HPV Vaccination: A Look at State Policy and A Path Forward

April 27, 2021

PreventHPV@stjude.org | stjude.org/hpv
Today’s Virtual Seminar

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Opportunity for Impact through HPV Vaccination

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Opportunity for Impact

Up-to-date (UTD) HPV Vaccination, both males and females, 13-17 years (2019)

- U.S. = 54.2% UTD (≥1 71.5%)
- Arkansas = 50.5% UTD (≥1 67.9%)
- Mississippi = 30.5% UTD (≥1 49.5%)
- Missouri = 54.3% UTD (≥1 69.0%)
- Tennessee = 43.0% UTD (≥1 61.9%)

HPV UTD: 2019 NIS-TEEN data; lightest colors = 30.5-47.4%; darkest colors = 62.7-78.9%

HPV-associated Cancers, both males and females (2017)

- U.S. = 12.3 cases per 100,000
- Arkansas = 14.2 cases per 100,000
- Mississippi = 15.5 cases per 100,000
- Missouri = 13.9 cases per 100,000
- Tennessee = 14.3 cases per 100,000

HPV Cancer: 2017 U.S. Cancer Statistics data; darkest colors = 13.7-17.1 cases per 100,000; lightest colors = 8.9-11.4 cases per 100,000
Program Priorities

Community interventions

Clinical interventions with health care providers and systems

Public policy and advocacy

Partnerships

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Policy-level Change

• Policies are the **basis for decisions**.
• Attempting to change policies can **start conversations** about the issues in question.
• Changing policy is **easier in the long run** than fighting the same battles repeatedly.
• Changed policies can change people's minds, attitudes, and practices – **can change social norms**.
• Changed policies have effects on the **next generation**.
• Policy change is one **path to permanent change**.

# Policy-level Change

## Table 1. Summary of policy opportunities to increase HPV vaccination in rural areas.

<table>
<thead>
<tr>
<th>Policy Opportunity</th>
<th>Description</th>
<th>Level</th>
<th>Big &quot;p&quot;/Little &quot;p&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare provider recommendation</td>
<td>HPV vaccination recommendation to patients at each visit, particularly when other vaccines are being administered; decreases missed opportunities.</td>
<td>Provider</td>
<td>Little &quot;p&quot;</td>
</tr>
<tr>
<td>Reminder and recall systems</td>
<td>Reminders within the electronic medical record, prompting providers to initiate HPV vaccination recommendation; patient reminders to initiate and/or complete the HPV vaccine series.</td>
<td>Clinic</td>
<td>Little &quot;p&quot;</td>
</tr>
<tr>
<td>State immunization registries</td>
<td>Statewide registries in which all immunization records are entered and maintained.</td>
<td>State</td>
<td>Big &quot;P&quot;</td>
</tr>
<tr>
<td>Standing orders</td>
<td>Official clinic protocols that give clinical staff authorization to complete immunizations for patients meeting recommended guidelines.</td>
<td>Clinic</td>
<td>Little &quot;p&quot;</td>
</tr>
<tr>
<td>Provider assessment and feedback evaluations</td>
<td>Routine feedback to providers on patients’ HPV vaccination series initiation and completion rates.</td>
<td>Clinic</td>
<td>Little “p”</td>
</tr>
<tr>
<td>Participation in VFC Program</td>
<td>Clinic approval and implementation of processes that allow for participation in the VFC Program.</td>
<td>Clinic</td>
<td>Little “p”</td>
</tr>
<tr>
<td>Vaccination in alternative settings</td>
<td>Providing HPV vaccination programs in schools, pharmacies, mobile clinics, dental practices, and other community-based, non-medical settings.</td>
<td>Clinic, Community</td>
<td>Little “p”</td>
</tr>
<tr>
<td>Pharmacy-related laws</td>
<td>State-enacted laws allowing pharmacists to provide the HPV vaccine series to youth and young adults.</td>
<td>State</td>
<td>Big “P”</td>
</tr>
<tr>
<td>School-entry requirements</td>
<td>State-enacted laws that require students to initiate and complete the HPV vaccine series to maintain eligibility to attend school.</td>
<td>State</td>
<td>Big “P”</td>
</tr>
<tr>
<td>Communication campaigns</td>
<td>Leveraging rural community partnerships and voices of local residents to deliver positive HPV vaccination messaging.</td>
<td>Community</td>
<td>Little “p”</td>
</tr>
<tr>
<td>Rural HPV vaccination research</td>
<td>Increased funding for interventional rural HPV vaccination research (e.g., randomized controlled trials, quasi-experimental studies, and pragmatic trials).</td>
<td>National</td>
<td>Big “P”</td>
</tr>
</tbody>
</table>

## State HPV Vaccination Policies for School Entry

<table>
<thead>
<tr>
<th>State or Jurisdiction</th>
<th>Population</th>
<th>Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaii</td>
<td>Males and females, grade 7 or higher</td>
<td>July 2020</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Males and females: August 2015, grade 7 (1 dose); August 2016, grade 8 (2 doses); August 2017, grade 9 (3 doses)</td>
<td>August 2015, August 2016, August 2017</td>
</tr>
<tr>
<td>Virginia</td>
<td>Females, grade 6</td>
<td>October 2008</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>Males and females, age 11-12 years</td>
<td>Fall 2018</td>
</tr>
</tbody>
</table>

Table 2; HPV Vaccination: A Look at State Policy and a Path Forward, HPV Cancer Prevention Program, St. Jude Children's Research Hospital

HPV vaccination is safe, effective, and durable, yet uptake is less than optimal. Low HPV vaccination uptake exists in areas where HPV-associated disease burden is greatest. There is tremendous opportunity for impact.
St. Jude Office of Government Affairs

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Robert R. (Rob) Clark, MS, FACHE
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Overview of the Policy Analysis Report

HPV Vaccination:
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Overview of the Policy Analysis Report

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Overview of the Policy Analysis Report

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Disclaimer

The information presented in this analysis reflects the study team’s research activities and relevant information obtained from verifiable sources. The opinions included are those of the study team alone, and they do not represent the opinions of St. Jude Children’s Research Hospital or its staff.
Overview of the Policy Analysis Report
HPV Vaccination:
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What was our task?

What action have states taken?

Is there any federal support?

What can we do to change the conversation?

Closing and Next Steps
What was our task?
What was our task?

- Analyze state-level policy and regulations enacted about HPV vaccinations in adolescents in four states:
  - Arkansas
  - Mississippi
  - Missouri
  - Tennessee
- Time Horizon: 2010-2020 legislative sessions
- Focus on potential opportunities or challenges to future legislation or actions in the included states
Why?

- In spite of high HPV prevalence, the significant burden of HPV-associated disease, and the availability of a safe, effective, and durable vaccine, *uptake of HPV vaccination has been low in the U.S. with great regional and population variability.*

- A lack of a unified vaccination approach is captured and emboldened by the lack of uniformity in law and policy perspectives regarding the vaccination.
Is there any federal support?
Federal Actions

- The **Vaccines for Children (VFC)** program administers vaccines for 16 preventable diseases, as determined by the ACIP. The CDC serves as the administrator for the program and distributes the program's vaccines to providers across the country.

- VFC immunizations are provided free-of-charge, but state program administrators have been authorized to charge "administrative fees," similar to a traditional insurance co-pay. These fees can vary by provider, but some states have instituted fee caps to limit the amount which vaccine recipients may be charged.
Impact of Medicaid expansion:

• As of January 2021, 37 states (including the District of Columbia) have adopted and implemented Medicaid expansion, while two states have adopted it but not implemented it (including Missouri) and 12 have yet to adopt the expansion.

• The majority of the states that have not expanded Medicaid are found in the southeast and include two of the target study states of Tennessee and Mississippi.

• Arkansas has adopted and implemented expansion.

• Missouri has only adopted expansion but has yet to implement the expansion.
What actions have states taken?
What action have states taken?

• States are the primary driver of the implementation of vaccination policy, turning the attention from Capitol Hill and onto capitals across the country.

• The most often cited approach for legislative solutions for HPV vaccination is through school entry requirements:
  ➢ As of Jan 2021, 5 U.S. jurisdictions have enacted HPV vaccination mandates as a requirement for school entry: Hawaii, Rhode Island, and Virginia, along with the District of Columbia and Puerto Rico.
What action have states taken?

- All States
- Medical Exemptions
- Religious Exemptions
- Personal Belief or Philosophical Exemptions

- 45 + D.C.
- 15
What action have states taken?

• A less direct but still crucial topic in an analysis of legislative action regarding HPV vaccination is the allowance of **pharmacists** to provide HPV vaccination in addition to traditional healthcare providers.

• As of 2020, 48 states, the District of Columbia, and Puerto Rico have enacted legislation allowing for vaccine administration by pharmacists.
Target State Deep Dive: Arkansas

- No legislative activity on the requirement of adolescent vaccinations for HPV
- Regulatory language recommending HPV vaccination
- No legislative activity on the requirement of adolescent vaccinations for HPV
- Require foster parents to assist in ensuring children are vaccinated for recommended vaccinations, including HPV
- Leadership of Arkansas public health officials in vaccination efforts at the national level
Target State Deep Dive: Mississippi

- Recognized as a leader in children’s immunization before kindergarten, with the highest rates of vaccination among kindergartners in the U.S.
- Same leadership has not been continued for adolescent vaccinations like HPV.
- State law does require that HPV vaccination be covered by insurance, Medicaid, and other public health programs but has taken no additional legislative or regulatory actions during the past decade.
- The study team found the largest number of bills filed in all target states focused on the general topic of vaccination, but none pertain specifically to HPV vaccination.
Of the four states included in the analysis by the study team, Missouri was the only state that had introduced and passed legislation about HPV vaccination during the past decade.

House Bill 1375 enacted in August 2010, directs development of an informational brochure relating to the connection between human papillomavirus and cervical cancer, and that an immunization against the human papillomavirus infection is available.

Since this legislation, though, no further action has been taken in the state to add requirements related to vaccination.
Target State Deep Dive: Tennessee

- Tennessee has yet to take any meaningful legislative action on HPV vaccination.
- Legislators have filed resolutions supporting HPV vaccinations but none carry binding legal authority, or do their votes indicate support for the topics broadly in either chamber.
- These resolutions have also been filed by different legislators over multiple sessions, limiting any ability for comparison.
- Potential for Tennessee focused to increase the ability of persons to be exempted from vaccinations.
What can we do to change the conversation?
What can we do to change the conversation?

- Research informed the understanding of the opportunities surrounding increases in vaccination rates across the country.
- The study team’s recommendations are not exhaustive and likely beget future opportunities which are not articulated in the following list.

**Recommendation #1:** Introduce legislation modeled on the Missouri education statute in other target states.

**Recommendation #2:** Conduct targeted legislative efforts in opposition to vaccination exemptions on non-medical grounds.

**Recommendation #3:** Engage directly with state regulatory authorities to enact administrative procedures and/or rules to effectuate change to the information disseminated regarding HPV vaccination as cancer prevention.

**Recommendation #4:** Coordinate legislative educational efforts.

**Recommendation #5:** Promote coordinated public service messaging in target states, facilitated by requisite health authorities.
The study team’s work was conducted over a period from October to December.

At that time, COVID-19 vaccinations were extremely limited and state policy focused on them was almost non-existent.

The legislation being proposed in multiple states will have an impact on future vaccination programs but that is still not fully understood and not captured in this analysis.
Recommendation #1

Introduce legislation modeled on the Missouri education statute in other target states.

- In 2010, Missouri enacted legislation requiring the creation of an informational brochure for distribution to school-aged children across the state.
- The educational messaging enacted in Missouri in 2010 had an appreciable effect on the HPV vaccination rate, especially in boys.
- Legislators can grant varying degrees of permission to state health officials to develop and distribute these educational materials using those entities' regulatory powers, presenting an additional ability to influence the materials' content.
Recommendation #2

Conduct targeted legislative efforts in opposition to vaccination exemptions on non-medical grounds.

- The most significant has been found to be exemptions for non-medical reasons.
- Each of the target states possesses at least a minimum of a medical exemption.
- Exemption efforts could be further encouraged or enhanced due to the concerns about the new COVID-19 vaccine and the impact of future compulsory vaccination mandates on individual liberty.

Source: Adapted from the LexisNexis StateNet Database and the Immunization Action Coalition, May 2019.
Recommendation #3

Engage directly with state regulatory authorities to enact administrative procedures and/or rules to effectuate change to the information disseminated regarding HPV vaccination as cancer prevention.

- State health authorities' regulatory action can have an impact on the information distributed to target populations.
- These regulators are granted oversight powers by the legislature that do not require further approval giving them the ability to move forward at a more expedient pace without the hurdles of legislative activity.
- Many of these state agencies tasked also have close ties to the education community due to other collaborative initiatives.
Recommendation #4

Coordinate legislative educational efforts.

- Outreach effort for legislators presenting the issues of importance for legislative action on HPV vaccination.
- Targeted communications focused on legislative solutions in other states and their effectiveness in increasing the rate of vaccination.
- General guidance as opposed to specifically-focused proposals unless there is a specific impetus or proposal presented by a member of the legislative body.
- Additional guidance will likely be required to craft the components of the potential outreach to targeted legislators.
Recommendation #5

Promote coordinated public service messaging in target states, facilitated by requisite health authorities

- Public service messaging on topics does impact legislative sentiment.
- The impact of this messaging is especially true when there is a lack of clear understanding of a specific topic.
- These efforts can be conducted in the open, inviting confusion from the uninformed public and can negatively affect the overarching goals of the engagement if not managed correctly.
Closing and Next Steps
Conclusion

- The importance of HPV vaccination in adolescents for the prevention of adult-onset HPV cancers, particularly among childhood cancer survivors at increased risk for second cancers, cannot be overstated.

- These challenges are only further exacerbated by policies focused on allowing vaccination exemptions, a lack of financial resources available to support individuals who cannot afford vaccination, and overall confusion surrounding the messaging of vaccination and its perceived impact on relevant health education efforts.
Conclusion

• With responsibility for the full execution of HPV vaccination of adolescents being delegated to states for implementation, challenges will remain due to each jurisdiction's unique perspectives and policy-making structure.

• In short, it is vitally important that collaborative efforts among clinicians, public health professionals, educators, and policymakers be encouraged to support the underlying goal of increasing HPV vaccination rates in order to decrease the incidence rate of HPV cancers.
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Moderated Discussion

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What is your initial reaction to the results of the policy analysis?
What do you see as the greatest opportunities for policy changes to improve uptake of HPV vaccination?
What are the greatest barriers to policy change to improve HPV vaccination?
How may policy changes in support of HPV vaccination reduce inequities in uptake? What examples from the past show us there is the potential for reducing inequities?
While this policy analysis focused on state level policies, we know local policies, including in healthcare settings and within organizations, influence HPV vaccination uptake. What do you see as possible ways in which local policy may serve as a catalyst for HPV vaccination uptake?
What are your thoughts about possible policy-related lessons from the current COVID-19 pandemic on which we may build for improving uptake of HPV vaccination?
Moderated Discussion:
Final Thoughts

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