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1 fifty-five and have families; and

2 WHEREAS, successful and costly cervical cancer screening  
3 and papanicolaou programs coordinated through longstanding  
4 statewide efforts of the department of health and the Indian  
5 health service have reduced the incidence of invasive cervical  
6 cancer in New Mexico to fewer than one hundred new cases  
7 diagnosed each year; and

8 WHEREAS, the majority of women who are diagnosed with  
9 invasive cervical cancer have a history of not being screened  
10 through a papanicolaou test within the past five years; and

11 WHEREAS, extending cervical cancer screening programs to  
12 women living in New Mexico has resulted in a recent  
13 convergence of the incidence rates for cervical cancer among  
14 the three main ethnic groups living in New Mexico; and

15 WHEREAS, mortality rates remain higher among Hispanic and  
16 Native American women when compared to non-Hispanic white  
17 women, presumably due to a number of complex and sometimes  
18 interrelated disparities, including failure to screen; limited  
19 resources; health care access issues, especially in rural  
20 areas; immigrant status; and other cultural and social  
21 barriers; and

22 WHEREAS, twenty distinct high-risk or carcinogenic types  
23 of genital human papillomaviruses primarily transmitted by  
24 skin-to-skin contact during sexual activity are the cause of  
25 virtually all cervical precancers and cancers; and

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1           WHEREAS, genital human papillomavirus infections are  
2 extremely common, with approximately forty percent of women  
3 between the ages of eighteen and forty testing positive for  
4 human papillomavirus; and

5           WHEREAS, in certain women, persistent human  
6 papillomavirus infections with high-risk or carcinogenic human  
7 papillomavirus types are at increased risk for cervical  
8 precancer and cancer; and

9           WHEREAS, specific testing for high-risk human  
10 papillomaviruses has been recommended to improve the early  
11 detection of cervical precancers and cancers:

12           A. in women diagnosed with mild or equivocal  
13 papanicolaou test abnormalities; and

14           B. in addition to routine papanicolaou tests in  
15 women thirty years of age and older; and

16           WHEREAS, extremely effective prophylactic human  
17 papillomavirus vaccines have recently become available but are  
18 expensive, costing approximately three hundred sixty dollars  
19 (\$360) per three-dose series; and

20           WHEREAS, many human papillomavirus types not covered by  
21 these vaccines will still cause cervical cancer and, because  
22 the vaccines demonstrate no significant therapeutic effect in  
23 women already infected with human papillomavirus, it is  
24 imperative to remain vigilant in continuing and improving  
25 cervical cancer screening programs; and

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1           WHEREAS, young girls who are sexually naive and have not  
2 been previously exposed to human papillomaviruses would gain  
3 the greatest benefit from human papillomavirus vaccination;  
4 and

5           WHEREAS, improvements in cervical cancer prevention,  
6 including primary vaccines and secondary human papillomavirus  
7 testing, have great potential to reduce the incidence of  
8 cervical cancer, and any relaxation in papanicolaou test  
9 screening due to a false sense of protection in vaccinated  
10 females can result in an increase in the incidence of cervical  
11 cancer rather than the hoped-for reductions; and

12           WHEREAS, the same disparities affecting papanicolaou  
13 screening programs may determine whether young females are  
14 vaccinated with a three-dose human papillomavirus vaccine,  
15 which requires multiple clinic visits to complete the human  
16 papillomavirus vaccine series; and

17           WHEREAS, New Mexico maintains cervical precancer and  
18 cancer screening surveillance and a statewide immunization  
19 system;

20           NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE  
21 STATE OF NEW MEXICO that it remain committed to reducing the  
22 incidence of cervical precancers and cancers in New Mexico by  
23 supporting the department of health's efforts directed to  
24 improve statewide delivery of papanicolaou and human  
25 papillomavirus testing and the delivery of human

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1 papillomavirus vaccines to girls between the ages of nine and  
2 fourteen; and

3 BE IT FURTHER RESOLVED that the New Mexico legislature  
4 support the department of health's ongoing efforts to maintain  
5 surveillance of cervical precancers and that it encourage a  
6 collaboration of this program with the New Mexico immunization  
7 program's statewide immunization system; and

8 BE IT FURTHER RESOLVED that the legislature support the  
9 formation of a human papillomavirus-papanicolaou advisory  
10 panel composed of experts in human papillomavirus and cervical  
11 cancer screening, immunization and adolescent and school-based  
12 health and representatives of the New Mexico immunization  
13 program, the New Mexico breast and cervical cancer early  
14 detection program, the public health division of the  
15 department of health, statewide school-based health programs  
16 and key health care advocacy groups within the state; and

17 BE IT FURTHER RESOLVED that the New Mexico legislature  
18 support a formal collaboration of the New Mexico health policy  
19 commission with the human papillomavirus-papanicolaou advisory  
20 panel; and

21 BE IT FURTHER RESOLVED that the New Mexico legislature  
22 support the creation of a research agenda by the human  
23 papillomavirus-papanicolaou advisory panel and the New Mexico  
24 health policy commission to study and identify cervical cancer  
25 disparities and cost-effective delivery of primary and

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1 secondary cervical cancer interventions that will protect and  
2 improve the health of New Mexico women; and

3 BE IT FURTHER RESOLVED that copies of this memorial be  
4 transmitted to the department of health, the New Mexico health  
5 policy commission, the interim legislative health and human  
6 services committee and the governor.

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