THE PATIENT PROTECTION & AFFORDABLE CARE ACT OF 2010
Provisions for Community Health Workers (bold text was inserted for emphasis)

§5101—NATIONAL HEALTH CARE WORKFORCE COMMISSION
CHWs are listed as a health care provider under the “health care workforce” and are defined as health professionals.

§5313—GRANTS TO PROMOTE THE COMMUNITY HEALTH WORKFORCE
The CDC “awards grants to eligible entities that promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.”

Grants are used to support CHWs and their roles for education and outreach in the following areas:
(1) Prevalent health problems in medically underserved communities, particularly racial and ethnic minority populations;
(2) Promotion of health behaviors and discouragement of risky health behaviors;
(3) Enrollment in health insurance;
(4) Identify and referring individuals to healthcare agencies and social services to increase access and eliminate duplicative care; and
(5) Provide home visitation services for maternal health and prenatal care.

This section defines community health worker as follows: “The term ‘community health worker’ means an individual who promotes health or nutrition within the community in which the individual resides—
(A) by serving as a liaison between communities and health care agencies;
(B) by providing guidance and social assistance to community residents;
(C) by enhancing community residents’ ability to effectively communicate with healthcare providers;
(D) by providing culturally and linguistically appropriate health or nutrition education;
(E) by advocating for individual and community health
(F) by providing referral and follow-up services or otherwise coordinating care; and
(G) by proactively identifying and enrolling eligible individuals in Federal, State, local, private or non-profit health and human services programs.”

§5403—INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES
The Secretary shall award grants to Area Health Education Centers to “Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals, as practicable.”
Federal Register Vol. 78 No. 135 Pg. 42306

§440.130 Diagnostic, screening, preventative, and rehabilitative services.
“(c) Preventive services means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to—
(1) Prevent disease, disability, and other health conditions or their progression;
(2) Prolong life; and
(3) Promote physical and mental health and efficiency.”

What is the Federal Register?
The Federal Register is a daily publication of the US federal government that issues proposed and final administrative regulations of federal agencies.

Why does this matter for community health workers (CHWs)?
Per the register, this final rule “does not dictate who can provide preventive services; it defines who can recommend such services.” As long as preventive services are prescribed by a physician or licensed practitioner, the person actually providing preventive services can be a community health worker or other non-credentialed professional.

What are the next steps for CHW advocates?
The register indicates that “States will have discretion to determine which providers will provide the service using the state plan amendment process.” If CHWs and advocates see this as an opportunity for CHW integration into health and human service systems, advocates need to know the current Medicaid state plan, whether an amendment process is underway regarding this ruling, and, if it exists, when it is expected to be submitted to CMS for review. CHWs need to have the majority voice for drafting recommendations concerning their profession in this process.

Balcazar et al. lays out three action steps for CHWs’ full participation in patient centered primary care and community health promotion that can be related to the Federal Register ruling above:

1. **Advocate for Inclusion of CHW Perspectives.**
   Promote the awareness and appreciation of the uniqueness of CHWs and support their roles in bringing community perspectives and priorities into the process of improving health care systems

2. **Promote the CHWs’ Integration Into Systems of Care**
   Promote the integration of CHWs in the full range of health care delivery and population health programs

3. **Promote CHW-focused Research and Policy**
   Implement a national agenda for CHW evaluation research and develop comprehensive policies to enhance the sustainability of the CHW workforce with CHW leader in guiding policy recommendations