

109TH CONGRESS
2^D SESSION

S. 3965

To address the serious health care access barriers, and consequently higher incidences of disease, for low-income, uninsured populations.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 28, 2006

Mrs. BOXER introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To address the serious health care access barriers, and consequently higher incidences of disease, for low-income, uninsured populations.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Latina Health Access
5 Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) As of 2006, there are 18,000,000 Latinas
9 residing in the United States. The number of
10 Latinas is expected to grow considerably. It is esti-

1 mated that by the year 2050, 1 out of every 4
2 women in the United States will be a Latina.

3 (2) Latinas are particularly at risk for being
4 uninsured. 37 percent of Latinas are uninsured, al-
5 most double the national average.

6 (3) With respect to sexually transmitted dis-
7 eases—

8 (A) the HIV infection rate is 7 times more
9 for Latinas than their white counterparts, and
10 Latinas represent 18 percent of new HIV infec-
11 tions among women;

12 (B) the AIDS case rate for Latinas is
13 more than 5 times more than the rate for white
14 women;

15 (C) the rate of chlamydia for Latinas is 4
16 times more than the rate for white women; and

17 (D) among Latinas, the gonorrhea inci-
18 dence is nearly double that of white women.

19 (4) With respect to cancer—

20 (A) The national incidence rate for cervical
21 cancer in Latinas over the age of 30 is nearly
22 double that of non-Latinas;

23 (B) 1 in 12 Latinas nationwide will de-
24 velop breast cancer; and

1 (C) while white women have the highest
2 rates of breast cancer, Latinas have among the
3 lowest rates of breast cancer screening, diag-
4 nosis and treatment and, as a result, are more
5 likely to die from breast cancer compared to
6 white women.

7 (5) The prevalence of diabetes is at least 2 to
8 4 times more among Latinas than among white
9 women. More than 25 percent of Latinas aged 65 to
10 74 have Type II diabetes.

11 (6) Heart disease is the main cause of death for
12 all women, and heart disease risk and death rates
13 are higher among Latinas partly because of higher
14 rates of obesity and diabetes.

15 (7) Therefore, despite their growing numbers,
16 Latinas continue to face serious health concerns (in-
17 cluding sexually transmitted diseases, diabetes, and
18 cancer) that are otherwise preventable, or treatable,
19 with adequate health access.

20 **SEC. 3. HEALTH ACCESS FOR UNINSURED AND LOW-IN-**
21 **COME INDIVIDUALS.**

22 The Public Health Service Act (42 U.S.C. 201 et
23 seq.) is amended by adding at the end the following:

1 **“TITLE XXIX—HEALTH ACCESS**
2 **FOR UNINSURED AND LOW-**
3 **INCOME INDIVIDUALS**

4 **“SEC. 2901. HEALTH CARE ACCESS FOR PREVENTABLE**
5 **HEALTH PROBLEMS.**

6 “(a) DEFINITION OF ELIGIBLE ENTITY.—In this sec-
7 tion, the term ‘eligible entity’ means—

8 “(1) a high-performing hospital or community
9 health center that serves medically underserved
10 areas with large numbers of uninsured and low-in-
11 come individuals, such as Latina populations;

12 “(2) a State or local government; or

13 “(3) a private nonprofit entity.

14 “(b) IN GENERAL.—The Secretary shall award
15 grants to eligible entities to enable the eligible entities to
16 provide programs and activities that provide health care
17 services to uninsured and low-income individuals in medi-
18 cally underserved areas.

19 “(c) APPLICATION.—An eligible entity desiring a
20 grant under this section shall submit an application to the
21 Secretary at such time, in such manner, and containing
22 such information as the Secretary may require.

23 “(d) AUTHORIZED ACTIVITIES.—An eligible entity
24 receiving a grant under this section shall use grant funds
25 to carry out programs and activities that provide access

1 to care for a full spectrum of preventable and treatable
2 health care problems in a culturally and linguistically ap-
3 propriate manner, including—

4 “(1) family planning services and information;

5 “(2) prenatal and postnatal care; and

6 “(3) assistance and services with respect to
7 asthma, cancer, HIV disease and AIDS, sexually
8 transmitted diseases, mental health, diabetes, and
9 heart disease.

10 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
11 are authorized to be appropriated to carry out this section
12 \$18,000,000 for fiscal year 2007 and each succeeding fis-
13 cal year.

14 **“SEC. 2902. FOCUS ON UNINSURED AND LOW-INCOME POP-**
15 **ULATIONS.**

16 “(a) PRIORITIZING HEALTH GRANTS TO INCREASE
17 FUNDING EQUITY.—In order to create a more diverse
18 movement, cultivate new leaders, and address health
19 issues within medically underserved areas, the Secretary
20 shall, in awarding grants and other assistance under this
21 Act, reserve a portion of the grants and assistance for en-
22 tities that—

23 “(1) represent medically underserved areas or
24 populations with a large number of uninsured and
25 low-income individuals; and

1 “(2) otherwise meet all requirements for the
2 grant or assistance.

3 “(b) RESEARCH BENEFITTING POPULATIONS WITH
4 A LACK OF HEALTH DATA.—

5 “(1) GRANTS AUTHORIZED.—From amounts
6 appropriated under paragraph (3) for a fiscal year,
7 the Secretary shall award grants to research institu-
8 tions in order to enable the institutions—

9 “(A) to conduct research on the health sta-
10 tus of populations for which there is an absence
11 of health data, such as the Latina population;
12 or

13 “(B) to work with organizations that focus
14 on populations for which there is an absence of
15 health data, such as the Latina population, on
16 developing participatory community-based re-
17 search methods.

18 “(2) APPLICATION.—A research institution de-
19 siring a grant under this subsection shall submit an
20 application to the Secretary at such time, in such
21 manner, and containing such information as the Sec-
22 retary may require.

23 “(3) AUTHORIZATION OF APPROPRIATIONS.—
24 There is authorized to be appropriated to carry out

1 this subsection \$18,000,000 for fiscal year 2007 and
2 each of the succeeding fiscal years.

3 **“SEC. 2903. EDUCATION AND OUTREACH.**

4 “(a) JOINT EFFORT FOR HEALTH OUTCOMES.—In
5 order to improve health outcomes for uninsured and low-
6 income individuals, the Secretary shall, through a joint ef-
7 fort with health care professionals, health advocates, and
8 community-based organizations in medically underserved
9 areas, provide outreach, education, and delivery of com-
10 prehensive health services to uninsured and low-income in-
11 dividuals in a culturally competent manner.

12 “(b) TARGETED HEALTH EDUCATION PROGRAMS.—
13 The Secretary shall carry out a health education program
14 targeted specifically to populations of uninsured and low-
15 income individuals, including the Latina population,
16 through community centered informational forums, public
17 service announcements, and media campaigns.

18 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated to carry out this section
20 \$18,000,000 for fiscal year 2007 and each succeeding fis-
21 cal year.”.

○