



## CERVICAL CANCER PREVENTION POLICY RECOMMENDATIONS

January 2013

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

No one 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 the 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 is highly treatable when detected early.

Yet, the high rates of incidence and death from cervical cancer among women of color, including Latinas, indicate that not all are benefitting from these highly-effective tools and technologies for preventing cervical cancer. Latinas, including immigrant and LGBTQ Latin@s, face additional barriers to cervical cancer prevention including lack of health insurance, poverty, barriers to information about the disease, lack of linguistically- and culturally-competent care, and fear of provider bias and discrimination due to primary language, immigration status, race/ethnicity, sexual orientation, and gender identity.

The National Latina Institute for Reproductive Health (NLIRH) is committed to improving 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 Latinas face by advocating for federal and regulatory policy that will allow all Latinas to live free of cervical cancer.

As such, NLIRH makes the following federal policy recommendations:

- ✿ **Support the Health Equity and Accountability Act**, which builds upon the foundation established in the Affordable Care Act to reduce racial and ethnic health disparities.
- ✿ **Increase funding for Title X Family Planning Programs to \$327 million for Fiscal Year (FY) 2014.** Title X, the only federally-funded family planning program, provides cervical cancer screenings and STI counseling and education for 5 million women and men at 4,400 health centers every year.
- ✿ **Increase funding for Community Health Centers (CHCs)**, which provide vital care for Latinas, particularly immigrant and LGBTQ Latinas, who are more likely to be uninsured for health care.
- ✿ **Increase funding for data collection** to help close the health disparities gap in Latina/o communities. Data collection is needed to ensure that all communities, including immigrant and LGBTQ, have access to evidence-based health care.
- ✿ **Enact just and humane reforms to immigration policies that advance the health of our immigrant communities.** Immigration policies place barriers to health care for immigrant Latinas, who already face high rates of uninsurance and other barriers to care. Congress must advance immigrant equity in health by lifting the five-year bar on eligibility for the Medicaid program and expanding immigrant access to health plans offered on the exchanges created under the Affordable Care Act (ACA).
- ✿ **Remove arbitrary condition-based exclusions from states' essential health benefits standards, which will undermine cervical cancer prevention for LGBTQ Latinas.** As the ACA stands now, most states that have publicly reported benchmark selections have chosen health plans containing transgender-specific exclusions. These exclusions often deny a wide range of services to trans individuals, including preventive care.
- ✿ **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.

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