

110TH CONGRESS
1ST SESSION

H. R. 1968

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

IN THE HOUSE OF REPRESENTATIVES

APRIL 19, 2007

Ms. SOLIS (for herself and Mr. WYNN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Over 9,000,000 children in the United
9 States remain uninsured, although two-thirds of un-
10 insured children are eligible for public programs

1 such as Medicaid and the State Children’s Health
2 Insurance Program.

3 (2) Language, cultural barriers, and lack of in-
4 formation may delay or block enrollment in public
5 programs.

6 (3) Community health workers are effective in
7 significantly increasing health insurance coverage,
8 screening, and medical follow-up visits among resi-
9 dents with limited access or underutilization of
10 health care services.

11 (4) A study published in the “Journal of the
12 American Academy of Pediatrics” found that fami-
13 lies who interacted with community health workers
14 are 8 times more likely to obtain health insurance
15 for their children. Almost 96 percent of children who
16 worked with community health workers obtained
17 health insurance, and 78 percent were insured con-
18 tinuously.

19 (5) Chronic diseases, defined as any condition
20 that requires regular medical attention or medica-
21 tion, are the leading cause of death and disability for
22 women in the United States across racial and ethnic
23 groups.

24 (6) According to the National Vital Statistics
25 Report of 2001, the 5 leading causes of death

1 among Hispanic, American Indian, and African-
2 American women are heart disease, cancer, diabetes,
3 cerebrovascular disease, and unintentional injuries.

4 (7) Unhealthy behaviors alone lead to more
5 than 50 percent of premature deaths in the United
6 States.

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

12 (9) Over 60 percent of Hispanic and African-
13 American women are classified as overweight, and
14 over 30 percent are classified as obese. Over 60 per-
15 cent of American Indian women are classified as
16 obese.

17 (10) American Indian women have the highest
18 mortality rates related to alcohol and drug use of all
19 women in the United States.

20 (11) High poverty rates coupled with barriers
21 to health preventive services and medical care con-
22 tribute to racial and ethnic disparities in health fac-
23 tors, including premature death, life expectancy, risk
24 factors associated with major diseases, and the ex-
25 tent and severity of illnesses.

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

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

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

20 **SEC. 3. GRANTS TO PROMOTE POSITIVE HEALTH BEHAV-**
21 **IORS IN WOMEN.**

22 Part P of title III of the Public Health Service Act
23 (42 U.S.C. 280g et seq.) is amended by adding at the end
24 the following:

1 **“SEC. 399R. GRANTS TO PROMOTE POSITIVE HEALTH BE-**
2 **HAVIORS IN WOMEN AND CHILDREN.**

3 “(a) GRANTS AUTHORIZED.—The Secretary, in col-
4 laboration with the Director of the Centers for Disease
5 Control and Prevention and other Federal officials deter-
6 mined appropriate by the Secretary, is authorized to
7 award grants to eligible entities to promote positive health
8 behaviors for women and children in target populations,
9 especially racial and ethnic minority women and children
10 in medically underserved communities.

11 “(b) USE OF FUNDS.—Grants awarded pursuant to
12 subsection (a) may be used to support community health
13 workers—

14 “(1) to educate and provide outreach regarding
15 enrollment in health insurance including the State
16 Children’s Health Insurance Program under title
17 XXI of the Social Security Act, Medicare under title
18 XVIII of such Act, and Medicaid under title XIX of
19 such Act;

20 “(2) to educate, guide, and provide outreach in
21 a community setting regarding health problems prev-
22 alent among women and children and especially
23 among racial and ethnic minority women and chil-
24 dren;

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

4 “(A) poor nutrition;

5 “(B) physical inactivity;

6 “(C) being overweight or obese;

7 “(D) tobacco use;

8 “(E) alcohol and substance use;

9 “(F) injury and violence;

10 “(G) risky sexual behavior; and

11 “(H) mental health problems;

12 “(4) to educate and guide regarding effective
13 strategies to promote positive health behaviors with-
14 in the family;

15 “(5) to promote community wellness and aware-
16 ness; and

17 “(6) to educate and refer target populations to
18 appropriate health care agencies and community-
19 based programs and organizations in order to in-
20 crease access to quality health care services, includ-
21 ing preventive health services.

22 “(c) APPLICATION.—

23 “(1) IN GENERAL.—Each eligible entity that
24 desires to receive a grant under subsection (a) shall
25 submit an application to the Secretary, at such time,

1 in such manner, and accompanied by such additional
2 information as the Secretary may require.

3 “(2) CONTENTS.—Each application submitted
4 pursuant to paragraph (1) shall—

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

7 “(B) contain an assurance that with re-
8 spect to each community health worker pro-
9 gram receiving funds under the grant awarded,
10 such program provides training and supervision
11 to community health workers to enable such
12 workers to provide authorized program services;

13 “(C) contain an assurance that the appli-
14 cant will evaluate the effectiveness of commu-
15 nity health worker programs receiving funds
16 under the grant;

17 “(D) contain an assurance that each com-
18 munity health worker program receiving funds
19 under the grant will provide services in the cul-
20 tural context most appropriate for the individ-
21 uals served by the program;

22 “(E) contain a plan to document and dis-
23 seminate project description and results to
24 other States and organizations as identified by
25 the Secretary; and

1 “(F) describe plans to enhance the capac-
2 ity of individuals to utilize health services and
3 health-related social services under Federal,
4 State, and local programs by—

5 “(i) assisting individuals in estab-
6 lishing eligibility under the programs and
7 in receiving the services or other benefits
8 of the programs; and

9 “(ii) providing other services as the
10 Secretary determines to be appropriate,
11 that may include transportation and trans-
12 lation services.

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

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

17 “(A) with a high percentage of residents
18 who are eligible for health insurance but are
19 uninsured or underinsured; and

20 “(B) with a high percentage of families for
21 whom English is not their primary language.

22 “(2) with experience in providing health or
23 health-related social services to individuals who are
24 underserved with respect to such services; and

1 “(3) with documented community activity and
2 experience with community health workers.

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

8 “(f) QUALITY ASSURANCE AND COST-EFFECTIVE-
9 NESS.—The Secretary shall establish guidelines for assur-
10 ing the quality of the training and supervision of commu-
11 nity health workers under the programs funded under this
12 section and for assuring the cost-effectiveness of such pro-
13 grams.

14 “(g) MONITORING.—The Secretary shall monitor
15 community health worker programs identified in approved
16 applications and shall determine whether such programs
17 are in compliance with the guidelines established under
18 subsection (f).

19 “(h) TECHNICAL ASSISTANCE.—The Secretary may
20 provide technical assistance to community health worker
21 programs identified in approved applications with respect
22 to planning, developing, and operating programs under the
23 grant.

24 “(i) REPORT TO CONGRESS.—

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

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

8 “(A) A description of the programs for
9 which grant funds were used.

10 “(B) The number of individuals served.

11 “(C) An evaluation of—

12 “(i) the effectiveness of these pro-
13 grams;

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

15 “(iii) the impact of the project on the
16 health outcomes of the community resi-
17 dents.

18 “(D) Recommendations for sustaining the
19 community health worker programs developed
20 or assisted under this section.

21 “(E) Recommendations regarding training
22 to enhance career opportunities for community
23 health workers.

24 “(j) DEFINITIONS.—In this section:

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

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

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

9 “(C) by enhancing community residents’
10 ability to effectively communicate with health
11 care providers;

12 “(D) by providing culturally and linguis-
13 tically appropriate health or nutrition edu-
14 cation;

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

17 “(F) by providing referral and followup
18 services.

19 “(2) COMMUNITY SETTING.—The term ‘commu-
20 nity setting’ means a home or a community organi-
21 zation located in the neighborhood in which a partic-
22 ipant resides.

23 “(3) ELIGIBLE ENTITY.—The term ‘eligible en-
24 tity’ means—

1 “(A) a unit of State, local or tribal govern-
2 ment (including a federally recognized tribe or
3 Alaska native villages); or

4 “(B) a community-based organization.

5 “(4) MEDICALLY UNDERSERVED COMMUNITY.—
6 The term ‘medically underserved community’ means
7 a community—

8 “(A) that has a substantial number of in-
9 dividuals who are members of a medically un-
10 derserved population, as defined by section
11 330(b)(3); and

12 “(B) a significant portion of which is a
13 health professional shortage area as designated
14 under section 332.

15 “(5) SUPPORT.—The term ‘support’ means the
16 provision of training, supervision, and materials
17 needed to effectively deliver the services described in
18 subsection (b), reimbursement for services, and
19 other benefits.

20 “(6) TARGET POPULATION.—The term ‘target
21 population’ means women of reproductive age, re-
22 gardless of their current childbearing status and
23 children under 21 years of age.

24 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
25 are authorized to be appropriated to carry out this section

1 \$15,000,000 for each of fiscal years 2008, 2009, 2010,
2 2011, and 2012.”.

○