

MEDICAID FINANCING OF HPV VACCINE: *Access for Low-Income Women*

For the

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The public health threat

Prevalence of HPV Infection

The most common STI in the US

- Highest prevalence = ages 14 - 19

20 million people are currently infected

- 10 million are ages 15 - 24

6.2 million become newly infected each year

- 4.2 million are ages 15 - 24

By age 50, at least 80% of women will have acquired genital HPV infection

Source: Centers for Disease Control and Prevention. Quadrivalent Human Papillomavirus Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007; 56(No. RR-2).

Transmission of HPV Infection

SEXUAL CONTACT

- Intercourse not required
- Condoms reduce risk
- Predictor of infection: # of sex partners (lifetime or recent)

NONSEXUAL ROUTES

- Mother → fetus/newborn = recurrent respiratory papillomatosis (RRP)
- HPV types 6 or 11 cause 100% of RRP

Source: Centers for Disease Control and Prevention. Quadrivalent Human Papillomavirus Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007; 56(No. RR-2).

Link Between HPV Infection and Cervical Cancer

There are more than 100 types of HPV

6 & 11 → 90% of genital warts

16 & 18 → 70% of cervical cancers

Persistent and invasive infection with 16 and 18 causes 70% of all cervical cancers in the US.

Source: Centers for Disease Control and Prevention. Quadrivalent Human Papillomavirus Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007; 56(No. RR-2).

Cervical Cancer

2000-2003 INCIDENCE (per 100,000) ¹		2000-2003 MORTALITY (per 100,000) ¹
WHITE	8.5	2.4
BLACK	11.5	5.0
LATINA	14.2	3.4
TOTAL U.S.	8.8	3.6
<p>Total Cases: 9,700 Median age at diagnosis = 47 ²</p> <p>Total Deaths: 3,700 85% (3,145) patients never had a Pap test</p>		

1. Source: National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Cancer Statistics Review, 2000 – 2003, Cervix Uteri Section *Incidence*: NHIA, excludes cases from Hawaii, Seattle, Alaska Native Registry and Kentucky. *Mortality*: excludes Minnesota, New Hampshire, North Dakota
2. Source: Centers for Disease Control and Prevention. Quadrivalent Human Papillomavirus Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007; 56 (No. RR-2).

Response to the public health threat

06/29/06 Advisory Committee on Immunization Practices Recommends HPV Vaccine

IMMUNIZATION RECOMMENDATIONS

- Girls ages 9 -11: Physician or parental permission
- Girls ages 11-12: Routine administration
- Females ages 13 – 26: Catch-up

OTHER CONSIDERATIONS

- Must complete the entire series to realize full benefit
- **OPTIMAL ADMINISTRATION:** Before sexual debut
- **SEXUALLY ACTIVE FEMALES:**
 - Will fully benefit from vaccination if not infected with 6,11,16,18

Source: Centers for Disease Control and Prevention. Quadrivalent Human Papillomavirus Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007; 56(No. RR-2).

ACIP Recommendations

- Creates the national standard of care
- Professional Panel administered by the CDC
- Workgroup convened 02/04 to review data
- Provide recommendations to public health systems
- Develops the list of vaccines for the VFC program:
- Factors considered:
 - safety
 - efficacy and duration of protection
 - impact and cost effectiveness
 - acceptability
 - sexual behavior in the U.S.

Financing HPV vaccine under Medicaid

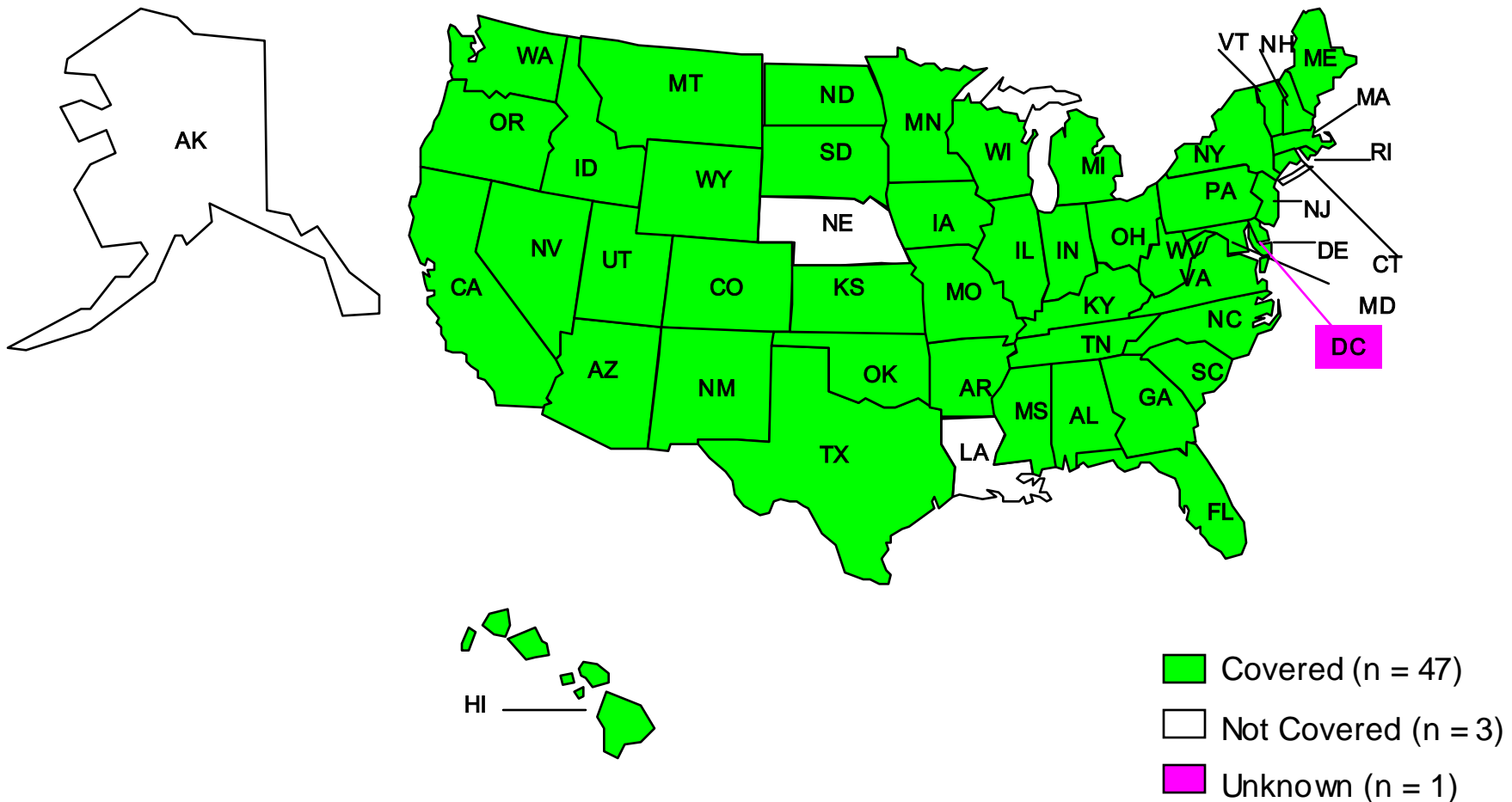
MEDICAID COVERAGE of VACCINES

AGES	COVERAGE OBLIGATION	COVERAGE STANDARD	FINANCING
0 through 18	Required (EPSDT)	ACIP	Vaccines for Children
19 and 20	Required	ACIP	Designated Match
21 and older	Optional	Discretionary	Designated Match

After age 21, enrollee must establish adult eligibility. Each state has different criterion based on income, parental status, disability, gender

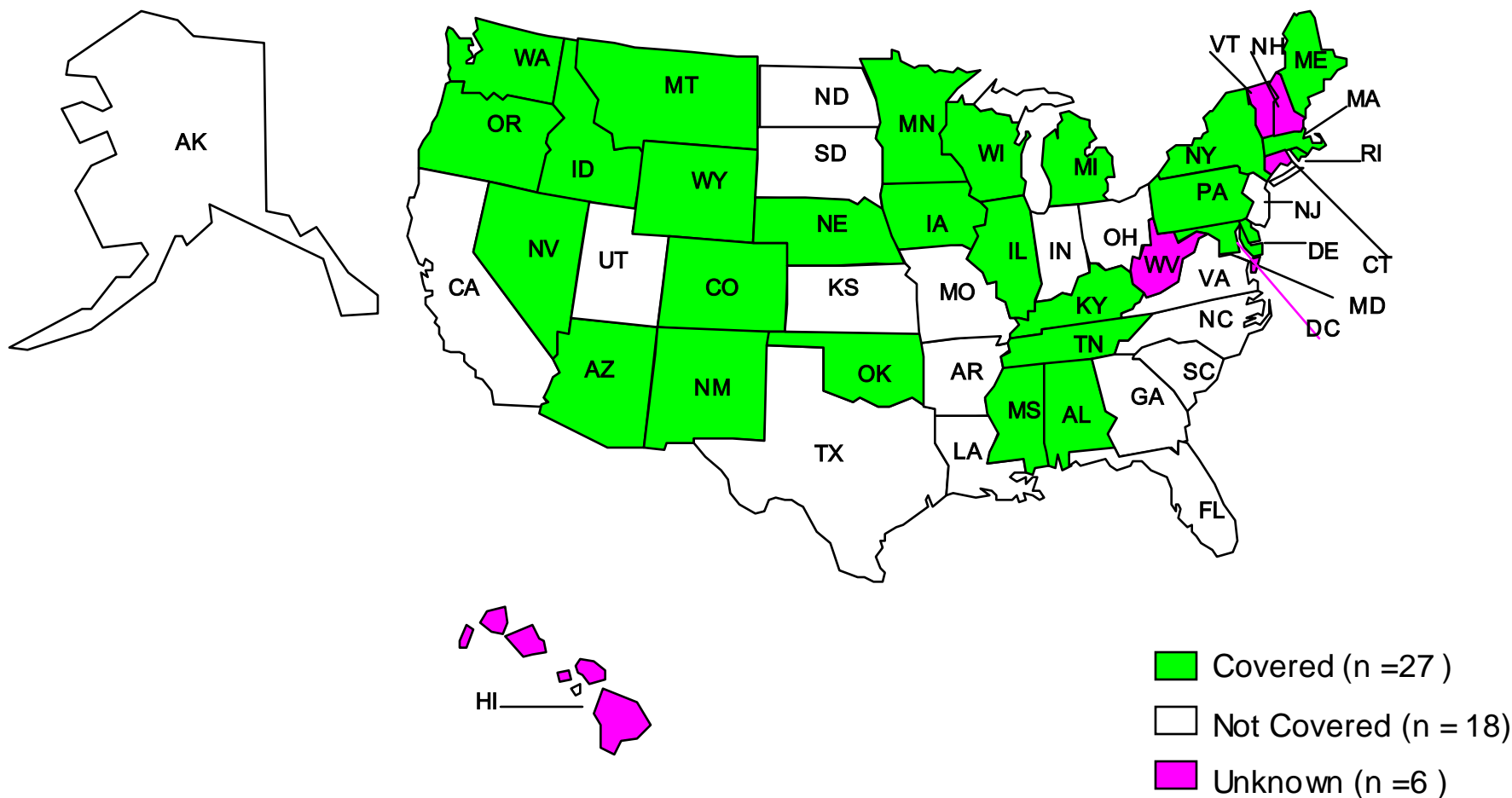
Source: GWU/SPHHS Medicaid Coverage and HPV Vaccine for Adult Beneficiaries – April 2007

Medicaid Coverage of at Least One Vaccine for Adults (n=51)



Source: GWU/SPHHS/ Medicaid Coverage of Immunizations for Non-Institutionalized Adults for the CDC 2003 and GWU/SPHHS/Kaiser Family Foundation Coverage of Adult Immunization Services 2007

Medicaid Coverage of HPV Vaccine for ages 21-26 (n=51)



Source: GWU/SPHHS Medicaid Coverage and HPV Vaccine for Adult Beneficiaries – April 2007 and GWU/SPHHS/Kaiser Family Foundation Coverage of Adult Immunization Services 2007

Factors Influencing Decision to Cover HPV Vaccine for Ages 21 and Over

1. ACIP Recommendation
2. Elevated risk for cervical cancer among certain populations
3. Vaccine offers protection against cancer
4. State and Local Health Recommendations
5. Public Attention
6. Interested Legislative Body
7. Recommendation by State Health Agency

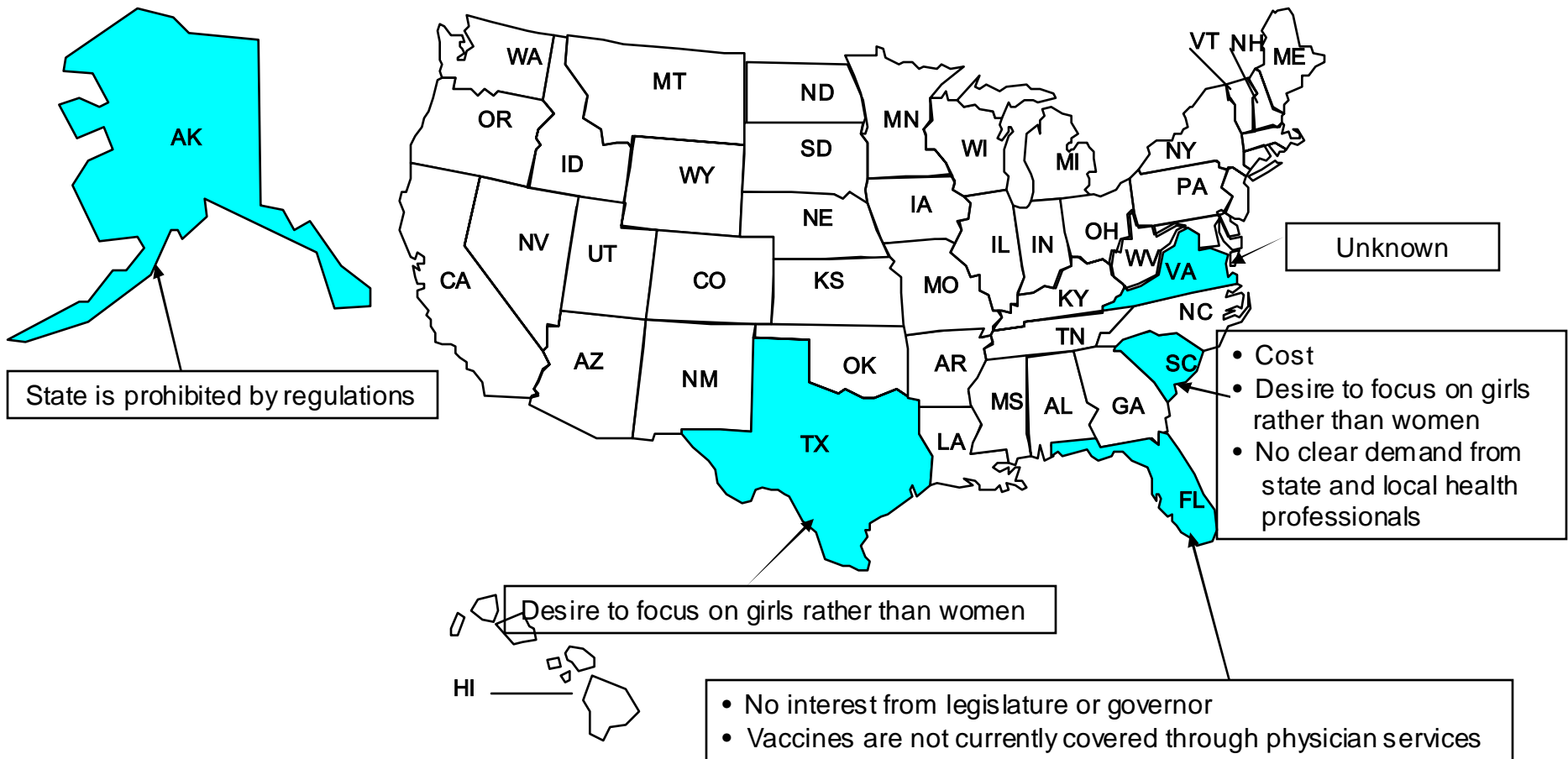
Source :GWU/SPHHS/Kaiser Family Foundation Coverage of Adult Immunization Services 2007

Factors Influencing Decision to FAIL to Cover HPV Vaccine for Ages 21 and over

1. Cost
2. Desire to focus on 21 and under
3. Lack of clear demand from state/local health professionals
4. Lack of public focus
5. Lack of recommendation from state health agency
6. Lack of interest from legislature/Governor
7. Awaiting long term data on use of that vaccine

Source: GWU/SPHHS/Kaiser Family Foundation Coverage of Adult Immunization Services 2007

States that Do NOT Cover HPV Vaccine for Ages 21 and Over (n=5)



Source: GWU/SPHHS/Kaiser Family Foundation Coverage of Adult Immunization Services 2007

OPTIONS for ADULT VACCINE COVERAGE & PAYMENT UNDER MEDICAID

SERVICE CATEGORY	COVERAGE OBLIGATION	COVERAGE OPTIONS Coverage not explicitly addressed. under existing federal guidance.
Outpatient Hospital <i>Bundled Service</i>	Required	COVERAGE POSSIBLE Vaccines could be a “preventive” service subclass when furnished in hospital outpatient settings.
Family Planning & Supplies <i>Undefined Bundled Service</i>	Required	COVERAGE POSSIBLE Services must be defined and sufficient in amount, duration and scope to reasonably achieve their purpose.
Pregnancy-related <i>Bundled Service</i>	Required	COVERED if considered part of pregnancy-related care
RHC & FQHC <i>Bundled Service</i>	Required	COVERAGE NOT POSSIBLE Must be included under state plan.
Clinic Services	Optional	COVERAGE POSSIBLE
Preventive Services	Optional	COVERAGE HIGHLY POSSIBLE Most applicable approach for a broad range of settings.

Source: GWU/SPHHS Medicaid Coverage and HPV Vaccine for Adult Beneficiaries – April 2007

Viability Proposals to Cover and Reimburse HPV Vaccine Under Medicaid

Preventive Service

- The broadest coverage option
- Optional Medicaid service
- Ensures coverage in all legal settings and by all legally empowered professionals
- Vaccine can be administered by any health professional permitted under state law, and
- in any permissible health care setting

Family Planning, Clinic, Hospital Outpatient Services

- Vaccination could be a targeted covered service
- If HPV vaccine is included in a family planning or pregnancy-related treatment protocol, then it would become a mandatory service.
 - The legal permissibility of this requirement has yet to be tested in court.