

AMENDED IN ASSEMBLY FEBRUARY 11, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

**ASSEMBLY BILL**

**No. 96**

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**Introduced by Assembly Member Jackson**

January 7, 2025

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An act to amend ~~Section 18998~~ *Sections 18998 and 18998.1* of the Welfare and Institutions Code, relating to public health.

LEGISLATIVE COUNSEL’S DIGEST

AB 96, as amended, Jackson. Community health workers.

Existing law required the Department of Health Care Access and Information, on or before July 1, 2023, to develop and approve statewide requirements for community health worker certificate programs. *Existing law requires the department, as part of developing those requirements, to, among other things, determine the necessary curriculum to meet certificate program objectives.* Existing law defines “community health worker” for these purposes to mean a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery. Existing law specifies that “community health worker” include Promotores, Promotores de Salud, Community Health Representatives, navigators, and other nonlicensed health workers with the qualifications developed by the department.

This bill would also specify for these purposes that a “community health worker” includes a peer support ~~specialist~~. *specialist and would deem a certified peer support specialist to have satisfied all education and training requirements developed by the department for certification as a community health worker.*

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     SECTION 1. Section 18998 of the Welfare and Institutions  
2     Code is amended to read:  
3     18998. For purposes of this chapter, the following terms have  
4     the following meanings:  
5     (a) “Community-defined” means a set of practices that  
6     communities have used and found to yield positive results, as  
7     determined by community consensus over time. These practices  
8     may or may not have been measured empirically, but have reached  
9     a level of acceptance by the community.  
10    (b) “Community health worker” means a liaison, link, or  
11    intermediary between health and social services and the community  
12    to facilitate access to services and to improve the access and  
13    cultural competence of service delivery. A community health  
14    worker is a frontline health worker either trusted by, or who has  
15    a close understanding of, the community served. Community health  
16    workers include Promotores, Promotores de Salud, Community  
17    Health Representatives, navigators, peer support specialists, as  
18    defined in Section 14045.12, and other nonlicensed health workers  
19    with the qualifications developed pursuant to this chapter, including  
20    violence prevention professionals. A community health worker’s  
21    lived experience shall align with and provide a connection to the  
22    community being served.  
23    (c) “Core competencies” means the foundational and essential  
24    knowledge, skills, and abilities required for community health  
25    workers, which include all of the following:  
26    (1) Communication skills.  
27    (2) Interpersonal and relationship-building skills.  
28    (3) Service coordination and navigation skills.  
29    (4) Capacity building skills.  
30    (5) Advocacy skills.  
31    (6) Education and facilitation skills.  
32    (7) Individual and community assessment skills.  
33    (8) Outreach skills.  
34    (9) Professional skills and conduct.  
35    (10) Evaluation and research skills.

1 (11) Knowledge base, including knowledge of basic public  
2 health principles, and social determinants of health and related  
3 disparities, of the community to be served.

4 (d) “Cultural competence” means a set of congruent behaviors,  
5 attitudes, and policies that come together in a system or agency  
6 that enables that system or agency to work effectively in  
7 cross-cultural situations. A culturally competent system of care  
8 acknowledges and incorporates, at all levels, the importance of  
9 language and culture, intersecting identities, assessment of  
10 cross-cultural relations, knowledge and acceptance of dynamics  
11 of cultural differences, expansion of cultural knowledge, and  
12 adaptation of services to meet culturally unique needs to provide  
13 services in a culturally competent manner.

14 (e) “Department” means the Department of Health Care Access  
15 and Information.

16 (f) “Lived experience” means personal knowledge of a specific  
17 health condition or circumstance, which may include, but not be  
18 limited to, Alzheimer’s and other related dementia, climate impact  
19 on health, disability, foster system placement, homelessness, justice  
20 involved, LGBTQ+ status, mental health conditions, substance  
21 use, military service, pregnancy, and birth. A community health  
22 worker may draw on their lived experience to assist other  
23 individuals with navigation to treatment and services. A community  
24 health worker with lived experience involving a behavioral health  
25 or other health condition may need additional training on how to  
26 appropriately use this lived experience to assist other individuals  
27 with their recovery from that condition.

28 (g) “Specialty certificate” means the next level of training that  
29 concentrates on specific program focus areas, with learning  
30 objectives and topics tailored to the skills required for distinct  
31 program and population needs.

32 *SEC. 2. Section 18998.1 of the Welfare and Institutions Code*  
33 *is amended to read:*

34 18998.1. (a) On or before July 1, 2023, the department shall  
35 do all of the following:

36 (a)

37 (1) Develop statewide requirements for community health  
38 worker certificate programs in consultation with stakeholders,  
39 including, but not limited to, the State Department of Health Care  
40 Services, the State Department of Public Health, community health

workers, Promotores and Promotores de Salud, or representative organizations. In developing the requirements, the department shall do all of the following:

~~(1)~~

(A) Consult evidenced-based and community-defined materials.

~~(2)~~

(B) Determine necessary curriculum to meet certificate program objectives.

~~(3)~~

(C) Determine criteria for specialty certificate programs and specialized training requirements that build on the lived experience of community health workers.

~~(4)~~

(D) Determine a structure of statewide oversight that reduces barriers to training.

~~(5)~~

(E) Determine how past experience as a community health worker may provide a pathway to certification, and how to verify past experience.

~~(b)~~

(2) Approve statewide requirements for the development of certificate programs for community health workers.

~~(c)~~

(3) Approve the curriculum required for programs to certify community health workers.

~~(d)~~

(4) Review, approve, or renew evidence-based curricula and community-defined curricula for core competencies, specialized programs, and training.

*(b) Notwithstanding subdivision (a), a peer support specialist certified pursuant to Article 1.4 (commencing with Section 14045.10) of Chapter 7 of Part 3 shall be deemed to have satisfied all education and training requirements developed by the department for certification as a community health worker.*