



CERVICAL CANCER PREVENTION POLICY RECOMMENDATIONS January 2012

Latinas continue to have the highest incidence of cervical cancer among women of all ethnic/racial groups and the second highest mortality rate after African American women.

No woman should suffer from cervical cancer, let alone die of the disease. For the first time, we have a comprehensive set of tools to prevent and fight cervical cancer: it is highly preventable with regular Pap tests, the HPV test, and a provider's monitoring and treatment of precancerous changes to the cells of a cervix. The HPV vaccines (both Gardasil® and Cervarix®) are also effective tools in the prevention of cervical cancer. Even when the disease is not prevented, it progresses very slowly and is highly treatable when detected early.

Unfortunately, access to these highly-effective health care tools and technologies is out of reach for many Latinas. Lack of health insurance, the high cost of medical care, low awareness of the disease, lack of child care during medical appointments, linguistic and cultural barriers, and fear of providers due to immigration status are some of the challenges Latinas face.

The National Latina Institute for Reproductive Health (NLIRH) is committed to improved health care access and outcomes for the communities we represent. Through our advocacy around cervical cancer, we will not only educate Latinas about the importance of obtaining regular gynecological care, but also tackle the barriers these women face by advocating for federal and regulatory policy that will allow all women, regardless of language, income, or immigration status, to live free of cervical cancer.

2012 Cervical Cancer Prevention Policy Recommendations

- ⊛ We recommend that policymakers **increase access to the HPV vaccine** for uninsured and under-insured men and women, particularly for uninsured individuals ages 21 and over, for whom no public HPV vaccine funding exists.
- ⊛ We advise **lifting the five-year ban** on qualified immigrants from accessing means-tested benefits under Medicaid.
- ⊛ We ask the **U.S. Preventive Services Health Task Force** to consider new research on the effectiveness of HPV testing for women over 30 to detect cervical cancer and update its 2003 finding asserting insufficient evidence to recommend routine use of HPV testing in detecting cervical cancer.
- ⊛ We advise the Department of Health and Human Services, as it approves **Essential Health Benefits** packages for state exchanges, to **emphasize comprehensive preventive health services at no cost-sharing for women**.

We urge Congress to:

- ⊛ **Increase funding for Title X** to \$700 million over the next five years. Title X, the only federally-funded family planning program, provides cervical cancer screenings and STD counseling and education for low-income women.
- ⊛ **Pass the Fair Pay to Medicaid Providers Act (H.R. 3587)**, which will ensure Medicaid service providers at community health centers receive compensation in a timely manner. This legislation will support the financial viability of community-based health centers, which for many Latinas, including those who are undocumented, are the only sources of cervical cancer prevention services.
- ⊛ **Protect the budgets of programs that impact Latina's cervical health** including, but not limited, to Title X, Community Health Center grants, immunization programs and Medicaid.
- ⊛ **Pass the Health Equity and Accountability Act**, which seeks to build upon the foundation set in the Affordable Care Act to dramatically reduce health disparities.