

109TH CONGRESS  
2D SESSION

# S. 3975

To amend the Public Health Service Act to provide grants to promote positive health behaviors in women and children.

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## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 28, 2006

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

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## A BILL

To amend the Public Health Service Act to provide grants to promote positive health behaviors in women and children.

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 “Community Health  
5       Workers Act of 2006”.

6       **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

8               (1) Chronic diseases, defined as any condition  
9       that requires regular medical attention or medica-  
10       tion, are the leading cause of death and disability for

1 women in the United States across racial and ethnic  
2 groups.

3 (2) According to the National Vital Statistics  
4 Report of 2001, the 5 leading causes of death  
5 among Hispanic, American Indian, and African-  
6 American women are heart disease, cancer, diabetes,  
7 cerebrovascular disease, and unintentional injuries.

8 (3) Unhealthy behaviors alone lead to more  
9 than 50 percent of premature deaths in the United  
10 States.

11 (4) Poor diet, physical inactivity, tobacco use,  
12 and alcohol and drug abuse are the health risk be-  
13 haviors that most often lead to disease, premature  
14 death, and disability, and are particularly prevalent  
15 among many groups of minority women.

16 (5) Over 60 percent of Hispanic and African-  
17 American women are classified as overweight and  
18 over 30 percent are classified as obese. Over 60 per-  
19 cent of American Indian women are classified as  
20 obese.

21 (6) American Indian women have the highest  
22 mortality rates related to alcohol and drug use of all  
23 women in the United States.

24 (7) High poverty rates coupled with barriers to  
25 health preventive services and medical care con-

1       tribute to racial and ethnic disparities in health fac-  
2       tors, including premature death, life expectancy, risk  
3       factors associated with major diseases, and the ex-  
4       tent and severity of illnesses.

5           (8) There is increasing evidence that early life  
6       experiences are associated with adult chronic disease  
7       and that prevention and intervention services pro-  
8       vided within the community and the home may less-  
9       en the impact of chronic outcomes, while strength-  
10      ening families and communities.

11          (9) Community health workers, who are pri-  
12      marily women, can be a critical component in con-  
13      ducting health promotion and disease prevention ef-  
14      forts in medically underserved populations.

15          (10) Recognizing the difficult barriers con-  
16      fronting medically underserved communities (pov-  
17      erty, geographic isolation, language and cultural dif-  
18      ferences, lack of transportation, low literacy, and  
19      lack of access to services), community health work-  
20      ers are in a unique position to reduce preventable  
21      morbidity and mortality, improve the quality of life,  
22      and increase the utilization of available preventive  
23      health services for community members.

24          (11) Research has shown that community  
25      health workers have been effective in significantly in-

1       creasing health insurance coverage, screening and  
2       medical follow-up visits among residents with limited  
3       access or underutilization of health care services.

4               (12) States on the United States-Mexico border  
5       have high percentages of impoverished and ethnic  
6       minority populations: border States accommodate 60  
7       percent of the total Hispanic population and 23 per-  
8       cent of the total population below 200 percent pov-  
9       erty in the United States.

10 **SEC. 3. GRANTS TO PROMOTE POSITIVE HEALTH BEHAV-**  
11 **IORS IN WOMEN.**

12       Part P of title III of the Public Health Service Act  
13       (42 U.S.C. 280g et seq.) is amended by adding at the end  
14       the following:

15 **“SEC. 399P. GRANTS TO PROMOTE POSITIVE HEALTH BE-**  
16 **HAVIORS IN WOMEN.**

17       “(a) GRANTS AUTHORIZED.—The Secretary, in col-  
18       laboration with the Director of the Centers for Disease  
19       Control and Prevention and other Federal officials deter-  
20       mined appropriate by the Secretary, is authorized to  
21       award grants to States or local or tribal units, to promote  
22       positive health behaviors for women in target populations,  
23       especially racial and ethnic minority women in medically  
24       underserved communities.

1       “(b) USE OF FUNDS.—Grants awarded pursuant to  
2 subsection (a) may be used to support community health  
3 workers—

4           “(1) to educate, guide, and provide outreach in  
5 a community setting regarding health problems prev-  
6 alent among women and especially among racial and  
7 ethnic minority women;

8           “(2) to educate, guide, and provide experiential  
9 learning opportunities that target behavioral risk  
10 factors including—

11               “(A) poor nutrition;

12               “(B) physical inactivity;

13               “(C) being overweight or obese;

14               “(D) tobacco use;

15               “(E) alcohol and substance use;

16               “(F) injury and violence;

17               “(G) risky sexual behavior; and

18               “(H) mental health problems;

19           “(3) to educate and guide regarding effective  
20 strategies to promote positive health behaviors with-  
21 in the family;

22           “(4) to educate and provide outreach regarding  
23 enrollment in health insurance including the State  
24 Children’s Health Insurance Program under title  
25 XXI of the Social Security Act, Medicare under title

1 XVIII of such Act and Medicaid under title XIX of  
2 such Act;

3 “(5) to promote community wellness and aware-  
4 ness; and

5 “(6) to educate and refer target populations to  
6 appropriate health care agencies and community-  
7 based programs and organizations in order to in-  
8 crease access to quality health care services, includ-  
9 ing preventive health services.

10 “(c) APPLICATION.—

11 “(1) IN GENERAL.—Each State or local or trib-  
12 al unit (including federally recognized tribes and  
13 Alaska native villages) that desires to receive a grant  
14 under subsection (a) shall submit an application to  
15 the Secretary, at such time, in such manner, and ac-  
16 companied by such additional information as the  
17 Secretary may require.

18 “(2) CONTENTS.—Each application submitted  
19 pursuant to paragraph (1) shall—

20 “(A) describe the activities for which as-  
21 sistance under this section is sought;

22 “(B) contain an assurance that with re-  
23 spect to each community health worker pro-  
24 gram receiving funds under the grant awarded,  
25 such program provides training and supervision

1 to community health workers to enable such  
2 workers to provide authorized program services;

3 “(C) contain an assurance that the appli-  
4 cant will evaluate the effectiveness of commu-  
5 nity health worker programs receiving funds  
6 under the grant;

7 “(D) contain an assurance that each com-  
8 munity health worker program receiving funds  
9 under the grant will provide services in the cul-  
10 tural context most appropriate for the individ-  
11 uals served by the program;

12 “(E) contain a plan to document and dis-  
13 seminate project description and results to  
14 other States and organizations as identified by  
15 the Secretary; and

16 “(F) describe plans to enhance the capac-  
17 ity of individuals to utilize health services and  
18 health-related social services under Federal,  
19 State, and local programs by—

20 “(i) assisting individuals in estab-  
21 lishing eligibility under the programs and  
22 in receiving the services or other benefits  
23 of the programs; and

24 “(ii) providing other services as the  
25 Secretary determines to be appropriate,

1                   that may include transportation and trans-  
2                   lation services.

3           “(d) PRIORITY.—In awarding grants under sub-  
4 section (a), the Secretary shall give priority to those appli-  
5 cants—

6                   “(1) who propose to target geographic areas—

7                           “(A) with a high percentage of residents  
8 who are eligible for health insurance but are  
9 uninsured or underinsured;

10                           “(B) with a high percentage of families for  
11 whom English is not their primary language;  
12 and

13                           “(C) that encompass the United States-  
14 Mexico border region;

15                   “(2) with experience in providing health or  
16 health-related social services to individuals who are  
17 underserved with respect to such services; and

18                           “(3) with documented community activity and  
19 experience with community health workers.

20           “(e) COLLABORATION WITH ACADEMIC INSTITU-  
21 TIONS.—The Secretary shall encourage community health  
22 worker programs receiving funds under this section to col-  
23 laborate with academic institutions. Nothing in this sec-  
24 tion shall be construed to require such collaboration.



1       “(f) QUALITY ASSURANCE AND COST-EFFECTIVE-  
2 NESS.—The Secretary shall establish guidelines for assur-  
3 ing the quality of the training and supervision of commu-  
4 nity health workers under the programs funded under this  
5 section and for assuring the cost-effectiveness of such pro-  
6 grams.

7       “(g) MONITORING.—The Secretary shall monitor  
8 community health worker programs identified in approved  
9 applications and shall determine whether such programs  
10 are in compliance with the guidelines established under  
11 subsection (f).

12       “(h) TECHNICAL ASSISTANCE.—The Secretary may  
13 provide technical assistance to community health worker  
14 programs identified in approved applications with respect  
15 to planning, developing, and operating programs under the  
16 grant.

17       “(i) REPORT TO CONGRESS.—

18               “(1) IN GENERAL.—Not later than 4 years  
19 after the date on which the Secretary first awards  
20 grants under subsection (a), the Secretary shall sub-  
21 mit to Congress a report regarding the grant  
22 project.

23               “(2) CONTENTS.—The report required under  
24 paragraph (1) shall include the following:

1           “(A) A description of the programs for  
2 which grant funds were used.

3           “(B) The number of individuals served.

4           “(C) An evaluation of—

5                 “(i) the effectiveness of these pro-  
6 grams;

7                 “(ii) the cost of these programs; and

8                 “(iii) the impact of the project on the  
9 health outcomes of the community resi-  
10 dents.

11           “(D) Recommendations for sustaining the  
12 community health worker programs developed  
13 or assisted under this section.

14           “(E) Recommendations regarding training  
15 to enhance career opportunities for community  
16 health workers.

17           “(j) DEFINITIONS.—In this section:

18                 “(1) COMMUNITY HEALTH WORKER.—The term  
19 ‘community health worker’ means an individual who  
20 promotes health or nutrition within the community  
21 in which the individual resides—

22                     “(A) by serving as a liaison between com-  
23 munities and health care agencies;

24                     “(B) by providing guidance and social as-  
25 sistance to community residents;

1           “(C) by enhancing community residents’  
2 ability to effectively communicate with health  
3 care providers;

4           “(D) by providing culturally and linguis-  
5 tically appropriate health or nutrition edu-  
6 cation;

7           “(E) by advocating for individual and com-  
8 munity health or nutrition needs; and

9           “(F) by providing referral and followup  
10 services.

11           “(2) COMMUNITY SETTING.—The term ‘commu-  
12 nity setting’ means a home or a community organi-  
13 zation located in the neighborhood in which a partic-  
14 ipant resides.

15           “(3) MEDICALLY UNDERSERVED COMMUNITY.—  
16 The term ‘medically underserved community’ means  
17 a community identified by a State—

18           “(A) that has a substantial number of in-  
19 dividuals who are members of a medically un-  
20 derserved population, as defined by section  
21 330(b)(3); and

22           “(B) a significant portion of which is a  
23 health professional shortage area as designated  
24 under section 332.

1           “(4) SUPPORT.—The term ‘support’ means the  
2           provision of training, supervision, and materials  
3           needed to effectively deliver the services described in  
4           subsection (b), reimbursement for services, and  
5           other benefits.

6           “(5) TARGET POPULATION.—The term ‘target  
7           population’ means women of reproductive age, re-  
8           gardless of their current childbearing status.

9           “(k) AUTHORIZATION OF APPROPRIATIONS.—There  
10          are authorized to be appropriated to carry out this section  
11          \$15,000,000 for each of fiscal years 2007, 2008, and  
12          2009.”.

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