

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 241 Community Health Workers

SPONSOR(S): Reed

TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	12 Y, 0 N	Rockowitz	O'Callaghan
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Community health workers (CHWs) assume a wide range of roles in various settings to assist individuals with health care services, generally by performing patient advocacy, education, and direct care in isolated, underserved, and low socioeconomic neighborhoods. CHWs work as paid or unpaid volunteers within the community in which they live or have strong ties.

House Bill 241 defines the activities CHWs perform in communities and requires the Department of Health (DOH) to create the Community Health Worker Task Force (Task Force). The bill provides for and outlines the requirements of the Task Force. The bill requires the Task Force to develop recommendations for inclusion of CHWs in health care or Medicaid reform, inclusion of CHWs in assisting residents with navigation and with provision of information on preventative health care, and inclusion of CHWs into health care delivery teams. The Task Force will coordinate with The Florida Community Health Worker Coalition, colleges, universities, and other organizations to determine a procedure for standardization of qualifications and skills for CHWs employed by state-supported health care programs.

The bill has an indeterminate, insignificant, negative fiscal impact on the DOH.

The bill shall take effect upon becoming law.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Community Health Workers (CHWs) serve in local health care systems for pay or as volunteers to help alleviate health care disparities in communities. CHWs deliver health care services with cultural competency, in part through intimate knowledge of the neighborhoods they serve. A report prepared for the U.S. Department of Health and Human Services examined 53 studies between 1980 and 2008 and found evidence that CHWs improve health outcomes.¹ A workgroup under the Center for Disease Control (CDC) reviewed literature on CHWs, and reported the profession is uniquely qualified to strengthen community ties, build partnerships, and foster community action in health care. Research supports that CHWs augment health care utilization, access, and education.²

CHWs are recognized under a variety of names, including lay health educators, peer health promoters, community health outreach workers, and in Spanish, promotores de salud.³ In 2010, CHWs received a Standard Occupational Classification.⁴ Texas, Massachusetts, Ohio, and Minnesota have recently officially recognized the job category of CHW.⁵ Recently California, New Mexico, Oregon, and Pennsylvania have filed or passed legislation to certify or recognize CHWs.⁶ Due to mounting visibility, more organizations including the Institute of Medicine are calling for CHW integration into health care strategies.⁷

CHWs perform a variety of services that include but are not limited to:

- Culturally competent education regarding prevention and disease management;
- Advocating for individuals and health care needs;
- Informal counseling and social support;
- Translation and interpretation of health care encounters;
- Help with health care literacy and accuracy;
- Providing direct services, such as health care screenings;
- Contributing to coordination of care;
- Strengthening of individual and community capacity;⁸
- Providing coaching, follow ups, referrals; and
- Patient navigation, particularly for chronic conditions.⁹

Present Situation

¹ RTI International-University of North Carolina Evidence-Based Practice Center, Evidence Report/Technology Assessment Number 181, *Outcomes of Community Health Worker Interventions*, June 2009, available at www.ahrq.gov/downloads/pub/evidence/pdf/comhealthwork/comhwork.pdf (last viewed on March 8, 2013).

² National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, *Community Health Workers/Promotores de Salud: Critical Connections in Communities*, May 20, 2011, available at <http://www.cdc.gov/diabetes/projects/comm.htm> (last viewed on March 8, 2013).

³ *Id.*

⁴ Bureau of Labor Statistics, *Standard Occupational Classification 21-1094 Community Health Workers*, March 11, 2010, available at <http://www.bls.gov/soc/2010/soc211094.htm> (last viewed on March 8, 2013).

⁵ Balcazar H., Rosenthal L., Brownstein N., Rush C., Matos S., Lorenza H., *American Journal of Public Health, Community Health Workers Can be a Public Health Force for Change in The United States: Three Actions for a New Paradigm*, December 2011, available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222447/#R19> (last viewed on March 8, 2013).

⁶ University of Florida College of Pharmacy, Florida Community Health Worker Coalition, *Materials: Brochure*, available at <http://www.floridachwn.cop.ufl.edu/> (last viewed on March 8, 2013).

⁷ See *supra*, FN 5.

⁸ American Public Health Association, *Policy Database, Support for Community Health Workers to Increase Access and Reduce Health Inequities*, 2009, available at <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1393> (last viewed on March 8, 2013).

⁹ See *supra*, FN 5.

In 2007, it was reported that Florida has 2,640 paid and 1,556 volunteer CHWs for a total of 4,205 CHWs, the fourth highest number in the country.¹⁰ In October 2010, the DOH received the Policy, Environmental and System Change grant from the CDC to assist cancer coalitions.¹¹ The Florida Cancer Control and Research Advisory Council (CCRAB)¹² called for utilization of CHWs as a priority strategy to facilitate treatment and access to services for minorities.¹³ The CDC funds and CCRAB permitted the DOH to develop the Florida Community Health Worker Taskforce initiative in 2010 that evolved into the Florida Community Health Worker Coalition.¹⁴ The all-volunteer group promotes the profession of CHWs. The coalition is composed of five committees: Policy, Curriculum Development, Networking/Sustainability, Research, and Practice.¹⁵

Effect of Proposed Changes

The bill states that a “community health worker” (CHW) is a front line health care worker who is a trusted member of a community or has close insight into that community, and functions to enhance quality of health care by fostering a bridge between individuals and services in a culturally competent manner. The bill states that a CHW works in “medically underserved community” or a geographic area with a shortage of health care professionals, and a population with income below 185 percent of the federal poverty level who lack health insurance and ability to pay for it.

The bill directs the Department of Health (DOH) to establish the Community Health Worker Task Force (Task Force) within a state college or university and at the request of an elected chair, use available resources to provide administrative support and services. The DOH will collaborate with organizations such as the Florida Community Health Worker Coalition and state colleges and universities to create a process for standardization of qualifications and skills of CHWs who work in state-supported health care programs.

The bill delineates activities CHWs perform in communities to assist local residents with clinical services, education, outreach, advocacy, and data collection in a culturally competent manner. CHWs provide residents information on local resources, give social support and informal counseling, educate and deliver information on wellness and disease prevention, and help administer first aid and blood pressure screenings. CHWs advocate for oral health, mental health, and nutritional needs. CHWs facilitate communication with health care providers by fostering communication skills in residents, and ensuring appropriate coordination of care.

The bill requires the Task Force to determine mechanisms for integrating CHWs into the health care system. Recommendations will include involving CHWs in the effort to increase enrollment into Medicaid Managed Care or other statewide health care programs, deliver information on preventative health care, aid in health care navigation, and participate in health care delivery teams of community health centers and other “safety net” providers.

The bill states that the 12 Task Force members must elect a vice chair and chair, serve without compensation, meet at least quarterly, consist of a quorum of seven, and have a concurring vote by the majority of members to take action. Members will submit a report to the Governor, President of the Senate, and Speaker of the House of Representatives by June 30, 2014.

The Task Force is comprised of:

- A member of the Senate appointed by the President of the Senate;

¹⁰ U.S. Department of Health and Human Services, Health Resources Services Administration, Bureau of Health Professionals, *Community Health Worker National Workforce Study: March 2007*, available at <http://bhpr.hrsa.gov/healthworkforce/reports/chwstudy2007.pdf> (last viewed on March 9, 2013).

¹¹ Department of Health Bill Analysis of HB 241, January 22, 2013, on file with committee staff.

¹² S. 1004.435, F.S.

¹³ Florida Cancer Control and Research Advisory Council, Florida Cancer Plan Council: 2012-2013, available at <http://ccrab.org/> (last viewed on March 8, 2013).

¹⁴ See *supra*, FN 6. *Materials: CHW Year in Review Final*.

¹⁵ See *supra*, FN 6. *Status Update*.

- A member of the House of Representatives appointed by the Speaker of the House of Representatives;
- A state official appointed by the Governor;
- Six culturally and regionally diverse community health workers appointed by the Surgeon General; and
- Three representatives of the Florida Community Health Worker Coalition appointed by the chair of the Florida Community Health Worker Coalition.

B. SECTION DIRECTORY:

Section 1: Creates an unnumbered section of law entitled Community Health Worker Task Force.

Section 2: Provides an effective date upon becoming law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

The bill does not appear to have any impact on state revenues.

2. Expenditures:

The bill has an indeterminate, insignificant negative fiscal impact on the DOH associated with establishing, and providing administrative support and services, to the Task Force.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

The bill does not appear to have any impact on local governments.

2. Expenditures:

The bill does not appear to have any impact on local government.

3. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill does not appear to have any impact on the private sector.

4. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The DOH has appropriate rule-making authority to implement this provision.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

None.