



Maryland  
Hospital Association

**House Bill 871- Health Services Cost Review Commission - Community Benefits -  
Community Health Worker Workforce Program**

**Position: *Support with Amendments***

February 26, 2025

House Health & Government Operations Committee

**MHA Position**

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 871 with amendments.

Community health workers (CHWs) fill a unique role in Maryland's health care delivery system. As trusted members of a community, CHWs assist patients with care navigation and provide culturally competent care and education. Maryland hospitals supported passage of the Community Health Worker Act and the certification of CHW training programs. Community Health Workers support access to care and improve the health of whole communities. According to the [National Academy for State Health Policy](#), 15 states allow for Medicaid reimbursement for CHWs. Allowing CHWs to receive Medicaid reimbursement in Maryland would be incredibly impactful in providing sustainability for this critical workforce.

Every hospital in Maryland is a not-for-profit organization. Unlike for-profit hospitals across the country, our hospitals make substantial investments in the health and well-being of their neighbors and tailor their services to the specific needs of the communities they serve. Maryland hospitals are required to report the amount they expend on community benefit—a federal requirement for not-for-profit organizations. Hospitals expend funding on community benefits that support a range of services including community health services, community building, charity care, and research. Many hospitals have initiatives that include community health workers where CHWs help patients access insurance, provide screenings, referrals and linkage to community resources, and even fresh produce prescriptions while focusing on long-term sustainability for food access through engagement with community-based partners.

Although HB 871 is well-intentioned, Maryland hospitals already have effective mechanisms for working with both employed community health workers and partnering with community-based organizations. In order to provide employer-sponsored insurance coverage, hospitals would need to employ the community health worker, which would eliminate the partnership opportunities with community-based organizations. Therefore, we are concerned that this bill, as drafted, will have a chilling effect on forming these partnerships. Maryland hospitals want more partnerships, not fewer, as work to improve the health of our communities.

Therefore, we recommend amending the bill to *allow* – instead of *require* – partnerships with community-based organizations through memorandums of understanding, in order to establish community health worker programs. We are concerned about the unintended consequences of adding additional requirements.

We respectfully propose the following amendments:

Amendment 1: On page 4 line 5, after “SECTION” strike SHALL and insert MAY.  
(C) (1) A PARTNERSHIP ESTABLISHED UNDER THIS SECTION ~~SHALL~~ MAY BE EXECUTED THROUGH A MEMORANDUM OF UNDERSTANDING BETWEEN A NONPROFIT HOSPITAL AND A COMMUNITY-BASED ORGANIZATION

Amendment 2: On page 4 line 8 after “UNDERSTANDING” strike SHALL and insert MAY.  
(2) THE MEMORANDUM OF UNDERSTANDING ~~SHALL~~ MAY INCLUDE:

For these reasons, we request a favorable report on HB 871 with amendments.

For more information, please contact:  
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