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FISCAL IMPACT REPORT

ORIGINAL DATE 02/22/07
 LAST UPDATED 03/06/06 **HB** _____

SPONSOR Komadina

SHORT TITLE HPV Vaccine in School Based Health Clinics **SB** 1174/aSPAC/aSFI

ANALYST Geisler

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY07	FY08	FY09	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total		NFI				

(Parenthesis () Indicate Expenditure Decreases)

Relates to: SB407a
 Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 Public Education Department (PED)
 Health Policy Commission (HPC)

SUMMARY

Synopsis of SFI Amendment

The Senate Floor amendment to Senate Bill 1174 clarifies that the parent or guardian of the student shall be presented information about the link between human papillomavirus and cervical cancer and the availability of human papillomavirus vaccine. Paragraph A now reads: “Prior to admission to a public or private school, the parent or guardian of a student nine to fourteen years of age shall be presented information about the link between human papillomavirus and cervical cancer and the availability of human papillomavirus vaccine.”

Synopsis of SPAC Amendments

The Senate Public Affairs Committee amendments to Senate Bill 1174:

- Change the age requirement that the bill applies to from “nine to fourteen years of age” to “entering the sixth grade.”

Paragraph B of the bill now reads: “No female student entering the sixth grade shall be admitted

to any private or public school until the student submits to the school written evidence that she has been vaccinated for human papillomavirus or that, after receiving the information required in Subsection A of this section, her parent or guardian has elected for her not to receive the vaccine.”

- Make a technical correction by striking “school based health clinics” from the preamble since the legislation contains no reference to school based health clinics.

Synopsis of Original Bill

Senate Bill 1174 would institute a human papillomavirus (HPV) vaccine school entry requirement for female students aged nine to fourteen years. Students and their parents would have the opportunity to opt out of HPV vaccination after having been informed about the benefits and risks of HPV vaccines. SB 1174 would require the Department of Health to develop HPV educational materials that would be provided to students and parents to assist them in making the decision as to whether or not the student should receive the HPV vaccine.

FISCAL IMPLICATIONS

There is no appropriation contained in the bill. DOH notes that both the Executive and Legislative funding recommendations for the Department of Health include the \$945,000 expansion request for HPV vaccine. Based on a revised cost estimate for the vaccine of \$97 per dose, the \$945,000 will fund approximately 10,000 doses, covering approximately 3,300 girls. New Mexico is a “universal vaccine” state meaning that vaccines are provided to all children regardless of ability to pay. The total estimated population of girls in the age range of 9 to 14 years is 90,000 (approximately 15,000 per year). With current estimates that approximately 15% of these girls are uninsured, the cost to the Department of Health, if all girls took full advantage of the vaccine, would be approximately \$3,900,000. Costs for the insured population would be significantly higher at roughly \$22,300,000.

SIGNIFICANT ISSUES

Certain human papillomaviruses (HPVs) cause cancer of the uterine cervix and pre-cancerous changes called “cervical dysplasia”. Until recently, there has been no way to prevent HPV infections that cause cervical dysplasia and cervical cancer. Cervical cancer prevention has relied entirely upon “Pap smear” screening to detect the cellular abnormalities of cervical dysplasia and treat the dysplasia before it deteriorates into cervical cancer. Recently, FDA has licensed a vaccine that is effective in preventing infection with HPV types 16, 18, 6 and 11 responsible for approximately 70 percent of cervical dysplasia and cancer. In the near future, a second HPV vaccine is expected to be licensed by FDA. Clinical trials data indicate that these vaccines are highly effective at preventing HPV infections and cervical dysplasia if they are administered before a young woman becomes infected with these HPVs. Most young women become infected with these HPVs within several months of initiating sexual activity. These vaccines have not been demonstrated to be effective in eliminating HPV infections or cervical dysplasia once a woman has acquired the infections that cause them. Therefore, it is important that the vaccine be administered before a woman first becomes sexually active. Even though a woman receives HPV vaccine, she should still receive regular, recommended Pap smears.

It has been demonstrated that school entry requirements for vaccination significantly increase the

percentage of the target population that receive the vaccine. In order to promote uniform and effective implementation of an HPV vaccine program for young adolescent females, it is advisable that the HPV vaccine should be given to young women at one grade level during a single school year. Experience with hepatitis B virus vaccination in school aged children suggests that the most effective policy would be to administer HPV vaccine to girls in the fifth grade. This policy would focus the vaccination effort on a single age cohort, increasing the efficiency and effectiveness of program implementation.

There are ethical concerns with making the current HPV vaccines a school entry requirement. The current vaccine (Gardasil) and the vaccine that is likely to be licensed in the near future (Cervarix) protect against HPV types 16 and 18, which account for approximately 70 percent of HPVs associated with cervical dysplasia and cancer of the cervix. The current vaccines available provide limited protection against the other 30 percent of HPV types that cause cervical cancer and dysplasia. It is anticipated that HPV vaccines available in the future will protect against more HPV types and, thereby, protect a higher percentage of women from cervical dysplasia and cervical cancer. It is unknown if women who have received the current vaccine will be eligible to receive the new vaccines that protect against more HPV types. The HPV vaccines have been shown to prevent HPV infections and cervical dysplasia, and it is anticipated therefore that they will also protect against cervical cancer; however, this has not yet been demonstrated.

Most schools who serve the target age group do not have school-based health centers and responsibility for ensuring immunization status falls to the school nurse.

ADMINISTRATIVE IMPLICATIONS

In order to comply with SB 1174, DOH administrative codes governing school immunization requirements would need to be amended to include HPV vaccine. DOH notes that the title of SB 1174 is "providing for the human papillomavirus vaccine in school-based clinics". While some schools have access to a school-based health center where shots are given, most do not, and in those cases HPV shots could be given a) with joint school nurse - public health nurse school clinics set up for this purpose; b) at the child's provider's office; c) at community clinics using public health staff. Two of the options would require a significant commitment of public health staff.

RELATIONSHIP

SB 1174 relates to SB 407a that would mandate insurance and group health coverage for HPV vaccines for girls between the ages of 9 and 14 years.

TECHNICAL ISSUES

SB 1174 refers to providing for HPV in school-based clinics. However, in the body of the bill, there is no reference to school-based clinics.

OTHER SUBSTANTIVE ISSUES

HPC notes that state laws that require immunization as a condition of enrollment in school increase the use of vaccines, reduce disease, lessen racial disparities in vaccine coverage and increase available funding. According to a recent New England Journal of Medicine (December 7, 2006) commentary, "Requiring HPV vaccination by law will almost certainly achieve more

widespread protection against the disease than will policies that rely exclusively on persuasion and education."

Surveys have generally shown that young women are very interested in getting the HPV vaccine, that parents are willing to have their children vaccinated, and that clinicians are inclined to offer the vaccine in their practices. Both the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics endorse the use of the vaccine by their members.

ALTERNATIVES

PED provides that if the intent is to require maximum vaccination by the object population, efforts should be focused on educating that population, providing funding for those families below the poverty line or who do not have health insurance and striking references to not admitting girls to public schools.

AMENDMENTS

Page 1, lines 24, delete the following words: "No female student nine to fourteen years of age" and substitute the following: "No female student entering the sixth grade".

Amend the bill's title to read "An Act relating to care; providing of the Human Papillomvirus vaccine for school entry".

GG/nt