
Joint Legislative Audit and Review Commission



**Evaluation of House Bill 2877:
Mandated Coverage of
Human Papillomavirus (HPV) Vaccine**

Briefing for the Special Advisory Commission on
Mandated Health Insurance Benefits

September 20, 2007



JLARC

Background on HB 2877

- Human Papillomavirus (HPV) is the most common sexually transmitted infection in the United States and most infection is mild and short-term
 - US: approximately 6.2 million new infections annually
 - VA: estimated 150,000 new infections annually
- More than 100 types of HPV; certain types are detected in all cases of invasive cervical cancer and lower rates detected in anogenital cancers, oral cancers, and anogenital warts
- A vaccine (Gardasil) was approved for use by the FDA in June 2006, a second vaccine (Cervarix) is expected to receive approval in 2008
- House Bill 2877 would mandate insurance coverage of the HPV vaccine administered in accordance with the recommendations of the CDC Advisory Committee on Immunization Practices
 - Separate legislation passed by the 2007 General Assembly requires vaccination of rising 6th grade girls

In This Presentation

- Medical Efficacy and Effectiveness
- Social Impact
- Financial Impact
- Balancing the Medical, Social, and Financial Considerations



Medical Experts Support Need for HPV Vaccination

- Short-term studies demonstrated 100 percent efficacy in preventing the transmission of four strains of HPV
 - Two types of High-Risk HPV associated with cervical cancer, and two types of Low-Risk associated with other infections
 - Trials restricted participants age, number of lifetime sexual partners, and incidence of past infection
- Experts* agree that it is important for females to have access to HPV vaccine prior to beginning sexual activity; however the vaccine is not a substitute for routine cervical cancer (Pap) screening

* Experts consulted at two VA medical schools and the Virginia Department of Health

Clinical Trial Data Show Vaccine Limitations and Identify Areas for Additional Research

- Vaccine does not protect against all HPV types
- Vaccine does not protect against pre-existing infection
- Duration of vaccine protection and required length to prevent HPV infection is unknown
- Efficacy in prevention of anogenital cancers and genital warts in males is not established
- Effectiveness in long-term reduction of cervical cancer rates can not be demonstrated for several decades

Use of Vaccine Increasing and Availability of Insurance Coverage Widespread

- Vaccine is widely available through private pediatricians and gynecologists as well as local health departments
- Use of the vaccine will increase when requirements that rising sixth grade girls receive the vaccine go into effect for the 2009 school year
- Majority of insurance companies are offering coverage as part of standard or optional coverage; however
 - One provider expressly does not offer coverage
 - One provider intends to reduce coverage levels

Other Options Exist for Accessing Proposed Benefit

- Pay out-of-pocket
 - \$120 - \$180 for single vaccine dose (vaccine and office charges); \$360 - \$540 for full three-dose course
- Obtain vaccine through local public health departments
- The 2007 General Assembly appropriated \$1.4 million to increase public access to vaccine

Mandate Expected to Have Only Minor Financial Impact

- Because health insurance coverage of HPV vaccine is widespread, the estimated impact of mandate on premiums is limited
 - Median monthly estimates between \$1.00 and \$2.20
 - Costs already being incorporated into rates charged to the majority of effected policy-holders
- Mandating coverage is not anticipated to increase the demand for obtaining the vaccine
- Vaccine may decrease total cost of health care due to potential reduction in costs of treating cervical cancer, but benefits will likely accrue without mandate

Monitoring Current Coverage Levels Would Be Prudent

- Proposed mandate consistent with role of health insurance and not expected to significantly impact premium costs given existing coverage levels
- Proposed mandate is consistent with Virginia public health policy and funding decisions
- Medical experts indicate access to HPV vaccine will significantly reduce the incidence and costs associated with cervical cancer
- Majority of insurance companies provide coverage of HPV vaccine; mandate may not be necessary
- Monitoring coverage levels would be prudent approach
 - One large provider currently announced a reduction in coverage levels

JLARC Staff for Mandated Benefit Evaluations

Hal Greer, Division Chief

Kimberly Sarte, Team Leader

Jason Powell, Principal Legislative Analyst

This evaluation is available on our website

<http://jlarc.state.va.us> (804) 786-1258

