

**2007: Good**  
(10 out of 18 points)

**2006: Good**  
(8 out of 16 points)

## New Jersey

Population: 8, 717,925

Incidence & Mortality		2007 Score	2006 Score
Cervical Cancer Incidence Rate:	9.4/100,000 ▲	1	1
Cervical Cancer Incidence Rate/Race:	White: 8.9 Black: 13.3 Hispanic: 15.2 Asian/Pacific Islander: 5.9		
Cervical Cancer Mortality Rate:	2.7/100,000 ▲	1	1
Cervical Cancer Mortality Rate/Race:	White: 2.5 Black: 5.8		

### Screening

Cervical Cancer Screening Rate:	84.3%	1	1
Cervical Cancer Screening Rate/Race:	White: 87% Black: 87% Hispanic: 82%		
% Uninsured/Unscreened:	23.3%	1	
Medicaid Coverage HPV Testing:	Unrestricted	2	2

### Health Care Access

Rate Uninsured Women:	17% ▲	1	1
% Low Income/Uninsured Women:	42%		

▲ Rate increased over last report ▼ Rate decreased over last report — Rate stayed the same since last report

### Policy Initiatives & Infrastructure

- Coverage mandates for cervical cancer screening**  
 SB 544 would require health insurers and the State Health Benefits Program to provide coverage for cervical cancer screening, including testing for HPV. Sent to the Senate Committee on Health, Human Services, and Senior Citizens on January 10, 2006. Cumulative score: 1.
- Task force/commissions for cervical cancer prevention**  
 AB 4071 establishes the New Jersey Cervical Cancer Prevention Task Force to evaluate current trends in cancer incidence, morbidity and mortality, screening, diagnosis, and behaviors that increase risk; to evaluate historic and current cancer-control strategies; and to establish cancer-reduction goals. This bill was signed by the governor on January 6, 2006. Cumulative score: 2.
- Miscellaneous support of cervical cancer prevention**  
 There is no miscellaneous cervical cancer prevention legislation. Cumulative score: 0.

### State Summary

New Jersey experienced a slight increase in its cervical cancer incidence rate; incidence rates for Black and Hispanic women are substantially higher than for White women. The state has instituted a cervical cancer task force to examine incidence and mortality trends, as well as cancer-reduction goals.

