

111TH CONGRESS  
1ST SESSION

# S. 319

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

JANUARY 26, 2009

Mr. BINGAMAN (for himself and Mr. DURBIN) 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 2009”.

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—

14               (1) by redesignating the second section 399R  
15       (relating to the amyotrophic lateral sclerosis registry  
16       (42 U.S.C. 280g–7)) and the third section 399R (re-  
17       lating to support for patients receiving a positive di-  
18       agnosis of down syndrome or other prenatally or  
19       postnatally diagnosed conditions (42 U.S.C. 280g–  
20       8)) as sections 399S and 399T respectively; and

21               (2) by adding at the end the following:

22 **“SEC. 399U. GRANTS TO PROMOTE POSITIVE HEALTH BE-**  
23 **HAVIORS IN WOMEN.**

24       “(a) GRANTS AUTHORIZED.—The Secretary, in col-  
25 laboration with the Director of the Centers for Disease

1 Control and Prevention and other Federal officials deter-  
2 mined appropriate by the Secretary, is authorized to  
3 award grants to States or local or tribal units, to promote  
4 positive health behaviors for women and children in target  
5 populations, especially racial and ethnic minority women  
6 and children in medically underserved communities.

7 “(b) USE OF FUNDS.—Grants awarded pursuant to  
8 subsection (a) may be used to support community health  
9 workers—

10 “(1) to educate, guide, and provide outreach in  
11 a community setting regarding health problems prev-  
12 alent among women and children and especially  
13 among racial and ethnic minority women and chil-  
14 dren;

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

18 “(A) poor nutrition;

19 “(B) physical inactivity;

20 “(C) being overweight or obese;

21 “(D) tobacco use;

22 “(E) alcohol and substance use;

23 “(F) injury and violence;

24 “(G) risky sexual behavior; and

25 “(H) mental health problems;

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

4           “(4) to educate and provide outreach regarding  
5 enrollment in health insurance including the State  
6 Children’s Health Insurance Program under title  
7 XXI of the Social Security Act, Medicare under title  
8 XVIII of such Act and Medicaid under title XIX of  
9 such Act;

10           “(5) to promote community wellness and aware-  
11 ness; and

12           “(6) to educate and refer target populations to  
13 appropriate health care agencies and community-  
14 based programs and organizations in order to in-  
15 crease access to quality health care services, includ-  
16 ing preventive health services.

17           “(c) APPLICATION.—

18           “(1) IN GENERAL.—Each State or local or trib-  
19 al unit (including federally recognized tribes and  
20 Alaska native villages) that desires to receive a grant  
21 under subsection (a) shall submit an application to  
22 the Secretary, at such time, in such manner, and ac-  
23 companied by such additional information as the  
24 Secretary may require.

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

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

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

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

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

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

24           “(F) describe plans to enhance the capac-  
25 ity of individuals to utilize health services and

1 health-related social services under Federal,  
2 State, and local programs by—

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

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

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

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

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

18 “(B) with a high percentage of families for  
19 whom English is not their primary language;  
20 and

21 “(C) that encompass the United States-  
22 Mexico border region;

23 “(2) with experience in providing health or  
24 health-related social services to individuals who are  
25 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) MEDICALLY UNDERSERVED COMMUNITY.—  
24           The term ‘medically underserved community’ means  
25           a community identified by a State—

1           “(A) that has a substantial number of in-  
2           dividuals who are members of a medically un-  
3           derserved population, as defined by section  
4           330(b)(3); and

5           “(B) a significant portion of which is a  
6           health professional shortage area as designated  
7           under section 332.

8           “(4) SUPPORT.—The term ‘support’ means the  
9           provision of training, supervision, and materials  
10          needed to effectively deliver the services described in  
11          subsection (b), reimbursement for services, and  
12          other benefits.

13          “(5) TARGET POPULATION.—The term ‘target  
14          population’ means women of reproductive age, re-  
15          gardless of their current childbearing status and  
16          children under 21 years of age.

17          “(k) AUTHORIZATION OF APPROPRIATIONS.—There  
18          are authorized to be appropriated to carry out this section  
19          \$15,000,000 for each of fiscal years 2010, 2011, and  
20          2012.”.

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