



HPV Vaccine Introduction: State Policy Backgrounder

In June 2006, the United States Food and Drug Administration (FDA) approved a vaccine for the human papillomavirus (HPV) for girls and women between the ages of 9 and 26, marking a tremendous milestone in the fight against cervical cancer. The federal Advisory Committee on Immunization Practices (ACIP), convened by the Centers for Disease Control and Prevention (CDC), subsequently voted to recommend that the HPV vaccine be given routinely to girls aged 11 and 12, at a physician's discretion for 9 year olds, as well as providing the vaccine to all other FDA-approved age groups, and that it be included in the federal government's Vaccines for Children (VFC) program.

The states will play a pivotal role in ensuring that the HPV vaccine becomes widely available to all targeted age groups – regardless of socioeconomic status.

Women In Government, a bi-partisan, not-for-profit educational association representing women state legislators, has made cervical cancer elimination one of its top priorities. As such, the organization has identified the following key areas where state-level policy will be critical to ensuring that the HPV vaccine moves effectively from the federal purview to the people who will directly benefit from it:

Vaccines for Children Program (VFC)

The VFC program provides free immunization to uninsured and under-insured children up to age 18. The program is administered at the national level by the CDC, which contracts with vaccine manufacturers to buy vaccines at reduced rates. VFC funds are awarded to state, local and territorial public health agencies for program operations and vaccine purchase. In October 2006, the CDC signed a contract to provide the vaccine through the VFC program for \$96.00 per dose. The contract is valid through March 31, 2007.

States and other recipients need to develop the on-the-ground infrastructure to receive, store and disseminate the vaccine once it is secured through the federal program. Among the issues states will need to consider regarding VFC program implementation are: which healthcare providers will administer the vaccine, who will receive it, how will targeted girls and/or women learn about its availability, how will the vaccine be stored, who will administer the program, and, importantly, which state and national groups will need to be involved.

School Requirements

The CDC, in collaboration with the American Academy of Pediatrics and the American Association of Family Physicians, publishes the Childhood Immunization Schedule, which indicates recommended ages for the routine administration of currently licensed vaccines for children. The HPV vaccine has been added to the Childhood Immunization Schedule.

States will then need to decide if HPV vaccination will be required for school entrance. Further, they will need to determine which exemptions may apply. As of May 2004, all 50 states allow vaccination exemptions for medical reasons, with 48 states allowing exemptions for religious reasons and 20 states allowing exemptions for philosophical reasons. In addition, even if states vote to require HPV vaccination for school entrance, there may be many months before the program is implemented. Thus, states will need to consider alternatives for reaching children during this lag time. As of September 2007, only one state, Virginia, has required the HPV vaccine for school entry.

Insurance Coverage

When the ACIP recommends a vaccine, most private insurers typically cover it, as leading medical groups have historically followed the ACIP's recommendations in developing their own medical guidelines. Some states, such as California, require insurers to cover vaccination for those age groups recommended by the ACIP. States will need to determine whether to mandate such insurance coverage.

Another issue will be how to provide vaccinations to uninsured and under-insured women who are too old to qualify for the VFC program, yet still fall within the FDA-approved age range for immunization (i.e., women aged 19-26). States may consider Medicaid coverage requirements to address this need. States may also consider the federal "317 Grant Program," which supports free vaccination programs at local health departments and reaches underserved people not covered by the VFC program.

Education

The introduction of an HPV vaccine will significantly change the way our healthcare system approaches cervical cancer prevention. Thus, education – of women, girls, parents, healthcare providers and others – about HPV, cervical cancer, the role of the new vaccine and the importance of continued screening will be essential.

As part of the "Challenge to Eliminate Cervical Cancer Campaign," Women In Government looks forward to educating its members and other legislators about these and other issues related to introduction of the HPV vaccine. Women In Government believes that the HPV vaccine should become part of comprehensive cervical cancer prevention programs that also use advanced and medically appropriate screening methods, such as HPV testing.

About Women In Government

In 2004, Women In Government launched the "Challenge to Eliminate Cervical Cancer Campaign." The initiative mobilizes state legislators to educate women about HPV and cervical cancer and ensure that all age-appropriate females have access to advanced and appropriate prevention technologies, such as HPV testing, for use in screening and now an HPV vaccine. To date, 50 states have introduced and/or enacted legislation or resolutions targeting cervical cancer prevention.

Women In Government is a national, 501(c)(3), non-profit, bi-partisan organization of women state legislators providing leadership opportunities, networking, expert forums and educational resources to address and resolve complex public policy issues. For more information, visit www.womeningovernment.org.