LC 2694 2025 Regular Session 11/11/24 (RH/ps)

## DRAFT

## **SUMMARY**

Digest: The Act tells OHA to study ways to improve how community health workers are paid. (Flesch Readability Score: 67.5).

Directs the Oregon Health Authority to assess current fee-for-service billing practices and non-fee-for-service payment pathways for community health workers serving medical assistance recipients to identify improvements for ensuring adequate and sustainable funding. Directs the authority to provide technical assistance to coordinated care organizations and community health worker organizations in establishing billing structures or alternative payment pathways for community health worker services.

Sunsets January 2, 2027.

Declares an emergency, effective July 1, 2025.

## A BILL FOR AN ACT

2 Relating to community health workers; and declaring an emergency.

Whereas a community health worker is a frontline public health worker

with expertise engaging within local communities and has been recognized

as an effective provider in addressing health equity and social determinants

6 of health; and

7 Whereas community health workers often share ethnicity, language,

socioeconomic status and life experiences with the communities they serve;

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Whereas the trusting relationship between community health workers and

the communities they serve enables community health workers to serve as

a community link to available health and social services, facilitating con-

13 nections to resources and improving access to and the quality of care; and

Whereas despite the demonstrated impact of their work, community

15 health workers remain one of the lowest paid health professionals nationally;

- 1 and
- 2 Whereas most of the work of community health workers is funded through
- a fragmented web of reimbursement approaches and unsustainable one-time
- 4 grants; and
- 5 Whereas understanding and navigating the reimbursement approaches is
- 6 challenging for community health workers, even community health workers
- 7 who work in established health systems and those with strong relationships
- 8 with the Oregon Health Authority and coordinated care organizations; and
- 9 Whereas technical support is limited and insufficient to adequately pro-
- 10 vide community health workers and their organizations with the resources
- 11 they need to engage with funding systems, which has led to a rotating door
- of turnover, burnout and services provided unreliably to those most in need;
- 13 now, therefore,
- 14 Be It Enacted by the People of the State of Oregon:
- 15 **SECTION 1.** (1) As used in this section, "community health
- 16 worker" and "medical assistance" have the meanings given those
- 17 terms in ORS 414.025.
- 18 (2) The Oregon Health Authority shall assess current fee-for-service
- 19 billing practices with respect to community health workers serving
- 20 medical assistance recipients to identify funding improvements and
- 21 expansions that will ensure adequate and sustainable funding. The
- 22 assessment must include, but is not limited to:
- 23 (a) A review of the current billing codes for community health
- 24 workers to ensure that each code takes into account the full range and
- 25 duration of the scope of services provided by community health
- 26 workers;

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- 27 (b) A review of and revisions to billing codes for services that fall
- 28 within the scope of practice of community health workers but are not
- 29 currently available to community health workers, including social de-
- 30 terminants of health codes as primary diagnostic codes;
  - (c) Revisions to current billing structures for community health

- workers to align the structures with the most recent Medicare physician fee schedule codes for community health integration, social determinants of health and principal illness navigation services;
- (d) Revisions to current reimbursement rates for community health workers to align the rates with the full duration and nature of work performed, including consideration of labor costs, the mix of services provided, caseloads and supervision costs;
- 8 (e) A review of current reimbursement codes, rates and mech9 anisms for community health workers to ensure access to the full ar10 ray of diverse settings in which community health workers practice,
  11 both clinical and community based; and
- 12 (f) A study of the economic model of community health worker 13 organizations to identify ways that policies or fee schedules can be 14 designed to more closely fit the model in practice.
- 15 (3) The authority may contract with a third party to conduct the assessment described in this section.
- SECTION 2. (1) As used in this section, "community health worker" and "medical assistance" have the meanings given those terms in ORS 414.025.
- 20 (2) The Oregon Health Authority shall assess current payment pathways, other than fee-for-service, with respect to community health workers serving medical assistance recipients in nonclinical settings to identify ways to improve access to adequate and sustainable funding. The assessment must include, but is not limited to, a review of:
- 26 (a) Existing non-fee-for-service payment pathways, including in lieu 27 of services, value-based payments, health-related services and the 28 Supporting Health for All through REinvestment (SHARE) initiative;
- (b) How a community health worker may access sustainable funding for services provided to medical assistance recipients without the supervision of a clinical supervisor;

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- 1 (c) How a community health worker who is not affiliated with an organization or community care hub may access sustainable funding for services provided to medical assistance recipients;
  - (d) How community health worker services may be used to support the provision of health-related social needs services, such as housing supports, nutritional assistance and climate-related assistance, approved for the demonstration project under 42 U.S.C. 1315 by the Centers for Medicare and Medicaid Services; and
  - (e) The need to establish and support community care hubs and the role of community care hubs in streamlining the billing process for community health workers and community health worker organizations.
  - (3) The authority may contract with a third party to conduct the assessment described in this section.
- (4) The authority shall submit a report in the manner provided in 15 16 ORS 192.245, including a plan for implementing the improvements identified in the assessment conducted under this section, to the in-17 terim committees of the Legislative Assembly related to health no 18 later than November 1, 2026. 19
- SECTION 3. (1) As used in this section, "community health 20 worker," "coordinated care organization" and "medical assistance" 21 have the meanings given those terms in ORS 414.025. 22
- (2) The Oregon Health Authority shall provide technical assistance 23 and support for coordinated care organizations and community health 24 worker organizations in establishing billing structures or alternative 25 payment pathways for community health worker services that are 26 provided to medical assistance recipients. The technical assistance and 27 support shall be provided in collaboration with coordinated care 28 organizations' traditional health worker liaisons. 29
  - (3) The authority may contract with a third party to provide the technical assistance and support described in this section.

## LC 2694 11/11/24

1	SECTION 4. Sections 1 to 3 of this 2025 Act are repealed on January
2	2, 2027.
3	SECTION 5. In addition to and not in lieu of any other appropri-
4	ation, there is appropriated to the Oregon Health Authority, for the
5	biennium beginning July 1, 2025, out of the General Fund, the amount
6	of \$, which may be expended for carrying out the provisions of
7	sections 1 to 3 of this 2025 Act.
8	SECTION 6. This 2025 Act being necessary for the immediate pres-
9	ervation of the public peace, health and safety, an emergency is de-
10	clared to exist, and this 2025 Act takes effect July 1, 2025.
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