



**CALIFORNIA**  
HEALTH BENEFITS REVIEW PROGRAM

May 14, 2008

The Honorable Mervyn Dymally  
Chair, California Assembly Committee on Health  
State Capitol, Room 6005  
10<sup>th</sup> and L Streets  
Sacramento, CA 95814

The Honorable Sheila Kuehl  
Chair, California Senate Committee on Health  
State Capitol, Room 5108  
10<sup>th</sup> and L Streets  
Sacramento, CA 95814

Via E-mail only

Dear Assemblymember Dymally and Senator Kuehl:

I am writing in response to a query from staff of the Senate Health Committee regarding Assembly Bill 16 that was gutted and amended on April 28, 2008 and currently includes language virtually identical to Assembly Bill 1429 (Evans, 2007). AB 1429 was a bill that would have required health plans and insurers to cover the human papillomavirus (HPV) vaccination. The Legislature passed AB 1429, and the Governor vetoed the bill on October 14, 2007.

The California Health Benefits Review Program (CHBRP) submitted the *Analysis of Assembly Bill 1429: Human Papillomavirus Vaccination* on April 17, 2007 and a follow-up letter on June 13, 2007. Both the full report and follow-up letter may be found at: <http://www.chbrp.org/analyses.html>. CHBRP analyzed the bill language which may be found in the April 16, 2007 version of AB 1429.

Staff of the Senate Health Committee asked whether the current language in AB 16 would alter CHBRP's analysis and conclusions, submitted in 2007. CHBRP believes that the 2007 analysis of AB 1429 is still applicable to the current bill (AB 16). Although we believe our earlier analysis is generally applicable to AB 16, a thorough response requires that we discuss the differences in language between AB 1429 and AB 16 and why we determined that they are unlikely to affect assumptions or conclusions reported in the April 2007 analysis of AB 1429.

AB 16 differs from the version that CHBRP analyzed in two ways:

- AB 1429 stated that coverage must be provided for the HPV vaccination upon the referral of a “*physician and surgeon, a nurse practitioner, or certified nurse midwife* [emphasis added] providing care to the patient and

operating within the scope of practice permitted for the licensee.” AB 16 does not define specific types of providers, but instead requires that coverage be provided upon the referral of a “*licensed health care practitioner* [emphasis added] who is providing care to the patient and operating within the scope of practice permitted for the licensee.”

- AB 16 specifies that coverage be provided in “accordance with the recommendations of the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention.”

These two different provisions would not alter CHBRP’s 2007 analysis because:

- CHBRP assumed that only those licensed health care practitioners operating within their scope of practice would be permitted to make referrals for the HPV vaccination.
- In the cost and public health impacts sections, CHBRP assumed the recommendations of the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention would be followed.

While the April 2007 analysis and June 2007 follow-up letter of AB 1429 are generally applicable to AB 16, it is important to note three caveats that may change the analysis if CHBRP were to produce an updated report.

First, for all of CHBRP’s reports, the medical effectiveness analysis, cost, and public health impact estimates are current for the year of the report because CHBRP must rely upon data and literature available at the time. For example, the cost impact of AB 1429 is based on the CHBRP Cost Model used in 2007 that projects expenditures in 2008, the year the mandate would have taken effect.

Second, the CHBRP medical effectiveness analysis presented in the 4/17/07 report is based on literature reviews conducted last spring. CHBRP also provided the Legislature an update of key articles published in the medical literature in the 6/13/07 follow-up letter. However, CHBRP has not conducted a systematic literature search of the medical literature since that time.

Third, the first HPV vaccine was newly approved by the Food and Drug Administration in June 2006, thus few girls and young women would have been vaccinated as of early 2007. Currently, the HPV vaccine has been in the market for a year since our original report. CHBRP’s analysis of AB 1429 indicated that many girls and young women were expected to be vaccinated prior to the passage of the AB 1429 and during 2008, the first year the mandate would have taken effect. During 2009, the second year in which the mandate was to have been in effect, the number of girls and young women still needing vaccination should be lower. Although AB 1429 did not pass into law, vaccination has continued. Consequently, projected cost and public health impacts of AB 16 may likely be lower than the CHBRP estimates for AB 1429.

My colleagues and I appreciate the opportunity to answer your question and we are happy to respond to any additional questions you may have. Please feel free to contact me at your convenience.

Sincerely,



Susan Philip, MPP  
Director, CHBRP  
Office of Health Sciences and Services  
University of California Office of the President



cc: Assemblymember Noreen Evans, Author, Assembly Bill 16  
Assemblymember Ed Hernandez, Principal Co-Author, Assembly Bill 16  
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