



Women In Government Cervical Cancer & HPV Task Force Policy Recommendations for the Prevention of Cervical Cancer

The following policy recommendations were developed by Women In Government's Cervical Cancer and HPV Task Force and approved by the Board of Directors. The Task Force was originally formed in 2003, meets annually, and consists of a national, bi-partisan group of state legislators. The most recent meeting of the Task Force was in August 2007, when these recommendations were updated.

Statement Re: Role of Statewide Accountable Entities:

States should form and ensure that statewide cervical cancer task forces or other proactive accountable entities are informed about and address new information and data about cervical cancer/HPV, including opportunities to establish an adolescent "well visit." States should consider legislative action that may be required to update and extend the parameters of task force timeline, members, etc.

Statement Re: Vaccines for Children (VFC) Program and other Federal Funds Available to States:

States should maximize resources and direct dedicated funding streams to support program infrastructure and provide education to policymakers about VFC and 317 funding. State departments of health should develop and implement plans to ensure all girls and women aged 9 through 26 have access to and receive FDA-approved cervical cancer/HPV vaccines, with an emphasis on the routine vaccination of 11 and 12-year-old girls.

Statement Re: Pre-Teen and Adolescent School Entrance Requirements:

Recognizing that requiring vaccines for school entry has helped to provide equal access to critical immunizations throughout history, regardless of one's socioeconomic status, or other factors, states should consider including HPV vaccines for the prevention of cervical cancer, for girls entering middle school, in conjunction with other vaccines required at this time, with the same parental opt out in accordance with states' existing exemption allowances (e.g., medical, religious and/or philosophical).

Statement Re: Insurance Coverage:

States should strongly encourage insurance providers to adequately cover FDA-approved cervical cancer/HPV vaccines, Pap tests and HPV tests. States should also authorize health departments and other health centers to establish a process to bill private insurance providers for services rendered. States should encourage employers to buy plans with HPV screening and vaccine inclusion.

Statement Re: Special Populations:

States should require Medicaid to cover FDA-approved cervical cancer/HPV screening technologies and vaccines for eligible women. States should ensure that public health programs (screening and vaccination) are adequately funded and utilized to ensure that all other uninsured or underinsured females have access to cervical cancer/HPV vaccination and screening, with a goal of eliminating healthcare disparities (based on income, geographic location, country of origin, race/culture or other factors) and reaching these underinsured and uninsured populations.

Statement Re: Education & Awareness:

States should develop awareness campaigns to educate the public about cervical cancer/HPV. Existing statewide entities focused on cancer prevention and/or health should take the lead on developing, partnering with other like-minded organizations and executing programs to educate and involve stakeholders (e.g., policymakers, providers, parents, men, women, school administrators, advocacy groups, etc.) about cervical cancer, HPV, and the role of available preventive technologies. States should help women ages 19-64 identify the questions they should ask regarding their cervical health and inform women who are eligible for Medicare about available screening benefits. Legislators need to be educated to assure already budgeted monies are not supplanted by additional appropriations or donations.

For more information, please contact:

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