

119TH CONGRESS
2D SESSION

H. R. 10414

To amend titles XVIII and XIX of the Social Security Act to increase access to community health workers under the Medicare and Medicaid programs.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 16, 2026

Ms. ADAMS (for herself and Mr. RUIZ) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend titles XVIII and XIX of the Social Security Act to increase access to community health workers under the Medicare and Medicaid programs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Health
5 Worker Access Act”.

6 **SEC. 2. COVERAGE OF COMMUNITY HEALTH SERVICES**

7 **UNDER PART B OF THE MEDICARE PROGRAM.**

8 (a) COVERAGE OF SERVICES.—

1 (1) IN GENERAL.—Section 1861(s)(2) of the
2 Social Security Act (42 U.S.C. 1395x(s)(2)) is
3 amended—

4 (A) in subparagraph (II), by striking “sub-
5 section (III)(3))” and all that follows and insert-
6 ing “subsection (III)(3));”;

7 (B) in subparagraph (JJ), by inserting
8 “and” after the semicolon at the end; and

9 (C) by adding at the end the following new
10 subparagraph:

11 “(KK) community health services (as defined in
12 subsection (nnn)(1)) furnished on or after January
13 1, 2027;”.

14 (2) DEFINITIONS.—Section 1861 of the Social
15 Security Act (42 U.S.C. 1395x) is amended by add-
16 ing at the end the following new subsection:

17 “(nnn) COMMUNITY HEALTH SERVICES; COMMUNITY
18 HEALTH AGENCY.—

19 “(1) COMMUNITY HEALTH SERVICES.—

20 “(A) IN GENERAL.—The term ‘community
21 health services’ means the services described in
22 subparagraph (B) that are furnished—

23 “(i) by a community health agency (as
24 defined in paragraph (2)); and

1 “(ii) in accordance with an individual
2 needs assessment that meets requirements
3 established by the Secretary and is con-
4 ducted under the supervision of an applica-
5 ble provider; and

6 “(B) SERVICES DESCRIBED.—The services
7 described in this subparagraph are the fol-
8 lowing:

9 “(i) PREVENTIVE SERVICES.—Diag-
10 nostic, screening, and preventive services
11 to prevent illness, disease, injury, or any
12 other physical or mental health condition,
13 reduce physical or mental disability, and
14 restore an individual to the best possible
15 functional level, including the following:

16 “(I) Services described in section
17 1905(a)(13).

18 “(II) Containment of infectious
19 disease outbreaks, including providing
20 in-language, culturally specific, and
21 trusted support services, such as pub-
22 lic health outreach.

23 “(III) Direct provision of
24 screenings and basic health services,

1 as recommended by an applicable pro-
2 vider.

3 “(IV) Provision of coaching and
4 social support, such as support for in-
5 dividuals to obtain health care, sup-
6 port to reduce stress and social isola-
7 tion, support for self-management of
8 disease, and other support necessary
9 for the prevention and management of
10 health conditions.

11 “(V) Care coordination and con-
12 nection to preventive care services, in-
13 cluding for chronic conditions, such as
14 diabetes, asthma, chronic obstructive
15 pulmonary disease, congestive heart
16 disease, autoimmune disease, or be-
17 havioral health conditions.

18 “(VI) Facilitation of transpor-
19 tation to needed services.

20 “(VII) Promotion of healthy be-
21 haviors, such as physical activity and
22 smoking cessation.

23 “(VIII) Case management and
24 linkage to resources that connect peo-
25 ple with disabilities to assistive tech-

1 nology, home modifications, and other
2 adaptations to increase their ability to
3 live independently in the community.

4 “(IX) Provision of support for
5 health literacy and cross-cultural com-
6 munication.

7 “(X) Provision of culturally and
8 linguistically appropriate health edu-
9 cation.

10 “(XI) Other services, as the Sec-
11 retary determines appropriate to pre-
12 serve and improve individual and pub-
13 lic health.

14 “(ii) SERVICES TO ADDRESS SOCIAL
15 DETERMINANTS OF HEALTH.—Services to
16 address social determinants of health, in-
17 cluding the following:

18 “(I) Assessment of individual and
19 community needs and communicating
20 identified needs to public health,
21 health care, and social service agen-
22 cies.

23 “(II) Provision of outreach and
24 education regarding health insurance,

1 and other health and social service
2 systems.

3 “(III) Provision of education, as-
4 sessment of needs, and social support
5 through home visiting.

6 “(IV) Provision of case manage-
7 ment (as defined in section
8 1915(g)(2)) and linkage to resources
9 to alleviate financial strain, including
10 food, housing, child services, tech-
11 nology, educational services, employ-
12 ment services, and other services.

13 “(V) Identification of under-
14 served populations and referring them
15 to appropriate health care agencies
16 and community-based programs and
17 organizations in order to increase ac-
18 cess to quality health and social serv-
19 ices and to streamline care, including
20 serving as a liaison between individ-
21 uals and communities and health and
22 social service organizations.

23 “(C) APPLICABLE PROVIDER.—For pur-
24 poses of subparagraphs (A)(ii) and (B)(i)(III),
25 the term ‘applicable provider’ means—

1 “(i) a physician (as defined in section
2 1861(r));

3 “(ii) a physician assistant, a nurse
4 practitioner; and a clinical nurse specialist
5 (as such terms are defined in section
6 1861(aa)(5)); and

7 “(iii) any other practitioner described
8 in section 1842(b)(18)(C) that the Sec-
9 retary determines appropriate.

10 “(2) COMMUNITY HEALTH AGENCY.—The term
11 ‘community health agency’ means an entity, includ-
12 ing a community-based organization, a nonprofit or-
13 ganization, an urban Indian organization, a commu-
14 nity health worker network, a Federally qualified
15 health center, a rural health clinic, a local or State
16 public health department, an academic institution, a
17 health care provider, and any other organization
18 deemed appropriate by the Secretary, that meets re-
19 quirements established by the Secretary, which may
20 include the following requirements:

21 “(A) The entity provides for the employ-
22 ment of health workers who share lived experi-
23 ences with the community served and minimize
24 barriers to employment, including formal edu-
25 cational requirements.

1 “(B) The entity provides for market wage
2 compensation and professional development and
3 career advancement opportunities for health
4 workers, as well as training on core com-
5 petencies.

6 “(C) The entity has established work prac-
7 tices and manageable caseloads that allow
8 health workers to provide tailored, holistic, per-
9 son-centered support.

10 “(D) The entity ensures—

11 “(i) the safety of health workers, in
12 accordance with applicable fair labor laws;

13 “(ii) the supervision, coaching, and
14 evaluation of health workers, through the
15 use of evidence-informed process and out-
16 come indicators developed in consultation
17 with community health workers,
18 promotoras, and community health rep-
19 resentatives (as such terms are defined in
20 section 1903(cc)(4)); and

21 “(iii) leadership and engagement of
22 health workers in organization- and pro-
23 gram-level decision making, including deci-
24 sion making related to the improvement of
25 processes and outcomes.”.

1 (3) AMOUNT OF PAYMENT.—Section 1833(a)(1)
2 of the Social Security Act (42 U.S.C. 1395l(a)(1))
3 is amended—

4 (A) by striking “and” before “(HH)”;

5 (B) by inserting before the semicolon: “,
6 and (II) with respect to community health serv-
7 ices under section 1861(s)(2)(KK), the amounts
8 paid shall be 100 percent of the lesser of the
9 actual charge for the services or the amount de-
10 termined under a fee schedule established by
11 the Secretary for such services”.

12 (4) WAIVER OF APPLICATION OF DEDUCT-
13 IBLE.—The first sentence of section 1833(b) of the
14 Social Security Act (42 U.S.C. 1395l(b)) is amend-
15 ed—

16 (A) by striking “, and (13)” and inserting
17 “(13)”;

18 (B) by striking “1861(n).” and inserting
19 “1861(n), and (14) such deductible shall not
20 apply with respect to community health services
21 (as defined in section 1861(nnn)(1)).”.

1 **SEC. 3. STATE MEDICAID OPTION TO SUPPORT COMMUNITY**
2 **HEALTH WORKFORCE FOR SUSTAINABLE**
3 **COMMUNITY HEALTH.**

4 Section 1903 of the Social Security Act (42 U.S.C.
5 1396b) is amended by adding at the end the following new
6 subsection:

7 “(cc) COMMUNITY HEALTH WORKFORCE SUP-
8 PORT.—

9 “(1) IN GENERAL.—Notwithstanding section
10 1902(a)(1) (relating to statewideness), section
11 1902(a)(10)(B) (relating to comparability), and any
12 other provision of this title that the Secretary deter-
13 mines is necessary to waive in order to implement
14 this subsection, beginning January 1, 2027, a State,
15 at its option as a State plan amendment, may pro-
16 vide for medical assistance for preventive services
17 and services to address the social determinants of
18 health furnished by a community health worker,
19 promotora, or community health representative.

20 “(2) GUIDANCE.—The Secretary shall issue
21 guidance on the components that are necessary for
22 a State plan amendment to receive approval under
23 this subsection, including:

24 “(A) Plans to recruit community health
25 agencies for the provision of preventive services
26 and services to address the social determinants

1 of health that are furnished by a community
2 health worker, promotora, or community health
3 representative.

4 “(B) Plans to make medical assistance
5 available for each category of preventive serv-
6 ices and services to address the social deter-
7 minants of health.

8 “(C) Plans to ensure that the preventive
9 services furnished by community health work-
10 ers, promotoras, or community health rep-
11 resentatives under the amendment will respond
12 to public health emergencies.

13 “(D) Plans to minimize barriers to com-
14 munity health worker, promotora, or commu-
15 nity health representative program participation
16 in the State plan, such as by providing guid-
17 ance and technical assistance on requirements
18 for participation.

19 “(E) Plans to coordinate with and build
20 the capacity of community health worker net-
21 works within the state or region.

22 “(F) Plans to address barriers to partici-
23 pation experienced by community health agen-
24 cies that do not bill insurance for other services,
25 such as community-based and nonprofit organi-

1 zations, academic institutions, faith-based orga-
2 nizations, tribal organizations, or other organi-
3 zations that employ community health workers,
4 promotoras, or community health representa-
5 tives, including by implementing a mechanism
6 to reimburse such community health agencies
7 for preventive services and services to address
8 the social determinants of health.

9 “(3) INCREASED FMAP.—

10 “(A) IN GENERAL.—Notwithstanding sec-
11 tion 1905(b), for calendar quarters beginning
12 on or after January 1, 2027, the Federal med-
13 ical assistance percentage determined under
14 such section for a State shall be increased by
15 6 percentage points with respect to amounts ex-
16 pended by the State for medical assistance for
17 preventive services and services to address the
18 social determinants of health furnished by a
19 community health worker, promotora, or com-
20 munity health representative that is provided in
21 accordance with a State plan amendment ap-
22 proved under this subsection or otherwise pro-
23 vided in accordance with the guidance issued
24 under paragraph (2).

1 “(B) EXCLUSION OF AMOUNTS ATTRIB-
2 UTABLE TO INCREASED FMAP FROM TERRI-
3 TORIAL CAPS.—With respect to payments made
4 to a territory for expenditures for medical as-
5 sistance described in subparagraph (A), the
6 portion of such payment that exceeds the
7 amount that would have been paid without re-
8 gard to the increase in the Federal medical as-
9 sistance percentage under such subparagraph
10 shall not be taken into account for purposes of
11 applying payment limits under subsections (f)
12 and (g) of section 1108.

13 “(4) DEFINITIONS.—In this subsection:

14 “(A) COMMUNITY HEALTH AGENCY.—The
15 term ‘community health agency’ has the mean-
16 ing given that term in section 1861(nnn).

17 “(B) COMMUNITY HEALTH REPRESENTA-
18 TIVE.—The term ‘community health representa-
19 tive’ means a frontline health worker who is a
20 trusted member of a tribal community with a
21 close understanding of the community, lan-
22 guage, and traditions that enables the worker
23 to serve as a liaison between health and social
24 services and the community, facilitate access to

1 services, and improve the quality and cultural
2 competence of service delivery.

3 “(C) COMMUNITY HEALTH WORKER.—The
4 term ‘community health worker’ means a front-
5 line health worker who is a trusted member of
6 the community in which the worker serves or
7 who has an unusually close understanding of
8 the community served that enables the worker
9 to build trusted relationships, serve as a liaison
10 between health and social services and the com-
11 munity, facilitate access to services, and im-
12 prove the quality and cultural competence of
13 service delivery.

14 “(D) COMMUNITY HEALTH WORKER NET-
15 WORK.—The term ‘community health worker
16 network’ means a statewide, regional, or local
17 association or coalition with leadership and
18 membership that is composed of at least 50
19 percent community health workers, promotoras,
20 or community health representatives and whose
21 activities include training, workforce develop-
22 ment, mentoring, and other initiatives to sup-
23 port community health worker, promotora, and
24 community health representative programs.

1 “(E) PREVENTIVE SERVICES.—The term
2 ‘preventive services’ means services described in
3 clause (i) of section 1861(nnn)(1)(B).

4 “(F) PROMOTORA.—The term ‘promotora’
5 means a trusted frontline worker who primarily
6 works in Spanish-speaking communities and
7 who shares lived experiences, language, and cul-
8 ture with the populations served that enables
9 the worker to improve individual, family and
10 community health outcomes by serving as a liai-
11 son between health and social services and the
12 community, facilitating access to services, and
13 improving the quality and cultural competence
14 of service delivery.

15 “(G) SERVICES TO ADDRESS THE SOCIAL
16 DETERMINANTS OF HEALTH.—The term ‘serv-
17 ices to address the social determinants of
18 health’ means services described in clause (ii) of
19 section 1861(nnn)(1)(B).”.

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