

Variation in State Approaches to Community Health Worker Certification

Most states are investigating how to integrate community health workers (CHWs) into public health and healthcare systems to increase access to primary care, reduce health disparities, and improve cultural competency. CHWs offer distinctive skills and traits, such as shared life experience, trusting relationships and community ties, and ability to understand and address the social determinants of health, through which they can be effective in helping health systems achieve the Triple Aim of better quality of care, improved population health, and lower healthcare costs. State health agencies can in turn support CHW workforce development and integration into care teams by contributing to research, supporting CHW engagement and leadership, and developing responsive policy in collaboration with CHWs themselves and other stakeholders.

Workforce development initiatives typically begin with efforts to promote commonly accepted definitions, scopes of practice, and training standards for CHWs, based on understanding how CHWs help improve health outcomes, health equity, and quality of care with demonstrated cost effectiveness. Several states have instituted formal, voluntary certification programs for individual CHWs and CHW training programs. Many others are exploring certification options in partnership with providers, payers, and CHW leaders. This comparison chart provides an overview of state approaches to certifying CHWs and is part of ASTHO’s technical assistance program for state health departments working on health system transformation. More resources on CHW certification and state health agency support for CHW workforce development are available on ASTHO’s Community Health Worker webpage: www.astho.org/community-health-workers.

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Legislation enacted relative to CHW certification

Certification is a declaration by an issuing authority that an individual CHW has certain qualifications. In enacting legislation related to certification, the state is therefore exerting its authority to regulate the profession, though not necessarily its practice. State statute may specify the workforce definition, scope of practice, and core competencies; however, state legislation may instead authorize a study and delegate another body to make these recommendations. Decisions about qualifications, training standards, and application and administrative processes are often left to an authorizing body. A significant proportion of states require CHWs to be members of the certifying entity, and no state uses certification as a practice requirement for CHWs.¹

Illinois

Law authorization: Certification or study?	Public Act 098-0796 2014: <ul style="list-style-type: none"> • Department of Public Health (DPH) study group. • The law specifies the membership of a 15-member Advisory Board on CHWs to be appointed by the Director of Public Health. Eight members must be current CHWs practicing in a specified variety of counties; others include a physician, a nurse, a licensed social worker, a counselor or psychologist, a public health workforce policy professional, an employer of CHWs, and a representative of CHW educational organization. • DPH is to provide administrative and staff support for the Board.
Entity with administrative responsibility for certification	N/A
Entity with certifying authority	N/A
Who appoints members of certifying entity	N/A
Required members of certifying entity	N/A
Voluntary or practice requirement	N/A
Definition included	APHA definition included in legislation.
Scope of practice and core competencies included	Scope – Yes. Core competencies – Yes (“to include but not limited to....”).
Resources	Public Act 098-0796: http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=098-0796

¹ In Texas, the language is a practice act, but there is no enforcement mechanism, and so it operates as a voluntary act. The 1993 Texas language is a blend of two different bills with conflicting messages. In 1999, the state added language making certification mandatory for any CHW receiving compensation; however, no statute or regulation defines enforcement or penalties.

Voluntary programs maximize flexibility for employers and guards against an unintended consequence of barring access to the field.

Maryland

Law authorization: Certification or study?	<p>SB 592 2014:</p> <ul style="list-style-type: none"> • Law required a study group to be formed jointly by the Department of Health and Mental Hygiene and the Maryland Insurance Administration. • Specified that to the “extent possible at least 50 percent of the membership of the workgroup shall be composed of individuals who: (1) are directly involved in the provision of nonclinical healthcare; or (2) represent an institution or organization that is directly involved in the provision of nonclinical healthcare.” • Final report with recommendations completed in June 2015. <p>HB 1113:</p> <ul style="list-style-type: none"> • Filed 2/9/17, amended, and referred back to committee.
Entity with administrative responsibility for certification	Certification not yet established. Second bill has not passed as of June 2017.
Entity with certifying authority	N/A
Who appoints members of certifying entity	N/A
Required members of certifying entity	N/A
Voluntary or practice requirement	N/A
Definition included	APHA definition included in HB 1113 2017.
Scope of practice and core competencies included	N/A
Resources	<p>SB 592 2014: http://mgaleg.maryland.gov/2014RS/bills/sb/sb0592E.pdf HB 1113 filed and amended: http://mgaleg.maryland.gov/2017RS/bills/hb/hb1113t.pdf</p>

Massachusetts

Law authorization: Certification or study?	<p>Chapter 58 2006:</p> <ul style="list-style-type: none"> • Established Massachusetts Department of Public Health (MDPH) study group. <p>Chapter 322 2010:</p> <ul style="list-style-type: none"> • Established certification.
Entity with administrative responsibility for certification	MDPH Division of Health Professions and Licensure.
Entity with certifying authority	MDPH Board of Certification of CHWs.
Who appoints members of certifying entity	Legislation requires the health commissioner or a designee to serve as chair. The governor appoints an additional 10 members through nominations submitted by specific groups named in law.
Required members of certifying entity	<p>11 total members, in addition to the state health commissioner or designee:</p> <ul style="list-style-type: none"> • A minimum of four CHWs (recommendations made by the state CHW association) • Representatives of the public health association, community health center association, health payer association, specific

	geographic regions, a CHW training center, a community CHW employer, and a member of the public.
Voluntary or practice requirement	Voluntary.
Definition included	MDPH definition included in legislation.
Scope of practice and core competencies included	Scope – No. Core competencies – Yes (“to include but not limited to...”).
Resources	Chapter 322: https://malegislature.gov/Laws/SessionLaws/Acts/2010/Chapter322

New Mexico

Law authorization: Certification or study?	SB 58 (2014) N. M. Stat. (Certification)
Entity with administrative responsibility for certification	New Mexico Department of Health (DOH).
Entity with certifying authority	Board of Certification of CHWs.
Who appoints members of certifying entity	Secretary of Health.
Required members of certifying entity	Nine members: <ul style="list-style-type: none"> • The secretary of health or designee. • A minimum of three CHWs. • Suggests CHW “stakeholders” such as: a) a community geographic representative, b) healthcare providers, and c) higher education representatives.
Voluntary or practice requirement	Voluntary.
Definition included	State-specific definition adopted from MDPH and included in legislation.
Scope of practice and core competencies included	Scope – No. Core competencies – No.
Resources	N.M. Code R. § 7.29.5.1: https://www.nmlegis.gov/Sessions/14%20Regular/final/SB0058.pdf

Ohio

Law authorization: Certification or study?	Certification.
Entity with administrative responsibility for certification	Ohio Board of Nursing.
Entity with certifying authority	Ohio Board of Nursing.
Who appoints members of certifying entity	N/A
Required members of certifying entity	N/A
Voluntary or practice requirement	Voluntary; however, statute specifies that the titles “CHW” and “Certified CHW” may only be used by an individual who has obtained certification under the statute.
Definition included	APHA definition included in legislation.
Scope of practice and core competencies included	Scope – Yes. Core competencies – Yes.
Resources	Am. Sub. HB 95: http://www.lsc.ohio.gov/analyses125/03-hb95-125.pdf

	Admin. Code 4723-26-02: http://codes.ohio.gov/oac/4723-26-02v1
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Oregon

Law authorization: Certification or study?	<p>HB 3650 2011:</p> <ul style="list-style-type: none"> Established the Non-Traditional Health Worker Subcommittee: Study group. <p>HB 3407 2013:</p> <ul style="list-style-type: none"> Established the Traditional Health Worker Commission, which oversees CHWs: Certification.
Entity with administrative responsibility for certification	Oregon Health Authority Office of Diversity and Inclusion, Traditional Health Worker Commission.
Entity with certifying authority	Oregon Health Authority.
Who appoints members of certifying entity	Director of the Oregon Health Authority.
Required members of certifying entity	<p>19 members:</p> <ul style="list-style-type: none"> At least six appointed from nominees provided by the Oregon Community Health Workers Association (representing traditional health workers). CHWs, personal health navigators, peer wellness specialists, and doulas. <p>Additional required representatives on the Traditional Health Worker Commission in Oregon include:</p> <ul style="list-style-type: none"> The Department of Community Colleges and Workforce Development. A community health nurse who represents the Oregon Nurses Association. A physician who represents the Oregon Medical Association. A nominee from the Home Care Commission. A representative of coordinated care organizations. A representative of a labor organization. A supervisor of traditional health workers at a community based organization, local health department, or agency. A representative from an organization that trains traditional health workers. A consumer of health workers who are not licensed by state. Representatives that assure the geographic, ethnic, gender, racial, disability, gender identity, sexual orientation and economic diversity of traditional health workers.
Voluntary or practice requirement	Voluntary.
Definition included	State-specific definition included in legislation.
Scope of practice and core competencies included	Scope – No. Core competencies – No.
Resources	<p>HB 3650:</p> <p>https://olis.leg.state.or.us/liz/2011R1/Downloads/MeasureDocument/HB3650</p>

	HB 3407: https://olis.leg.state.or.us/liz/2013R1/Downloads/MeasureDocument/HB3407
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Texas

Law authorization: Certification or study?	HB 1864 1999 authorizes a study group and creates certification (<i>ad hoc combination of two conflicting bills in committee</i>).
Entity with administrative responsibility for certification	Texas Department of State Health Services (TDSHS) Office of Title V and Family Health. (Will fall under Chronic Disease Prevention starting 9/1/17.)
Entity with certifying authority	TDSHS (which has an advisory committee appointed by the Commissioner of TDSHS).
Who appoints members of certifying entity	N/A
Required members of certifying entity	<p>Not specified in statute; however, the study committee composition was specified:</p> <ul style="list-style-type: none"> • Includes two CHWs out of 15 members. <p>Administrative rules for the advisory committee specifies nine members:</p> <ul style="list-style-type: none"> • Four CHWs. • Two “public members.” • One representative of higher education. • Two professionals who “work with promotores or [CHWs] in a community setting.”
Voluntary or practice requirement	Voluntary (HB1051 2001 makes certification mandatory for CHWs who are paid, but there is no provision for enforcement in statute or rules).
Definition included	Defined by a general list of duties. (“A person who promotes health within the community in which the person resides, without regard to whether the person is compensated, by engaging in activities such as providing health education, making referrals to health and social services providers, coaching families on effective ways to access health services, conducting needs assessments, identifying barriers to health care delivery, making home visits, providing language services, collecting information regarding the outcome of health services provided to families, and acting as a liaison between families and health care providers.”)
Scope of practice and core competencies included	Scope – No. Core competencies – No.
Resources	Amended in 2011: http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.48.htm Original HB 1864 text: http://www.legis.state.tx.us/tlodocs/76R/billtext/html/HB01864F.htm

CHW Certification established or in process without legislation passed (as of July 2017)

CHW certification can also be achieved without legislation. The certifying entity does not have to be a governmental body, and the state health department may implement certification programs in cooperation with the non-state entities, such as CHW associations. The three states detailed below offer examples of states certifying CHWs through non-legislated boards.

Arizona

Law authorization: Certification or study?	HB 2426: <ul style="list-style-type: none"> • Would establish study group. • Passed the House in 2017, but did not reach floor of Senate. • Department of Health CHW Advisory Board. • Nine members appointed by Director of Health Services. • Majority of members to be CHWs.
Entity with administrative responsibility for certification	Developed to date by stakeholders, including Arizona CHW Association. Arizona Department of Health Services to administer registry (passive function).
Entity with certifying authority	Arizona Department of Health Services.
Who appoints members of certifying entity	N/A
Required members of certifying entity	N/A
Voluntary or practice requirement	Voluntary.
Definition included	APHA definition included in legislation.
Scope of practice and core competencies included	N/A (No legislation or regulations are in place.)
Resources	HB 2426: https://legiscan.com/AZ/text/HB2426/id/1498094

Florida

Law authorization: Certification or study?	HB 285 and SB 482: <ul style="list-style-type: none"> • HB 285 died in 2015 session. • SB 244 died in the 2016 session.
Entity with administrative responsibility for certification	Florida Certification Board (independent non-profit).
Entity with certifying authority	Florida Department of Health.
Who appoints members of certifying entity	N/A
Required members of certifying entity	N/A
Voluntary or practice requirement	Voluntary.
Definition included	A state-specific definition has been adapted from the APHA definition.
Scope of practice and core competencies included	N/A
Resources	The Florida Certification Board: http://flcertificationboard.org/wp-content/uploads/CCHW-Candidate-Guide-7-1-16.pdf

Rhode Island

Law authorization: Certification or study?	N/A
Entity with administrative responsibility for certification	Rhode Island Certification Board (independent non-profit, based in Pennsylvania).
Entity with certifying authority	Rhode Island Department of Health.
Who appoints members of certifying entity	N/A
Required members of certifying entity	N/A
Voluntary or practice requirement	Voluntary.
Definition included	A state-specific definition has been adapted from the APHA definition.
Scope of practice and core competencies included	N/A
Resources	Rhode Island Certification Board: http://www.health.ri.gov/materialbyothers/CommunityHealthWorkerJobAnalysisAndStandards.pdf

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