

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 482

INTRODUCER: Senators Braynon and Joyner

SUBJECT: Community Health Worker Certification

DATE: March 6, 2015

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Stovall	HP	Favorable
2.			AHS	
3.			AP	

I. Summary:

SB 482 creates section 381.989, F.S., which requires the Department of Health (DOH) to approve one or more third-party credentialing entities to offer a voluntary certification program for community health workers (CHW). CHWs are defined as frontline health care workers who are trusted members of the community they serve or have an unusually deep understanding of that community and who meet other specified criteria.

In order to be approved by the DOH, the bill requires third-party credentialing entities to:

- Establish professional requirements and standards for CHWs;
- Develop and apply core competencies and examinations for certification as a CHW;
- Maintain a code of professional ethics and disciplinary procedures for CHWs;
- Maintain a publicly accessible database of certified CHWs;
- Require continuing education for recertification as a CHW;
- Administer a continuing education provider program; and
- Establish and maintain a CHW advisory committee.

The bill requires approved credentialing entities to grandfather current CHWs who meet the credentialing entity's grandfathering standards for a period of 15 months after the implementation of the CHW certification program.

II. Present Situation:

Community Health Workers

Community health workers are lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments. Typically they share ethnicity, language, socioeconomic status, and life experiences with the communities they serve. CHWs have been identified by many titles, such as community health

advisors, lay health advocates, “promotores(as),” outreach educators, community health representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening.¹

References in U.S. literature to CHWs begin in the middle of the 1960s when attempts to engage CHWs in low-income communities were experimental responses to the persistent problems of the poor and related more to antipoverty strategies than to specific models of intervention for disease prevention and health care. The documented CHW activities evolved in the subsequent years from special projects funded by short-term public and private grants to a period reflecting discussions of standardized training for CHWs and then to a period where legislation specifically addressing CHWs—their use and certification—passed in a number of states.² By the end of 2013, fifteen states and the District of Columbia had enacted laws addressing CHW infrastructure, professional identity, workforce development, or financing.³

In 2009, the Agency for Healthcare Research and Quality (AHRQ) conducted a systematic review of the evidence on CHW interventions, outcomes of such interventions, costs and cost-effectiveness of CHW interventions, and characteristics of CHW training. The report concluded that CHWs can serve as a means to improving outcomes for underserved populations for some health conditions. The effectiveness of CHWs in numerous areas, however, requires further research that addresses the methodological limitations of prior studies.⁴

The first federal effort authorizing CHW programs—the Patient Navigator Outreach and Chronic Disease Prevention Act—passed in 2005. The legislation authorized \$25 million in HRSA-administered grants for patient navigator (a type of CHW) programs to coordinate health care services, provide health screening and health insurance information, conduct outreach to medically underserved populations, and perform other duties common to CHWs.⁵ This program was reauthorized in 2010 under the Patient Protection and Affordable Care Act.

In 2000, there were an estimated 86,000 CHWs nationwide. Florida had 2,650 paid and 1,556 volunteer CHWs, which ranked Florida fourth in the nation for the most CHWs in the

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, *Community Health Worker National Workforce Study*, pp. iii-iv (March 2007) <http://bhpr.hrsa.gov/healthworkforce/reports/chwstudy2007.pdf> (last visited Mar. 6, 2014).

² *Id.* at iv.

³ U.S. Centers for Disease Control and Prevention, *A Summary of State Community Health Worker Laws* (July 2013) http://www.cdc.gov/2Fdhdsdp%2Fpubs%2Fdocs%2FCHW_State_Laws.pdf&ei=1ThUq-IB7jKsQSzooCICg&usq=AFQjCNEud90XB-Dxd9c95sYOnoOijIAkrA (last visited Mar. 6, 2014).

⁴ Agency for Healthcare Research and Quality, *Outcomes of Community Health Worker Interventions* (June 2009) <http://www.ahrq.gov/research/findings/evidence-based-reports/comhwork-evidence-report.pdf> (last visited Mar. 6, 2015).

⁵ Pub. Law No. 109-18, H.R. 1812, 109th Cong. (June 29, 2005).

workforce.⁶ In 2010, the U.S. Department of Labor included Community Health Workers in the Standard Occupational Classification (SOC).⁷

Florida Community Health Worker Coalition

In October 2010, the DOH received a grant from the Centers for Disease Control to assist cancer coalitions in improving outcomes through policy, environment, or system change. The Cancer Control and Research Advisory Council (CCRAB)—the statewide cancer council—opted to use the funds to develop and promote the work of CHWs in the state. The DOH convened a task force which became the Florida Community Health Worker Coalition (Coalition). The Coalition is a statewide partnership housed within the University of Florida’s College of Pharmacy and dedicated to the support and promotion of the CHW profession.⁸ The Coalition has identified six key issues of interest:

- Institute a standard definition of CHW in Florida.⁹
- Establish a database of CHWs.
- Standardize training and curriculum standards for CHWs.
- Pursue passage of legislation that recognizes the efforts of CHWs throughout Florida.
- Continue recruiting membership and stakeholder support.
- Pursue reimbursement for CHWs through Medicaid and private insurance.¹⁰

Medically Underserved in Florida

Medically underserved areas or populations are those areas or populations designated by the Health Resources Services Administration as having too few primary care providers, high infant mortality, high poverty, and/or high elderly population.¹¹ Medically underserved areas may consist of a whole county or group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services. Medically underserved populations may include groups of persons who face economic, cultural,

⁶ *Supra* note 1, at 14.

⁷ The 2010 SOC system is used by federal statistical agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data. All workers are classified into one of 840 detailed occupations according to their occupational definition.

⁸ University of Florida, College of Pharmacy, *Florida Community Health Worker Coalition* <http://floridachwn.pharmacy.ufl.edu/> (last visited Mar. 6, 2015).

⁹ The coalition has adopted the following definition: “A CHW is a frontline health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. Some activities performed by the CHW include providing information on available resources, providing social support and informal counseling, advocating for individuals and community health needs, and providing services such as first aid and blood pressure screening. They may also collect data to help identify community health needs.” *Community Health Worker: A Year in Review*, available at [http://file.cop.ufl.edu/pop/CHW%20Website%20\(fr%20desktop\)/Coalition/Community%20Health%20Worker-Year%20In%20Review%20Draft%20Nov%202011.pdf](http://file.cop.ufl.edu/pop/CHW%20Website%20(fr%20desktop)/Coalition/Community%20Health%20Worker-Year%20In%20Review%20Draft%20Nov%202011.pdf), (last visited Mar. 6, 2015).

¹⁰ *Id.*

¹¹ HRSA, *Find Shortage Areas: MUA/P by State and County*, available at: <http://muafind.hrsa.gov/> (last visited Mar. 6, 2015).

or linguistic barriers to health care.¹² Medically underserved areas and populations are found in every county in Florida.¹³

Credentialing of Community Health Workers

A number of states have instituted credentialing programs for CHWs including, among others, Massachusetts, Minnesota, Ohio, Oregon and Texas.^{14,15} Most states with credentialing programs opt for a certification structure rather than a licensure structure. Some states, such as Indiana and Nebraska, have instituted certificate and training programs for CHWs independent of state statutes being passed.¹⁶ One of the benefits of a CHW certification system is that it allows a CHW to identify him or herself as certified which signals to employers and payers that the CHW is trained and qualified to perform certain tasks. In many cases certification is a requirement for a CHW to receive payment for their work, however, certification is still distinct from a licensure system which is a barrier to practicing for those without the license.¹⁷

States typically have ways for CHW experience in the field to count toward training requirements, whether by grandfathering practicing CHWs into certification or through a work experience route for new CHWs to enter the field. Final qualification is typically not through a qualifying exam and it is most common for states to set training standards, identifying the skills and core competencies needed for CHW practice and then approve programs that meet these standards. Finally, states typically develop policies with the active participation of CHWs, whether informally or through specific state agencies tasked with policy development.¹⁸

Florida's Community Health Worker Coalition has worked with the Florida Certification Board¹⁹ to establish a certification program for CHWs and full credentialing will begin taking place starting January 1, 2016. In order to be certified, a CHW must meet the training requirement of at least four hours of training in each of Communication and Education, Resources, Advocacy, Foundations of Health, and Professional Responsibility as well as 10 hours of electives. Current CHWs can receive a grandfathered certification between January 1, 2015 and December 31, 2015, if the CHW:

- Can show that he or she has at least 500 hours of volunteer or paid experience as a CHW in the past 5 years;

¹² HRSA, *Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations*, <http://www.hrsa.gov/shortage/> (last visited Mar. 6, 2015).

¹³ *Supra* note 11.

¹⁴ See *Community Health Workers Training/Certification Standards - Current Status* (updated March 6, 2015), available at <http://www.astho.org/Public-Policy/Public-Health-Law/Scope-of-Practice/CHW-Certification-Standards/>, (last visited Mar. 6, 2015).

¹⁵ See Center for Health Law and Policy Innovation, Harvard Law School, *Community Health Worker Credentialing: State Approaches* (June 16, 2014) <http://www.chlpi.org/wp-content/uploads/2014/06/CHW-Credentialing-Paper.pdf>, (last visited on Mar. 6, 2014)

¹⁶ *Supra* note 14.

¹⁷ *Supra* note 15.

¹⁸ *Id.*

¹⁹ The Florida Certification Board is a private entity that designs, develops, and manages programs for 32 health and human services professions in Florida and nationally including, among others, certified addiction professionals, child welfare professionals, certified mental health professionals, and certified behavioral health technicians. The Florida Certification Board currently certifies more than 20,000 professionals statewide. See <http://flcertificationboard.org/>, (last visited Mar. 9, 2015).

- Can show that he or she has 30 hours of training in the topics listed above in the last 5 years; and
- Can submit two letters of reference validating his or her experience and training.²⁰

III. Effect of Proposed Changes:

SB 482 creates s. 381.989, F.S., which requires the DOH to approve one or more third-party credentialing entities for the certification of CHWs.

The bill defines the terms:

- “Community health worker” as a frontline health care worker who is a trusted member of, or who has an unusually deep understanding of, the community that he or she serves and who:
 - Serves as an intermediary between health care services or service providers and members of the community in order to improve those services, facilitate access to care, and improve the cultural competency of health care providers;
 - Provides information regarding available resources and social support and serves as a health care advocate for the community;
 - Builds individual and community capacity to prevent disease and promote health by increasing knowledge regarding wellness programs, disease prevention, and self-sufficiency among members of the community; and
 - Collects data to help identify the health care needs in a medically underserved community by:
 - Assisting members of the community in improving their ability to effectively communicate with health care providers;
 - Providing culturally and linguistically appropriate health and nutrition education;
 - Advocating for improved individual and community health; and
 - Providing referral services, follow-up services, and coordination of care.
- “Certification” as the voluntary process by which a department-approved third-party credentialing entity grants a credential to an eligible individual to practice as a certified CHW;
- “Certified community health worker” as a CHW to whom the department-approved third-party credentialing entity has issued a credential that demonstrates that individual’s mastery of CHW core competencies.
- “Core competencies” as the minimum set of knowledge, skill, and abilities necessary for a community health worker to carry out his or her work responsibilities.
- “Department” as the Department of Health.
- “Grandfathering” as a time-limited process by which the credentialing entity grants CHW certification to a qualified individual who was providing CHW services before the establishment of the CHW certification program;
- “Medically underserved community” as a community in a geographic area that has a shortage of health care providers and a population that includes individuals who do not have public or private health insurance, are unable to pay for health care, and have incomes at or below 185 percent of the federal poverty level; and
- “Recertification” as the biennial renewal of a CHW certification.

²⁰ Florida Community Health Worker Coalition, *CHW Certification Begins in Florida!* (2015), available at <http://floridachwn.pharmacy.ufl.edu/files/2015/02/CHW-Certification-Begins-bilingual.pdf>, (last visited Mar. 6, 2015).

The bill requires the DOH to approve one or more third-party credentialing entities to develop and administer voluntary CHW certification programs. The entity must request approval in writing and must be able to demonstrate its ability to:

- Establish professional requirements and standards that an applicant must achieve to be certified as a CHW;
- Develop and apply core competencies and examination instruments according to nationally recognized psychometric standards;
- Maintain a professional code of ethics and disciplinary procedures for certified CHWs;
- Maintain a publicly accessible database of all certified CHWs including any ethical violations committed by the CHW;
- Require continuing education for recertification or reinstatement of the certification of a CHW;
- Administer a continuing education provider program to ensure all CHW education providers are qualified; and
- Create and maintain a CHW advisory committee of between eight and fifteen members consisting of at least two members representing the DOH, five members representing the Florida Community Health Worker Coalition, and up to two members from other stakeholder organizations identified by the DOH. The organization a member represents must appoint the member and the credentialing entity may appoint additional members to the committee.

The bill also requires third-party credentialing entities to issue grandfathered certifications to CHWs who meet the credentialing entities' grandfathering requirements for a period of 15 months after implementation of the certification program. The applying CHW must pay \$50 for such a certification.

The provisions in the bill take effect when becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

CHWs who wish to be certified may see a cost associated with additional training they may be required to receive, as determined by the credentialing entity. The impact to CHWs who wish to be credentialed is indeterminant since the amount of training required, training costs, and application fees are not specified in the bill. CHWs who meet the requirements and wish to be grandfathered in will be required to pay \$50.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

Sub-paragraph 381.989(1)(a)4. created by the bill requires that a CHW “collect data to help identify the health care needs in a medically underserved community” however sub-sub-paragraphs 381.989(1)(a)4.a.-d. list requirements that are not related to data collection. Sub-paragraph 381.989(1)(a)4. should be amended to relate to the sub-sub-paragraphs or should be separated from the sub-sub-paragraphs.

VII. Related Issues:

The bill requires that the credentialing entities create professional requirements, training programs, core competencies, and a code of ethics for CHWs but does not specify minimum standards for any of these requirements. As such, if more than one credentialing entity is approved by the DOH, the requirements to be certified as a CHW could vary widely between different credentialing entities. Additionally, the bill requires the DOH to approve at least one credentialing organization regardless of the substance and credibility of the credentialing program should only one organization seek approval.

The bill requires the DOH to both approve credentialing entities and to appoint members to the advisory committee as well as identify key stakeholders who may appoint members to the committee. The DOH states that these requirements could create a conflict of interest and recommends that the DOH not be required to appoint members to the advisory committee or identify key stakeholders.²¹

The bill describes the duties of a CHW and some of the duties as described could constitute unlicensed practice of a profession if the CHW is not otherwise licensed. For example, providing nutrition education, as required by 381.989(1)(a)4.b., could be considered the practice of dietetics and nutrition as defined in s. 468.503, F.S.²²

VIII. Statutes Affected:

This bill creates section 381.989 of the Florida Statutes.

²¹ Department of Health, *Senate Bill 482 Analysis* (February 2, 2015) (on file with Senate Committee on Health Policy).

²² *Id.*

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
