

Pro/Con Analysis of SB07-80

For the Health District of Northern Larimer County Board of Directors

Bill Title: Concerning the Prevention of Cervical Cancer

Issue Summary: The bill requires girls entering sixth grade to either be vaccinated against HPV or to provide evidence that the child's parent or guardian has elected for her not to receive the vaccine.

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Bill Summary

Senate Bill 80 would require girls entering 6th grade to present evidence that they have been vaccinated against human papilloma virus (HPV) or that their parent/guardian has chosen for them not to receive the 3-dose vaccine series. It requires that girls ages 11-18 and their parent or guardian be given information by the student's health care provider regarding the link between this sexually transmitted disease and cervical cancer and the availability of a vaccine. As amended in committee, the requirement would not take effect until the state health department certifies that there are an "adequate number of health care providers to administer the vaccine to underinsured children".

Background

In June 2006, the Food and Drug Administration approved a new vaccine for young women and girls that protects against infection by certain strains of HPV. HPV is now considered to be the primary cause of cervical cancer and genital warts. It is one of the most common sexually acquired infections. Prevalence among sexually active women approaches 80% by age 50 (CDC). The new vaccine protects against 2 HPV strains linked to 70% of cervical cancers and 2 strains linked to 90% of genital warts. The federal Advisory Committee on Immunization Practices (ACIP) has recommended that all girls be vaccinated at age 11 or 12, and that girls and women ages 13 to 26 be given a "catch-up" vaccination. Males are also susceptible to infections with HPV and genital warts and spread it to their sexual partners, but vaccine trials have not been conducted on boys to date.

The 3-dose HPV vaccine is the most expensive vaccine recommended for children—it costs about \$360 in the private sector in addition to administration costs. However, once a vaccine is recommended by the ACIP, a patchwork of rules and funding sources reduces the family out-of-pocket cost for all children in Colorado. The federally-funded Vaccines for Children program will pay for HPV vaccines for Medicaid-eligible and uninsured girls if they receive the vaccine at county health departments, county nursing services or private clinics participating in the VFC program. Colorado law requires that regulated insurance plans must cover ACIP approved vaccines without deductibles—these plans already cover the vaccine in Colorado. Federally qualified health centers may also use federally funded vaccine for underinsured children (self-funded ERISA plans and public employee plans are not subject to state insurance mandates and don't have to cover vaccinations—for instance, at least one of Colorado State University's plans does not). Local health departments are able to provide subsidized vaccine to underinsured girls using state vaccine purchased with federal Section 307 dollars, but these funds are limited. Administration fees do not exceed \$15 for publicly subsidized vaccine and local health departments waive this fee for those who can't pay. For privately insured patients, the out-of-pocket cost may be as high as the co-payment for a physician visit (average \$15-\$20).

Under Colorado law, the Colorado Board of Health (CBOH) promulgates rules on school immunization requirements. The CBOH has not yet considered HPV requirements in its public hearings. The Colorado Board of Health has tended to be an "early adopter" of recommended vaccines compared to other states (e.g., Varicella Vaccine, pneumococcal vaccine for preschool, Pertussis vaccine for teens)

There is significant public debate on the rush among states to mandate the vaccine. Although there is general agreement in the public health community that the vaccine should be used, there is discomfort over the aggressive efforts on the part of Merck to market the vaccine and persuade legislatures across the county to mandate its use. The fear is that there will be a backlash against the vaccine that could spill over into other immunizations. The public health community has

concerns that the public does not have enough knowledge about both HPV and the vaccine to accept mandatory vaccination.

Why is this issue important?

- Invasive cervical cancer is diagnosed in about 160 Colorado women each year and 40 women die from it. Tens of thousands more require special testing, close monitoring or surgical treatment for pre-cancerous cervical changes.
- Human papillomavirus (HPV) is now recognized as the primary causal factor in the development of cervical disease and cancer. Studies have shown that high-risk HPV types are found in 99.7% of cervical cancer cases. Infection with high-risk HPV types also is a significant risk factor for cervical squamous intraepithelial lesions (SIL) and high-grade cervical disease.
- HPV infection is very common--by age 50, 80% of sexually active women have been infected.
- Cervical cancer is theoretically entirely preventable with regular pap smear screening and HPV testing, however, it remains a costly and important cause of morbidity and mortality in the US.

Reasons to support bill:

- The health benefits to women and girls would be significant if cervical cancers are prevented. In addition, widespread use of the vaccine would allow women to avoid the numerous procedures that are performed to diagnose, monitor and treat early forms of precancer and cancer.
- It assures that all girls and their parents are informed by their physicians and the schools about this little known but very common sexually acquired infection, the risk associated with it, and the availability of a vaccine to help prevent it, at an age when it is likely still maximally effective.
- Parents retain the right to refuse to have their child vaccinated against HPV. The exemption process is minimally burdensome since girls entering 6th grade are already required to be immunized against tetanus, diphtheria and pertussis.
- It could save money by preventing the need for expensive medical follow-up and treatment of cervical abnormalities as well as cervical cancer.
- Mandatory vaccination tends to eliminate racial and socioeconomic disparities in vaccination rates. Presently there is a significant disparity in both cervical cancer rates and cervical cancer pap screening rates by income and race/ethnicity.

Reasons to oppose bill:

- The board of health, not the legislature, has the statutory responsibility, the expertise, the flexibility, the insulation from undue influence of special interests and a publicly accountable process to promulgate school vaccine requirements. Specific vaccination requirements belong in rules, not statutes; so that they can be modified as needed to reflect the most up-to-date and sound science and public health practice and not special interests.
- It is premature. The vaccine was just approved. Vaccine trials in boys have not even been completed yet. This is the first vaccine to be required only for girls and to be used exclusively to prevent an STD. Little is known about parents knowledge and perceptions regarding this vaccine, whether or not they welcome such a requirement because it obviates what might be a delicate deliberation with their child. Public health ethicists have argued that adequate public education should precede legislation to constrain rights. The risk of passing such legislation is that it may alienate the public from complying with vaccine recommendations in general.
- It is expensive, there is not adequate capacity in local public health clinics to provide subsidized vaccine, and the potential costs for underinsured children who seek the vaccine at public health departments and nursing services may exceed current federal Section 307 immunization funds used by the state to purchase vaccine.
- Some believe that school vaccine requirements are an infringement of personal rights. However, Colorado has one of the more liberal rules regarding parental exemptions, allowing not only medical and religious exemptions, but also philosophical exemptions.
- The bill allows parents to opt out and there is the possibility that parents would opt out of not only the HPV vaccine but also other vaccines due at the same time.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. Analyses are based on bills or issues at the time of their consideration by the Board and are accurate to the best of staff knowledge. It is suggested that people check to see that a bill has not changed during the course of a legislative session by visiting the Colorado General Assembly web page at www.state.co.us/gov_dir/stateleg.html. To see whether the Health District Board of Directors took a position on this or other policy issues, please visit www.healthdistrict.org/policy.

About the Health District

The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves.

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