healthcare. Most CHWs are funded through unstable, short-term grants. SB-991's failure to include a reimbursement start date left CHWs in limbo with no clear implementation of a Medicaid reimbursement program. Patients suffer lapses in care when CHWs lack long-term, sustained funding. Connecticut will save money in the long run by investing in a CHW Medicaid reimbursement program for both clinical and non-clinical settings. CAFCA "urges compliance with SB 991 and for the state to begin implementing Medicaid reimbursement for CHWs in both clinical and non-clinical settings."

[Health Equity Solutions \(HES\), Katia Ruesta-Daley, MSW, Community Engagement Manager, and Kally Moquete, Esq., LMSW, Senior Manager of Policy:](#) The evidence supporting CHWs is overwhelming, proving "CHW services are highly effective in reducing health inequities, improving individual health outcomes, and lowering costs across various healthcare settings and conditions." The Legislature recognized the value of CHWs when it passed Public Act No. 23-186. This bill, SB-1470, "will ensure that Medicaid reimbursement for CHW services is being administered" effectively and equitably through "consistent and transparent reporting" from DSS.

[CT Citizen Action Group \(CCAG\), Liz Dupont-Diehl, Associate Director:](#) CHWs are "a critical element of health care delivery, helping people navigate confusing systems of healthcare, providing context and improving care and health outcomes."

## **Support with Recommendations:**

### CT Institute for Communities, Inc. (CIFIC), Katherine McKeon Curran, Esq., President & CEO:

CIFIC Health relies on CHWs to address critical social determinants of patient health, including medical care, "food insecurity support, housing support, transportation support, and much more." About 56% of CIFIC patients used CT's Medicaid program in 2024 (~9,200/year). Over the last year, DSS has received input on implementing a CHW Medicaid reimbursement program. While CIFIC supports this bill, it "recommends that funding be included in the state budget to support implementation of such a program."

### CT Cradle to Career Coalition, Kathleen Callahan, Director of Policy & Civic Engagement:

CHWs are essential to many patients, especially those from vulnerable communities. CHWs are often from the community in which they work, and therefore, build trust, provide resources, and secure long-term solutions for patients that improve health outcomes and reduce cost. Cost savings are seen by patients, the medical field, hospitals, and the state. SB-1470 only requires a second annual report. The delay in implementing a CHW Medicaid reimbursement plan "comes at a cost: without sustainable funding, CHWs cannot fully meet the needs of the communities they serve." The Coalition urges implementing Medicaid reimbursement for CHWs now.

## **NATURE AND SOURCES OF OPPOSITION:**

See next section. No additional opposing testimony was expressed.

## **SUPPORT AND OPPOSE WITH SIMILAR TESTIMONY & RECOMMENDATIONS:**

Most written testimony, both supporting and opposing, includes specifics about the critical services provided by CHWs in helping patients access care, improve health outcomes, and lower long-term costs. CHWs connect patients with community-based resources, such as food pantries, housing assistance, transportation, educational assistance, and more. CHWs conduct outreach and education in the communities they serve. CHWs often live in the communities they help; they are trusted to create patient self-management plans. CHWs save the state money and reduce the long-term use of emergency departments. CHWs advocate for their clients and ensure vulnerable voices are part of the decision-making process at every level.

The testimony cited below includes the following language, concluding by urging the Committee to act on forcing DSS to implement a CHW Medicaid reimbursement program:

Community Health Workers like ours play a critical role in improving access to health care, helping navigate the system, and improving health outcomes and quality of life. Community Health Workers are specialists in meeting people where they are, speaking their language, understanding their culture, lifestyle, and what barriers exist – and then helping people overcome those barriers. For years, Connecticut policymakers have been talking about the value of Community Health Workers. A stakeholder group provided input to DSS over the past year to establish Medicaid reimbursement for these critical services – yet no final report has been issued. This bill

would require a second report each year. We urge the Committee instead to require Medicaid to reimburse for CHW services and to recommend funding be included in the state budget to support that implementation.

Community Health Center Association of CT (CHC/ACT), Deb Polun, Chief Strategy Officer  
Optimus Health Care, Inc., Karen Daley, Chief Executive Officer  
Providing Hope, Support & Information to Families (PATH CT), Carmina Cirioli, Co-Executive Director & licensed Certified Community Health Worker (CCHW)  
PATH CT, Nanfi Lubogo, Co-executive Director  
PATH CT, Kevin Daly, Healthcare Information Specialist  
PATH CT, Andrea Richardson, Health Information Specialist  
Fair Haven Community Health Care, Ashton Hurd, Director of Programs  
New Opportunities, Inc., Cristina Mera, Family Development Specialist  
Klingberg Family Centers, Inc., Jade Siqueira, Community Mental Health Worker (school-based)  
New Opportunities of Greater Meriden, Amelia Garcia, Community Health Worker  
StayWell Health Center, Derricia Parker, Outreach & Enrollment Program Manager and Community Health Worker  
Alliance for Community Empowerment, Zeljka Trivunovic, Director of Operations & Planning  
Southwestern AHEC, Inc., Fernando Morales, Executive Director  
Community Health Worker, Ernesto Rivera-Gonzalez

**Reported by: Rebecca Hyland**

**Date: April 11, 2025**