

September 14, 2023

The Honorable Xavier Becerra  
Secretary of Health and Human Services  
200 Independence Ave S.W.  
Washington, DC 20201

The Honorable Bernie Sanders  
Chair, Committee on Health, Education, Labor  
and Pensions  
United States Senate  
Washington, DC 20510

The Honorable Cathy McMorris Rodgers  
Chair, Committee on Energy and Commerce  
House of Representatives  
Washington, DC 20515

The Honorable Bill Cassidy  
Ranking Member, Committee on Health,  
Education, Labor and Pensions  
United States Senate  
Washington, DC 20510

The Honorable Frank Pallone  
Ranking Member, Committee on Energy  
and Commerce  
House of Representatives  
Washington, DC 20515

Dear Secretary Becerra, Chair Sanders, Ranking Member Cassidy, Chair McMorris Rodgers, and Ranking Member Pallone:

As chair of the federal advisory Council on Graduate Medical Education (COGME or the Council), I am writing to submit comments from the Council on the 2024 Centers for Medicare and Medicaid Services (CMS) [Medicare Physician Fee Schedule \(PFS\) proposed rule](#). COGME commends CMS for its proposal to establish new payment codes describing Community Health Integration (CHI) Services, which may be performed by a community health worker (CHW). COGME supports the CMS strategic plan for equity, inclusion, and access to care for the Medicare population, including underserved and low-income populations who have long experienced inequities in access to quality care. As noted in our 2022 Report, [Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities](#), “access to care can also be broadened by expanding the workforce and developing the skills of community health workers ... as long as their roles are clearly defined and they work within team-based care.”

COGME believes team-based care is essential to address the health and socioeconomic challenges and inequities in our nation’s current healthcare system, and CHWs, also referred to as community health representatives, lay health workers, promotoras, peer health promoters, peer health educators, or other related terms, are an integral part of the healthcare team. Auxiliary personnel serving in the CHW role often bring first-hand knowledge of the lived experience from within the local community to efforts aimed at promoting health, overcoming socioeconomic barriers, and managing both acute and chronic disease conditions, which may include principal illness navigation. As trusted members of the community who appreciate the needs of the community being served, CHWs can facilitate access to and engagement with healthcare teams. Wider inclusion of CHWs on the healthcare team can begin to address the troubling and long-standing lack of diversity among healthcare providers.

We recommend that CMS finalize the proposed rules that decrease barriers to broader implementation and long-term sustainability of CHW services. This includes allowing general supervision, the use of community partners in providing the services, and reasonable consent requirements for these services that are delivered in person at various locations and between in-person visits. We also recommend that CMS finalize the proposal to pay for these services in both federally qualified health centers and rural health centers, two settings that are essential in the care of those who are most likely to need and benefit from such services.

COGME wishes to respond to the request for comment and to raise concerns regarding CHW training. COGME believes it may be too early in the adoption of CHWs into the healthcare team to set overly specific requirements regarding length, content, and source of any required training. Strict training criteria at this juncture may hinder adoption of the CHW role into care teams. COGME is especially concerned about establishing barriers for those seeking employment as a CHW who come from marginalized communities, often lacking opportunity for formal training or education.

COGME requests that CMS consider a potential unintended barrier in the proposed rule related to requiring that the practitioner who performs the initiating visit and the practitioner furnishing the CHI or related services must be the same. Often in team-based care, more than one practitioner within the same practice provides longitudinal care for the patient. For example, one practitioner may identify a health-related social need such as food insecurity or lack of transportation that requires immediate intervention. However, the usual continuity practitioner may assume care management and CHI supervision responsibilities thereafter. We believe CMS intends to allow this type of team-based care approach; thus, CMS may wish to offer clarification.

COGME has a broad charge related to strengthening graduate medical education and the physician workforce to improve the health of the nation's populace. The role of the CHW in improving the composition of the healthcare team, especially in areas and among populations that are currently underserved, directly relates to the Council's work to broaden healthcare access, improve community health outcomes, and transform our healthcare delivery system from provider-centric to patient-centric and population health oriented. COGME notes that in 2022, the Health Resources and Services Administration initiated a new [Community Health Worker Training Program](#), designed to fund programs that will "equip [CHWs] with the skillsets needed to provide effective community outreach [and] build trust with communities." We urge this programmatic funding be sustained and hopefully expanded, so that the qualified workforce grows to meet the need.

Again, COMGE wishes to commend CMS for recognizing the importance of the CHW position on the healthcare team. Broader use of CHWs can play a significant role in improving healthcare access, addressing social determinants of health, and making the healthcare team "of the community." Thank you for your consideration, and members of COGME stand ready to provide any further information.

Sincerely,

/s/ Peter Hollmann, MD  
Chair, COGME