

DEPARTMENT OF HEALTH, STATE BOARD OF HEALTH

SUBJECT: Rules Pertaining to Community Health Workers, 17 CAR pt. 55

DESCRIPTION: These proposed Rules are to enact the certification of community health workers in Arkansas, pursuant to Acts 2025, No. 435.

PUBLIC COMMENT: No public hearing was held on this rule. The public comment period expired on March 10, 2026. The agency provided the following public comment summary:

Commenter's Name: Johnny Riley, Bridging the Gaps of Arkansas

COMMENT: On behalf of our organization and our partners engaged in community health and prevention services across Arkansas, I respectfully submit the following public comment regarding the proposed rules developed pursuant to Act 435 of the 95th General Assembly Regular Session of 2025, the Community Health Worker Certification Act. First, we commend the Arkansas Department of Health for establishing a formal certification framework for Community Health Workers (CHWs). This effort strengthens the public health workforce, enhances accountability, and supports Medicaid and health benefit plan reimbursement for covered services. We respectfully recommend that the final rules explicitly clarify that Certified Community Health Workers may serve in prevention-focused roles within their defined scope of practice. Given Arkansas' ongoing public health challenges—including substance misuse, chronic disease disparities, maternal health outcomes, and behavioral health access gaps—CHWs are uniquely positioned to deliver culturally competent health education, outreach, care coordination, and early intervention services that align directly with prevention science. Specifically, we encourage ADH to: 1. Include language recognizing CHWs as eligible to deliver preventive services, including substance misuse prevention, behavioral health promotion, and chronic disease prevention education. 2. Clarify alignment between CHW core competencies and evidence-based prevention frameworks. 3. Ensure Medicaid billing guidance clearly supports reimbursement for prevention services delivered within scope. 4. Maintain appropriate supervision, training, and compliance safeguards consistent with Arkansas Code § 17-3-102 and related statutes. Providing this clarification will not expand scope of practice beyond Act 435, but will strengthen workforce integration, enhance sustainability of community-based prevention programs, and support long-term cost avoidance in Arkansas' healthcare system. We appreciate the opportunity to provide input during this public comment period and remain available to assist with implementation, workforce alignment, or stakeholder engagement as the rules are finalized.

Thank you for your leadership in advancing Arkansas' public health infrastructure.

RESPONSE: ADH does not have the authority to expand the scope of practice beyond what is defined in Act 435 of 2025. The authority to promulgate rules regarding Medicaid billing and to provide guidance on such billing falls to the Arkansas Medicaid Program that is administered through the Arkansas Department of Human Services. 17 CAR § 55-111 of the proposed rules addresses compliance with Arkansas § 17-3-102.

Commenter's Name: Bri Morris, Community Pharmacy Enhanced Services Network (Arkansas CPESN)

COMMENT: Arkansas Community Pharmacy Enhanced Services Network (Arkansas CPESN) is the largest single network of pharmacies in the state, representing more than 170 locally owned community pharmacies across rural Arkansas. As a pharmacist-led clinically integrated network, CPESN enables community pharmacies to deliver enhanced patient care services and participate in value-based partnerships that improve health outcomes. In many rural communities, these pharmacies serve as the most accessible healthcare setting and a trusted point of care. Arkansas CPESN appreciates the Department's leadership in advancing policies that strengthen Arkansas' healthcare workforce and expand access to care. We are encouraged to see the rule define a healthcare provider as an individual licensed to render covered healthcare services, consistent with Arkansas law recognizing pharmacists as healthcare providers within their scope of practice. Arkansas Medicaid has also allowed pharmacists to enroll as providers for certain services, supporting pharmacist participation in team-based models of care. The scope of practice outlined for community health workers—including cultural mediation, health education, care coordination, case management, health system navigation, coaching and social support, and patient advocacy—aligns naturally with pharmacy-based care teams. Community pharmacies provide frequent patient interaction and trusted relationships that make them ideal settings for CHWs to support prevention, patient education, and connection to clinical and community resources. Arkansas CPESN pharmacies are already demonstrating results from this model. Through a pilot program operating in six rural pharmacies, pharmacy teams and CHWs have conducted more than 1,000 community-based stroke risk screenings and referred several hundred individuals for follow-up care to their prescribers when appropriate. These screenings were made possible through targeted funding that enabled pharmacy teams to conduct proactive community outreach and preventive screening efforts. In addition, more than 30 pharmacies across Arkansas are accredited or pursuing accreditation as Diabetes Self-Management Education and Support (DSMES) sites, expanding access to evidence-based diabetes care. CHWs play an important role in patient outreach, education reinforcement, care coordination, and navigation of healthcare and community resources. These efforts reflect the type of community-based prevention, workforce development, and care coordination emphasized in Arkansas's Rural Health Transformation strategy. Arkansas CPESN thanks the Department for its leadership in advancing team-based care models that strengthen community-based healthcare. Recognizing pharmacists as healthcare providers and enabling community health workers to operate within pharmacy care teams reflects the evolving role of community pharmacies as accessible healthcare hubs across Arkansas and will help expand preventive services, strengthen care coordination, and improve health outcomes statewide. **RESPONSE:** Under Arkansas Code § 17-92-101, a licensed pharmacist shall be considered an individual healthcare provider. Act 435 of 2025 states "healthcare provider" includes an individual licensed to render covered healthcare services. ADH does not have the authority to expand the definition of "healthcare provider" or the scope of practice beyond what is defined in the Act.

Commenter's Name: Debra Wolfe, Arkansas Pharmacists Association

COMMENT: The Arkansas Pharmacists Association (APA) appreciates the opportunity to comment on the Community Health Worker Act. As the Department of Health considers updates to regulatory frameworks, we encourage continued support for innovative, community-based care models that expand access to services across Arkansas. APA is encouraged to see “healthcare provider” defined as an individual licensed to render covered healthcare services. Under Arkansas law, pharmacists are recognized as healthcare providers and should be included in programs and policies that support healthcare service delivery and care coordination. Community pharmacies are among the most accessible healthcare settings in Arkansas and are increasingly serving as hubs for pharmacy-based community health workers (CHWs) who help extend the reach of healthcare teams. Across Arkansas, more than 100 CHWs working in pharmacies are currently supporting patients through programs focused on maternal health, diabetes management, and chronic disease support. These efforts are already producing measurable impact. Since the beginning of this year, more than 1,000 Arkansans have received stroke screenings through community outreach by pharmacy-based CHWs. Pharmacy-based CHWs operate within the traditional scope of community health worker practice by supporting patient education, care coordination, resource navigation, and preventive health outreach within and outside of the pharmacy’s walls. Within pharmacy care teams, CHWs commonly assist with:

- Patient outreach and follow-up, including contacting patients between medical visits to support adherence to care plans and medications.
- Health education and coaching, reinforcing pharmacist-provided counseling on conditions such as diabetes, hypertension, and maternal health.
- Screening and preventive outreach, helping coordinate community events and pharmacy-based screenings such as blood pressure, diabetes risk, and stroke risk assessments.
- Care navigation, assisting patients in scheduling appointments with primary care providers or specialists and connecting them with community services.
- Addressing health-related social barriers, including connecting patients to resources for transportation, food security, housing assistance, and other local support services.

Arkansas’s pharmacy community provides strong infrastructure for expanding these efforts. Arkansas Community Pharmacy Enhanced Services Network (Arkansas CPESN), Arkansas’s clinically integrated network of more than 170 community pharmacies across 57 counties, employs more than 50 of the state’s community health worker workforce, positioning them as trusted access points for preventive care and care coordination in rural communities. Sustainable payment pathways for these services are also emerging. In January 2024, the Centers for Medicare & Medicaid Services (CMS) began paying for principal illness navigation services, establishing new Healthcare Common Procedure Coding System (HCPCS) billing codes for services delivered by certified or auxiliary staff, including community health workers, under the direction of a physician or other qualified practitioner. These codes recognize the value of CHWs in care navigation and coordination and provide a pathway to sustainably integrate pharmacy-based CHWs into team-based care models. The Arkansas Pharmacists Association appreciates the Department’s leadership in improving the health of Arkansans. With pharmacists recognized as Medicaid providers and the CHW scope of practice fitting naturally within pharmacy settings, we look forward to continued collaboration on the implementation of this rule and expanding access to CHW services for Arkansans. **RESPONSE:** Under

Arkansas Code § 17-92-101, a licensed pharmacist shall be considered an individual healthcare provider. Act 435 of 2025 states “healthcare provider” includes an individual licensed to render covered healthcare services. ADH does not have the authority to expand the definition of “healthcare provider” or the scope of practice beyond what is defined in the Act. The authority to promulgate rules regarding Medicaid billing and to provide guidance on such billing falls to the Arkansas Medicaid Program that is administered through the Arkansas Department of Human Services.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that there is no cost to state, county, or municipal government to implement this rule.

The agency stated that Acts 2025, No. 435 provides for a \$50 biannual initial and renewal fee for certification. Per the agency, Community Health Workers are a new certification created by Acts 2025, No. 435, and therefore the agency is unable to determine the rule’s financial impact.

LEGAL AUTHORIZATION: This rule implements Act 435 of 2025. The Act, sponsored by Representative Lee Johnson, created the Community Health Worker Act and established a statewide certification for community health workers. “The Department of Health may promulgate rules relating to the certification and regulation of community health workers under” Title 17, Chapter 46 of the Arkansas Code. Ark. Code Ann. § 17-46-304, *as created by Act 435*.

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT _____
 BOARD/COMMISSION _____
 BOARD/COMMISSION DIRECTOR _____
 CONTACT PERSON _____
 ADDRESS _____
 PHONE NO. _____ EMAIL _____
 NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING _____
 PRESENTER EMAIL(S) _____

INSTRUCTIONS

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, miller-ricer@blr.arkansas.gov, for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, garritym@blr.arkansas.gov, for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

1. What is the official title of this rule?

2. What is the subject of the proposed rule? _____
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes No

4. Is this rule being filed for permanent promulgation? Yes No

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, what was the effective date of the emergency rule? _____

On what date does the emergency rule expire? _____

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes No

If yes, please provide the federal statute, rule, and/or regulation citation.

6. Is this rule required to comply with a *state* statute or rule? Yes No

If yes, please provide the state statute and/or rule citation.

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes No

If yes, please list the rules being repealed.

If no, please explain.

8. Is this a new rule? Yes No

Does this repeal an existing rule? Yes No

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes No

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?
Yes No

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

13. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

Please be sure to advise Bureau Staff if this information changes for any reason.

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. _____

15. What is the proposed effective date for this rule? _____

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

19. Is the rule expected to be controversial? Yes No

If yes, please explain.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT _____
BOARD/COMMISSION _____
PERSON COMPLETING THIS STATEMENT _____
TELEPHONE NO. _____ **EMAIL** _____

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE _____

1. Does this proposed, amended, or repealed rule have a financial impact?
 Yes No

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
 Yes No

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency’s statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:
 - (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.



Sarah Huckabee Sanders
GOVERNOR

Renee Mallory, RN, BSN
SECRETARY OF HEALTH

Jennifer Dillaha, MD
DIRECTOR

To: Members, Arkansas State Board of Health

From: Cristy Sellers
Division of Health Advancement

Date: 07/10/2025

Subject: To request approval by the State Board of Health of the rules pertaining to
Community Health Workers

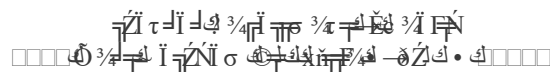
Authority: Arkansas Code 17 CAR §-55-101-114

Relevant Acts: Act 435 of 2025, Community Health Workers Certification Act

Pursuant to act 435 of 2025, these rules establish minimum standards for certification of Community-Based Doulas in Arkansas. These standards are not static and are subject to periodic revision in the future as new knowledge and changes in patient care trends become apparent.

These rules include provisions for disqualifying offenses as listed in Arkansas code §17-3-102, fines imposed by the Board in accordance with Arkansas code §20-7-10, and adherence to Arkansas code §25-15-201, the Arkansas Administrative Procedure Act.

This Act establishes certification for Community Health Workers through the Arkansas Department of Health for services provided within their scope of practice as outlined and provides insurance and Medicaid reimbursement for covered services.



NOTICE OF PUBLIC COMMENT PERIOD

The Arkansas Department of Health (ADH) is accepting public comments on the Community Health Worker Act from February 8, 2026, to March 10, 2026. The comment period is provided to allow interested parties and the public to provide any comments. The proposed rules have been prepared in response to Act 435 of the 95th General Assembly Regular Session of 2025. The proposed rules can be viewed online at <https://www.healthy.arkansas.gov/proposed-amendment-to-existing-rules> or you may request a copy from our office at 501-614-5221.

Comments on the proposed changes can also be mailed to Arkansas Department of Health, Community Health Worker Certification Comments/Slot 41, 4815 West Markham, Little Rock Arkansas, 72205, or emailed to cristy.sellers@arkansas.gov.

Proposed Rulemaking

Rules Pertaining to Community Health Workers

Promulgated by: Arkansas Department of Health

Title 17. Professions, Occupations, and Businesses

Chapter XI. Department of Health, State Board of Health, Generally

Subchapter A. Generally

Part 55. Rules Pertaining to Community Health Workers

Subpart 1. Generally

17 CAR § 55-101. Purpose

This part is adopted for the purpose of establishing the criteria for certification of a community health worker, pursuant to Acts 2025, No. 435.

17 CAR § 55-102. Definitions

As used in this part:

(1) "Community health worker" means an individual that is:

(A) A trusted member of or has an unusually close understanding of the community;

(B) Serving as a liaison, link, or intermediary between health services or social services and the community; and

(C) Serving to:

(i) facilitate access to health services or social services; and

(ii) Improve the quality and cultural competence of the services delivered; and

(2) "Healthcare Provider" means

DRAFT

- _____ (A) A hospital;
- _____ (B) An ambulatory surgical center;
- _____ (C) A primary care center;
- _____ (D) An outpatient psychiatric center;
- _____ (E) A home healthcare agency;
- _____ (F) A skilled nursing facility; or
- _____ (G) An individual licensed to render covered healthcare services.

17 CAR §55-103. Scope of practice.

A community health worker shall perform only the following types of services:

- _____ (1) Providing:
 - _____ (A) Cultural mediation among individuals, communities, and health service systems or social service systems, or both;
 - _____ (B) Culturally appropriate health education and information;
 - _____ (C) Care coordination, including without limitation medication compliance under a patient care plan as directed by a healthcare provider or healthcare professional;
 - _____ (D) Case management;
 - _____ (E) Health service system navigation or social services system navigation, or both;
 - _____ (F) Coaching and social support; and
 - _____ (G) Direct services that:
 - _____ (i) Do not require either of the following in order to be performed:
 - _____ (a) A professional license under Title 17, Subtitle 3 of the Arkansas Code regarding medical professions; or
 - _____ (b) Specialized training under Arkansas Code § 20-77-2301 et seq., such as first aid and diabetic foot checks; or
 - _____ (ii) Are not met by a personal care attendant;
- _____ (2) Advocating for individuals and communities;
- _____ (3) Building individual and community capacity;

(4) Implementing individual and community assessments, including without limitation:

(A) Basic home environmental assessments; and

(B) Basic health screening and tests;

(5) Conducting outreach, such as health literacy services; and

(6) Participating in evaluation and research, including without limitation:

(A) Health education; and

(B) Community research activities.

17 CAR § 55-104. Unlawful practice.

(a) A person may not practice or offer to act as a certified community health worker in Arkansas unless certified by the State Board of Health.

(b) It is unlawful for any person not certified as a community health worker by the board to receive insurance or Medicaid reimbursement for services rendered.

17 CAR § 55-105. Certification.

(a) A community health worker certification is valid for two (2) years after date of issuance.

(b) Certification requirements must meet one of the requirements as outlined in 17 CAR §55-106.

(c) It is the responsibility of the community health worker to ensure their certification is current at all times.

(d) If the name used on the application is not the same as that on any of the supporting documentation, the applicant must submit proof of name change with application.

(e) If an application for certification or renewal is denied, the applicant may appeal that denial to the State Board of Health within thirty (30) days of receipt of the denial.

17 CAR § 55-106. Eligibility requirements for initial certification.

Applicants for initial certification must submit:

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(1) A completed application for initial certification on the form provided by the Department of Health;

(2) Documentation demonstrating the applicant is at least eighteen (18) years of age or older, including but not limited to the applicant's:

(A) Government-issued birth certificate;

(B) U.S.-issued passport;

(C) Driver's license issued by the State of Arkansas or another state or jurisdiction;

(D) Other state-issued identification document; or

(E) Any document issued by a federal, state or provincial registrar of vital statistics;

(3) Documentation demonstrating the applicant has not pleaded guilty or nolo contendere to or been found guilty of any of the offenses detailed in Arkansas Code §17-3-102 by any court in the State of Arkansas, of any similar offense by a court in another state, or of any similar offense by a federal court, unless the conviction was:

(A) Lawfully sealed under the Comprehensive Criminal Record Sealing Act of 2013, Arkansas Code §16-90-1401 et seq.; or

(B) Otherwise sealed, pardoned, or expunged under prior law.

(4) Documentation that the applicant meets one or more of the following requirements:

(A) The applicant is certified as a community health worker by the Arkansas Community Health Worker Association;

(B) The applicant has:

(i) Worked as a community health worker for at least two (2) years, and at least one (1) year in this state; and

(ii) Successfully completed a community health worker training program consisting of one hundred twenty (120) hours of core competency, including:

(a) Eighty (80) hours of didactic training; and

(b) Forty (40) hours of guided field practice from a school or training program approved by the association;

(C) The applicant has:

(i) Worked as a community health worker for at least one (1) year in this state; and

(ii) Prior to the date of application, either:

(a) Successfully completed eighty (80) hours of supplemental training that supports core competency and professional development;

(b) Been assigned a mentor who is a certified community health worker in this state or is eligible for certification and regularly accessed and communicated with a mentor at least two (2) times per month during the first three (3) months of the mentorship and monthly thereafter; and

(c) Been assigned a supervisor who has completed community health worker supervisor training and regularly accessed and communicated with the supervisor at least two (2) times per week during the first three (3) months of supervision and weekly for the remainder of the year.

(D) The applicant has four (4) years of experience that provides evidence of proficiency in the core competencies, with two (2) years of experience being in this state; and

(5) The initial application fee of fifty dollars (\$50.00).

17 CAR § 55-107. Eligibility requirements for renewal certification.

(a) The community health worker certification expires two (2) years after date of certification.

(b) Renewal applications and documentation must be submitted sixty (60) days prior to the certification expiration date to be timely.

(c) Renewal will only occur upon receipt of completed application and favorable review of required documentation.

(d) To be eligible for renewal certification, the community health worker must have completed twenty (20) hours of professional development requirements and training every two (2) years.

(e) An applicant for renewal certification must submit:

(1) A completed application for renewal certification on the form provided by the Department of Health;

(2) Documentation of continuing education requirements or training as provided in 17 CAR §55-107(d); and

(3) The renewal application fee of fifty dollars (\$50.00).

17 CAR § 55-108. Uniformed service members, veterans, and their spouses.

(a) **Applicability.** This section applies to a:

(1) Uniformed service member stationed in the State of Arkansas;

(2) Uniformed service veteran who resides in or establishes residency in the State of Arkansas; and

(3) The spouse of subdivision (a)(1) of this section or subdivision (a)(2) of this section including a uniformed service member who is:

(A) Assigned a tour of duty that excludes the spouse from accompanying the uniformed service member and the spouse relocates to Arkansas; and

(B) Killed or succumbs to his or her injuries or illness in the line of duty if the spouse establishes residency in Arkansas.

(b) **Automatic certification.** Automatic certification shall be granted to persons listed in subsection (a) of this section if the person:

(1) Is a holder in good standing of occupational licensure or certification with similar scope of practice issued by another state, territory, or district of the United States; and

(2) Pays the initial or renewal certification fee in 17 CAR §§ 55-106 and 107.

(c) **Credit toward initial certification.** Relevant and applicable uniformed service education, training, national certification, or service-issued credential shall be accepted toward initial certification.

(d) **Expiration dates and continuing education.**

(1) A certification expiration date shall be extended for a deployed uniformed service member or spouse for one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

(2) A uniformed service member or spouse exercising the extension shall provide evidence of completion of continuing education before renewal or grant of a subsequent certification.

(e) Application for Automatic Certification.

(1) An applicant will be eligible for automatic certification under this section upon completed submission of documentation evidencing the following:

(A) The applicant holds a substantially equivalent certification or license in another state;

(B) The applicant is a qualified applicant under either subdivision (a)(1), (2), or (3) of this section; and

(C) The applicant has not had any certification or license revoked for:

(i) An act of bad faith; or

(ii) A violation of law, rule, or ethics; and

(D) A completed initial application for certification on the form provided by the Department of Health.

(f) If applicable, certification requirements shall be substantially similar to those outlined in 17 CAR § 55-106(4).

(g) All applicants who are certified pursuant to this section shall adhere to all provisions of this part.

17 CAR § 55-109. Eligibility requirements for reciprocal certification.

(a) Reciprocal certification will be granted based on substantially equivalent certification or licensure issued by another state, territory, or district of the United States.

(b) An applicant is eligible for reciprocal certification if:

(1)(A) The applicant holds a substantially similar certification or license issued by another state, territory, or district of the United States;

(B) The certification or licensure is relevant and applicable education, training, national certification, or service-issued credential that is substantially similar to those outlined in 17 CAR § 55-106(4);

(C) The occupational certification or licensure is currently in good standing;

(D) The applicant has not had a certification or license revoked for:

(i) An act of bad faith; or

(ii) A violation of law, rule, or ethics; and

(E) The applicant does not hold a suspended or probationary certification or license issued by another state, territory, or district of the United States; and

(2) The applicant is sufficiently competent to be a community health worker.

(c) An applicant for reciprocal certification shall submit to the Department of Health the following:

(1) A completed reciprocal application on the form provided by the department;

(2) Documentation demonstrating the applicant has not pleaded guilty or nolo contendere to or been found guilty of any of the offenses detailed in Arkansas Code §17-3-102 by any court in the State of Arkansas, of any similar offense by a court in another state, or of any similar offense by a federal court, unless the conviction was:

(A) Lawfully sealed under the Comprehensive Criminal Record Sealing Act of 2013, Arkansas Code §16-90-1401 et seq.; or

(B) Otherwise sealed, pardoned, or expunged under prior law;

(3) (A) A list of all current professional health-related certification or licensure, including those issued by another state, territory, or district of the United States;

(B) The applicant may be required to submit to the department verification of the certification or licensure issued by another state, territory, or district of the United States;

(4) As evidence that the applicant's certification or license issued by another state, territory, or district of the United States is substantially similar to Arkansas', the applicant shall submit the following information:

(A) Evidence of current and active certification or licensure in that state, territory, or district; and

(B) Evidence that the other state's, territory's, or district's certification or licensure requirements match those listed in 17 CAR §55-106.

(d)(1) The department may either:

(A) Require the applicant provide documentation; or

(B) Inquire directly with the other state's, territory's, or district's licensing or certification board to verify the information provided by the applicant pursuant to subsection (c) of this section.

(2) To demonstrate that the applicant meets the requirements in subsection (b) of this section, the applicant shall provide the department with:

(A) The names of all states, territories, or districts in which the applicant is currently certified or licensed or has been previously certified or licensed; and

(B) Letters of good standing or other information from each state, territory, or district in which the applicant is currently or has ever been certified or licensed showing that the applicant:

(i) Has not had a certification or license revoked; and

(ii) Does not hold a certification or license on suspended or probationary status.

(e) Applicants from another state, territory, or district of the United States where substantially equivalent certification or licensure is not available shall refer to 17 CAR §55-106 for initial certification requirements.

17 CAR §55-110. Denial, discipline, suspension, or revocation of certification.

(a) The Department of Health may refuse to issue, suspend, or revoke a certification for any one or more of the following reasons:

(1) Violation of the Community Health Worker Act, Arkansas Code §17-46-101 et seq.;

(2) Conviction of any offense listed in Arkansas Code §17-3-102;

DRAFT

- (3) Securing certification through fraud or deceit;
 - (4) Unethical conduct, gross ignorance, or inefficiency in the conduct of his or her practice;
 - (5) Using a false name or alias in his or her practice;
 - (6) Violation of any provision of this part; or
 - (7) Failure to comply with any of the requirements for issuance of certification as set forth in this part and the Community Health Worker Act, Arkansas Code § 17-46-101 et seq.
- (b) Violations under this section or appeals of denied applications shall be addressed as provided in 17 CAR §55-111.

17 CAR §55-111. Prohibiting offenses and disciplinary actions.

(a) Any applicant who is not eligible to receive or hold a community health worker certification because the individual has pleaded guilty or nolo contendere to or been found guilty of any of the offenses detailed in Arkansas Code §17-3-102 may apply to the State Board of Health for a waiver in certain circumstances, as provided in Arkansas Code §17-3-102.

(b) Suspected cases involving violation of the Community Health Worker Act, Arkansas Code § 17-46-101 et seq. or this part may be referred to the board for an administrative hearing, in accordance with the Arkansas Administrative Procedure Act, Arkansas Code §25-15-201 et seq.

(c) If the board finds that a person holding a certification has violated the Community Health Worker Act, Arkansas Code §17-46-101 et seq. or this part, the board may impose any one or more of the following disciplinary actions:

- (1) Revocation of certification;
- (2) Suspension of certification for a determinate period of time;
- (3) Probation of certification;
- (4) Written or verbal reprimand of a certification holder;
- (5) Limitation or conditions on the practice of a person holding a certification;
- (6) Continuing education requirements to address known deficiencies; or

(7) Fines as imposed by the board, in accordance with Arkansas Code §20-7-101.

(d) The Department of Health shall notify the certification holder of any proceedings for disciplinary actions in accordance the Arkansas Administrative Procedure Act.

(e) Decisions may be appealed pursuant to the Arkansas Administrative Procedure Act.

(f) Any applicable certification or licensing agencies or associations shall be notified of final action on certifications.

17 CAR §55-112. Inactive status.

(a) Inactive status is automatic on the day immediately after the certification expiration date.

(b) Community health workers who do not maintain a current certification will be considered inactive.

(c) Inactive status may be maintained for up to four (4) years.

(d) A community health worker with inactive status may not practice until the certification is reactivated.

(e) To reactivate a certification with inactive status, the applicant must submit:

(1) Documentation of continuing education credits totaling twenty (20) hours for each two-year period of inactive status;

(2) A renewal application as provided in 17 CAR §55-107; and

(3) Renewal application fee of fifty dollars (\$50.00).

(f) (1)After four (4) years of inactive status from the last active expiration date, the certification will automatically expire.

(2) After four (4) years of inactive status from the last active expiration date, the applicant may be recertified by completing the requirements pursuant to 17 CAR §55-106.

17 CAR §55-113. Department of Health responsibilities.

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(a) **Granting certification.** The Department of Health shall:

- (1) Review applications for certification; and
- (2) Issue proof of certification for approved applications.

(b) **Certification Listing.** The department shall:

- (1) Maintain a list of all certified community health workers in the State of Arkansas; and
- (2) Make this list available to the public.

(c) **Investigations.**

- (1) The department shall conduct investigations regarding complaints or deviations from this part.
- (2) The department will consider all available information that is relevant and material to the investigations.
- (3) Where, in the department's determination, the public's health, safety, or welfare requires emergency action, the department may temporarily suspend the certification of a community health worker pending proceedings for revocation or other action, in accordance with the Arkansas Administrative Procedure Act, Arkansas Code §25-15-201, et seq.