



At a Glance

Background Context



HPV is the most common sexually transmitted infection in the U.S. with an estimated **13 million new cases** each year and will infect approximately **85% of the population** at some point in their lifetime.



The ACIP currently recommends HPV **vaccination at age 11 or 12**, although vaccination may begin at age 9. Catch-up HPV vaccination is also **recommended through age 26**. For adults aged 27 to 45 years, ACIP recommends shared clinical decision-making for potential vaccination.

Bill Summary



AB 2516 would require health plans and policies to provide coverage for the **HPV vaccine** for enrollees for whom it is approved by the FDA. Plans and policies would be **prohibited from charging cost sharing** for the vaccine. It would also expand comprehensive clinical family planning services under the **Family PACT Program** to include the HPV vaccine.

Insurance Subject to the Mandate

Approximately **57.3% of Californians** have health insurance that would be subject to AB 2516.

- DMHC** regulated plans
- CDI** regulated policies
- Medi-Cal** beneficiaries
- Family PACT Program** enrollees
- Medi-Cal COHS** enrollees

Medical Effectiveness

- For persons vaccinated at age 26 or younger, there is **clear and convincing evidence** that the HPV vaccine is effective against high-grade CIN, AIS, and cervical cancer for females, as well as against genital warts for females/males.
- For females vaccinated at age 27 or older, there is **limited evidence** that the HPV vaccine is effective against cervical lesions.
- There is **insufficient evidence** that HPV vaccines reduce the overall incidence of oral or oropharyngeal cancers after vaccination at any age.



- There is **preponderance of evidence** that the HPV vaccine is effective at providing protection against HPV-related anogenital disease for males vaccinated at age 26 or younger.

Benefit Coverage and Cost Impacts

At baseline, **99.6%** of enrollees have coverage that is fully compliant with AB 2516. The **0.41%** of enrollees without coverage are enrolled in grandfathered health plans and policies. Postmandate, **100%** of enrollees would have coverage for HPV vaccination with no cost sharing.

CHBRP estimates approximately **9,400 vaccine shots** had cost sharing at baseline. Postmandate, **no vaccinations** would have associated cost sharing.



AB 2516 would increase total net annual expenditures by **\$3,834,000** or **0.0026%** for enrollees with DMHC-regulated plans and CDI-regulated policies.

Public Health Impacts



CHBRP projects that AB 2516 will have **no measurable impact** on public health. However, approximately **8,445 additional vaccinations** would occur among enrollees postmandate due to a reduction in cost sharing and new benefit coverage.