



**HOUSE HEALTH COMMITTEE**

**INFORMATIONAL MEETING**

**Monday, March 3rd, 2025**

**1:00pm**

**60 East Wing**

**Harrisburg, PA**

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**1. Call to Order**

**2. Attendance**

Introductory Remarks -Chair Frankel, Chair Rapp

First panel – Providers:

George Garrow – Primary Health Network CEO

Tia Whitaker – CHW, PA Association of Community Health Centers

David Wiles – CHW, CCHW Board Chair

Second Panel: Community Based Organization/ Funders

Michelle Naccarati – Chapkis – Women for a Health Environment

Carol Thornton, the Executive Director of Partnership for Better Health (central PA) and

Phil Koch, Vice president, policy and community impact, The Pittsburgh Foundation

**3. Any other business that may come before the committee.**

**4. Adjournment**



February 26, 2025



Dear Honorable Members of the House Health Committee,

Thank you for the opportunity to provide a written testimonial. I am the CEO of Primary Health Network, a Federally Qualified Health Center (FQHC) headquartered in Mercer County. We proudly operate a network of over 48 health center sites, providing care to more than 75,000 patients across 16 counties in Pennsylvania and 1 county in Ohio.

I am writing to highlight the invaluable contributions of Community Health Workers (CHWs) to healthcare delivery, particularly in rural communities across Pennsylvania. CHWs serve as a vital link, connecting individuals to the services they need while addressing significant gaps in access to care, reducing healthcare costs, and improving overall health outcomes.

At Primary Health Network, we currently employ 12 CHWs who serve a diverse range of populations, including low-income families, rural residents, individuals with chronic conditions, and others in need of healthcare support.

Rural Pennsylvanians face unique challenges accessing healthcare, including geographic isolation, limited transportation, lack of provider availability, and socio-economic barriers. CHWs, deeply embedded in their communities and possessing a thorough understanding of local needs and resources, effectively bridge these gaps. Their role extends beyond basic care; they act as trusted navigators, assisting individuals in:

- **Understanding and accessing healthcare services:** This includes scheduling appointments, assisting with insurance enrollment, navigating complex medical systems, and providing information on available resources.
- **Promoting health and wellness:** CHWs engage patients to raise awareness about preventive care, chronic disease management, and available health services. They address health literacy gaps and foster self-management of chronic conditions. By guiding patients to ask important questions, CHWs empower individuals to take an active role in their healthcare and make informed decisions.
- **Connecting individuals with social support services:** CHWs facilitate connections with food banks, housing assistance, transportation, and other critical social services that impact overall health.
- **Navigating the Healthcare System:** CHWs assist patients in coordinating care, scheduling appointments, and following up with specialists or other providers to ensure timely and appropriate treatment.
- **Follow-Up Support:** CHWs maintain regular contact with patients to track progress, remind them about medications or appointments, and offer ongoing support to help them stay on track with their treatment plans.
- **Improving health for everyone:** CHWs work particularly effectively with vulnerable populations, such as low-income individuals, older adults, our rural neighbors, and those with limited health literacy.

To provide context, in 2024, Primary Health Network screened 33,853 patients for Social Drivers of Health (SDOH). Of those, 8,049 patients were identified as having one or more SDOH needs, such as food insecurity, housing assistance, financial support, childcare, transportation, literacy challenges, and social isolation. This underscores the critical role CHWs play in identifying and addressing these challenges, ensuring that patients receive the comprehensive support necessary to improve their health outcomes.

The unique power of Community Health Workers (CHWs) stems directly from their lived experience. Unlike clinicians who may possess extensive medical knowledge but lack firsthand understanding of the social determinants of health within a specific community, CHWs possess a deep, intimate familiarity with the challenges faced by the populations they serve. This lived experience—encompassing factors like poverty, cultural nuances, language barriers, a geographic community, a chronic condition or access to resources—allows CHWs to build rapport and trust quickly. It enables them to:

- **Effectively communicate and empathize:** They understand the perspectives, fears, and challenges of their community members on a personal level, facilitating open communication and promoting adherence to treatment plans.
- **Identify unmet needs:** Their ingrained understanding of local context helps identify barriers to healthcare access that might be missed by those unfamiliar with the community's realities.
- **Tailor interventions:** They can adapt health messages and interventions to be culturally appropriate and sensitive, maximizing their effectiveness and impact.
- **Navigate complex social systems:** Their firsthand knowledge helps them navigate social support networks, address practical obstacles, and advocate for their communities within a larger healthcare system.
- **Build trust and increase participation:** The credibility earned through shared experience fosters a sense of trust and mutual understanding that empowers community members to actively participate in their health journey.

In essence, the lived experience of CHWs is not merely an asset, but the very foundation of their effectiveness. It's this deep personal connection that makes them invaluable partners in healthcare, enabling them to address health inequities and improve the health outcomes of vulnerable populations in ways that others cannot. To understand more about the role of the Community Health Worker at Primary Health Network, please view the video link below:

<https://youtu.be/mDaiKz3PxnM>

Sincerely,

George Garrow, M.D.



PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

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## **House Health Committee**

Tia N. Whitaker  
Statewide Director, Outreach and Enrollment  
Pennsylvania Association of Community Health Centers

February 26, 2025

Dear Honorable Members of the House Health Committee,

Thank you for the opportunity to provide a written testimonial. My name is Tia N. Whitaker, and I am a Certified Community Health Worker. I am writing to you today to express my strong support for sustainable funding for Community Health Worker (CHW) programs within Pennsylvania. CHWs are employed by many employer types but I am focusing on CHWs employed by Community Health Centers (CHC). There are 53 Community Health Centers across the commonwealth, many of them serving rural communities. My testimony focuses specifically on the invaluable, non-clinical services CHWs provide to children and families, and the demonstrable impact these services have on improving health outcomes and reducing hospitalizations.

For many years, I have witnessed firsthand the impact of CHWs at the Pennsylvania Association of Community Health Centers. I have seen firsthand the profound positive effect Community Health Workers have on the most vulnerable populations within our Commonwealth.

For example, Jan was losing her eyesight due to macular degeneration and was unable to work. Her husband was on social security as their only source of income. Under her current health insurance, she was paying an exorbitant amount for her care and prescriptions limiting her and her husband from enjoying things many of us take for granted. After meeting with a community health worker, not only was Jan able to enroll in Pennie, Pennsylvania's Health Insurance Exchange, she was able to reduce costs and lower her premium. For the first time in more than 6 years, they were able to visit their grandchildren in Arizona. Jan was also connected with care through her local Community Health Center for additional services and support. Without the Community Health Worker, Jan would have continued to pay 3 times as much for her health coverage and not known there was a more affordable option available.

Unlike clinical providers, CHWs bridge the gap between the healthcare system and the community, providing essential non-clinical support that directly addresses the Social Drivers of Health – the factors that often contribute more significantly to health outcomes than clinical care alone.

CHW interventions specifically benefiting children and families include:

- **Navigating complex systems:** CHWs assist families in accessing critical resources such as food assistance programs (SNAP), housing support, childcare, and educational opportunities. This often requires navigating confusing processes, a challenge many families, especially those facing language barriers or other obstacles, find overwhelming. CHWs help individuals navigate the healthcare system by connecting them with affordable care, supporting them in making appointments, and offering transportation or childcare assistance when necessary. This service is especially critical in areas with limited healthcare infrastructure or when financial barriers exist.

A homeless gentleman was seen for hyperlipidemia with open sores. While he did not have comprehensive health insurance, he was able to work with a CHW for assistance to ensure he received proper education and assistance navigating the complex health systems. Meeting with

the CHW avoided an ER visit and allowed him to connect with a patient assistance program to obtain medication and secure medical transportation and housing.

- **Health education and promotion:** CHWs provide culturally appropriate education on topics ranging from nutrition and healthy eating to immunizations, to cancer awareness and preventive care, empowering families to make informed decisions that benefit the long-term health of their families. CHWs educate individuals in marginalized populations about health risks, preventative measures, and healthy lifestyle choices. They conduct outreach in community centers, Churches, homes, or local events to ensure people are aware of available health resources and services.

A patient came to a community health center with no insurance and needed a critical surgery. The Community Health Worker Team was able to assist the patient with obtaining Emergency Medical Assistance by applying with this patient on-site, and the patient was able to get the surgery done.

After meeting with this patient extensively, the CHW team discovered the patient could benefit from other resources. The CHW connected the patient with Behavioral Health Services. The patient was also homeless and living in shelters: there, she was getting bullied, and her money and belongings were stolen multiple times. The Community Health Worker team made numerous calls to many locations and put in applications to help get this patient housing. Ultimately, the CHW helped the patient navigate the Public Housing list and she was able to move into her first apartment.

In order to remain in housing, she was required to provide proof of employment or proof that she had been applying for jobs. The CHWs searched for jobs for the patient and assisted her with applying for numerous positions. Ultimately, the CHW was able to help get the patient a cleaning job at a nearby YMCA and the patient has maintained her position for several months. Before receiving assistance from a CHW she was unable to maintain a job due to lack of support and some mental health issues.

The patient is always grateful and always speaks about how blessed she is to have come across a Community Health Worker at a Community Health Center. In the words of the CHW, "She thanks us every single time. She is also one of the sweetest and most selfless women I have ever met, and we are so ecstatic to see her striving and succeeding in life!"

- **Disease prevention and management support:** For families managing chronic conditions, CHWs provide vital support to ensure medication adherence, schedule appointments, and manage symptoms. This proactive approach significantly reduces the likelihood of hospitalizations related to avoidable complications. They may also organize screening events to detect undiagnosed health risks or risk levels for the development of diseases like cancer or HIV.

As a CHW, I have worked with those diagnosed with cancer, cancer survivors, and caregivers of those with cancer and other chronic diseases. The focus is on the disease, the fear, the anxiety, and the panic. I have watched family members struggle to find resources to ensure those affected with cancer can continue to eat well, live in their homes, struggle through chemo and radiation treatment while trying to maintain bills and seek answers to questions about the future.

They did not know where to start and needed a trained, skilled professional to guide them. Community Health Workers link those who need services outside of their doctor's offices to resources to help preserve their quality of life and uphold a measure of normalcy when devastation hits.

- **Early childhood development support:** CHWs play a critical role in supporting early childhood development by connecting families with resources such as early intervention programs like local Head Start or intermediate unites, providing guidance on child development milestones, and promoting healthy parent-child interactions.

A young mother of 2 needed to be seen at a Pediatric Developmental center. She frequently missed appointments and, after a one-on-one discussion with a Community Health Worker, found it was due to limited transportation. A Community Health Worker helped her complete and submit an application to Rabbit Transit, the Susquehanna Valley's Regional Transportation Authority. While the application was pending, they assisted with arranging transportation through a contracted service with StopHopper, Rabbit Transit's on-demand shuttle service, and helped the mom with appointment reminders. Once the application was approved, they met with the mom to help teach her how to schedule the rides. She is now arranging transportation independently and has kept all her appointments since that time.

Without the assistance and knowledge of Community Health Workers, this mom and her children may have experienced a greater delay in needed services and care preventing them from advancing and obtaining early intervention services.

- **Mental health support and linkage to care:** Many families experience stress and mental health challenges. CHWs provide emotional support, identify unmet mental health needs, and help connect families with appropriate mental healthcare services. Mental health can be stigmatized, especially in marginalized populations. CHWs work to reduce this stigma by offering support, providing information on coping strategies, and facilitating access to mental health services, such as counseling or peer support groups.

A 66-year-old female patient with intellectual disabilities, limited short-term memory, and some mental health and behavioral health diagnoses was not established with a Primary Care Provider and had a limited support system, no transportation, no phone access. She was initially seen at a health center because she thought she may have breast cancer. Through the efforts of Community Health Workers and the Care team, the patient was scheduled for a new patient appointment within a couple of days. When the patient arrived for her appointment, it was clear that further testing needed to be done as soon as possible. The team worked closely to schedule the testing that same day and arranged for transportation through our contracted service. The patient was extremely apprehensive and hesitant to trust the staff. The team met with the patient at the testing site and waited with her while they did the testing. She was able to schedule follow-up appts with the Primary Care Provider as well as oncology and the surgeon. The Community Health Worker coordinated transportation to all of the appointments and met the patient at each appointment to ensure she understood what was happening. She was also referred to the clinical team to assist with enhanced telemedicine visits for her other appointments and to assist with her complex social needs. The team was also able to assist the patient with obtaining her social

security card, birth certificate and photo ID so that she could open a bank account in order to receive her social security payments. The team also helped her obtain a cell phone, connect with the Office of Aging for additional services, designate a rep payee, and meet with a Health Insurance Enrollment Assister and County Assistance Office case worker to assist with her Medical Assistance application, transportation services, and food resources. After these interventions, the patient kept all her appointments because of the efforts of the Care Team to remind her and arrange transportation. The patient was diagnosed with advanced breast cancer which resulted in the need for surgery. Both Clinical and Non-Clinical Staff worked closely with each of the specialist offices to ensure they understood the patient's limitations and barriers which resulted in the providers understanding how to approach this patient and how to present the information so that she understood it. For the surgery, the CHW Care Team and staff connected with the hospital to also ensure they were aware of the patient's unique situation. Together, they developed a plan of care for the patient. She ultimately had a successful surgery and was admitted into a rehab facility for post-op care. The non-clinical Services team was instrumental in advocating for this patient, connecting her to the care she needed, and addressing her multitude of social barriers. They will continue to assist her after her discharge from rehab and as her treatment continues. The patient was often in tears during this journey, saying that no one ever cared for her, but she said the Health Center Care Team made her feel safe and cared for. She reported that she didn't have anyone ever help her like this before and was very thankful for the care she received.

The results of CHW interventions are tangible: we see fewer children admitted to the hospital for preventable conditions, reduced ER visits due to manageable conditions, and improved overall health outcomes for families. This is not just anecdotal evidence.

Community Health Centers account for \$1.1 billion in savings to the Pennsylvania Medicaid system and \$1.8 billion in savings to the overall healthcare system. Pennsylvania's CHCs have seen a four-year patient growth of 17.2%, with more than 3.6 million visits per year.

Investing in CHW programs is an investment in the health and well-being of Pennsylvania's children and families. It is a cost-effective, preventative strategy that leads to significantly improved long-term outcomes and ultimately saves healthcare resources in the long run. I urge you to support Community Health Workers and recognize them under Pennsylvania Medicaid.

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<sup>1</sup> The Value and Impact of the Pennsylvania Health Center Program, <https://www.nachc.org/nachc-content/uploads/2025/02/2023-Value-Impact-Analysis-of-the-Pennsylvania-Health-Center-Program.pdf>





# PENNSYLVANIA COMMUNITY HEALTH WORKER COLLABORATIVE (PACHW)

February 26, 2025

David Wiles, CHES, CCHW, Executive Director  
PA Community Health Worker Collaborative  
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Dear Honorable Members of the House Health Committee,

Thank you for the opportunity to provide a written testimonial. I am writing to advocate for sustainable financing for Community Health Workers (CHWs) through the Pennsylvania Medicaid program. My name is David Wiles, I am a certified CHW and the inaugural Executive Director of the Pennsylvania Community Health Worker Collaborative (PACHW). Prior to serving as PACHW's inaugural Executive Director, I worked as a CHW at Cornerstone Care, an FQHC in Washington, Greene, Fayette, and Allegheny Counties. For years I worked to address the social determinants of health (SDoH) barriers faced by both rural and urban communities that prevented them from accessing care. Today, I am addressing you on behalf of PACHW's over 500 members across the Commonwealth. PACHW is a growing statewide coalition of CHWs and CHW allies that exists to unite and empower Pennsylvania's CHWs through active collaboration, education, advocacy, and support. PACHW strives to create a future where all CHWs can actively shape policies, decisions, and resources that impact the profession.

Pennsylvania faces critical challenges: clinical workforce shortages, ongoing concerns about health equity, and the need to deliver better outcomes at lower costs. The Commonwealth's CHWs are well-poised to address these needs, improving access, outcomes, and health equity while reducing Medical Assistance (MA) costs. Community health workers, also known as community health advisors, promotores de salud, community health representatives, and a variety of other job titles, have been a critical part of our health workforce for decades.<sup>i</sup> A CHW is a trusted member of their community who leverages lived experience to contribute to improved health outcomes. CHWs serve the communities in which they reside or communities with which they may share ethnicity, language, socioeconomic status, or life experiences. They get to know individuals and families in their communities and provide tailored social support, advocacy, navigation, and coaching to help them improve their health and well-being. A large body of evidence shows that CHWs improve chronic disease management, and mental health, and reduce healthcare costs<sup>ii</sup>. From 2021 to 2024, a program funded by the Centers for Disease Control and Prevention (CDC) has integrated CHWs into nearly 2,000 organizations and reached over 20 million people with education across the nation.<sup>iii</sup> With a growing need for culturally and linguistically responsive primary care, behavioral health, and social services in the U.S.,<sup>iv</sup>,<sup>v</sup> CHWs are uniquely positioned to:

- Increase access to primary and preventative health care

- Lead interventions, such as symptom screening and care planning, that can result in improved outcomes in chronic diseases (e.g. heart disease, diabetes), maternal and child health, reduced cancer disparities, and the prevention of infectious diseases, particularly during public health emergencies; <sup>vi, vii, viii, ix, x, xi, xii</sup> and
- Provide potential cost savings across care settings. <sup>xiii</sup> One study found that every \$1 invested in CHW interventions resulted in a return on investment of \$2.47 within the fiscal year. <sup>xiv</sup>

While estimating the total size of this workforce is challenging given many job titles and limited data, as of 2023, there were an estimated 63,400 CHWs in the U.S., with CHW workforce growth projected at 13% over ten years from 2023–2033. <sup>xv</sup> Sustaining this vital workforce calls for greater investment and supportive organizational infrastructure, including from:

- Policymakers, funders, and insurers who can support adequate, long-term funding for CHWs across clinical and community-based care settings. Many CHW positions are still based on unstable, time-limited funding. There are a wide range of approaches to ensure stable funding including:
  - Supporting CHWs in new program models that can strengthen behavioral health and care coordination, e.g., [Certified Community Behavioral Health Clinics \(CCBHC\)](#); and
  - Expanding coverage for CHW-related services, including for health-related social needs and community health integration, such as in commercial insurance plans, [Medicare](#), and Medicaid through state plan amendments (SPAs), waivers, managed care, and accountable care organizations. <sup>xvi, xvii</sup> A survey of state Medicaid budgets in 2022 found that more than half of responding states (29 of 48) reported allowing Medicaid payment for CHW services. <sup>xviii</sup>

Since 2020, PA has offered a voluntary CHW certification through the PA Certification Board. For a CHW to become certified, they need to complete a minimum of 75 hours of education through a PCB-accredited CHW training provider; Have one (1) year of full-time volunteer or paid employment experience, or the equivalent of 2,000 hours of part-time volunteer or paid employment as a CHW; Have 60 hours of on-the-job supervision of qualifying work experience specific to the training domains. This is a two-year certification with a requirement of 30 hours of relevant continuing education for recertification.

The 8 domains of the training are:

- Community Health Concepts
- Advocacy and Capacity Building
- Care Coordination
- Health Literacy and Education
- Safety and Self-Care
- Cultural Competency
- Communication and Interpersonal Skills

- Ethical Responsibilities and Professionalism

For more about the certification, please visit the PCB website: <https://www.pacertboard.org/cchw>.

Currently, there are 657 certified CHWs within the Commonwealth. There is also a large number of CHWs in PA who are serving our communities that are uncertified. These CHWs are employed by a variety of employer types such as Community-Based Organizations (CBOs), Federally Qualified Health Centers (FQHCs), FQHC Look-alikes, Rural Health Centers, Health systems, Health Plans, and others. CHWs provide services in all 67 counties in PA. You can see where they are and who employs them by visiting the map on PACHW's website: <https://pachw.org/map-of-chws/>.

Through PACHW, hundreds of CHWs and allies from across PA have come together to implement a CHW-driven campaign to advocate for sustainable financing for PA CHWs. Since April 2023, PA DHS has worked with PACHW to develop a state plan amendment (SPA) that will authorize payment for CHW services with an initially anticipated start date of January 1, 2025, and then delayed until July 1, 2025. Last summer, we were informed that the SPA was delayed again with no anticipated date. We urge swift action to ensure the timely implementation of this critical resource due to the end of federal COVID-19 funds for CHWs in August 2024.<sup>xix</sup> PACHW will provide the infrastructure for CHW employers and the necessary technical assistance to CBOs who need help to enroll in Medicaid once the SPA is in place.

CHW positions and the communities they serve are at great risk. Currently, 58% of PA CHW employers rely on grants to fund CHW positions, making long-term planning and continuity of programming tenuous. For fiscal sustainability, some states require their Managed Care Organizations (MCOs) to offer CHW-delivered services. In Ohio, all five MCOs possess value-based purchasing (VBP) contracts with nationally certified Pathway Community HUBs (PCHs), which are local community-based organizations (CBOs) that engage multiple CHW employers to provide a structured, measurable, and value-based delivery system.<sup>xx</sup>, <sup>xxi</sup> Indiana, Rhode Island, and Minnesota have also submitted Medicaid state plan amendments (SPAs) that allow CHW reimbursement for preventive services (see Appendix 1).<sup>xxii</sup> <sup>xxiii</sup> A PA strategy to address health inequities, control costs, and improve health outcomes must include steps to secure sustainable financing for CHWs.

Please review our recommendations for your consideration below:

1. **An equitable and adequate reimbursement rate should be set by PA DHS.** Nationally, the most robust reimbursement model for CHW services is seen in South Dakota and presents one of the best reimbursement rates to date, setting an industry-standard in the field at \$64.86 per billable hour.<sup>xxiv</sup> However, this reimbursement model still only covers an estimated 50% of the cost of a full-time CHW when factors such as benefits, travel, training, supervision, specialization, wage increases, medical leave, and caseload volume are considered. Please consider \$64.86 as the *minimum* starting point for reimbursement to increase sustainability for CHW services and decrease the extensive need for additional funding sources.

2. **Create a Community Health provider type that allows for all CHW employers to equitably attain CHW reimbursement through Medical Assistance (MA).** Many CBOs do not provide medical services, nor do they always have access to an MA provider that could bill on their behalf. Further, CBOs with medical partner access would need to dedicate already limited funds to contracts for such partnerships. Preventing CBOs from enrolling as MA providers is a disincentive for medical partners to engage CHWs in community settings. CBOs are also the largest employer of CHWs in PA. Additionally, CBOs will need to build internal infrastructure and capacity to navigate this complex payment process. Allowing CBOs to enroll as MA providers accelerates delivery of care, removes barriers to billing for CHW services, and creates access by streamlining this process. Please ensure equitable access to billing participation for all CHW employers and ensure the word “community” is not overlooked when addressing Pennsylvania’s “Community Health Workers.”
3. **Social Determinants of Health (SDoH) should be recognized as a primary diagnosis code to bill for CHW services as demonstrated in other states.** SDoH Z code categories set by the Center for Medicare and Medicaid (CMS) provide the guidance and infrastructure to do so in conjunction with appropriate CPT codes. CHWs are not providing medical services. They are the bridge to healthcare access and improved health outcomes due to their direct connections to the communities they serve. CHWs remove barriers, such as transportation, food insecurity, and housing, that prevent Pennsylvanians from accessing medical care in the first place. By allowing CBOs to participate in Medicaid billing, CHWs can continue to focus on the SDoH needs of Pennsylvanians and connect them to medical services. The over-medicalization of Community Health Workers should be reversed.
4. **The ordering of Community Health Worker services should include CBOs who do not employ Licensed Practitioners of the Healing Arts (LPHA) - PA Code § 5200.3.** CHWs do not provide medical services; therefore, a medical practitioner is not necessary to determine individual eligibility for the SDoH services provided by CHWs. Restricting CHW services to LPHA orders limits the ability for all PA MA beneficiaries to access CHW services and will delay care for Pennsylvanians in need of services. Forty-six percent (46%) of all PA CHW employers, most of which are CBOs, do not employ LPHA.<sup>xxv</sup> CHWs work with Pennsylvanians who are not attending medical appointments to begin with, and therefore would not encounter a LPHA without the proactive involvement of a CHW. Referrals for CHW services at CBOs are often made from within the community, by word of mouth, or through self-referrals. CMS allows states maximum flexibility to expand the LPHA definition if providers are licensed.
5. **Barriers that disproportionately impact rural communities must be addressed.** Significant challenges exist for rural CBOs when trying to establish relationships with health systems or healthcare providers whose key services are disappearing from rural settings in PA more and more every year.<sup>xxvi</sup> An array of complicated logistics, including data sharing barriers and lack of interoperability, exist for smaller health systems that do not possess the

capacity or willingness to partner. Additionally, lower volumes of community members served in rural settings make it difficult for CBOs to achieve sustainable financing for CHW services. CBOs play a crucial role in rural communities by connecting individuals to medical and social services that are spread apart and difficult to access. PACHW urges PA DHS to allow CBOs to bill MA directly to avoid disproportionate access and impact in Pennsylvania's rural communities.

We believe the incorporation of these recommendations will ensure the vital success of the forthcoming implementation of the state plan amendment. Thank you for your consideration.

*CHW Employer Organizations that have signed off on the recommendations in this testimony are listed on pages 5-7.*

Sincerely,



1. 1889 Foundation, Inc.
2. AccessMatters
3. Alleghenies United Cerebral Palsy
4. Allegheny Health Network Center for Inclusion Health
5. Alliance for Nonprofit Resources
6. Allies for Children
7. Beginnings, Inc.
8. Birmingham Free Clinic/Program for Health Care to Underserved Populations
9. Blueprints
10. Bucks County Opportunity Council
11. Caring for You Home Care
12. Center for Family Services
13. Center for Population Health
14. Centerville Clinics, Inc
15. Children's Hospital of Philadelphia
16. City of Philadelphia, The Department of Behavioral Health and Intellectual Disability Services
17. Cocolife.black
18. Community Action Association of Pennsylvania
19. Cornerstone Care
20. Delaware Valley Community Health, Inc.
21. Drexel CNSJ

22. Education Plus Health
23. Epilepsy Association of Western and Central PA
24. Fabric Health
25. Family Health Council of Central PA
26. Familylinks
27. Hamilton Health Center, Inc.
28. Harrisburg Area YMCA
29. Health Federation of Philadelphia
30. Health Promotion Council of Southeastern PA
31. Healthy Start, Inc.
32. Hyndman Area Health Centers
33. HELP: MLP
34. Jefferson Health
35. Jewish Healthcare Foundation
36. Kangaroo Birthing & Maternity Concierge
37. Keystone Rural Health Consortia, Inc.
38. Latino Community Center
39. Latino Connection
40. Latino Hispanic American Community Center (LHACC)
41. Main Line Health
42. March of Dimes
43. Maternal and Family Health Services
44. Maternity Care Coalition
45. National Association of Social Workers Pennsylvania Chapter
46. Neighborhood Resilience Project
47. Northcentral PA Area Health Education Center
48. Northeast PA Area Health Education Center
49. Northside Christian Health Center
50. PA Coalition for Oral Health
51. PA School-Based Health Alliance
52. Partnership for Better Health
53. Penn Center for Community Health Workers
54. Penn State Health
55. Pennsylvania Academy of Family Physicians
56. Pennsylvania Affiliate of the American College of Nurse-Midwives
57. Pennsylvania Area Health Education Center
58. Pennsylvania Association of Community Health Centers
59. Pennsylvania Coalition Against Domestic Violence
60. Pennsylvania Coalition of Nurse Practitioners
61. Pennsylvania College of Emergency Physicians
62. Pennsylvania Health Funders Collaborative

63. Pennsylvania Medical Society
64. Pennsylvania Public Health Association
65. Pennsylvania Rural Health Association
66. Pennsylvania Section of the American College of Obstetricians and Gynecologists
67. Pennsylvania AWHONN
68. Philadelphia Health Partnership
69. Pittsburgh Mercy
70. Prevention Point Pittsburgh
71. Primary Care Health Services, Inc.
72. Project Destiny, Inc.
73. Project Home
74. Public Health Management Corporation
75. RCPA
76. River Valley Health and Dental Center
77. Sharon Community Health Center
78. Sisters Place Inc
79. Southcentral Pennsylvania Area Health Education Center
80. Squirrel Hill Health Center
81. St. Luke's University Health Network
82. Star Community Health
83. Sunshine's Loving Hands
84. The Alliance for Health Equity
85. The Foundation for Delaware County
86. The Hospital and Healthsystem Association of Pennsylvania
87. The Midwife Center
88. The Pittsburgh Foundation
89. The Social Impact Studio Consulting LLC
90. The Wright Center
91. The Wright Centers for Community Health & Graduate Medical Education
92. Together for West Philadelphia
93. Union Community Care
94. United Way of Pennsylvania
95. Vivian Speaks LLC
96. Volunteers of America of Pennsylvania
97. Wayne Memorial Community Health Centers
98. WellSpan Health
99. Women for a Healthy Environment
100. Women's Help Center

- <sup>i</sup> American Public Health Association (APHA). (n.d.) Community Health Workers. <https://www.apha.org/apha-communities/member-sections/community-health-workers>
- <sup>ii</sup> Association of State and Territorial Health Officials and National Association of Community Health Workers. "Community Health Workers: Evidence of Their Effectiveness." Accessed May 1, 2024. [www.astho.org/globalassets/pdf/community-health-workers-summary-evidence.pdf](https://www.astho.org/globalassets/pdf/community-health-workers-summary-evidence.pdf)
- <sup>iii</sup> Centers for Disease Control and Prevention (CDC). (n.d.). Community Health Workers for COVID Response and Resilient Communities (CCR). <https://www.cdc.gov/covid-community-health-workers/php/about/index.html>
- <sup>iv</sup> Shen, K., Eddebuettel, J., & Eisenberg, M. (2024). Job Flows Into and Out of Health Care Before and After the COVID-19 Pandemic. *JAMA Health Forum* 5(1):e234964. <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2814360>
- <sup>v</sup> Office of Minority Health, U.S. Dept. of HHS. (n.d.). Cultural and Linguistic Competency. <https://minorityhealth.hhs.gov/cultural-and-linguistic-competency>
- <sup>vi</sup> Association of State and Territorial Health Officials (ASTHO) & National Association of Community Health Workers (NACHW). (n.d.). Community Health Workers: Evidence of Their Effectiveness. <https://www.astho.org/globalassets/pdf/community-health-workers-summary-evidence.pdf>
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- <sup>xiv</sup> Kangovi, S., Mitra, N., Grande, D., et al. (2020). Evidence-Based Community Health Worker Program Addresses Unmet Social Needs and Generates Positive Return On Investment. *Health Affairs*, 39(2), 207-213. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00981>
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- <sup>xviii</sup> Kaiser Family Foundation. (2023, Jan). State Policies for Expanding Medicaid Coverage of Community Health Worker (CHW) Services. <https://www.kff.org/medicaid/issue-brief/state-policies-for-expanding-medicaid-coverage-of-community-health-worker-chw-services/>
- <sup>xix</sup> The White House. (2022). Biden-Harris Administration Announces American Rescue Plan's Historic Investments in Community Health Workforce. <https://www.whitehouse.gov/briefing-room/statementsreleases/2022/09/30/fact-sheet>
- <sup>xx</sup> The Pathways Community HUB (PCH) model is a transformative approach addressing the social determinants of health (SDOH) as a delivery system redesign. The PCH model helps communities move toward health equity by addressing access to care and SDOH, such as housing, transportation, food, and other basic needs. The PCH approach provides vulnerable residents with evidence-based, whole person care coordination to drive sustainable change by engaging community-based organizations and community health workers (CHWs) in a performance-based, outcome-oriented framework. Built on confirmed risk mitigation for vulnerable residents, the care coordination model is financially accountable, outcome oriented and community based. With published evidence of both outcome improvement and cost savings, the PCH model is officially recognized by both payers and policy makers as a value-based approach to address healthcare access, health equity and the SDOH. National certification is led by the Pathways Community HUB Institute (PCHI).
- <sup>xxi</sup> Ohio H.B. 166 supports payment of CHWs through MCOs that are required to contract with PCHs for care coordination services. Ohio H.B. 166, 133rd General Assembly (2020). <https://www.legislature.ohio.gov/legislation/legislation-summary?ld=GA133-hb-166>
- <sup>xxii</sup> Medicaid and CHIP Payment and Access Commission (MACPAC). (April 2022). Medicaid coverage of community health worker services. <https://www.macpac.gov/wp-content/uploads/2022/04/Medicaid-coverage-of-community-health-worker-services-1.pdf>

<sup>xxiii</sup> Appendix 1. National Academy for State Health Policy (August 17, 2022). Community Health Workers State Plan Amendments National Summary.

<sup>xxiv</sup> National Association of State Health Policy (2024, January 11). "State Community Health Worker Policies." <https://nashp.org/state-tracker/state-community-health-worker-policies/>

<sup>xxv</sup> Pennsylvania Community Health Worker Collaborative. *2024 Pennsylvania Scope of Practice Survey Results*. Online/Qualtrics. February 2024. N=91 CHW Employers in Pennsylvania. [https://pachw.org/wp-content/uploads/2024/05/CHW-Scope-of-Services-Survey-Results\\_2.22.24.pdf](https://pachw.org/wp-content/uploads/2024/05/CHW-Scope-of-Services-Survey-Results_2.22.24.pdf)

<sup>xxvi</sup> Center for Rural Pennsylvania (August 2023). "Public Hearing on Rural Hospital and Healthcare Sustainability: Testimony Highlights." <https://www.rural.pa.gov/getfile.cfm?file=Resources/PDFs/news/2023%20Hospital%20and%20Healthcare%20Sustainability%20testimony%20highlights.pdf&view=true>

## Appendix 1: Community Health Workers Medicaid State Plan Amendments

National Summary. All use existing payment mechanisms (MCOs or fee for service) except as noted. State and Authority	Covered services	Special features
<b>California</b> (2022) Preventive services 42 CFR 440.130(c)	<ul style="list-style-type: none"> <li>Health education to promote the beneficiary's health or address barriers to health care</li> <li>Health navigation to provide information, training, referrals, or support (includes screening)</li> <li>Individual support or advocacy that assists a beneficiary in preventing a health condition, injury, or violence</li> </ul>	No state CHW certification, but CHWs paid under Medi-Cal must complete a state approved core training or meet work experience requirements. Payment via current MCOs, with cap rate adjustment.
<b>Indiana</b> (2018) Other Practitioner Services: 42 CFR 440.60	<ul style="list-style-type: none"> <li>Services must be within the scope of practice of the supervising licensed practitioner</li> <li>Relies primarily on Medicaid managed care organizations</li> </ul> <p><b>Covered services:</b></p> <ul style="list-style-type: none"> <li>Diagnosis-related patient education towards self-managing physical, mental, or</li> <li>oral health in conjunction with a health care team</li> <li>Cultural brokering between an individual and members of a health care</li> <li>Health promotion education to a member to prevent chronic illness</li> <li>Direct preventive services or services aimed at slowing the progress of chronic diseases.</li> </ul> <p><b>CPT codes 9896x</b> (self-management education and training, 30 minute units)</p>	State's plan was explicitly described as following Minnesota's model. CHW certification provided by a private nonprofit entity which is endorsed by the State. Payment mainly via current MCOs.

<p><b>Louisiana</b> (2022) 42 CFR 440.60 42 CFR 447.200-205</p>	<ul style="list-style-type: none"> <li>• Health promotion and coaching (includes assessment and screening for social needs); action planning; observation of living situation</li> <li>• Care planning with care team</li> <li>• Health system navigation and resource coordination including patient engagement, treatment plan adherence</li> <li>• Services must be ordered by a physician, advanced practice registered nurse (APRN), or physician assistant (PA) with an established clinical relationship with the enrollee.</li> </ul> <p><b>CPT codes 9896x</b> (self-management education and training, 30 minute units) <b>FQHCs use HCPCS codes T1015, H2020, or D0999</b> plus an E&amp;M code</p>	<p>Maximum of two hours per day and ten hours per month per enrollee Hourly rate for individual patient \$36.22 FQHCs are paid outside (in addition to) their PPS rate paid for other services</p>
<p><b>Minnesota</b> (2008) Other Practitioner Services: 42 CFR 440.60</p>	<ul style="list-style-type: none"> <li>• Patient education for health promotion and disease management under the supervision of certain licensed personnel:</li> <li>• <b>Noncovered Services:</b> social services such as enrollment assistance, case management or advocacy.</li> </ul> <p><b>CPT codes 9896x</b> (self-management education and training), in 30-minute units. Limits per member: 4 units/day; 24 units per month</p>	<p>CHWs paid from Medicaid must complete an approved training using a standard curriculum, but the State officially does not have certification of CHWs</p>



Michelle Naccarati-Chapkis, Executive Director  
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February 26, 2025

Dear Honorable Members of the House Health Committee,

Thank you for the opportunity to provide a written testimonial. I am Executive Director of Women for a Healthy Environment operating in Southwestern PA and Philadelphia. Our nonprofit uses a scientific approach to achieve equitable lives free of environmental hazards through advocacy and community-based programs. We envision a world where everyone has access to a healthy environment.

As a community-based organization dedicated to environmental justice and public health, I urge you to support Community Health Workers (CHWs) and recognize community-based organizations (CBOs) as billing providers under Pennsylvania Medicaid. CHW services are unique and deeply embedded in the community. Consequently, the billing and policy procedures for services require a unique, non-clinical approach that minimizes barriers for CBOs and all CHW employers in Pennsylvania to participate equitably in billing and, ultimately, make the state plan amendment successful. CBOs are the leading CHW employer in PA (39%), followed by Federally Qualified Health Centers (FQHCs) and Look-Alikes (21%); health systems (19%); and health plans (6%).<sup>1</sup> All Pennsylvanians who would benefit from CHW services should have access to these services, but this will only happen if all employer types can participate in Medical Assistance (MA) billing, and notable barriers exist. This is crucial to effectively utilize CHWs who address the significant impact of environmental determinants of health on vulnerable populations.

Many Pennsylvanians, particularly in underserved communities, experience disproportionately negative health consequences due to environmental factors such as air and water pollution, inadequate and unhealthy housing stock, and lack of access to green spaces. These environmental determinants of health significantly exacerbate existing health disparities and drive increased healthcare utilization.

To date, Women for a Healthy Environment has conducted 163 Healthy Home Assessment (HHA) visits. Our CHWs provide education and a visual inspection of the home to identify potential environmental hazards. Based on those findings and that interactive process, CHWs provide evidence-based resources that improve the home environment, such as air, furnace and water filters; dehumidifiers and HEPA vacuums; and green cleaning tools and integrated pest management solutions. The education includes addressing environmental concerns such as asthma and allergy triggers, lead paint, mold and other indoor air quality issues, and toxic chemicals used in and around the home.

Of those visits, 90% reported a household income below 60% area median income, 99% were below 80% AMI. Seventy-five percent of HHA clients identify as a minority population. There was a child under 6 or pregnant woman present in 39% of homes.

Here are the stark facts and why this housing work is critical to addressing the myriads of social determinants of health (SDOH) that together create a healthier community for all. Seventy-two percent of clients reported someone in the home with asthma, 85% of those include children. An elevated blood lead level (otherwise described as lead poisoning), either previously or at the time of assessment, was reported by 13% of clients. All clients reported at least one exposure to environmental hazards, inclusive of household chemical exposure (93%), concerns about water quality (75%), mold or moisture damage (66%), deteriorating paint (52%), indoor tobacco use (44%), or pests (42%). As stated above, Community Health Workers provide clients with education and resources to address these hazards, thereby creating a healthy home environment for the family.

Following the assessments, three-quarters of the households indicated the need for additional assistance. This would include such needs as assistance with utility payments, food insecurity, landlord/tenant issues, asthma care management and employment issues. Of the clients requesting additional assistance, 92% requested assistance in more than one of these categories. Without the engagement and interaction with a CHW team member, these needs would go unmet and unheard. CHWs make referrals for utility assistance including LIHEAP and water authority assistance programs and have helped to connect clients with local food banks and pantries, legal assistance, clinical asthma care providers, and information about job fairs.

This is the real work of CHWs that focuses on primary prevention of health risks, builds a stronger community, and contributes to a healthier economy. Research has informed us that a healthy home provides physical and mental health benefits, supports child development, advances economic stability, and reduces healthcare costs. CHWs are integral to a healthy, thriving neighborhood.

Community Health Workers play a vital role in mitigating these challenges. CHWs, embedded within their communities, build and maintain trust, understand local context, and effectively connect individuals with critical resources and services. Their lived experience allows them to establish a positive relationship within the communities they serve. CHWs meet people where they are and often provide their services in the comfort of their patient's home.

The Commonwealth of PA has made important investments and policy decisions that have the potential to sustainably support the CHW workforce. PA Physical Health Managed Care

Organizations (PH MCOs) can structure a Patient-Centered Medical Home (PCMH) model for targeted Medicaid providers to create integrated care models that include social determinants of health (SDOH) support and community-focused needs, both of which benefit from CHW support.<sup>i</sup> PA PH MCOs can also utilize Community-Based Care Management (CBCM) Program funding to support providers and CBOs in developing programs to address SDOH barriers, reduce healthcare disparities, and increase access to preventive care.

In 2022, with a 2023 transition deadline, PA added a requirement for PH MCOs to contract with providers or CBOs for CBCM, who often employ CHWs.<sup>iii</sup> This creates an opportunity for PH MCOs to expand partnerships with CHW programs through Value-Based Payment (VBP), Per-Member-Per-Month (PMPM), fee-for-service, and staffing models. While PH MCOs have the latitude to make payment arrangements with providers and CBOs, the 2022 PA CHW Employer Financing survey has shown it has not fully accomplished the goal of sustaining the CHW workforce in PA to date.

Currently, the limited capacity of CBOs to bill Pennsylvania Medicaid directly hinders their ability to sustain their CHW programs. This funding limitation creates an unacceptable barrier to accessing critical, evidence-based community-level interventions to improve the health of vulnerable populations.

We urge you to recognize Community Health Workers and create a sustainable financing mechanism for them under PA Medicaid. This will be an impactful investment in the health and well-being of Pennsylvania communities, improving health outcomes and reducing healthcare costs. Thank you for your consideration.

Sincerely,



Michelle Naccarati-Chapkis, Executive Director  
Women for a Healthy Environment

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<sup>i</sup> Pennsylvania Community Health Worker Collaborative. *2023 Pennsylvania CHW Employer Financing Survey Results*. Online/Qualtrics. April 2023. N=100 CHW Employers in Pennsylvania, [www.pachw.org](http://www.pachw.org)

<sup>ii</sup> PA Department of Human Services. HealthChoices Agreement (effective January 1, 2022). Exhibit DDD. <https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/2022%20September%20HealthChoices%20Agreement%20and%20Exhibits.pdf>

<sup>iii</sup> HealthChoices Agreement." Exhibit B(5).





A Community Foundation  
Making a Difference — Together

February 26, 2025

Carol E. Thornton, MPA, Executive Director  
Partnership for Better Health  
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carol@forbetterhealthpa.org

Dear Honorable Members of the House Health Committee,

Thank you for the opportunity to provide a written testimonial. I am writing to advocate for sustainable financing for Community Health Workers (CHWs) through the Pennsylvania Medicaid program. As the Executive Director of the Partnership for Better Health, a local health conversion foundation, we have assessed and supported CHW programs. Local foundations have played a crucial role in funding CHW positions, demonstrating a strong commitment to improving health outcomes in PA communities. However, the continued success and expansion of these vital programs require a sustainable funding model that complements the contributions of foundations like the Partnership for Better Health.

The Partnership for Better Health understands the unique needs and priorities of our service area including Perry County, parts of Cumberland and Adams Counties, and the Shippensburg area. We have been able to support CHW services who can reach those who need them most. This grassroots knowledge is invaluable in our program development and implementation.

Since 2021, our foundation has funded Sadler Health Corporation, our local Federally Qualified Health Center, to employ CHWs in Western Perry County and Western/Central Cumberland County. These CHWs are part of a larger regional Contact to Care Program with the United Way of the Capital Region. Through this current funding year, we have invested over \$332,000. As of June 2024, the CHWs have helped 344 people to connect to services such as obtaining insurance, accessing medical, dental or behavioral health services, access to emergency food and housing.

Also in 2022, our foundation began supporting the Employment Skills Center to offer a free 10-week, 100-hour course that provides specialized training and prepares participants to succeed as a CHW. Training includes instruction in community health concepts, care coordination, advocacy, health education, CPR/First Aid, workplace skills, and much more. Students who successfully complete training are one step closer to employment and certification as a CHW on the front lines of healthcare. The cost to our foundation for each student enrolled is \$1,500.



A Community Foundation  
Making a Difference — Together

The financial resources available to local foundations are not unlimited and cannot fully scale CHW efforts. While foundations are committed to supporting CHW programs, we cannot shoulder the full financial burden alone. Recognition for CHWs under Pennsylvania Medicaid, offering a structured reimbursement system, would address this crucial gap and enable the significant expansion and sustainability of existing, high-impact programs. This could be achieved through:

- Recognizing CHWs as providers under Pennsylvania Medicaid
- Allowing all CHW Employers, including Community Based Organizations, to access Medicaid funding.
- Consider National Best Practice. PA DHS should learn from the work of other states to help benchmark reimbursement rates and incorporate APMs. The National Academy for State Health Policy offers a state-by-state breakdown of Medicaid reimbursement structures for CHWs.<sup>i</sup>
- Adhere to CHW definition and standards: Financing should be aligned with the established American Public Health Association CHW definition<sup>ii</sup> and accompanied by CHW program standards that ensure adherence to the identity and role outlined by the CHW Core Consensus Project,<sup>iii</sup> as well as the additional infrastructure CHWs need to provide high-quality support.

We urge you to support Community Health Workers across the state. Without sustainable financing, our communities and the lives of Pennsylvanians are at risk. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Carol E. Thornton".

Carol E. Thornton, MPA  
Executive Director

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<sup>i</sup> National Academy for State Health Policy (December 10, 2021). State Community Health Worker Models: Medicaid Reimbursement. <https://www.nashp.org/state-community-health-worker-models/#tab-id-2>

<sup>ii</sup> American Public Health Association (June 2022). "Community Health Worker definition." <https://www.apha.org/apha-communities/member-sections/community-health-workers>.

<sup>iii</sup> Community Health Worker Core Consensus Project (2018). "C3 Project Findings: Roles & Competencies" <https://www.c3project.org/roles-competencies>



February 26, 2025

Dear Honorable Members of the House Health Committee,

Thank you for the opportunity to provide a written testimonial urging you to support recognizing Community Health Workers (CHWs) in Pennsylvania under Medicaid.

I am the Vice President of Policy and Community Impact at The Pittsburgh Foundation, where we have helped fund the training, placement, deployment, network building, and continued education of CHWs in priority neighborhoods throughout southwestern Pennsylvania. We've also served as a fiscal agent to the PA Community Health Worker Collaborative.

The American Public Health Association defines Community Health Workers as “frontline public health worker[s]” who “serve as a liaison between health, social services, and the community to facilitate access to services and improve the quality and cultural competence of those delivering services.” In both urban and rural communities, CHWs significantly improve health outcomes by connecting folks experiencing health inequities to critical resources and providers.<sup>1</sup> CHWs improve healthcare access, adding value to healthcare teams and enriching the quality of life for patients and clients.

CHWs play an essential role in our health systems, helping to improve overall public health and drive down healthcare costs. They provide informal counseling, advocate for community-based health needs, and can offer limited direct services like health screenings and first aid services.<sup>2</sup> And because CHWs often work in the neighborhoods in which they live, they frequently share ethnicities, languages, socioeconomic status, and life experiences with those they serve, making them trusted community members who uniquely understand their neighbors' needs.<sup>3</sup>

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<sup>1</sup><https://www.ruralhealthinfo.org/topics/community-health-workers>

<sup>2</sup><https://www.nhlbi.nih.gov/health/educational/healthdisp/role-of-community-health-workers.htm>

<sup>3</sup><https://www.apha.org/apha-communities/member-sections/community-health-workers>

When COVID hit, CHWs were instrumental in improving health outcomes. They conducted community contact tracing, COVID testing, and vaccination education and connected vulnerable residents to food, housing, PPE, and other supports.

CHWs play a vital role in:

- **Increasing access to healthcare:** CHWs act as navigators, connecting individuals to primary and specialized care, along with preventative services, which is particularly important in more rural areas with limited healthcare access.
- **Improving health literacy:** CHWs empower individuals and families by sharing knowledge about health conditions, disease prevention, and self-management techniques.
- **Chronic disease management:** CHWs support and educate people with chronic illnesses, helping them adhere to treatment plans and improving overall health outcomes.
- **Disease prevention and health promotion:** CHWs deliver vital preventative services, including vaccinations, health screenings, and health education targeted to specific populations.
- **Reducing hospital readmissions:** Through proactive intervention and follow-up care, CHWs significantly reduce avoidable hospital readmissions.

Although they have been around throughout the state and nationally for years, in Pennsylvania, CHWs are underorganized and under-resourced compared to other states, and we are behind in efforts to formalize the CHW role. On the contrary, local foundations like ours have recognized the value of supporting CHWs over the last several years, and our investments have served to amplify the impact of CHWs across the state:

Community Health Workers for COVID Response and Resilient Communities (CCR)<sup>4</sup>

- Allegheny County Health Department Total Funding Amount: **\$7,952,961**
- Philadelphia Department of Public Health: **\$2,998,305**

Health Resources & Services Administration<sup>5</sup>

- The Pennsylvania State University: **\$2,998,943**
- Central Susquehanna Intermediate Unit: **\$3,000,000**
- Public Health Management Corporation: **\$3,000,000**

These investments highlight the recognized value of CHWs and underscore the critical need for sustained public funding and policy support. As a recent research paper states, “While CHW programs have long been an underfunded afterthought, they are now front and center as the emerging foundation of health systems. Despite this increased attention, CHW programs continue to face the same pressing challenges: inadequate financing, lack of supplies and commodities, low compensation, and inadequate supervision.”<sup>6</sup>

Now, due to a nationwide fiscal cliff of over \$1.1 billion of federal ARPA and CARES funding for CHWs, including more than a \$19.9 million loss for Pennsylvania CHWs, CHW programs are ending rapidly across the Commonwealth. This is not a distant threat but a current crisis that requires immediate attention and action.<sup>7</sup> We must secure long-term government funding and Medicaid reimbursement for CHWs. Philanthropic dollars, like those provided by The Pittsburgh Foundation, are intended to provide short-term bridge support while organizations like the PA Community Health Worker Collaborative work to secure sustainable financing structures and supportive state policies, such as the ones we are advocating for today.

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<sup>4</sup><https://www.cdc.gov/covid-community-health-workers/php/about/index.html>

<sup>5</sup><https://bhw.hrsa.gov/funding/community-health-worker-training-fy2022-awards>

<sup>6</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8506098/>

<sup>7</sup>[https://pachw.org/wp-content/uploads/2024/05/PACHW-Letter-to-PA-DHS-Regarding-State-Plan-Amendment\\_5.13.2024.pdf](https://pachw.org/wp-content/uploads/2024/05/PACHW-Letter-to-PA-DHS-Regarding-State-Plan-Amendment_5.13.2024.pdf)

Pennsylvania faces many critical challenges right now: nursing and other clinical workforce shortages, disparities in healthcare, and the ongoing need to lower costs and improve outcomes. Community Health Workers are in the perfect position to address each of these threats to positive health outcomes.<sup>8</sup>

We believe that continued state investment in CHW programs will:

- **Improve the overall health of Pennsylvanians.**
- **Reduce healthcare costs through preventative care and reduced hospitalizations.**
- **Address health disparities in underserved communities.**
- **Strengthen the state's public health infrastructure.**

As members of the House Health Committee, we urge you to contact DHS and encourage their efforts to develop a sustainable financing mechanism or consider future legislation that would sustain CHW programs in Pennsylvania, including recognizing CHW services under PA Medicaid.

Your advocacy and support are crucial, and we welcome the opportunity to discuss this further at your convenience.

Sincerely,

Phil Koch  
Vice President of Policy and Community Impact  
The Pittsburgh Foundation

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<sup>8</sup><https://www.whitehouse.gov/briefing-room/statements-releases/2022/09/30/fact-sheet-biden-harris-administration-announces-american-rescue-plans-historic-investments-in-community-health-workforce/>



**Allegheny**  
Health Network

**Center for Inclusion Health**  
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February 26, 2025

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Dear Members of the House Health Committee,

Thank you for the opportunity to provide a written testimonial. I am writing to advocate for the critical need to recognize and reimburse Community Health Workers (CHWs) under the Pennsylvania Medicaid program. This crucial step will significantly improve access to quality healthcare, particularly for underserved populations, and enhance the overall efficiency and effectiveness of our healthcare system.

CHWs are frontline public health professionals who play an invaluable role in improving health outcomes by building trust and rapport with individuals who may be hesitant to engage with traditional healthcare settings. Their strengths lie in their deep understanding of community dynamics and social determinants of health, allowing them to effectively bridge the gap between healthcare providers and those most in need.

AHN's Center for Inclusion Health employs 16 Community Health Workers across 6 different programs in Allegheny County. In the last year alone, our Community Health Workers have completed over 2,800 encounters and have served individuals who are housing insecure, recently incarcerated, living with HIV, and have a substance use disorder. The unique value of CHWs extends to multiple critical areas:

- **Improved Patient Engagement and Adherence:** CHWs establish personal relationships, fostering trust and increasing patient engagement in their care plans, leading to better adherence to treatment and improved health outcomes. This is particularly impactful in managing chronic conditions.
- **Enhanced Access to Care:** They proactively identify and address barriers to care, such as lack of transportation, limited health literacy, and language difficulties. Their presence directly translates to increased access to critical services.
- **Reduced Healthcare Utilization:** By preventing preventable hospitalizations and emergency room visits through proactive interventions and education, CHWs reduce strain on the

healthcare system and associated costs. There are multiple studies showing cost savings when CHWs are part of care teams.<sup>i</sup>

- **Multidisciplinary Team Enhancement:** CHWs function as invaluable members of multidisciplinary care teams, assisting in case management, health education, and navigation of the complex healthcare system. This teamwork improves coordination and efficiency.
- **Addressing Social Determinants of Health:** CHWs are uniquely positioned to address social determinants that directly influence health, such as housing insecurity, food insecurity, and unemployment, often connecting patients with vital community resources.

Currently, the lack of Medicaid reimbursement for CHW services creates significant barriers to their widespread implementation. This prevents many Pennsylvanians from accessing the beneficial care these workers provide, particularly in underserved and vulnerable communities. Recognizing CHWs under Medicaid would directly alleviate this hurdle, creating a more equitable and efficient healthcare system. Including CHW services in the Medicaid program would:

- **Expand access to crucial preventative care** improving overall population health and reducing long-term healthcare costs.
- **Address health disparities** within our communities, targeting underserved and vulnerable populations who benefit most from their services.
- **Enhance the effectiveness of Medicaid spending** through preventative measures that reduce downstream healthcare expenditures.

I urge the committee to prioritize the inclusion of CHW services as reimbursable under the Pennsylvania Medicaid program. This critical step will greatly strengthen our state's healthcare system, fostering improved health outcomes and promoting health equity for all Pennsylvanians. Thank you for your consideration.

Sincerely,



Elizabeth Cuevas, M.D., Division Chief  
AHN Center for Inclusion Health



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<sup>1</sup> [CHWs: The Evidence](#)





The Hospital + Healthsystem  
Association of Pennsylvania

*Leading for Better Health*

February 28, 2025

Members of the House Health Committee:

On behalf of more than 235 member hospitals and health systems, The Hospital and Healthsystem Association of Pennsylvania (HAP) writes to highlight the vital role of community health workers (CHW) in strengthening Pennsylvania's health care system.

Community health workers are trusted members of the communities they serve. As non-clinical professionals, they help bridge the gap between individuals and the health care system, improve care coordination, patient education, and health outcomes—particularly in underserved urban and rural areas. Because CHWs often share the background, language, and lived experiences of those they support, they play a key role in addressing health disparities.

At a time when Pennsylvania faces a well-documented health care workforce shortage, CHWs offer a critical connection between vulnerable populations and the care they need. By providing outreach, education, and removing or lessening barriers to access, they help hospitals and health systems keep patients healthier, reduce preventable hospital visits, and improve overall community health. Their work is especially valuable in areas like maternal health, where they assist expectant and new mothers in accessing prenatal and postpartum care, leading to better outcomes for both mothers and infants.

Despite the significant contributions of CHWs, Pennsylvania does not currently allow them to bill Medicaid for their services, placing additional strain on an already burdened workforce. Many other states have taken steps to recognize the value of CHWs by authorizing Medicaid reimbursement through state plan amendments, ensuring sustainable support for this essential workforce.

Recognizing and integrating CHWs into Pennsylvania's health care system will strengthen our ability to meet patients where they are, improve health equity, and enhance overall care engagement and delivery. On behalf of HAP, thank you for the opportunity to share our support, and for your commitment to the health of our communities.

Sincerely,

Arielle Chortanoff  
Vice President, State Advocacy

