

June 10, 2025

Executive Office of Health & Human Services
Via: Brittany Church
Executive Office of Health and Human Services
3 West Rd, Cranston, RI, 02920
Brittany.Church@ohhs.ri.gov

Dear Rhode Island Executive Office of Health & Human Services (EOHHS):

Partners In Health United States (PIH-US) writes to provide comment on the proposed amendment to the Rhode Island Medicaid State Plan regarding Community Health Workers (CHWs).

PIH-US is the United States arm of Partners In Health, a nonprofit, social justice organization focused on a comprehensive model of health that includes access to quality care, as well as to food, transportation and housing—all necessary components of good health. PIH-US works with CHWs and CHW partners at the local level, and aims to elevate their voices and experiences at both state and national levels. We are particularly concerned about the proposed State Plan Amendment (SPA) because Rhode Island has been a national leader in Medicaid policy for CHWs, and removing many of the best practices adopted by the 2021 SPA would leave the state's CHWs and Medicaid enrollees less supported. We appreciate the opportunity to comment on this proposed SPA.

Center CHWs in Decision-Making Processes

EOHHS should engage in CHW-led efforts with local CHWs and professional groups to evaluate the proposed SPA, potential areas of improvement, and workable solutions to the challenges the proposal is seeking to address. This is critical to acknowledge CHW professional self-determination and recognize the valuable advancements in professional development already made by the CHW workforce. CHWs should be considered the subject matter experts in engaging with the community in relation to their health outcomes and the most effective ways in addressing the barriers that affect the community's social determinants of health. Where CHWs are not adequately included in programmatic and policy-level decision-making, we have seen a greater risk of limiting the capacity and effectiveness of the workforce.

Given the significant changes in this proposed SPA, PIH-US encourages the EOHHS to provide more time for public comment and consideration of the proposal. We request that the EOHHS delay the implementation of these changes to allow time to engage in an intentional consultation process with CHWs and other key stakeholders.

Rhode Island's Leadership in Medicaid Innovation

Rhode Island's State Plan Amendment (SPA) 21-0012, submitted in 2021, has been widely recognized as an exemplary model for other SPAs. We are concerned that this latest proposed SPA would undermine the key components of what

has made Rhode Island’s Medicaid program a strong example for other states aiming to promote health equity, support community-based prevention, and address the social determinants of health.

Rhode Island’s 2021 SPA demonstrated a nuanced understanding of the CHW profession, and the unique strengths that make CHWs an essential workforce for improving community health and addressing root causes of poor health outcomes. Recognizing the critical strength of shared lived experience and community trust, the state reduced barriers to certification and participation in providing Medicaid services. For example, like other states, including Connecticut, Kentucky, North Carolina, South Carolina, and Nevada, Rhode Island does not require background checks for certification. This proposed revision to the SPA would reinstate background checks and other documentation burdens that will pose greater barriers to CHWs.

The 2021 SPA created a standing order, recognizing the value of CHW services for all vulnerable patients, and removing administrative barriers for people to get care. Standing orders have been proven to increase the delivery of routine preventive care services including immunizations, leading the Centers for Disease Control and Prevention's Community Preventive Services Task Force to issue a strong recommendation in support of their use.

We are concerned that eliminating the standing order for CHW services will disproportionately impact the most vulnerable populations who benefit from CHW services. For example, lack of access to clinical providers for documentation of a condition would be further compounded by reduced access to the preventive care and social support CHWs can provide. We recommend that the state retain organizational standing orders and implement a flexible referral system to address these barriers.

Conclusion

As an organization focused on a comprehensive model of health that includes access to quality care and many other components of good health, PIH-US is concerned with EOHHS’s proposed State Plan Amendment.

Thank you for the opportunity to comment. Please reach out to Lucas Allen, Advocacy Lead, Federal and State Policy, at Partners In Health United States—lallen@pih.org—if you have any questions or if we can be of any further assistance.

Sincerely,



Katie Bollbach

Executive Director

Partners In Health United States

[PIH United States](#) | [Partners In Health](#)