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FISCAL IMPACT REPORT

ORIGINAL DATE 03/05/07

SPONSOR Stewart LAST UPDATED _____ HM 66

SHORT TITLE HPV Screening & Advisory Panel SB _____

ANALYST Geisler

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY07	FY08	FY09	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total		NFI.				

(Parenthesis () Indicate Expenditure Decreases)

Duplicates: HJM 39
 Relates to: SB 407, SB 1174.

SOURCES OF INFORMATION

LFC Files

Responses Received From
 Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Memorial 66 would support the efforts of the Department of Health (DOH) to improve statewide delivery of papanicolaou (Pap) testing, human papillomavirus (HPV) testing and HPV vaccines to girls between the ages of nine and fourteen in order to decrease the incidence of cervical cancer and precancerous among women in New Mexico. HM 66 would support DOH's ongoing efforts to maintain surveillance of cervical pre-cancers and encourage a collaboration of this program with the New Mexico immunization program's statewide immunization system.

HM 66 would also create an advisory panel composed of experts in HPV and cervical cancer screening, immunization and adolescent and school-based health, and representatives of the NM immunization program, the NM breast and cervical cancer early detection program, the Public Health Division (PHD), statewide school-based health programs, and key health care advocacy groups within the state. In addition, it would support a formal collaboration between the new advisory panel and the NM health policy commission to create a research agenda to study and identify cervical cancer disparities and cost-effective delivery of cervical cancer interventions to protect and improve the health of NM women.

FISCAL IMPLICATIONS

None noted by DOH.

SIGNIFICANT ISSUES

Certain HPVs cause cancer of the uterine cervix and pre-cancerous changes called “cervical dysplasia”. Cervical cancer prevention has relied entirely upon “Pap smear” screening to detect the cellular abnormalities of cervical dysplasia and treat the dysplasia before it deteriorates into cervical cancer. Until recently, there has been no way to prevent HPV infections that cause cervical dysplasia and cervical cancer. Recently, FDA licensed a vaccine that is effective in preventing HPV infection that leads to approximately 70% of cervical cancer. Clinical trials data indicate that these vaccines are highly effective at preventing HPV infections and cervical dysplasia if they are administered before a young woman becomes infected with HPV. Most young women become infected with HPV within several months of initiating sexual activity. The vaccines cannot prevent infection with HPV strains that are not included in the vaccine.

Cervical cancer screening programs need to be continued since these vaccines have not been demonstrated to be effective in eliminating HPV infections once a woman has acquired the infections, nor have the vaccines been shown to be effective in preventing cervical dysplasia once a woman has acquired the HPV infections that cause cervical dysplasia. In addition there are many HPV types not covered by the currently licensed vaccines.

The DOH Breast and Cervical Cancer Early Detection Program receives federal funding to provide cervical cancer screenings and HPV testing for women living at or below 250% of the federal poverty level and who are uninsured or underinsured. Currently this funding allows the state to serve 15 percent to 18 percent of the eligible population. In 2004-2005, 24 percent of New Mexican non-elderly women lacked insurance (Henry J. Kaiser Family Foundation, www.statehealthfacts.org).

ADMINISTRATIVE IMPLICATIONS

Establishment of and participation in an advisory group would be incorporated into existing workload of the affected DOH programs.

RELATIONSHIP

HM 66 duplicates HJM 39. It also relates to SB 407, which requires private insurers and health management organizations to make available FDA-licensed HPV vaccines to female clients between the ages of 9 and 14 years and SB 1174, which would institute a human papillomavirus (HPV) vaccine school entry requirement for female students entering the sixth grade. Students and their parents would have the opportunity to opt out of HPV vaccination after having been informed about the benefits and risks of HPV vaccines.

GG/nt