

A MEMORIAL

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

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

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

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

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

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

through a papanicolaou test within the past five years; and

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

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

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

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

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

WHEREAS, specific testing for high-risk human

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

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

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

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

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

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

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

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

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

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

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

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

BE IT FURTHER RESOLVED that the house of representatives

support the formation of a human papilloma virus-papanicolaou advisory panel composed of experts in human papilloma virus and cervical cancer screening, immunization and adolescent and school-based health and representatives of the New Mexico immunization program, the New Mexico breast and cervical cancer early detection program, the public health division of the department of health, statewide school-based health programs and key health care advocacy groups within the state; and

BE IT FURTHER RESOLVED that the New Mexico house of representatives support a formal collaboration of the New Mexico health policy commission with the human papillomavirus-papanicolaou advisory panel; and

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

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