

1 A JOINT MEMORIAL

2 SUPPORTING DEPARTMENT OF HEALTH INITIATIVES TO IMPROVE
3 DELIVERY OF RECOMMENDED PAPANICOLAOU AND HUMAN PAPILLOMAVIRUS
4 TESTING, TO MAINTAIN SURVEILLANCE OF CERVICAL PRECANCERS AND
5 TO FORM A HUMAN PAPILLOMAVIRUS-PAPANICOLAOU ADVISORY PANEL.
6

7 WHEREAS, cervical cancer represents approximately three
8 percent of cancers in women and two percent of all cancer
9 deaths in New Mexico, and nearly four hundred women in New
10 Mexico are diagnosed with cervical cancer each year and
11 another twenty-six die from the disease; and

12 WHEREAS, cervical cancer is among the cancers that are
13 most amenable to prevention or secondary intervention through
14 early detection and screening; and

15 WHEREAS, two-thirds of the New Mexico women newly
16 diagnosed with invasive cervical cancer are under the age of
17 fifty-five and have families; and

18 WHEREAS, successful and costly cervical cancer screening
19 and papanicolaou programs coordinated through longstanding
20 statewide efforts of the department of health and the Indian
21 health service have reduced the incidence of invasive cervical
22 cancer in New Mexico to fewer than one hundred new cases
23 diagnosed each year; and

24 WHEREAS, the majority of women who are diagnosed with
25 invasive cervical cancer have a history of not being screened

1 through a papanicolaou test within the past five years; and

2 WHEREAS, extending cervical cancer screening programs to
3 women living in New Mexico has resulted in a recent
4 convergence of the incidence rates for cervical cancer among
5 the three main ethnic groups living in New Mexico; and

6 WHEREAS, mortality rates remain higher among Hispanic
7 and Native American women when compared to non-Hispanic white
8 women, presumably due to a number of complex and sometimes
9 interrelated disparities, including failure to screen; limited
10 resources; health care access issues, especially in rural
11 areas; immigrant status; and other cultural and social
12 barriers; and

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

17 WHEREAS, genital human papillomavirus infections are
18 extremely common, with approximately forty percent of women
19 between the ages of eighteen and forty testing positive for
20 human papillomavirus; and

21 WHEREAS, in certain women, persistent human
22 papillomavirus infections with high-risk or carcinogenic human
23 papillomavirus types are at increased risk for cervical
24 precancer and cancer; and

25 WHEREAS, specific testing for high-risk human

1 papillomaviruses has been recommended to improve the early
2 detection of cervical precancers and cancers:

3 A. in women diagnosed with mild or equivocal
4 papanicolaou test abnormalities; and

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

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

11 WHEREAS, many human papillomavirus types not covered by
12 these vaccines will still cause cervical cancer and, because
13 the vaccines demonstrate no significant therapeutic effect in
14 women already infected with human papillomavirus, it is
15 imperative to remain vigilant in continuing and improving
16 cervical cancer screening programs; and

17 WHEREAS, young girls who are sexually naive and have not
18 been previously exposed to human papilloma viruses would gain
19 the greatest benefit from human papilloma virus vaccination;
20 and

21 WHEREAS, improvements in cervical cancer prevention,
22 including primary vaccines and secondary human papillomavirus
23 testing, have great potential to reduce the incidence of
24 cervical cancer, and any relaxation in papanicolaou test
25 screening due to a false sense of protection in vaccinated

1 females can result in an increase in the incidence of cervical
2 cancer rather than the hoped-for reductions; and

3 WHEREAS, the same disparities affecting papanicolaou
4 screening programs may determine whether young females are
5 vaccinated with a three-dose human papillomavirus vaccine,
6 which requires multiple clinic visits to complete the human
7 papillomavirus vaccine series; and

8 WHEREAS, New Mexico maintains cervical precancer and
9 cancer screening surveillance and a statewide immunization
10 system;

11 NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE
12 STATE OF NEW MEXICO that it remain committed to reducing the
13 incidence of cervical precancers and cancers in New Mexico by
14 supporting the department of health's efforts directed to
15 improve statewide delivery of papanicolaou and human
16 papillomavirus testing and the delivery of human papilloma
17 virus vaccines to girls between the ages of nine and fourteen;
18 and

19 BE IT FURTHER RESOLVED that the New Mexico legislature
20 support the department of health's ongoing efforts to maintain
21 surveillance of cervical precancers and that it encourage a
22 collaboration of this program with the New Mexico immunization
23 program's statewide immunization system; and

24 BE IT FURTHER RESOLVED that the legislature support the
25 formation of a human papilloma virus-papanicolaou advisory

1 panel composed of experts in human papilloma virus and
2 cervical cancer screening, immunization and adolescent and
3 school-based health and representatives of the New Mexico
4 immunization program, the New Mexico breast and cervical
5 cancer early detection program, the public health division of
6 the department of health, statewide school-based health
7 programs and key health care advocacy groups within the state;
8 and

9 BE IT FURTHER RESOLVED that the New Mexico legislature
10 support a formal collaboration of the New Mexico health policy
11 commission with the human papillomavirus-papanicolaou advisory
12 panel; and

13 BE IT FURTHER RESOLVED that the New Mexico legislature
14 support the creation of a research agenda by the human
15 papillomavirus-papanicolaou advisory panel and the New Mexico
16 health policy commission to study and identify cervical cancer
17 disparities and cost-effective delivery of primary and
18 secondary cervical cancer interventions that will protect and
19 improve the health of New Mexico women; and

20 BE IT FURTHER RESOLVED that copies of this memorial be
21 transmitted to the department of health, the New Mexico health
22 policy commission, the interim legislative health and human
23 services committee and the governor.