

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 211 Community Health Workers
SPONSOR(S): Health Quality Subcommittee; Reed
TIED BILLS: **IDEN./SIM. BILLS:** SB 306

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	11 Y, 0 N, As CS	Dunn	O'Callaghan
2) Health & Human Services Committee	16 Y, 0 N	Dunn	Calamas

SUMMARY ANALYSIS

Community health workers (CHWs) assume a wide range of roles in various settings to assist individuals with health care services. CHWs generally perform patient advocacy, prevention and disease management 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.

The bill defines the activities CHWs perform and requires the Department of Health (DOH) to create a twelve member Community Health Worker Task Force (Task Force) within a Florida College System institution or state university. The Task Force is comprised of:

- A member of the Senate appointed by the President of the Senate;
- A member of the House of Representatives appointed by the Speaker of the House of Representatives;
- A state official appointed by the Governor; and
- Nine culturally and regionally diverse CHWs appointed by the Surgeon General, three of whom are recommended by the chair of the Florida Community Health Worker Coalition.

The DOH, at the request of the Task Force's chair, must provide administrative support and services to the Task Force within available department resources.

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 requires the Task Force to submit a report by June 30, 2015, to the Governor, the President of the Senate, and the Speaker of the House of Representatives which states the findings, conclusions, and recommendations of the Task Force.

The bill has an insignificant negative fiscal impact on the DOH. The bill has no fiscal impact on local governments.

The bill provides a repeal date of December 1, 2015.

The bill shall take effect upon becoming law.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

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 Centers for Disease Control and Prevention (CDC) reviewed literature on CHWs and reported that 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 Fifteen states and the District of Columbia have enacted laws addressing CHW infrastructure, professional identity, workforce development, or financing.⁵ Massachusetts, New Mexico, Oregon, Rhode Island, Texas, Utah, and Virginia have established CHW advisory boards.⁶ Due to mounting visibility, organizations including the Institute of Medicine are calling for CHW integration into health care strategies.⁷

The Patient Protection and Affordable Care Act of 2010 created a grant award for eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.⁸ The Act defines a community health worker as an individual who promotes health or nutrition within the community in which the individual resides by:⁹

- Serving as a liaison between communities and healthcare agencies;
- Providing guidance and social assistance to community residents;
- Enhancing community residents' ability to effectively communicate with healthcare providers;
- Providing culturally and linguistically appropriate health or nutrition education;
- Advocating for individual and community health;
- Providing referral and follow-up services or otherwise coordinating care; and
- Proactively identifying and enrolling eligible individuals in Federal, State, local, private or nonprofit health and human services programs.

In 2007, one study 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

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 <http://www.ahrq.gov/downloads/pub/evidence/pdf/comhealthwork/comhwork.pdf> (last visited Mar. 31, 2014).

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 visited Mar. 31, 2014).

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 visited Mar. 31, 2014).

⁵ Centers for Disease Control and Prevention, *State Law Fact Sheet: A Summary of State Community Health Worker Laws at 2*, (July 2013), available at http://www.cdc.gov/dhdsp/pubs/docs/CHW_State_Laws.pdf (last visited Mar. 31, 2014).

⁶ *Id.* at 3.

⁷ Hector Balcazar et al., *Community Health Workers Can be a Public Health Force for Change in The United States: Three Actions for a New Paradigm*, 101 AM. J. PUB. HEALTH 2199, 2199 (2011), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222447/#R19> (last visited Mar. 31, 2014).

⁸ 42 U.S.C.A. § 280g-11(a).

⁹ 42 U.S.C.A. § 280g-11(k).

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

In October 2010, the Department of Health (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 group promotes the profession of CHWs. The coalition is composed of five committees: Policy, Curriculum, 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 an unusually close understanding of the community. The bill states that a CHW works in a medically underserved community, which is defined as a geographic area with a shortage of health care professionals that has a population with income at or below 185 percent of the federal poverty level and contains persons who lack public or private health insurance or are unable to pay for health care.

The bill delineates activities CHWs perform in communities to assist local residents, including clinical services, education, outreach, advocacy, and data collection. The bill states that CHWs provide residents information on local resources, give social support, 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 directs the Department of Health (DOH) to establish the Community Health Worker Task Force (Task Force) within a Florida College System institution or state university. The Task Force is comprised of:

- A member of the Senate appointed by the President of the Senate;
- A member of the House of Representatives appointed by the Speaker of the House of Representatives;
- A state official appointed by the Governor; and
- Nine culturally and regionally diverse CHWs appointed by the Surgeon General, three of whom are recommended by the chair of the Florida Community Health Worker Coalition.

The Task Force members must elect a chair and vice chair, serve without compensation, and meet at least quarterly. Meetings may be held in person, by teleconference, or by other electronic means. The DOH, at the request of the Task Force's chair, must provide administrative support and services to the Task Force within available department resources. The bill states that a quorum shall consist of seven members, and in order to take final action, the concurring vote of a majority of the members present is required.

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,

<http://bhpr.hrsa.gov/healthworkforce/reports/chwstudy2007.pdf> (last visited Mar. 31, 2014) (noting that paid and volunteer CHW totals do not sum to total because of rounding and adjustments made for the estimates of volunteer CHWs).

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

¹² Section 1004.435, F.S.

¹³ Florida Cancer Control and Research Advisory Council, Florida Cancer Plan Council: 2012-2013, *available at*

http://ccrab.org/Libraries/Document_Library/2012-2013_Florida_Cancer_Plan_Priority_Strategies.sflb.ashx (last visited Mar. 31, 2014).

¹⁴ University of Florida, College of Pharmacy, *Coalition: Development of the Coalition*, *available at*

<http://floridachwn.pharmacy.ufl.edu/coalition-2/> (last visited Mar. 31, 2014).

¹⁵ *Id.*

and other organizations to determine a procedure for standardization of qualifications and skills for CHWs employed by state-supported health care programs.

The bill requires the Task Force to submit a report by June 30, 2015, to the Governor, the President of the Senate, and the Speaker of the House of Representatives which states the findings, conclusions, and recommendations of the Task Force.

The bill provides a repeal date of December 1, 2015, for the section created by the bill.

B. SECTION DIRECTORY:

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

Section 2. Provides the act shall take effect upon becoming a law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

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

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. 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

On March 24, 2014, the Health Quality Subcommittee adopted an amendment to HB 211 and reported the bill favorably as a committee substitute. The amendment provides the Surgeon General with appointment authority over three persons recommended by the chair of the Florida Community Health Worker Coalition to be appointed to the Community Health Worker Task Force. This analysis is drafted to the committee substitute.