

The Human Papillomavirus (HPV) Vaccine and State Efforts To Reduce Cervical Cancer

Carissa L. Baker; The MayaTech Corporation

Jill Freudenwald, M.A.; The MayaTech Corporation

Kerri McGowan Lowrey, J.D., M.P.H.; The MayaTech Corporation

Regina el Arculli, M.A.; The National Cancer Institute

November 7, 2007

Presented at the
American Public Health Association Annual Meeting
Washington, D.C.



Purpose

To identify states with laws related to cervical cancer prevention and the HPV vaccine, including:

- Laws requiring third-party insurers to provide coverage for cervical cancer screening, HPV screening, and the HPV vaccine
- Laws addressing HPV vaccination requirements
- Laws educating the public, parents, and students about HPV and cervical cancer

Presentation Roadmap

- Background and Screening Guidelines
- Data Sources and Methods
- Cervical Cancer and HPV-Related Legislation Over Time
- Third-Party Reimbursement
- HPV Vaccination Efforts and Requirements
- Cervical Cancer and HPV Awareness and Education
- Highlights of HPV-Related Legislation:
Enacted/Considered in 2007
- Conclusions and Implications

Background

- Approximately \$1.7 billion is spent on cervical cancer treatment annually in the United States
- In 2007:
 - > An estimated 11,150 new cases of cervical cancer were diagnosed
 - > Deaths from cervical cancer in the United States totaled 3,670

Background (continued)

- HPV can lead to genital cancers
 - > Approximately 20 million Americans have HPV
 - > Approximately 6.2 million new HPV cases are diagnosed annually in the United States

- On June 8, 2006, the FDA approved the HPV vaccine Gardasil. It was:
 - > Approved for females ages 9 through 26
 - > Recommended for girls ages 11 to 12

Sources: Advisory Committee on Immunization Practices Recommendations on Quadrivalent HPV Vaccine (2007); American Cancer Society's Guide to Cervical Cancer (2006); Food and Drug Administration's HPV Vaccine Press Release (2006); The National Cancer Institute's Snapshot of Cervical Cancer (2006).

American Cancer Society (ACS) Cervical Cancer Screening Guidelines

- Annual screening begins 3 years after intercourse and no later than 21 years of age
- At-risk women of all ages should be screened annually
- After age 30:
 - > After three normal Pap tests in a row, screening may be reduced to every 2 to 3 years
 - > At-risk women should continue annual screening
- Over 70 years of age:
 - > After three normal Pap tests in a row and no abnormal test results in last 10 years, screening may be stopped
 - > At-risk women should continue annual screening
- Women who have had a total hysterectomy may stop screening unless surgery was treatment for cervical cancer or pre-cancer

Source: American Cancer Society Guidelines for the Early Detection of Cancer (2007).

Data Sources and Methods

Data Sources

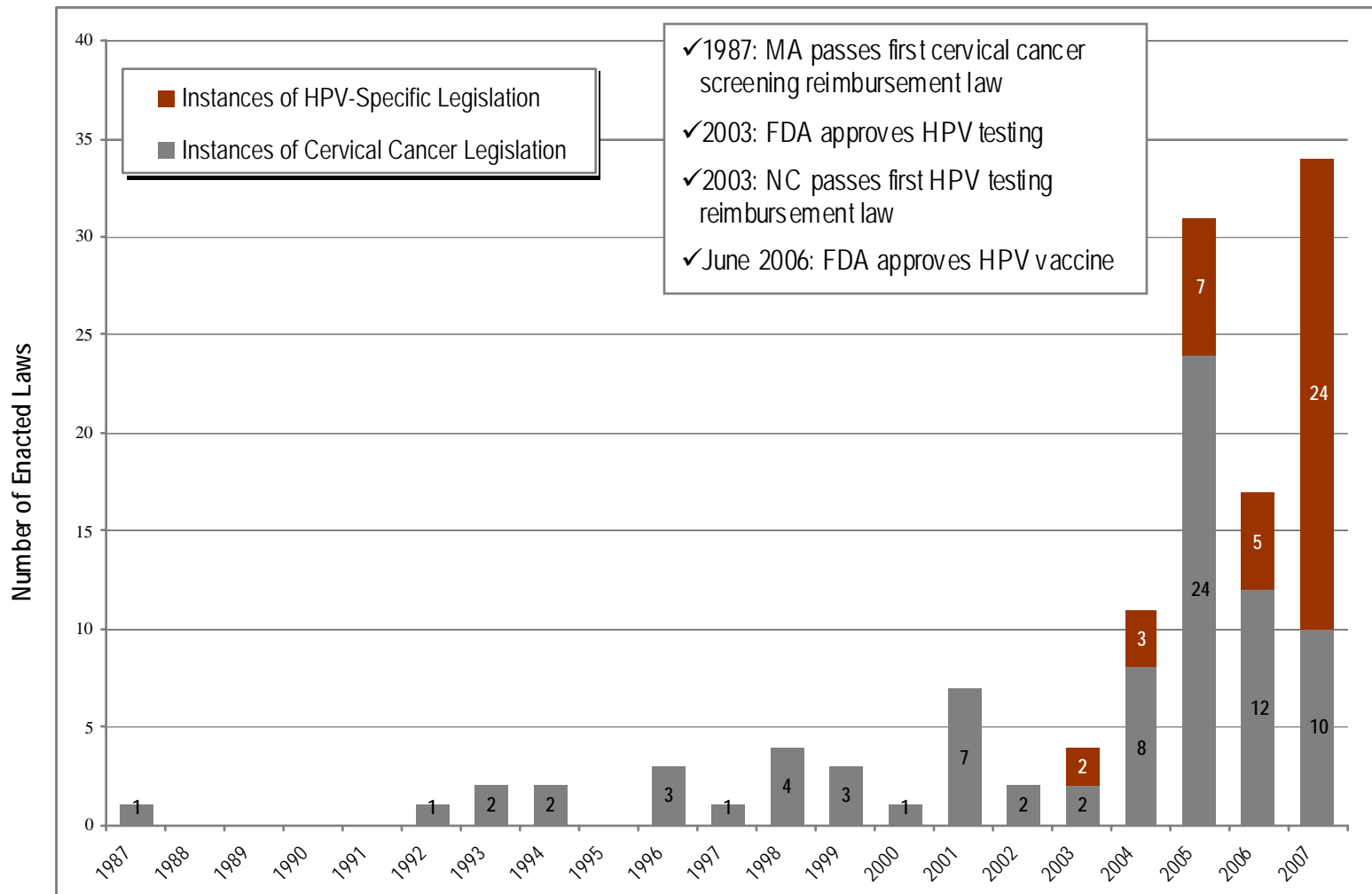
- National Cancer Institute's (NCI's) State Cancer Legislative Database (SCLD) Program
- Data reflect laws enacted as of September 30, 2007

Methods

- Qualitative content analysis of the laws to identify cervical cancer and HPV provisions

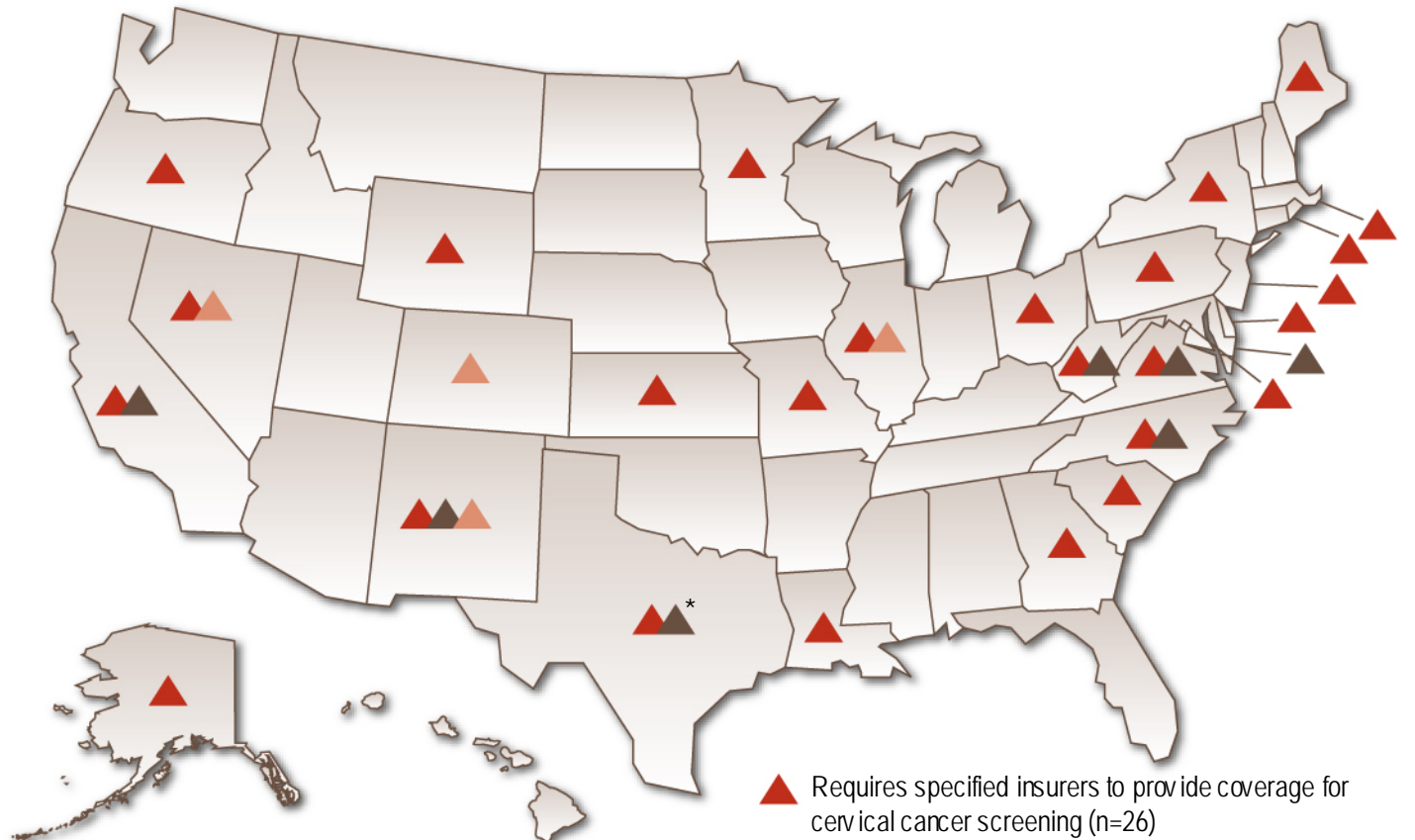
State Cervical Cancer and HPV-Related Laws Enacted Over Time

(n=124 instances of legislation)



States with Laws Requiring Third-Party Reimbursement for Cervical Cancer Screening, HPV Screening, and the HPV Vaccine

(n=28 states^{**})



* Texas requires HPV screening coverage in conjunction with a Pap smear

** Data are *not* mutually exclusive

Laws Addressing State-Sponsored HPV Vaccination

- **Colorado's** Department of Health will pay the administrative costs to local public health agencies offering vaccinations to underinsured females entering sixth grade
 - > COLO. REV. STAT. §§ 25-4-2501 through 2504
- **Illinois'** Department of Public Health must provide HPV vaccination to eligible individuals who request vaccination
 - > Under 18, state resident, and lacks insurance coverage for the vaccine
 - > Provided at no cost
 - > IL S.B. 937; not yet codified
- **South Dakota's** Department of Health may offer the HPV vaccine
 - > Females ages 11 to 18 eligible
 - > SD H.B. 1061; not yet codified

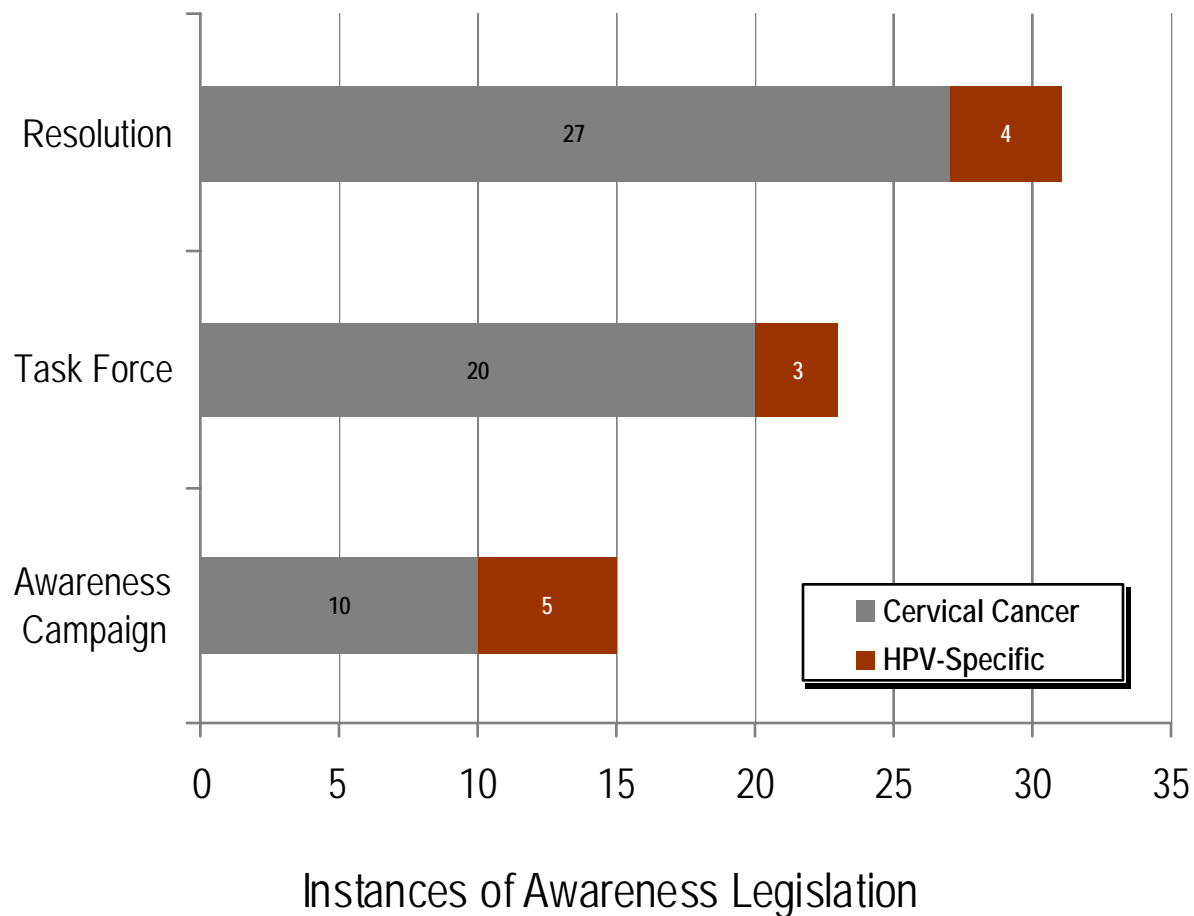
Laws Addressing HPV Vaccination Requirements in Schools

- **Washington, DC** requires parents of 6th grade girls to notify schools at the beginning of the 2009 school year of their decision to vaccinate or not vaccinate
 - > Opt-out option for religious, medical, or other reasons
 - > D.C. CODE ANN. §§ 31-2971 through 2975
- **Indiana** requests parents of 6th grade girls to notify schools of their decision to vaccinate or not vaccinate
 - > Option to not inform school of decision
 - > Prohibits preventing non-vaccinated students from attending school
 - > IND. CODE. ANN. § 20-34-4-5.5

Laws Addressing HPV Vaccination Requirements in Schools (continued)

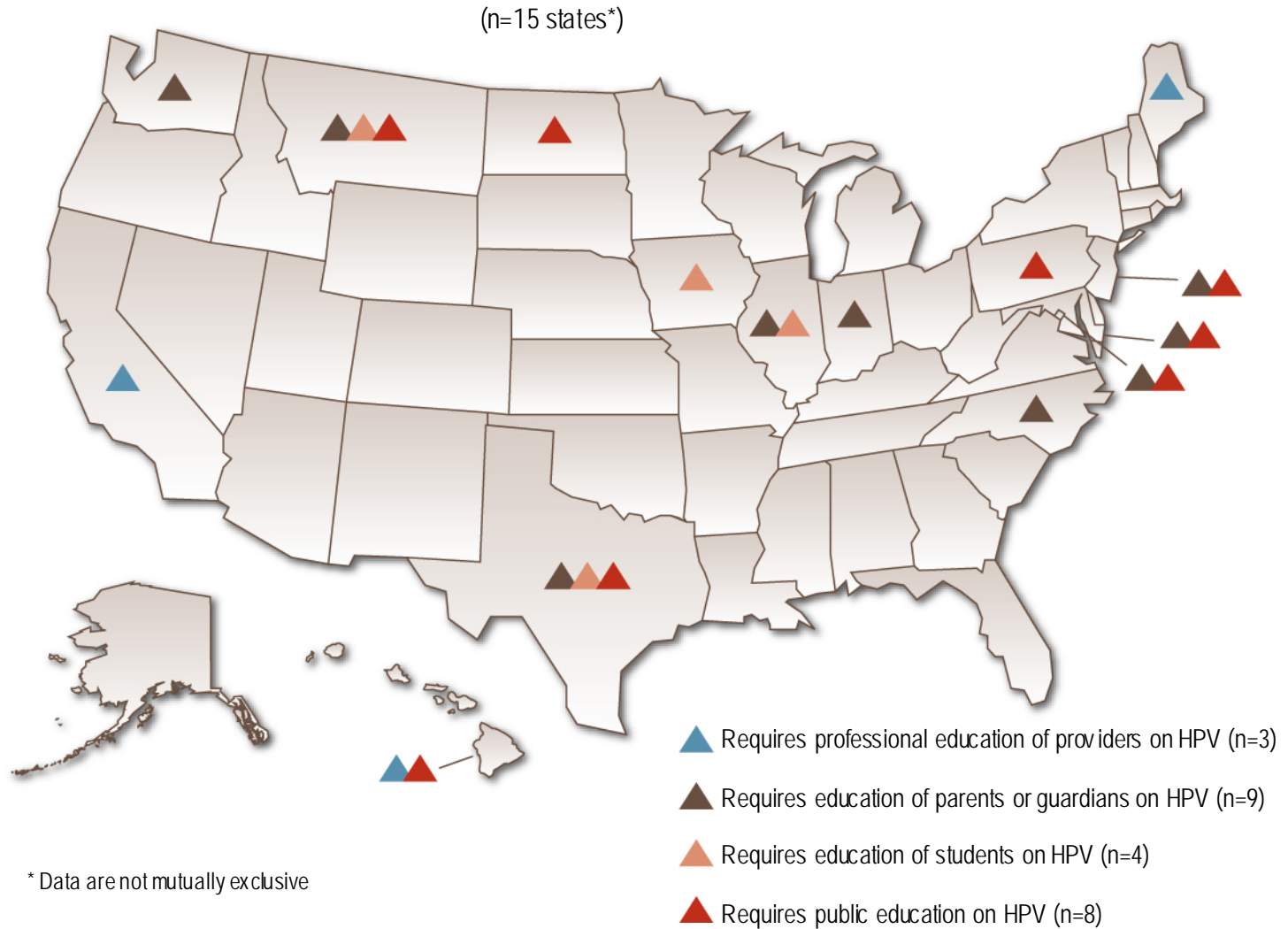
- **Texas** prohibits requiring HPV vaccination to attend school
 - > TEX. EDUC. CODE ANN. § 38.001
- **Virginia** added the HPV vaccine to its vaccination schedule
 - > Three doses before entering 6th grade, effective 10/1/08
 - > Opt-out options for conflict with religious, medical, or personal reasons
 - > VA. CODE ANN. § 32.1-46

Legislation That Addresses Cervical Cancer and HPV Awareness*



*Data are *not* mutually exclusive

States with Laws Addressing HPV Education



* Data are not mutually exclusive

Highlights of HPV-Related Legislation: Enacted/Considered in 2007 (as of September 30, 2007)

- **42 states** considered HPV-related bills in 2007
- **Themes:**
 - > Addressing **financial burden** of vaccine
 - Requiring insurance coverage for vaccine (e.g., California)
 - Appropriations for vaccine/education efforts (e.g., Iowa)
 - Coverage for low-income females (e.g., Colorado)
 - > **“Taking the public’s temperature”**
 - Hosting public hearings about adding HPV vaccine to school vaccination schedule (e.g., Massachusetts)
 - > Continued **targeted awareness** efforts (parents)
 - > Continued **opt-out options** (religious, financial considerations)

Source: National Conference of State Legislatures: HPV Vaccine Legislation 2007 (2007).

Conclusions and Implications

- State cervical cancer and HPV-related legislation has **increased over time**
 - > Spikes in legislative activity correspond with 2003 FDA approval of HPV testing and 2006 FDA approval of HPV vaccine
- Cervical cancer legislation
 - > General public awareness
 - ✓ Public education campaigns
 - > Third-party reimbursement requirements for Pap smears (general screening)

Conclusions and Implications (continued)

- HPV Vaccine:
 - > States responding in a variety of ways:
 - ✓ Increasing targeted awareness and public education efforts (targeted to parents/guardians)
 - ✓ Informing parents and guardians
 - ✓ Requiring insurance coverage for testing, vaccination
 - ✓ Adding HPV vaccine to immunization schedule
 - ✓ Continued opt-out options for parents and guardians
 - ✓ Moral, religious, medical, financial obligations
- We can anticipate continued HPV-related legislation as states seek the advice of researchers and discover the best ways to wield new technology

Contact

For additional information

About this presentation:

Carissa Baker
Legislative Research Assistant
The MayaTech Corporation
cbaker@mayatech.com
(301) 587-1600

About the SCLD Program:

Regina el Arculli
Director, SCLD Program
The National Cancer Institute
elarculli@nih.gov
(301) 496-5217

SCLD Web site: www.sclD-nci.net