Cervical cancer is the second most common cancer worldwide and the incidence of cervical cancer for Latina women in the United States is twice as high as non-Latina white women. Yet, cervical cancer is highly preventable. The National Latina Institute for Reproductive Health (NLIRH) recognizes that there are economic and cultural barriers that impede Latinas from accessing reproductive health care services that can prevent cervical cancer. Over 50% of low-income Latina women of reproductive age are uninsured. In addition, immigration status and limited English proficiency often prevent Latinas from seeking routine pap smears, acquiring comprehensive sex education and information on the Human Papillomavirus (HPV), a sexually transmitted virus that if left untreated can lead to cervical cancer.

In June 2006, the federal Food and Drug Administration (FDA) approved the first vaccine developed to prevent cervical cancer caused by four strains of HPV; two strains that are responsible for 70% of cervical cancer incidences and two strains which are responsible for 90% of genital warts caused by HPV. Subsequently, the Center for Disease Control and the Prevention's Advisory Committee on Immunization Practices (ACIP) recommended that the vaccine be administered to all girls ages 11-12, and approved it for administration to females from 9 to 26 years old. Since its approval, numerous states and municipalities have introduced legislation that would require all girls to receive the HPV vaccine, and many included an exception which would allow parents or legal guardians to opt their children out of the requirement. However, most of this legislation has failed and barriers to access for Latinas remain. The same economic barriers that Latinas face in accessing health care will also prevent them from obtaining the HPV vaccine, which, at a minimum, cost $360 for the three shot regimen.

Therefore, NLIRH advocates a standard of care that will provide Latinas with all the possible options in preventing cervical cancer: regular HPV and cervical cancer screenings during gynecological visits, comprehensive sexuality information, affordable access to reproductive health technologies such as the HPV vaccine and accurate information on preventing HPV and other sexually transmitted infections. NLIRH supports Latina’s full access to new reproductive technology when it is coupled with unbiased information and implementation that is free from coercive policies and practices. Additionally, policy makers should advance legislation that provides universal access to the vaccine through public funding such as Title X, Medicaid and the State Children’s Health Insurance Program (SCHIP), and private insurance coverage requirements for girls and women ages nine to 26 years old. Expanding access to the HPV vaccine for Latina women and girls would help reduce the 3,700 unnecessary deaths that occur from cervical cancer annually in the United States, of which Latina women have the second highest mortality rate. In addition, it would contribute towards advancing positive public health initiatives for children by promoting the overall health and well-being of Latina adolescents.