

NEW MEXICO HEALTH POLICY COMMISSION



HJM39 HUMAN PAPILLOMAVIRUS AND PAPANICOLAOU ADVISORY PANEL

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THE NEW MEXICO HEALTH POLICY COMMISSION

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EXECUTIVE SUMMARY

During the 2007 Legislative session, the New Mexico House of Representatives enacted House Joint Memorial 39. HJM 39 requested a formal collaboration of the Health Policy Commission (HPC) with the Human Papillomavirus-Papanicolaou Advisory Panel to create a research agenda 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.

The New Mexico Health Policy Commission and the New Mexico Department of Health formed an HPV advisory panel. Experts in cervical cancer, precancers and the Human Papillomavirus (HPV) were part of the panel as were members of the community, public schools and state agencies who provide screening, immunization, and education.

The Panel focused on the HPV virus (Types 16 and 18) that causes cervical cancer. HJM 39 (2007) stated that almost 400 women are diagnosed with cervical cancer each year. Another 26 die. Two-thirds of women newly diagnosed with invasive cervical cancer are under the age of 55. However, two of every three cervical cancer deaths occur among women age 55 and older. This is thought to be likely because of lack of cervical cancer screening earlier in life.

Recommendations

The HPV advisory panel recommends interventions to the existing system.

1. Request all New Mexico medical providers be able to access and retrieve accurate and current HPV vaccination data in their offices via the State Immunization Information System (SIIS) on a real time basis.

State funding of two NM DOH /SIIS specific quality control and assurance programmers could support this effort.

- The staff would develop and create interface with all new and existing medical providers' numerous computer systems to SIIS.
- The staff would train providers, their office personnel, school health personnel and others in utilization of SIIS.
- The staff would be responsible for ongoing maintenance of DOH SIIS.

2. Increase the number of cervical cancer screenings and access to treatment.

- State funding of BCC cervical cancer screenings could support this effort.
- The New Mexico Legislature could consider funding and expanding the eligibility criteria for the Medicaid 052 program as other states have done.

3. Request New Mexico Department of Health to evaluate the cost and medical effectiveness of implementing newer technologies such as the "thin prep" and self-sampling technique.

4. Request the Governor's Women's Health Advisory Council to create an innovative and highly visible media/ educational campaign to decrease the number of New Mexico citizens with HPV, precancers or cervical cancer.

- This effort could involve adding cervical cancer screening and tracking of HPV immunization as a performance standard on private and public insurance programs.
- This effort could highlight that HPV occurs in men and that HPV can be transmitted back and forth between sexual partners.
- State funding to create educational materials that are factual, culturally appropriate, and include information about the need to get Pap tests, with the advisory panel helping coordinate these educational efforts, could support this effort.

5. Reauthorize the HPV advisory panel as a group of experts in HPV, precancers and cervical cancer prevention and interventions and to report to the Legislature.

The panel's role and responsibilities would be to:

- Investigate research opportunities to benefit New Mexicans.
- Measure effectiveness of recommendations.
- Work with HPV and cervical cancer issues to identify interventions for males and females.

INTRODUCTION

The Forty-eighth session of the New Mexico Legislature adopted House Memorial 66 (HM66) and House Joint Memorial 39 (HJM39) both copies are included in Appendix A and B. For purposes of this report, HJM 39 is used.

In the memorial, the Legislature confirms its support of the Department of Health's (DOH) efforts directed towards improving the delivery of recommended Papanicolaou and Human Papillomavirus (HPV) testing. It also furthers the legislature's confirmation of the delivery of HPV vaccine to girls age nine to fourteen that reside in New Mexico.

As requested in the memorial, an HPV advisory panel was formed in collaboration with the Health Policy Commission (HPC) and DOH to develop a research agenda that identified cervical cancer disparities and cost-effective delivery of primary and secondary cervical cancer interventions. As directed in HJM 39, the panel's primary mission was to help protect and improve the health of New Mexico's women.

Following one of the memorial's objectives, the advisory panel members consisted of experts in human papillomavirus and cervical cancer screening, and immunization. Individuals from the New Mexico Breast and Cervical Cancer Screening and Early Detection program, American Cancer Society, New Mexico Immunization Coalition, DOH Public Health Division and office of school and adolescent health, Public Education Department office of School and Family Support, the New Mexico Medical Society, Governor's Women's Health Advisory Council, University of New Mexico Health Science Center and other key health care advocates made up the membership of the advisory panel. The diverse group of panel members are knowledgeable about the specifics of each area of expertise noted in the memorial.

Discussions by the panel identified current operation of the pre-cancer and cervical cancer delivery system. The panel made recommendations with respect to connecting existing resources to overcome identified disparities. Specific recommendations made by the advisory panel are included in this report.

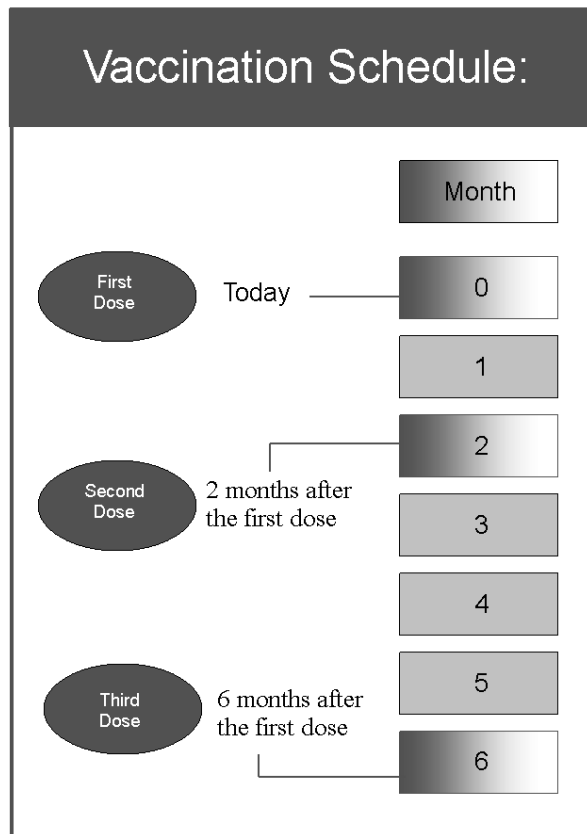
BACKGROUND

An advisory panel was formed in collaboration with HPC and DOH. The advisory panel developed a research agenda that identified cervical cancer disparities and cost-effective delivery of primary and secondary cervical cancer interventions.

The advisory panel met and reviewed the existing services available to screen and diagnose pre-cancer and cervical cancer. The role of the Human Papillomavirus virus (HPV) with respect to cervical cancer was discussed at length. With 100 strains of the virus, 30 types were identified that were the cause of cervical cancer and genital warts.¹ The advisory panel further discussed the DOH plan to make available the vaccine to 11 and 12 year olds. Timeliness and accuracy of data became an issue because "for the

¹ "Fact Sheet, Women's Health Policy Facts" January, 2007. Henry J. Kaiser Family Foundation citing CDC Division of STD Prevention. [STD Facts-Human Papillomavirus](#), June 2006.

vaccine to achieve its full effectiveness, the three shots must be given within a very specific period (zero, 2 months, and 6 months).²



The need for education with various groups throughout the state was also identified. The Governor’s Women’s Health Advisory Council’s Final Report of July 31, 2007, also expressed the need for education in this area. The report states that “Outreach and education need to be targeted to New Mexico’s diverse groups and cultures, perhaps using different strategies for different populations and overall using culturally appropriate materials. Outreach messages should be presented in a larger reproductive health context; cancer prevention should be stressed and messages need to distinguish this purpose from the contagious disease focus of other immunizations; and outreach should include information about consents, waivers, and opt-outs.”

RESEARCH AGENDA

Human Papillomavirus Virus (HPV)

Steve Jenison, M.D., Medical Director and Epidemiologist with DOH, provided the following information on HPV:

“In most cases and in most people, an HPV infection causes little or no noticeable change in the skin. In some cases, they cause abnormal skin growths,

² 16 August, 2007<<http://www.gardasil.com>>

most commonly “warts” including plantar warts on the palms and soles (caused by HPV 1) and common skin warts (the cauliflower-shaped warts that people often get around their knuckles caused by HPV2). Some types of HPV’s infect the skin and mucus membranes of the genital organs. Some genital-type HPV’s (especially 6 and HPV 11) cause genital warts, which look very similar to common skin warts. Other genital type HPVs (especially HPV 16 and HPV 18) infect the cervix and can cause abnormalities commonly referred to as dysplasia” that in some women can eventually evolve into cervical cancer. Because the cervical pre- cancer are common and in order to prevent their progression to cancer, Pap tests (also known as “Pap smears”) are done at regular intervals to check for pre-cancers and cancers of the cervix.”³

In the text of HJM 39, it notes nearly four hundred women in New Mexico receive a diagnosis of cervical cancer each year with another twenty–six dying from the disease. Two-thirds of New Mexico women receiving the diagnosis of invasive cervical cancer are under the age of fifty-five and have families.

“Estimated new cases and deaths from cervical (uterine cervix) cancer in the United States in 2007:

New cases	11,150
Deaths	3,670.” ⁴

HPV and Cervical Cancer

Of the documents researched, it was noted, “of all cancers, cervical cancer is one of the most amenable to prevention and early detection through screening”.⁵ “While most cases of HPV infection resolve on their own, certain strains can lead to cervical cancer. HPV is the major cause of cervical cancer.”⁶

The Centers for Disease Control and Prevention (CDC) indicated in Human Papillomavirus HPV Information for Clinicians, April 2007, that:

- approximately 20 million Americans, 15 to 49 years of age (approximately 15 % of the population) are currently infected with HPV,
- each year, about 6.2 million people in the U.S. become newly infected,
- “about half of those who are infected with HPV are sexually active adolescent and young adults, 15-24 years of age”⁷ and
- “between 5% and 30% of individuals infected with HPV are infected with multiple types of HPV.”⁸

³ Jenison, M.D., Steve. Email to the author. September 2007.

⁴ 19 September 2007<<http://www.cancer.gov/cancertopics>>

⁵New Mexico. Department of Health. New Mexico Cancer Facts and Figures, 2007 with funding from Center for Disease Control and Prevention in collaboration with University of New Mexico Cancer Center.

⁶ “Fact Sheet, Women’s Health Policy Facts”, January, 2007. Henry J. Kaiser Family Foundation citing CDC Division of STD Prevention. STD Facts-Human Papillomavirus, June 2006.

⁷ Cates W, Jr. Estimates of the incidence and prevalence of sexually transmitted diseases in the United States. American Social Health Association Panel. Sex Transm Dis. 1999; 26(4): Suppl: S2-7.

⁸ Revzinz NV, Diclemente RJ. Prevalence and incidence of human papillomavirus infection in women in the USA: a systemic review. Int J STD AIDS. 2005; 16 (8):528-537.

While “most sexually active people will get HPV at some time in their lives, most will never know it because HPV usually has no signs or symptoms. Often, HPV goes away within two years, without causing any health problems. It is thought that the immune system fights off HPV infections naturally.”⁹

The literature indicates repeatedly, “routine cervical cancer screening with Papanicolaou (Pap) smears ensures that nearly all cervical cancers can be diagnosed at their earliest stage when the disease is curable.”¹⁰

Breast and Cervical Cancer Early Detection and Screening Program

The Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) established the CDC’s National Breast and Cervical Cancer Early Detection Program (BCC). The United States Congress reauthorized the program as the National Breast and Cervical Cancer Early Detection Program Act of 2007.

The program provides breast and cervical cancer screening exams to underserved women, including those who are older, have low incomes or are members of racial and ethnic minority groups.¹¹

Highlights of New Mexico’s BCC program are as follows:

- “DOH has received federal funding from this Act since 1991. 98,345 New Mexican women have received Pap exams through the BCC program.
- Federal funding through CDC is currently 3.38 million/year to the BCC. The BCC serves low income (<250% of Federal poverty level) and uninsured or underinsured.
- During the most recent five-years, the BCC has provided nearly 6,700 Pap tests annually.
- The CDC designed its resources to supplement state-level breast and cervical cancer early detection efforts. The CDC recognizes that their funding will provide services to only 12 to 15% of eligible women.
- Despite these limitations, the BCC program currently receives no state funding for cervical cancer screening. As a result, the BCC program has had to restrict its cervical cancer screening services to women ages 30 to 64. This means that New Mexican women younger than age 30 cannot access special Medicaid coverage for treatment of their cervical cancer or pre-cancerous cervical condition. Only women screened or diagnosed through the BCC program are eligible for this special category of Medicaid. New Mexico Legislation determined this regulation.”¹²

⁹ “What Women Should Know Before They Get a Pap and HPV Test.” Centers for Disease Control and Prevention. HPV, Common Infection. Common Reality.

¹⁰ New Mexico. Department of Health. New Mexico Cancer Facts and Figures, 2007.

¹¹ 28 September 2007, < <http://www.cdc.gov/cancer>>

¹² Baum, MD. Susan. Email to the author. 16 July 2007.

Vaccine and Cervical Cancer

Merck & Co., Inc. has produced a vaccine for cervical cancer. “The pharmaceutical company has named the quadrivalent human papillomavirus vaccine, GARDASIL (brand name). The Federal Food and Drug Administration approved GARDASIL in 2006 for use in girls and women ages 9 to 26.

Gardasil offers the best protection when given before there is any contact with HPV types 6, 11, 16 and 18. HPV types 16 and 18 cause 70% of cervical cancer cases and HPV types 6 and 11 cause 90% of genital warts cases. Gardasil may not fully protect everyone and does not prevent all types of cervical cancer, so it is important to continue regular cervical cancer screenings.”¹³

Traditionally, DOH purchases its vaccine with funding from the federal Vaccines for Children (VFC) Program. “For the HPV vaccine, DOH obtained the vaccine with funds from the VFC program and the New Mexico Legislature. Current funding levels would provide sufficient vaccine for approximately one age cohort of New Mexico girls (all 11 year-old girls, for example). The age range was chosen because studies have shown that HPV vaccine is most effective when administered before a young woman becomes infected with genital-type HPV, which occur commonly within several months of the initiation of sexual activity. In addition, the Federal Advisory Committee on Immunization Practices (ACIP) recommends that:

- routine vaccination for girls 11 to 12 years of age, and
- catch –up vaccination is recommended for girls and young women 13 to 26 years of age as indicated.

Due to current limited vaccine supplies, DOH’s plan is to target 11- and 12- year-old girls (5th or 6th grade girls) through school-based vaccination programs during the 2007-2008 school year. Individual public health regions in collaboration with individual school districts will coordinate implementation of this policy.”¹⁴

The August, 2007 newsletter from the Clinical Prevention Initiative (CPI), a collaboration of New Mexico Medical Society, DOH, and the Immunization Coalition, urged all medical practices and health professionals to routinely initiate the series of three injections of the HPV vaccine to all females aged 11 and 12.¹⁵

Statewide Immunization Information System

The Panel noted that an issue affecting the delivery of the HPV vaccine is the operation of the Statewide Immunization Information System (SIIS). As the number of medical providers, administering the vaccine would increase significantly, as HPV vaccine utilization increased. The new providers and their various office based computer systems would need access to SIIS. Greater demands would be placed upon the

¹³ 16 August 2007 <<http://www.gardasil.com>>

¹⁴ Jenison, MD., Steve. Email to the author. September 2007

¹⁵ New Mexico. Department of Health. Clinical Prevention Initiative. 2007.

system. It was noted, "studies in the United States and Great Britain has shown that vaccine registries like SIIS can improve immunization levels by 25%."¹⁶

On the DOH web site, specific information about the SIIS registry is presented. Information indicates that SIIS has the capability of tracking every age group (from womb to tomb), any type of vaccine, and at any interval that is required. It has the ability to track by individual so an authorized provider can obtain information to take the opportunity to vaccinate, provide reminders of next appointments or avoid the costly over immunization.¹⁷ The advisory panel has made several recommendations regarding the SIIS. The specific recommendations are noted at the end of the report.

HPV and Males

CDC has developed information about "HPV and Men", "HPV is passed on through genital contact, most often during vaginal and anal sex. Since HPV usually causes no symptoms, most men and women can get HPV, and pass it on, without realizing it. Individuals can have HPV even if years have passed since they had sex. Currently, there is no test designed to diagnose HPV in men. The HPV test on the market is only designed to find certain HPV types on a woman's cervix. An exam that allows males or females to test for one's overall HPV status does not yet exist."¹⁸

CERVICAL CANCER DISPARITIES

The National Institutes of Health, by consensus, has stated, "a lack of Pap screening has been identified as the single most common attributable factor in the development of invasive cervical cancer."¹⁹

Disparities that have been identified by the NM DOH are delineated in New Mexico Cancer Facts and Figures, 2007. :

- "geographic and economic factors can inhibit access to care and treatment,
- rural residents have less access to physicians and treatment facilities,
- lack of resources makes it difficult to access screening programs,
- more than 20% of residents have no medical insurance of any kind,
- among residents aged 18-24, nearly 40% are uninsured, and
- this report concluded that many New Mexicans could be considered "at-risk" for being medically underserved."²⁰

Disparities mentioned in HJM 39 include 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.

¹⁶ 13 September 2007 <<http://www.health.state.nm.us>

¹⁷ 13 September 2007 <<http://www.health.state.nm.us>

¹⁸ 30 August 2007<<http://www.cdc.gov/std/hpv>>

¹⁹ National Institutes of Health (NIH). NIH Consensus Statement: Cervical Cancer. 1996;14:1-38.

²⁰ New Mexico. Department of Health. New Mexico Cancer Facts and Figures, 2007.

The Advisory Panel identified the following as being disparities that occur in New Mexico:

- if the woman is diagnosed for cervical cancer or pre-cancerous cervical cancer, and is under the age of 30, in the BCC program, she cannot access the special Medicaid 052 coverage that pays for treatment,
- immigrant women are not eligible for 052 Medicaid services, no matter the age.
- due to cultural issues, patient's beliefs, fears and embarrassment, female patients may find it inappropriate to be examined by a male medical provider.
- the more sensitive "thin prep" (liquid based cytology) is a more accurate test and may not be available due to cost.
- language and culturally appropriate, coordinated and consistent educational material about HPV, Cervical Cancer and the HPV vaccine has not been developed for groups such as health educators, community leaders, school personnel, church leaders, parent groups and teenager audiences, and
- some medical providers who give vaccinations do not have their office computer systems linked to SIIS. This affects the tracking accuracy and utilization of SIIS.

COST EFFECTIVE INTERVENTIONS

The advisory panel supports that currently, the vaccine is the most cost effective intervention. Having the vaccine is a way to diminish the statistical odds of being infected with the two HPV virus that are linked with causing cervical cancer. The only way to make sure you do not get cervical cancer is to have annual Pap exams, which assures you that the HPV virus that cause cervical cancer are caught before cancer develops.

The advisory panel supports the DOH's plan to utilize the regional public health offices who will work with individual school districts to define how best to offer the HPV vaccines to 11 and 12 year old girls in their school districts.

Public education is the most cost effective intervention and the most difficult to measure. The advisory panel has recommended the Governor's Women's Health Advisory Council take responsibility for this issue with the goal of healthier New Mexicans by decreasing HPV, pre-cancers and cervical cancer infections.

For the interventions to be cost effective and practical, the SIIS needs to be in New Mexico medical provider offices. As indicated in this report, the HPV vaccine is a three-visit vaccine on a specific time schedule. The medical providers need access to accurate and current data on a real time basis.

RECOMMENDATIONS

The HPV advisory panel recommends interventions to the existing system.

1. Request all New Mexico medical providers be able to access and retrieve accurate and current HPV vaccination data in their offices via the State Immunization Information System (SIIS) on a real time basis.

State funding of two NM DOH /SIIS specific quality control and assurance programmers could support this effort.

- The staff would develop and create interface with all new and existing medical providers' numerous computer systems to SIIS.
- The staff would train providers, their office personnel, school health personnel and others in utilization of SIIS.
- The staff would be responsible for ongoing maintenance of DOH SIIS.

2. Increase the number of cervical cancer screenings and access to treatment.

- State funding of BCC cervical cancer screenings could support this effort.
- The New Mexico Legislature could consider funding and expanding the eligibility criteria for the Medicaid 052 program as other states have done.

3. Request New Mexico Department of Health to evaluate the cost and medical effectiveness of implementing newer technologies such as the “thin prep” and self-sampling technique.

4. Request the Governor’s Women’s Health Advisory Council to create an innovative and highly visible media/ educational campaign to decrease the number of New Mexico citizens with HPV, precancers or cervical cancer.

- This effort could involve adding cervical cancer screening and tracking of HPV immunization as a performance standard on private and public insurance programs.
- This effort could highlight that HPV occurs in men and that HPV can be transmitted back and forth between sexual partners.
- This effort could be supported by State funding to create educational materials that are factual, culturally appropriate, and include information about the need to get Pap tests, with the advisory panel helping coordinate these educational efforts.

5. Reauthorize the HPV advisory panel as a group of experts in HPV, precancers and cervical cancer prevention and interventions and to report to the Legislature.

- The panel will investigate research opportunities to benefit New Mexicans.
- The panel will measure effectiveness of recommendations.
- The panel will study HPV and cervical cancer issues to identify interventions for males and females.

APPENDIX A

HJM39

A JOINT 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 LEGISLATURE 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 legislature 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 legislature 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 legislature 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 legislature 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.

APPENDIX B

HM 66

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

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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.

APPENDIX C

APPENDIX D

APPENDIX E

School- Based Health Center Locations

Existing – DOH Funded Sites			
School District	Level	County	
1	Maxwell Schools	1	Colfax
2	Raton HS	1	Colfax
3	Hagerman (ENMU)	1	Chaves
4	Lake Arthur (ENMU)	1	Chaves
5	Dexter (ENMU)	1	Chaves
6	Roswell Middle School	2	Chaves
7	Hondo Schools (Reg IX)	1	Lincoln
8	Ruidoso Schools (Reg IX)	2	Lincoln
9	Escalante HS	2	Rio Arriba
10	Espanola HS	2	Rio Arriba
11	Navajo Prep	1	San Juan
12	Taos MS	1	Taos
13	ACL Teen Center	2	Cibola
14	To'Hahulee School	2	Cibola
15	Albuquerque MS (UNM)	3	Bernalillo
16	Highland HS (UNM)	?	Bernalillo
17	Van Buren MS (UNM)	3	Bernalillo
18	Washington MS (UNM)	?	Bernalillo
19	East San Jose Elem (UNM)	1	Bernalillo
20	PB & J Pre School	3	Bernalillo
21	School on Wheels	3	Bernalillo
22	Santa Fe HS	3	Santa Fe
23	Capital HS	2	Santa Fe
24	Silver City HS	3	Grant
25	Bernalillo HS	3	Sandoval

Expansion Sites – DOH Funded			
School District	Level	County	
1	Quemado School	1	Catron
2	Ft Sumner	1	DeBaca
3	Gadsen HS	2	Dona Ana
4	Cobre HS	1	Dona Ana
5	Ocate HS	2	Dona Ana
6	Las Cruces HS	1	Dona Ana
7	Santa Rosa	2	Guadalupe
8	Roy School	1	Harding
9	Lordsburg	1	Hiidalgo
10	Lovington	2	Lea
11	Deming HS	1	Luna
12	Mora Schools	1	Mora
13	Mescalero School	1	Otero
14	San Jon	1	Quay
15	Dulce Schools	1	Rio Arriba
16	Carlos Vigil MS	2	Rio Arriba
17	Career Prep HS	1	San Juan
18	Jemez Valley	1	Sandoval
19	Cuba MS	2	Sandoval
20	San Felipe	1	Sandoval
21	Pojoaque MS	2	Santa Fe
22	Taos MS	2	Taos
23	Mesa Vista School	1	Taos
24	Mountainair	1	Torrance
25	Des Moines	1	Union
26	RFK Charter (APS)	1	Bernalillo
27	Roosevelt MS (APS)	2	Bernalillo
28	Roswell High School	1	Chavez
29	Goddard HS (Roswell)	1	Chavez
30	Carlsbad MS	2	Eddy
31	West Las Vegas	2	San Miguel
32	Gallup HS	3	McKinley
33	Socorro HS	3	Socorro
34	Belen HS	3	Valencia

NM Community Foundation Sites			
School District	Level	County	
1	Laguna Acoma MS	3	Cibola
2	Grant MS (APS)	3	Bernalillo
3	Wilson/NACA MS (APS)	3	Bernalillo
4	Gadsen MS	3	Dona Ana

Predominately Native American Serving sites.
Bold/Italics sites are not fully operational.

Existing – NON DOH Funded Sites			
School District	Level	County	
1	Crownpoint HS	UKN	McKinley
2	Fort Wingate HS	UKN	McKinley
3	Thoreau HS	UKN	McKinley
4	Newcomb HS	UKN	San Juan
5	SASI - NW HS	UKN	San Juan
6	Shlprock HS	UKN	San Juan
7	Tse'Bit Ai MS	UKN	San Juan
8	Tse' Ye Gai MS	UKN	San Juan
9	Rio Grande HS	3	Bernalillo
10	Santa Teresa HS	3	Dona Ana

Levels of Service
 There are three levels of service provided by SBHCs. Communities determine the level of service that will be offered by their SBHC. Ultimately, communities strive to become a `Level 3' SBHC, reaching the greatest number of children in the community.

Level 1 – Provides a minimum of 16 hours of service per week, 8 of each primary care and behavioral health care, during the school calendar.

Level 2 – Provides a minimum of 32 hours of services per week, 16 each of primary care and behavioral health care.

Level 3 - Provides a minimum of 80 hours of services per week, 40 each of primary care and behavioral heal care.

Funding for these middle school projects is made possible through a grant award from Atlantic Philanthropies. The total award to establish Integrated Schools Is \$20 million over 5 years, roughly \$4 million per year. Each school will house a level three SBHC that includes primary care, mental health services and full dental services, The NM Community Foundation Is responsible for coordinating and implementing the program, OSAH is a key partner in the development and management of the SBHC. Data from the sites will be collected and shared with OSAH. OSAH is also providing \$400K in capital funds for renovations.