



MECHANISMS FOR ADVANCING HEALTH EQUITY Fact Sheet

National Standards for Culturally and Linguistically Appropriate Services

Background

The United States Department of Health and Human Services, Office of Minority Health developed a set of 15 standards known as the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (the “CLAS Standards”).¹ First published in 2000, the CLAS Standards provide a framework to advance health equity, improve health care quality, and help reduce disparities with a whole-person approach that considers cultural background when attending to a person’s health care needs.² The Principal CLAS Standard is: “Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.”³ The remaining CLAS Standards are divided into three categories: (1) governance, leadership, and workforce; (2) communication and language assistance; and (3) engagement, continuous improvement, and accountability.⁴

Currently, there is no federal legislation or administrative regulation that requires nationwide implementation of the CLAS Standards. Therefore, implementation of the CLAS Standards varies by state. Requirements at the state level are often focused on cultural competency training, in alignment with the standard to “Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices.”⁵ This kind of training is significant because studies show that the physician-patient relationship⁶ and provider diversity⁷ both affect health outcomes.

There are some common themes among state laws requiring cultural competency training. In most cases, CLAS training must be completed as a part of the renewal process for licensed health care providers, or training must be provided as part of continuing education courses or in curriculum for colleges that train health care providers. The type of provider training included in these laws also varies widely, ranging from narrowly requiring CLAS training for public health dental hygienists

¹ U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, OFFICE OF MINORITY HEALTH, *NATIONAL CLAS STANDARDS*, [HTTPS://THINKCULTURALHEALTH.HHS.GOV/CLAS](https://thinkculturalhealth.hhs.gov/clas) (LAST ACCESSED ON JUNE 7, 2023).

² THE ENHANCED CLAS STANDARDS WERE LAST UPDATED IN 2013, AND THE NATIONAL CLAS STANDARDS IMPLEMENTATION INITIATIVE WAS LAUNCHED IN 2014.

³ U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, OFFICE OF MINORITY HEALTH, *NATIONAL CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES STANDARDS*, [HTTPS://THINKCULTURALHEALTH.HHS.GOV/CLAS/STANDARDS](https://thinkculturalhealth.hhs.gov/clas/standards) (LAST ACCESSED ON JUNE 7, 2023).

⁴ *Id.*

⁵ *Id.*

⁶ OLAISEN RH, SCHLUCHTER MD, FLOCKE SA, SMYTH KA, KOROUKIAN SM, STANGE KC. ASSESSING THE LONGITUDINAL IMPACT OF PHYSICIAN-PATIENT RELATIONSHIP ON FUNCTIONAL HEALTH. *THE ANNALS OF FAMILY MEDICINE*, SEP 2020, 18(5): 422-429.

⁷ SNYDER JE, UPTON RD, HASSETT TC, LEE H, NOURI Z, DILL M. BLACK REPRESENTATION IN THE PRIMARY CARE PHYSICIAN WORKFORCE AND ITS ASSOCIATION WITH POPULATION LIFE EXPECTANCY AND MORTALITY RATES IN THE US. *JAMA NETW OPEN*, 2023, 6(4): E236687.

to broadly requiring training for any health license renewal regulated by a state board. This Fact Sheet provides an overview of CLAS-related legislation introduced or enacted since 2016.

Table 1 below provides an overview of state-level CLAS legislation that has been enacted, including the year it was enacted and a brief description of the legislation. Table 2 below provides an overview of CLAS legislation that has been introduced by state legislators but did not pass, including the year it was proposed and a brief description of the legislation.

Enacted CLAS Legislation

Table 1. CLAS Legislation Enacted by State Legislatures

STATE	YEAR(S) ENACTED	BRIEF DESCRIPTION	CITATION
Arizona	2018	Requires all behavioral health professionals including licensed marriage and family therapists, professional counselors, social workers, and substance abuse counselors to complete cultural competency training every 24 months to renew their license.	ARIZ. REV. STAT. ANN. § 32-3273 (2023).
California	2005 2019 2021	05- Requires all continuing medical courses to contain curriculum that includes cultural and linguistic competency in the practice of medicine. 19- Requires physicians, surgeons, nurses, and physician assistants to complete cultural and linguistic competency continuing education requirements. 21- Requires all approved schools of nursing or an approved nursing program to include direct participation in at least one hour of implicit bias training as a requirement for graduation.	CAL. BUS. AND PROF. CODE § 2190.1 (2023). CAL. BUS. AND PROF. CODE § 2190.1, 3524.5, 2736.5 (2023). CAL. BUS. AND PROF. CODE § 2786 (2023).
Connecticut	2009 2019 (2 Bills)	09- Requires licensees applying for a renewal of their license to practice a health profession regulated under a state board to complete at least one hour of cultural competency training. 19- Requires all dental hygienists seeking license renewals to complete at least one contact hour of cultural competency training within the previous 24 months.	CONN. GEN. STAT. § 20-10b(2023). CONN. GEN. STAT. § 20-126L.(2023).
Illinois	2019 2021	19- Requires public health dental hygienists to complete cultural competency training as part of the 29 hours of didactic studies required to work in a public health setting 21- A nonprofit hospital may include cultural competency and implicit bias training as part of a community benefits plan.	225 ILL. COMP. STAT. 25/13.5 (2023). 210 ILL. COMP. STAT. 76/15 (2023).
Indiana	2019	Requires marriage and family therapists and therapist associates to complete graduate level coursework that includes material regarding issues of ethnicity, race, socioeconomic status, and culture to obtain their license. Requires addiction counselors to complete postsecondary education that includes cultural competency.	IND. CODE § 25-23.6-8-2.5, 25-23.6-10.5-5 (2023).
Nevada	2019	Requires a medical facility, facility for the dependent and certain other facilities that must be licensed by the State Board of Health	NEV. REV. STAT. § 449.103 (2023).



		to conduct training relating to cultural competency for any agent or employee of the facility that provides patient or resident care.	
New Jersey	2005	Requires the curriculum in each college of medicine in New Jersey to include instruction in cultural competency and requires that those who graduate prior to the effective date to document completion of cultural competency training to renew their license.	N.J. STAT. ANN. § 45:9-7.3 (2023).
New Mexico	2007	Created a task force to study and make recommendations on specific cultural competency curricula for each health-related education field offered at New Mexico public post-secondary educational institutions.	N.M. STAT. ANN. § 2-13-2 (2023).
Oregon	2019	Requires any person authorized to practice a health profession regulated by any Oregon State Health Profession Board to complete continuing education in cultural competency as a condition every other time that a person's authorization is subject to renewal. Allows each public university and community college to require persons authorized to practice a profession regulated by a board, who provide services to students at health care facilities located on campus to provide proof of completion of cultural competency training at least once every two years.	OR. REV. STAT. § 676.850 & 676.855 (2023).
Washington	2006	Requires each education program with a curriculum to train health professionals for employment in a profession credentialed by a health professional board to include instruction in multicultural health.	WASH. REV. CODE § 43.70.615 (2023).

Proposed CLAS Legislation

Table 2. CLAS Legislation Introduced but Not Enacted

STATE	YEAR(S) PROPOSED	BRIEF DESCRIPTION	CITATION
California	2019	Proposed legislation would have required the establishment of a peer support specialist certification program for behavioral health that included cultural competency in the curriculum.	SB10 (2019).
Connecticut	2019 (2 Bills) 2022 (2 Bills)	19- Proposed legislation would have required professional counselors, professional counselor associates, marital or marriage and family therapists, or associates to complete at least one hour of training in cultural competency for annual license renewal. 19- Proposed legislation would have required doulas to complete cultural competency training as a mandatory requirement to obtain their doula state certification. 22- Proposed legislation would have required a physician applying for a license renewal to have continuing medical education in cultural competency. 22- Proposed legislation would have required all healthcare professionals to complete continuing education requirements in cultural competency.	HB7132 (2019). SB1078 (2019). HB5305 (2022). HB5303 (2022).
Florida	2019	Proposed legislation would have required mental health counselors to have completed mandatory graduate-level	SB188 (2019).



		coursework on social and cultural foundations as part of their core curriculum requirements to obtain their license.	
Georgia	2021	Proposed legislation would have required every perinatal facility to implement evidence based implicit bias programs for all healthcare professionals involved in the perinatal care of patients.	HB722 (2021).
Hawaii	2019 2021	19- Proposed legislation would have required the Department of Health to consider the feasibility of creating a state certification program for community health workers which would include cultural competency training as a competency standard. 21- Proposed legislation would have required an implicit bias training program for health care professionals in the state's perinatal facilities	SB115 (2019). SB900 (2021).
Indiana	2022	Proposed legislation would have required that a hospital which provides inpatient maternity services and a birthing center to implement an evidence based implicit bias training program for all health care providers who regularly provide perinatal treatment.	HB1178 (2022).
Iowa	2021	Proposed legislation would have required implicit bias training as a condition of licensure for health-related professionals.	HF466 (2021).
Kentucky	2022	Proposed legislation would have required hospitals that provide prenatal care to implement an evidence-based implicit bias program for all health care providers involved in perinatal care.	HB37 (2022).
Massachusetts	2019 2022	19- Proposed legislation would have required doulas to complete cultural competency training as part of the certification process. 22- Proposed legislation would have required doulas who will be compensated by Medicaid to complete implicit bias training.	HB1182 (2019). S1475 (2022).
Michigan	2018	Proposed legislation would have required an applicant to have completed graduate level coursework in social and cultural diversity to be granted a professional counselor license.	HB5776 (2018).
Minnesota	2018 2022	18- Proposed legislation would have required the development of a comprehensive dementia care training curriculum that reflects cultural competency 22- Proposed legislation would have required hospitals that provide obstetric care and birth centers to provide continuing education on anti-racism and implicit bias.	HB3468 (2018). HF660 (2022).
Missouri	2016 2019	16- Proposed legislation would have required the completion of cultural competency training for initial licensure and a minimum of one hour of cultural competency continuing education for re-licensure and would have required cultural competency training as part of a curriculum in any school for health care professionals. 19- Proposed legislation would have allowed any health care professional in the state to complete two hours of cultural competency training annually. This legislation would also have required psychologists, behavioral health analysts, assistant behavioral health analysts, professional counselors, marital and family therapists, and social workers to complete two hours of cultural competency training for licensure.	HB1839 (2016). SB352 (2019).



Nebraska	2019	Proposed legislation would have granted funds to the Department of Health and Human Services, Child and Family Services to establish mandatory cultural competency and racial equity training for case managers, supervisors, Youth Rehabilitation & Treatment Center staff, and other frontline staff.	LB326 (2019).
New Hampshire	2019	Proposed legislation would have required mandatory minimum dementia training for direct care staff in residential facilities and community-based setting to be provided in a culturally competent manner.	SB255 (2019).
New Jersey	2022	Proposed legislation would have required physicians to complete a minimum of 2 hours of implicit bias training every two years.	A3303 (2022).
New York	2018 2019 (4 Bills) 2022	<p>18- Proposed legislation would have required the commissioner of mental health to adopt rules and regulations for standardized training curriculum requirements for employees and volunteers providing mental health services to persons with developmental disabilities that includes cultural competency training</p> <p>19- Proposed legislation would have required that every physician, physician assistant, dentist, registered nurse, licensed practical nurse, podiatrist, optometrist, and nurse practitioner who provides direct medical services must have two hours of course work or training in cultural awareness and competency.</p> <p>19- Proposed legislation would have required that at least once every two years, a long-term care facility should ensure that each facility staff member who works directly with residents receives training on cultural competency focused on patients who identify as LGBTQ+ and patients living with HIV.</p> <p>19- Proposed legislation would have required the commissioner of mental health to provide guidelines for required training and credentialing of peer support specialists, who would have been certified as having received cultural competency training prior to working at a peer crisis diversion home.</p> <p>19- Proposed legislation would have required school psychologists to complete 60 graduate semester hours which includes mandatory coursework on the cultural basis of development.</p> <p>22- Proposed legislation would have required mandatory diversity, inclusion, and elimination of bias training for all physicians, physician assistants, and nurses to maintain their license every two years.</p>	A00271 (2018). S02406 (2019). A0866AB (2019). A02267 (2019). A01182 (2019). S00669 (2022).
North Carolina	2021	Proposed legislation would have established an implicit bias training program for health care professionals engaged in perinatal care.	H507 (2021).
Ohio	2019	Proposed legislation would have required health care professionals to complete instruction or continuing education in cultural competency to be eligible or to renew a license or other registration issued by a state licensing board.	SB88 (2019).
Oklahoma	2021	Proposed legislation would have allowed every hospital that provides inpatient maternity services to implement an implicit bias training program for its health professionals.	HB2730 (2021).

Oregon	2019	Proposed legislation would have required lactation consultants to complete continuing education in cultural competency within one year of the date of licensure and complete additional training once every five years.	HB3356 (2019).
Pennsylvania	2021	Proposed legislation would have required each person applying for a license or certification issued by a health-related state board to complete training regarding implicit bias and cultural competency.	HB1176 (2021).
Rhode Island	2019	Proposed legislation would have required doulas to complete cultural competency training as a part of the doula core competency requirements.	SB0678 (2019).
Tennessee	2021	Proposed legislation would have required the creation of an evidence-based implicit bias training program for healthcare professionals.	HB0642 (2021).
Texas	2019 (3 Bills)	Proposed legislation would have required that, to receive a grant from a state agency for the provision of mental health services for veterans, entities demonstrate they had provided military cultural competency training to their personnel. Proposed legislation would have required the Texas Higher Education Coordinating Board to require all medical schools to offer coursework in cultural competency and implicit bias. Proposed legislation would have required licensed physicians who practice general medicine, pediatrics, obstetrics, or gynecology to complete continuing medical education in cultural competency and implicit bias to renew registration permit to practice medicine.	HB2307 (2019). HB719 (2019). HB607 (2019).
Virginia	2022 (2 Bills)	Proposed legislation would have required all practitioners licensed under Virginia Code Chapter 54 to complete two hours of continuing education in each biennium on implicit bias and cultural competency. Proposed legislation would have required each hospital to develop and implement policies requiring all perinatal healthcare providers to complete training on implicit bias.	HB1105 (2022). HB538 (2022).
Washington	2016 2018	16- Proposed legislation would have required the state health professional boards to adopt rules requiring a person authorized to practice a profession regulated by the board to receive cultural competency continuing education training. 18- Proposed legislation would have required long-term care professionals to complete a one-time mandatory cultural competency training on issues related to the LGBTQ+ population.	SB5151(2016). SB5700 (2018).

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