

# Congress of the United States

Washington, DC 20515

October 1, 2020

The Honorable Alex M. Azar  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Azar,

Thank you for your leadership and ongoing efforts to address the COVID-19 pandemic. Tragically, over 175,000 of our fellow Americans have lost their lives to this virus, and outbreaks are growing in several parts of the country with a disproportionate impact on communities of color. As we grapple with the unfathomable toll on Americans' health and cascading economic impacts across our country, we are committed to supporting response efforts that will help our nation progress through a period of recovery, which will restore our physical, mental, and financial health. We write today to express our support for an essential part of this recovery: community health workers. Community health workers are trusted individuals from local communities who improve the health of their neighbors every day. We encourage you to expand programs that increase the utilization of these essential frontline health care workers.

Community health workers can play many critical roles in a pandemic response, long-term improvement of public health, and lasting economic recovery. In the short term, they can form the backbone of successful contact tracing efforts, address the social determinants of health, and help address non-medical needs that too often fall on overwhelmed frontline clinicians. Beyond the immediate pandemic health crisis, they can mediate the impacts of stress, social isolation, financial strain on health, hospitalizations, and health care spending.

In addition, employment of community health workers creates economic opportunities for some of the nation's hardest hit communities, where many Americans are underemployed. Even before COVID-19, organizations across the country were hiring and training community health workers as evidence of their effectiveness grew. Randomized clinical trials have shown that community health workers improve health while reducing costly hospitalizations and readmissions, saving Medicaid \$4,200 per beneficiary. If scaled to even fifteen percent of U.S. Medicaid beneficiaries, community health workers would save taxpayers \$47 billion annually. National evidence-informed and community-centered standards for hiring, training, supervision, and work practice for community health workers can help ensure that a national scale-up of this workforce achieves these same high-quality outcomes.

Unfortunately, current federal support for community health workers does not leverage the full value of this workforce. Historically, the Centers for Disease Control and Prevention (CDC) has been a key funder of community health workers; yet much of their funding has been disease-specific. For example, many CDC programs focus only on heart disease or stroke. Yet, the evidence suggests that community health workers make the biggest impact when they are part of a comprehensive approach to public health that addresses social determinants of health across a range of health conditions and settings. The Centers for Medicare and Medicaid Services (CMS) also has provided some funding for community health workers; yet this has been a patchwork

through State Plan Amendments (SPAs) or 1115 waivers, which are hamstrung by a narrow definition of the preventive services that community health workers are able to deliver.

Given their potential to contribute to all aspects of a successful national recovery, we urge you to expand the utilization of community health workers within existing programs at the Department of Health and Human Services to fully leverage their expertise and skills. To facilitate that effort, we kindly request that you consider the following actions to improve the health and overall wellness of our constituents and the communities where they live:

#### Centers for Disease Control and Prevention

1. Utilize existing COVID-19 response funds, including through the Public Health Emergency Preparedness (PHEP) Cooperative Agreement and the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Cooperative Agreement, to provide guidance to states on the ways that community health workers can strengthen response and recovery efforts, including recommendations to the states regarding the availability of funds to hire, train and deploy community health workers based on scientific evidence. We encourage the CDC to use these funds for the recruitment, training, and hiring of CHWs for public health response work, particularly contact tracing.
2. Provide guidance to the states to help them expand beyond disease-specific programs for community health workers toward a comprehensive approach that aligns with the best available evidence and standards.

#### Centers for Medicare and Medicaid Services

1. Work with states to promote utilization of community health workers to provide a comprehensive range of social, behavioral and economic supports as allowable preventive services. CMS should build on the 2013 final rule entitled, “Medicaid and Children's Health Insurance Programs: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes, and Premiums and Cost Sharing; Exchanges: Eligibility and Enrollment” (CMS-2334-F) to expand the scope of Medicaid-reimbursable services that can be provided by community health workers and listing CHWs as a qualified provider type for a suite of discrete services.
2. On June 5, 2020, the Centers for Medicare and Medicaid Services (CMS) indicated that the agency is developing “additional guidance on the use of social determinants of health in state Medicaid programs.” We strongly encourage you to include specific guidance to affirm that Medicaid funding is available for community health worker services that address social determinants of health.

#### Indian Health Service

1. Support community health representatives (IHS-funded community health workers serving tribal nations) in efforts to combat COVID-19 and address longstanding disparities in chronic disease, infant mortality, and other causes of premature death and disability.

Thank you for your leadership throughout this crisis. We hope that the Department of Health and Human Services works quickly to identify additional opportunities to amplify the important role community health workers can play in the response to the COVID-19 pandemic and improving the health of all Americans. Thank you for your attention to this request.

Sincerely,



Ted Deutch  
MEMBER OF CONGRESS



Eliot L. Engel  
MEMBER OF CONGRESS



Brian Fitzpatrick  
MEMBER OF CONGRESS

s/ Alcee L. Hastings  
MEMBER OF CONGRESS

s/ Mark DeSaulnier  
MEMBER OF CONGRESS

s/ Eleanor Holmes Norton  
MEMBER OF CONGRESS

s/ Jamie Raskin  
MEMBER OF CONGRESS

s/ Barbara Lee  
MEMBER OF CONGRESS

s/ James P. McGovern  
MEMBER OF CONGRESS

s/ Yvette D. Clarke  
MEMBER OF CONGRESS

s/ Marcia L. Fudge  
MEMBER OF CONGRESS

s/ John Garamendi  
MEMBER OF CONGRESS

s/ Lois Frankel  
MEMBER OF CONGRESS

s/ Josh Harder  
MEMBER OF CONGRESS

s/ David N. Cicilline  
MEMBER OF CONGRESS

s/ Val B. Demings  
MEMBER OF CONGRESS

s/ Dwight Evans  
MEMBER OF CONGRESS

s/ Sean Patrick Maloney  
MEMBER OF CONGRESS

s/ Bill Foster  
MEMBER OF CONGRESS