

# HOUSE BILL REPORT

## HB 2436

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**As Reported by House Committee On:**  
Health Care & Wellness  
Appropriations

**Title:** An act relating to defining community health workers and their roles.

**Brief Description:** Defining community health workers and their roles.

**Sponsors:** Representatives Robinson, Riccelli, Pollet, Ormsby and Santos.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/16/18, 1/23/18 [DPS];

Appropriations: 2/3/18, 2/6/18 [DP2S(w/o sub HCW)].

**Brief Summary of Second Substitute Bill**

- Defines "community health worker" and "frontline public health worker."

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Cody, Chair; Macri, Vice Chair; Clibborn, Harris, Jinkins, Riccelli, Robinson, Slatter, Stonier and Tharinger.

**Minority Report:** Do not pass. Signed by 6 members: Representatives Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Caldier, MacEwen, Maycumber and Rodne.

**Minority Report:** Without recommendation. Signed by 1 member: Representative DeBolt.

**Staff:** Kim Weidenaar (786-7120).

**Background:**

Community health workers (CHWs) are known by a number of names and may be referred to as community health advisors, lay health educators, peer health promoters, and promotores

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de salud, among other names. Community health workers are not defined in statute, although some states have enacted laws regarding CHWs.

The Community Health Worker Task Force was established in 2015 to create policy change recommendations aligning the CHW workforce with the Healthier Washington initiative. The task force focused on making recommendations supporting integration of CHWs into community health and the health care system. The task force included 55 members from across the state including legislators, representatives from health care delivery systems, community-based organizations, local health jurisdictions, tribes, professional associations, labor, CHWs from a wide range of sectors, and others. The task force issued a report in December 2015 that detailed recommendations related to the definition of CHWs, their roles and skills, CHW training and education, and CHW financing and sustainability.

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### **Summary of Substitute Bill:**

The intent of the Legislature is to define the roles of community health workers (CHW) in statute in "an effort to create consistency across the state." "Community health worker" is defined as "a frontline public health worker who is a trusted member of or who has a uniquely close understanding of the community served. This trusting relationship enables the worker to serve as a liaison, link, or intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery." "Frontline public health worker" is defined as someone who works to improve community health.

The roles and activities of CHWs may include:

- cultural mediation among individuals, communities, and health and social service systems;
- providing culturally appropriate health education and information;
- conducting outreach;
- care coordination, case management, and system navigation;
- providing coaching and social support;
- advocating for individuals and communities;
- building individual and community capacity;
- implementing individual and community assessments; and
- participating in evaluation and research.

By July 1, 2019, the Department of Health (DOH) must adopt rules defining the direct services that CHWs may provide. By October 1, 2018, the DOH, to the extent of its existing authority, must begin to implement the recommendations of the task force related to training and education and report the progress to the Legislature by July 1, 2020.

By July 1, 2019, public and private entities employing CHWs must perform a fingerprint-based background check through the Washington State Patrol for all CHWs who perform the roles defined in the bill on the entity's behalf.

### **Substitute Bill Compared to Original Bill:**

The substitute bill eliminates the role that allows community health workers (CHWs) to provide direct services such as basic screening tests and basic services with adequate supervision and training, and instead requires the Department of Health (DOH) to adopt rules defining the direct services that CHWs may provide. The DOH must also begin implementing the recommendations of the Community Health Worker Task Force related to training and education by October 2018 and to report to the Legislature on the progress by July 1, 2020.

The substitute bill also requires public and private entities that employ CHWs to perform a background check through the Washington State Patrol for all CHWs that perform the roles described in the bill on the entity's behalf.

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**Appropriation:** None.

**Fiscal Note:** Not requested.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) Community health workers (CHWs) have a long history and are used across the world. Community health workers act as a bridge to social services and health providers, help people be their healthiest, and increase provider engagement. Community health workers are needed to make health reform work and there is a growing evidence base about the importance of CHWs. One of the fundamental values of local public health is providing quality and culturally competent care. Community health worker fill these gaps and ensure that people are empowered to use and access health care system.

All nine Accountable Communities of Health (ACOs) have included CHWs in their plans. However, there is some uncertainty as to the definition, so a formal and consistent definition moving us forward in one direction is necessary. Community health workers operate in such a wide variety of roles, we need a clear definition of what they are and what they do, and need a robust training system.

The Community Health Workers Task Force was convened by the Department of Health and the Health Care Authority in anticipation that CHWs would be essential to meet the goals of health reform. The task force had 55 members representing health systems, managed care, government agencies, and many CHWs. The recommendations were passed unanimously and this bill comes directly from those recommendations.

(Opposed) None.

(Other) While increasing access to care where people are located makes a lot of sense, there is a concern that CHWs may exercise clinical judgment. Some sort of standardized training or a consistent form used by all CHWs and developed by a central agency, may solve these

issues. There are also concerns that supervision may cause liability for entities employing CHWs.

Most states that regulate CHWs have training and certification requirements. Washington already has a voluntary training program. Others are worried that a scope of practice is being developed in the bill, without any training requirements. CHWs should be brought in under the Uniform Disciplinary Act.

**Persons Testifying:** (In support) Representative Robinson, prime sponsor; Kathy Burgoyne, Foundation for Healthy Generations; Michelle DiMisicic, Public Health Seattle and King County; Margaret Braun, Spokane Regional Health District; and Jaime Bodden, Washington State Medical Association of Local Public Health Officials.

(Opposed) None.

(Other) Katie Kolan, Washington State Medical Association; and Justin Gill, Washington State Nurses Association.

**Persons Signed In To Testify But Not Testifying:** None.

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## HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 19 members: Representatives Ormsby, Chair; Robinson, Vice Chair; Bergquist, Cody, Fitzgibbon, Hansen, Harris, Hudgins, Jinkins, Kagi, Lytton, Pettigrew, Pollet, Sawyer, Senn, Springer, Stanford, Sullivan and Tharinger.

**Minority Report:** Do not pass. Signed by 14 members: Representatives Chandler, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Stokesbary, Assistant Ranking Minority Member; Buys, Caldier, Condotta, Graves, Haler, Manweller, Schmick, Taylor, Vick, Volz and Wilcox.

**Staff:** Linda Merelle (786-7092).

### **Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:**

The Appropriations Committee recommended the removal of the provisions regarding the roles and activities of Community Health Workers (CHWs) and removed the requirement that the Department of Health (DOH) adopt rules defining the direct services that CHWs may provide. The requirements that the DOH begin to implement the recommendations of the Community Health Worker Task Force related to training and education, and that the DOH submit a subsequent report by July 1, 2020, have been removed. The requirement of background checks for CHWs employed by public and private entities has been removed.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Second Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) Having the definition of a CHW in statute provides a common place to start. The CHWs are not employed by the state. They are trusted members of the community who interface with people about how to be healthy and how to access the health care system. A CHW addresses issues that may be barriers to accessing a healthy life style. Studies show that having CHWs in communities saves money.

(Opposed) None.

**Persons Testifying:** Representative Robinson, prime sponsor; and Erin Dzedzic, Foundation for Healthy Generations.

**Persons Signed In To Testify But Not Testifying:** None.