



Testimony

of

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before the

**New York City Council Committee on Health
Jointly with the
Council Committee on Women's Issues**

on

**Oversight – Examining the City's Effort to Prevent the Human Papillomavirus and
Decrease Risk for Cancer**

and

**T-2015 – 2285: Permitting health care practitioners to provide treatment to youth for the
prevention of human papillomavirus, a common virus that can cause cancer**

and

T 2015 – 2286: Recognizing January as Cervical Health Awareness Month in NYC

**January 8, 2015
Council Committee Room – City Hall
New York City**

Good afternoon Speaker Mark-Viverito, Chairman Johnson, Chairwoman Cumbo, and members of the Committees. My name is Jay Varma, and I am the Deputy Commissioner for the Division of Disease Control at the New York City Department of Health and Mental Hygiene. I am joined today by Dr. Jane Zucker, the Department's Assistant Commissioner for the Bureau of Immunization and Dr. Marcelo De Stefano, the Department of Education's Director of School Based Health Centers, Dental Clinics and Health Insurance. On behalf of Health Commissioner Bassett, thank you for the opportunity to testify today. Madam Speaker, thank you for your tremendous work to bring awareness to this issue.

This is my first chance to testify before the Council on issues related to human papillomavirus, known as HPV. It is the most common sexually transmitted infection in the United States. I will first give an overview of HPV, and will also discuss the Health Department's rigorous efforts to stop New Yorkers from getting this infectious disease.

The Centers for Disease Control and Prevention's National Health and Exam Survey estimates that about 79 million Americans are currently infected with HPV. Each year, 14 million new HPV infections occur among people aged 15 to 59; approximately half of these new infections occur among young people aged 15 to 24. Nationally, the economic burden of HPV is huge; it is responsible for an estimated \$8 billion in annual treatment and screening costs.

There are many different types of HPV. Some can cause cervical, vaginal, vulvar, penile and oropharyngeal cancers, in addition to genital warts. Most infections cause no health problems: without any treatment, 70 percent of HPV infections go away in one year, and 90 percent go away within two years. Yet HPV can have lasting, even fatal consequences. Approximately 33,000 new HPV-associated cancers occur in the United States annually; 60 percent of these cancers occur in women. In the United States, an estimated 15,590 people die from HPV-associated cancers annually, including 4,000 annual deaths from cervical cancer and 950 from anal cancer. In New York City, there were an average of 137 deaths from cervical cancer and 24 deaths from anal cancer each year from 2007 to 2011.

HPV-related cancers disproportionately affect certain populations. In New York City, HPV-related cervical cancer each year is highest among non-Hispanic Black women at 13.3 per 100,000 women, and among Hispanic women at 10.1 per 100,000 women (compared to non-Hispanic White women at a rate of 7.2 per 100,000 women). Men who have sex with men are at greater risk of acquiring HPV infection than heterosexual men. In addition, people with HIV/AIDS and HPV infection are at greater risk for cervical and anal cancer.

Preventing HPV

The Health Department takes a multi-pronged approach toward HPV prevention. Since condoms help prevent the spread of HPV, the Department distributes millions annually, including over 37 million in 2014. Condoms, however, do not provide complete protection because HPV can infect areas of the genitalia that are not covered by a condom.

The most effective way to stop HPV is to vaccinate people. If possible, vaccination should be performed before people become sexually active, since the vaccine works best on those who have not yet been exposed to HPV. In accordance with CDC recommendations, we

strongly encourage vaccination for pre-teens, and for teens and young adults who were not previously vaccinated. There are three types of FDA-approved vaccines in the United States. Quadrivalent vaccine, known by the brand name Gardasil, is licensed for both females and males. Gardasil protects against two HPV types (6 and 11) that cause genital warts, as well as two HPV types (16 and 18) that cause most HPV-related cancers. Bivalent HPV vaccine, known by the brand name Cervarix, is licensed only for females. Cervarix protects against the same two cancer-causing types of HPV as Gardasil. Nine-valent HPV vaccine, known by the brand name Gardasil 9, was approved in December 2014. Usage guidelines are still pending for that vaccine. Gardasil and Cervarix are covered by insurance and given as a three-dose series over a six-month period. They are up to 99 percent effective in preventing cervical, vaginal and vulvar infections, which could develop into cancer if left untreated. They are also 89 to 99 percent effective in preventing genital warts. Vaccines have profoundly impacted HPV prevalence in the United States. Four years after their introduction, HPV prevalence declined 56 percent among females aged 14 to 19, and genital warts declined 38 percent in the same age group.

In New York City, HPV vaccine is administered by a broad range of pediatric-care providers, including: public clinics, private practitioners, school-based health centers (SBHCs), and the Department's immunization clinic. As of September 30, 2014, according to the Citywide Immunization Registry, 66 percent of females and 50 percent for males aged 13 to 17 had at least one dose. In New York City, 42 percent of females and 27 percent of males have received all three doses. While we are proud of the progress we have made, we are still far from achieving the national target of 80 percent coverage by 2020.

Despite these efforts, there are significant disparities in vaccine coverage. In the United States, Hispanics and lower-income groups have the highest coverage levels, while Whites and higher-income groups have the lowest coverage. In New York City, we find similar disparities among people who attend the Department's clinics that treat sexually transmitted infections. Geographically, HPV vaccine coverage is highest in the southern Bronx and northern Manhattan. It is lowest in Staten Island, Central/Southern Brooklyn and Greenpoint/Williamsburg.

Engagement

Some parents delay or refuse to vaccinate their children because of concerns about sexual activity. To address this barrier, the Department focuses its education materials on the HPV vaccine as a cancer-prevention strategy.

One of the greatest predictors that a child will be vaccinated is a strong recommendation from a health care provider. The Department is working to increase provider knowledge regarding HPV-related diseases, the safety and effectiveness of the vaccine, and best practices for recommending and administering the HPV vaccine. The latter includes administering the vaccine at the same medical visit as other recommended adolescent vaccines: Tdap (tetanus, diphtheria, and pertussis) and MCV (meningococcal). We recommend that the first dose of HPV vaccine be given at the same time as the adolescent Tdap vaccine, which is required for sixth grade school entry. Consistent with the CDC's recommendation, we encourage providers to administer all three HPV vaccine doses when children are 11 to 12 years old.

We promote the HPV vaccine to providers in several ways. Two times a year, we mail providers a report of their facility's vaccination coverage, including rates among teens. This includes their percentile ranking compared to other facilities. In addition, we visit about a quarter of pediatric-care sites each year, and give feedback on vaccine coverage for those sites. We give providers resources on HPV, including updates on vaccine recommendations, posters of our subway ads, and print copies of patient health bulletins to display and hand out in their offices. We have also conducted in-depth interviews to better understand provider attitudes toward the HPV vaccine, barriers to vaccination, and how to increase vaccination. These findings are guiding the development of a toolkit that we will distribute to providers to promote HPV vaccination. Through the Citywide Immunization Registry, providers are able to identify patients who have not received HPV vaccine and those needing to complete the series; they can also generate a letter or a list of patients to call. We are developing a system for providers to send automated text messages or emails to the parents of patients who are due for vaccination.

The Office of School Health, a joint program of the New York City Department of Education and the Health Department, offers the vaccine through 138 SBHCs, which serve about 10 percent of its 1.1 million students. The SBHCs give information about the vaccine to male and female middle and high school students enrolled in an SBHC, and offer the vaccine to male and female students aged 9 and older. The SBHCs hang posters about HPV vaccination services on site. Schools, in collaboration with SBHC staff, also send parents a packet of information about the range of free services offered at the SBHCs, including HPV vaccination.

The Health Department uses a multi-faceted communications strategy to educate the public about the vaccine's benefits. In 2014, we conducted eight focus groups, in several languages, with a diverse group of parents of unvaccinated adolescents, to help shape our strategy. We introduced the hashtag #VaccinateHPV on Twitter and Facebook. We also ran five weeks of television ads and eight weeks of subway ads, in both English and Spanish. We updated our HPV webpage and published a health bulletin on HPV, which has been translated into 10 languages. Health bulletins have been widely distributed to our partners, including to all pediatric-care providers, community-based organizations and the American Academy of Pediatrics. I am also pleased to tell you that we have recently secured funding to re-run our ads within the City's public transit.

Detection/Prevention of HPV-Related Cancers

The Department recognizes that HPV has a broad and lasting impact. We recommend, in line with national guidelines, that women have a pap test at age 21, and then subsequently every three years, to detect and prevent cervical cancer. Women between 30 and 65 can be screened every five years, if they have both a pap test and an HPV test. Our eight clinics that treat sexually transmitted infections provide pap tests, and performed them for 2,526 women in fiscal year 2014. According to data from our Community Health Survey, the prevalence of pap tests among women aged 18 and over is close to 80 percent. Although lower than we would like, these screening rates are, in fact, higher than those for colon or breast cancer. We also suggest, in line with the New York State AIDS Institute's guidelines, that clinicians obtain anal pap tests for the following patients in HIV-infected populations: men who have sex with men, any patient with a history of anogenital warts, and women with abnormal cervical or vulvar histology.

Thank you again for the opportunity to testify today; we look forward to continuing to work with Council to bring awareness to this critical issue and improve HPV vaccination rates. Dr. Zucker, Dr. De Stefano, and I are happy to answer any questions you may have.



**NEW YORK CITY COUNCIL
COMMITTEE ON HEALTH AND
COMMITTEE ON WOMEN'S ISSUES**

OVERSIGHT HEARING:

**EXAMINING THE CITY'S EFFORT TO PREVENT THE HUMAN
PAPILLOMAVIRUS VIRUS AND DECREASE RISK FOR CANCER**

Ross Wilson, MD

Senior Vice President and Chief Medical Officer

&

Machelle Allen, MD

Senior Assistant Vice President and Deputy Chief Medical Officer

JANUARY 8th, 2015

Good afternoon Speaker Mark-Viverito, Chairperson Cumbo, Chairperson Johnson and members of the Committees on Health and Women's Issues, I am Dr. Ross Wilson, Senior Vice President and Chief Medical Officer for the New York City Health and Hospitals Corporation (HHC). I am joined by Dr. Machel Allen, Deputy Chief Medical Officer, and we speak on behalf of HHC President Dr. Raju. Thank you for the opportunity to discuss HHC's efforts to decrease cancer risks for New Yorkers through Human Papillomavirus (HPV) immunization and cervical cancer screening.

In the earlier testimony from Dr. Varma at DOHMH, the size and importance of the problem of HPV infection and increased cancer risk is well covered. HHC has worked extensively over the past several years on dual tracks to increase screenings for cancer as well as expanding effective treatment and prevention programs. HHC's facilities offer cancer treatment services that are comprised of the latest therapeutic programs and appropriate support services.

Each year HHC facilities conduct more than 115,000 cervical cancer screenings, more than 68,000 mammograms for breast cancer screening and 12,000 colonoscopies for colon cancer screening. Through these aggressive efforts we aim to diagnose more cancers at earlier stages thus allowing for more effective treatment and a better prognosis. We are grateful to the City Council for supporting these efforts.

HHC's focus on cancer prevention is part of our ongoing work to provide comprehensive care to all New Yorkers. We were aided in our prevention efforts as they relate to human papillomavirus (HPV), by the creation of the HPV vaccine several years ago. The HPV vaccine has been shown to prevent certain types of HPV infection which account for 70% of cervical cancers and other diseases.

HHC was at the forefront of providers in New York City when we began to offer the vaccine in 2006. We embarked on a plan to increase access to the vaccine, educate and train our providers and increase awareness among our patients and the communities we serve. Our early efforts proved successful and these practices are now embedded into our workflow.

In the same manner that we offer children other vaccines, HHC offers the HPV vaccine to children when they are approximately between the ages of 11 and 12.

We also offer it to older children, adolescents and young adults who have not previously received the vaccine. Early adolescence through young adulthood is the best time for children to be vaccinated.

It's important to be vaccinated before sexual activity begins, since that's how HPV is usually transmitted. Although only women can get cervical cancer, both boys and girls should be vaccinated for HPV, since the virus can cause other forms of cancer and warts in the genital and throat areas of both boys and girls. The vaccine is administered in a series of three injections over a 6 month period.

For calendar year 2013, 77.5% of HHC patients age 13 – 17 have initiated the HPV vaccination series, and 47% have completed the series: 44.5% boys and 50.1% girls. The national completion rates for the same time period are 13.9% for boys and 37.9% for girls. For 2014, the HHC overall completion rate has increased to 52.5%: 52.5% for boys and 52.4% for girls. Initiation rates are 83.2% for boys and 80.0% for girls. The continued improvement in these rates reflects the importance HHC places on this aspect of health care.

The enhanced acceptance rate within HHC as compared to national and New York City rates is attributed to two major factors: the HHC providers were early adopters and promoters of the HPV vaccine. In addition, the federal Vaccines for Children (VFC) program, along with insurance coverage and HHC Options, have eliminated any financial/cost barriers. I will briefly return to this later in my testimony.

Facility interventions to enhance vaccination rates include utilizing every provider encounter (annual school physical, sports clearance, summer camp physicals, etc.) as an opportunity to initiate or resume the vaccine series. In addition, once the series is begun, the subsequent doses can be given during a nurse visit, not requiring a doctor's appointment/visit.

Outreach efforts include working with local community based organizations, houses of worship as well as the school based health clinics. Utilization of the Citywide Immunization Registry allows our physicians to readily identify missed opportunities.

For those patients whose primary language is not English, printed materials with information about the HPV vaccine are currently available in multiple other languages. We also have educational materials on cervical cancer in all clinical sites for parents of children and young women to review prior to their clinic visit. HHC encourages all parents to talk to their doctor about protecting their child with an HPV vaccination.

To ensure that our clinicians stay up to date, a continuing medical education program on cervical cancer, HPV, and HPV vaccines is available for relevant clinical providers including materials on the efficacy, safety, and administration of HPV vaccine are available. Patients rely heavily on the advice of their clinician so the more up to date and knowledgeable our clinicians are, the better it is for our patients.

In New York, health insurance plans that are regulated by the state are required to cover the cost of the HPV vaccine for patients through the age of 18. If patients lack health insurance coverage, HHC offers the vaccine at no charge. Children are eligible to receive this vaccine, and others, at no charge through the federally funded Vaccine for Children program.

Uninsured patients will receive assistance from HHC staff to enroll them where eligible onto public health insurance programs. We also help patients seek subsidized coverage through New York's Health Care Marketplace - The New York State of Health. For those who are ineligible for public health insurance coverage, we offer patients our HHC Options program. This financial assistance program provides affordable, comprehensive healthcare services to New Yorkers on a sliding fee scale system.

Thank you for the opportunity to briefly review HHC's efforts to prevent HPV. We look forward to working with the City Council and others to increase awareness of the HPV vaccine and - more broadly - to the comprehensive healthcare services that HHC offers to all New Yorkers. This concludes my written testimony. I now look forward to answering any questions you may have.

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Testimony of State Senator Liz Krueger
Before the New York City Council Committee on Health and Women's Issues
Regarding Efforts to Prevent the Human Papillomavirus
and Decrease Risk for Cancer

January 8, 2015

My name is Liz Krueger and I represent the 28th Senate District, which includes the East Side and Midtown areas of Manhattan. I want to thank City Council Speaker Melissa Mark-Viverito, Chairperson Laurie Cumbo, Chairperson Corey Johnson, and the members of the City Council Committees on Health and Women's Issues for providing me with the opportunity to testify on the importance of preventing the Human Papillomavirus (HPV) and decreasing the risk of cancer for both women and men.

I am extremely pleased that the City Council has introduced a resolution to recognize January as Cervical Health Awareness Month in New York City and a resolution to call upon the New York State Legislature to pass legislation that I sponsor, which would permit health care practitioners to provide treatment to young people for the prevention of HPV. Currently, **doctors can screen and treat young people for sexually transmitted infections without the consent of their parent or guardian, but they cannot prevent these infections and administer the HPV vaccine without parental consent.** As a result, young people may miss the optimal age range to access a vaccine that can protect their health and save their lives. This bill closes this troubling gap in the law.

1. Incidence of HPV and HPV-Associated Cancer

HPV is the most common sexually transmitted infection (STI) in the US, according to the Centers for Disease Control and Prevention (CDC). HPV is so widespread that the CDC reports that 14 million people will become newly infected in 2015. While most people who are infected will not develop HPV-related health problems, some types of HPV can cause genital warts and certain cancers. Each year, over 17,000 women and over 9,000 men are diagnosed with HPV-related cancers.¹ Nearly all cervical cancers are caused by HPV, which results in 4,000 deaths each year in the US.² HPV is also reported to cause over 90 percent of anal cancers, and a significant portion of vaginal, vulvar, and penile cancers.³ Misinformation has suggested that HPV causes cancer only in

¹ CDC, accessed at <http://www.cdc.gov/cancer/hpv/statistics/cases.htm>.

² Ibid.

³ Ibid.

women. However, oral cancers caused by HPV have drastically increased in the past 15 years, with men accounting for over 75% of all cases.^{4,5}

2. Barriers to HPV Vaccination

There are two vaccines that the CDC has determined are safe, effective, and can protect people from most of the cancers caused by HPV. The HPV vaccines, which have been approved by the U. S. Food and Drug Administration, are most effective when administered before a person becomes sexually active and before potential exposure to HPV. Generally, this means administering the vaccine to persons under the age of eighteen. While the CDC recommends that males and females receive the vaccine by age 12 to be most effective, the vaccine can be administered up to the age of 25 or 26.

While HPV vaccination rates are increasing, there is significant room for improvement. Though New York State fares better than most states in vaccination rates, only 45% of females aged 13-17 years received all three of the recommended doses of the vaccine, and only 19% of males in the same age range received all three doses.⁶ In addition, certain cancers associated with HPV continue to increase and also disproportionately affect people by socioeconomic and race/ethnic status.⁷

The President's Cancer Panel recently reported the urgent need for action to increase HPV vaccinations. They highlighted several reasons why parents don't vaccinate their children against HPV and why health care practitioners do not more actively encourage the vaccination. Factors included:

- a lack of knowledge that the vaccine is recommended;
- limited understanding of HPV-related disease, especially in males;
- concerns over the safety of the vaccine;
- discomfort talking about sexual behavior; and
- belief that their children are not sexually active; among many other reasons.⁸

My office has also encountered parents who are reluctant to have their children vaccinated for fear that the vaccine promotes promiscuity and riskier sexual behavior. However, the scientific research has consistently de-bunked this notion. The research consistently indicates that the HPV vaccination does not encourage the onset of sexual activity or promote riskier sexual behavior (such as an increased number of sexual partners or condom use).^{9, 10, 11, 12}

⁴ Oropharyngeal cancer is cancer in the back of throat, including the base of the tongue and tonsils.

⁵ CDC, accessed at <http://www.cdc.gov/cancer/hpv/statistics/cases.htm>.

⁶ CDC, National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years - United States, 2013. MMWR Wkly Rep. July 25, 2014 / 63(29);625-33.

⁷ Jemal, Ahmedin, et al. Annual Report to the Nation on the Status of Cancer, 1975-2009, featuring the burden and trends in human papillomavirus (HPV)-associated cancers and HPV vaccination coverage levels. *Journal of the National Cancer Inst.* 2013; 10.1093/jnci/djs491.

⁸ Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer. A Report to the President of the United States from the President's Cancer Panel. Bethesda, MD: National Cancer Institute; 2014.

⁹ Mayhew, Allison, et al. "Risk Perceptions and Subsequent Sexual Behaviors After HPV Vaccination in Adolescents." *Journal of American Academy of Pediatrics* 133.3 (2014): 404-411.

¹⁰ Rysavy, Mary B., et al. "Human papillomavirus vaccination and sexual behavior in young women." *Journal of pediatric and adolescent gynecology* 27.2 (2014): 67-71.

3. State Legislation to Encourage Access to the HPV Vaccine

Currently, New York State public health law allows for the **testing and treatment** of STIs without a parent or guardian's consent, but it does not allow for the **prevention** of STIs without a parent or guardian's consent. It is poor public policy that practitioners can treat and diagnose STIs, but they cannot help prevent an STI that can become fatal.

I sponsor bill S3134A (2014) to encourage the vaccination against HPV at a time when it is most effective, which is generally before a person is 18. My legislation would allow health care practitioners to provide health care related to the prevention of STDs, including administration of the HPV vaccine, to patients regardless of their age without requiring a parent or guardian's consent. This care could only be provided when the patient has the ability to consent to the medical care, and does consent to the care.

The Guttmacher Institute reports that the legal ability of minors to consent to a host of health care services has increased substantially over the last 30 years (this includes sexual and reproductive health care, mental health services, and substance abuse treatment). "This trend reflects the recognition that, while parental involvement in minors' health care decisions is desirable, many minors will not avail themselves of important services if they are forced to involve their parents."¹³

It is clear that we need to improve education about HPV and the HPV vaccine, and ensure that parents and patients have the information they need about the safety and effectiveness of the vaccine. However, family relationships cannot be legislated and good public policy should provide access to proper medical care regardless of the family circumstances.

4. An Opportunity to Improve Public Health

Education and prevention of HPV now will dramatically affect New Yorkers for decades. Therefore, I urge the City Council and public health officials to continue to explore all avenues for increasing education on HPV and HPV-related conditions, especially since certain cancers associated with HPV continue to increase. I will continue to work to convince my colleagues in Albany of the necessity of this legislation.

Thank you for introducing these important resolutions and for the opportunity to testify today.

¹¹ Hansen, Bo T., et al. "Human papillomavirus (HPV) vaccination and subsequent sexual behaviour: Evidence from a large survey of Nordic women." *Vaccine* 32.39 (2014): 4945-4953.

¹² Liddon, Nicole C., Jami S. Leichter, and Lauri E. Markowitz. "Human papillomavirus vaccine and sexual behavior among adolescent and young women." *American Journal of Preventive Medicine* 42.1 (2012): 44-52.

¹³ Guttmacher Institute, *State Policies in Brief, An Overview of Minors' Consent Law*. January 1, 2015.



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Testimony of the New York Civil Liberties Union

before

The New York City Council

Committee on Health and the Committee on Women's Issues

in support of

a resolution regarding competent minors' ability to consent to HPV vaccination

January 8th, 2015

My name is Erin Beth Harrist and I am a Staff Attorney with the New York Civil Liberties Union. I would like to thank the Committee on Health and the Committee on Women's Issues for inviting the NYCLU to provide testimony today relating to the proposed resolution calling upon the New York State Legislature to pass legislation clarifying competent minors' ability to consent to preventive healthcare for the Human Papillomavirus (HPV).

The NYCLU, the state affiliate of the American Civil Liberties Union, is a not-for-profit, nonpartisan organization with eight offices across the state, and nearly 50,000 members. The NYCLU's mission is to defend and promote the fundamental principles, rights and constitutional values embodied in the Bill of Rights of the U.S. Constitution and the Constitution of the State of New York. This includes the rights to personal autonomy, privacy, and equality that are the foundation of reproductive freedom. Given our extensive work in the area of minors' rights to

consent to confidential reproductive and sexual health care, the NYCLU is well positioned to provide testimony in support of this resolution.

HPV is the most common sexually transmitted infection in the United States and its deleterious impact on public health cannot be understated. Certain forms of HPV can cause cancer, including vaginal cancer, cervical cancer, penile cancer, and anal cancer. Close to 12,000 women in the United States are diagnosed each year with cervical cancer alone, and approximately 4,000 women die each year as a result of the disease.¹ And HPV's impact is felt widely. Indeed, most sexually active men and women have the virus at some point in their lives, and as many as half of these infections are among adolescents and young adults ages 15 through 24 years.²

Despite its dire consequences, there are tools to prevent HPV that are both effective and safe. The Food and Drug Administration (FDA) has approved two HPV vaccines: Gardasil, which is approved for both males and females between the ages of 9 and 26, and Cervarix, which is approved for females between the ages of 9 and 26. These vaccines prevent cancer and genital warts caused by HPV. Notwithstanding widespread support in the medical community including the American Academy of Family Physicians and the American Academy of Pediatrics, vaccination opponents are working to spread misinformation about the safety of the HPV vaccines. Numerous clinical trials and post-licensure monitoring data demonstrate that HPV vaccines are not only critical as preventive care measures, but are also safe.³ Further, while opponents charge that the HPV vaccines will put minors at risk by encouraging sexual activity, recent studies show that there is no connection between receipt of the vaccine and sexual behavior.⁴

Allowing competent minors to consent to HPV vaccination is a critical measure that will help prevent the spread of HPV and its devastating consequences. Despite the fact that most parents are involved in their children's health care decisions, not all minors have healthy, safe family relationships, and some are unable or unwilling to involve their parents, especially when it comes to reproductive and sexual health care. Studies show that many adolescents will not seek out reproductive and sexual health care services if confidentiality is not guaranteed, although, importantly, these same teens will remain sexually active and therefore exposed to health consequences that can devastate their futures. Thus, while it is ideal to have a parent involved, mandating parental consent can delay and deter critical preventive health care services. For these reasons, public health experts and professional medical associations, including the Society for Adolescent Health and Medicine, the American College of Obstetricians and Gynecologists, the American Medical Association, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American Public Health Association, strongly support the provision of confidential reproductive and sexual health care to minors who are able to provide informed consent.

The laws and policies of the state of New York recognize these realities and permit minors to consent on their own to confidential reproductive and sexual health care. The law includes a specific provision that permits minors to give informed consent to testing and treatment for sexually transmitted infections. However, the New York State Department of Health has taken the cramped – and, we believe, unfounded – position that this law does not encompass preventive treatment such as vaccination for HPV. It defeats the purpose of the statute to exclude preventive care from the definition of treatment and thereby permit a minor to be tested and treated for HPV without parental consent, but not to take steps to avoid infection in

the first instance. Thus, while some providers administer the vaccine to sexually active adolescents who are capable of giving informed consent, other health care providers are unsure whether minors may provide informed consent for the vaccine without parental permission. As a result, many minors are unable to access this potentially life-saving treatment.

As this resolution rightfully recognizes, our State Legislature should pass a law that clarifies once and for all what both logic and legislative intent dictate: that minors who – on their own – are able to provide informed consent to get tested for STIs and to get treated once they find they have an STI can give informed consent to preventive STI treatment, namely the HPV vaccines. Allowing access to such preventive care without obstacles is consistent with both good medical practice and public health principles.

In conclusion, the NYCLU strongly supports this resolution and the passage of legislation that makes clear that qualified health care practitioners may administer HPV vaccines without fear of running afoul of the law to minors who have the capacity to provide informed consent without parental consent.

¹ Centers for Disease Control and Prevention, *HPV Vaccine Information for Clinicians – Fact Sheet*, available at <http://www.cdc.gov/std/hpv/STDFact-HPV-vaccine-hcp.htm> (July 2012).

² *Id.*

³ Centers for Disease Control and Prevention, *Human Papillomavirus Vaccination Coverage Among Adolescent Girls, 2007-2012 and Postlicensure Vaccine Safety Monitoring, 2006-2013 – United States*, 62 *MMWR* 591, available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6229a4.htm?s_cid=mm62_29a4_w (July 2013); N.P. Klein, et al., *Safety of quadrivalent human papillomavirus vaccine administered routinely to females*, 166 *Arch. Pediatr. Adolesc. Med.* 1140, available at <http://www.ncbi.nlm.nih.gov/pubmed/23027469> (Dec. 2012); B.A. Slade, *Postlicensure safety surveillance for quadrivalent human papillomavirus recombinant vaccine*, 302 *JAMA* 750, available at <http://jama.jamanetwork.com/article.aspx?articleid=184421> (Aug. 2009); Centers for Disease Control and Prevention, *Information from FDA and CDC on Gardasil and its Safety*, available at <http://www.cdc.gov/vaccinesafety/Vaccines/HPV/HPVArchived.html> (July 2008, last updated Feb. 2011).

⁴ See, e.g., Robert A. Bednarczyk, et al., *Sexual Activity–Related Outcomes After Human Papillomavirus Vaccination of 11- to 12-Year-Olds*, 130 *Pediatrics* 798 (Oct. 2012), available at <http://pediatrics.aappublications.org/content/early/2012/10/10/peds.2012-1516.full.pdf+html>.

January 08th, 2015

Committee on Health and the Committee on Women's Issues Testimony.

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Thank you, Chairwoman Combu and Chairman Johnson, for holding this important hearing on cervical cancer prevention and HPV vaccination and for your personal leadership and support in promoting the well being of our communities. It is really an honor and pleasure to be here, in front of you, discussing these issues.

Let me begin my remarks by asking you to think about this: What if there is a vaccine to prevent breast cancer, or prostate cancer? Would anyone oppose their use as a public health measure to reduce the rates of these cancers? Wouldn't this vaccine be in the news, and perhaps even recognized as one of the scientific discoveries of the decade? Wouldn't most if not all providers recommend the vaccine to their eligible patients? After all, it is a vaccine that prevents cancer! A disease that many of us are afraid of or many of us know someone that has suffered because of it. Now, I ask you this, why do we still have large numbers of parents and adolescents that are unaware of the HPV vaccine, a vaccine that prevents cervical, anal, penile, and oral cancer among others! Why, after 8 years since this vaccine was approved by the FDA, the vaccination rates remain low and controversy surrounding this vaccine has not dissipated? Why are providers still not able to recommend the vaccine to most if not all their eligible patients?

Let me be clear about this, the science is in, and the evidence is clear that the HPV vaccine is safe, provides great and long lasting immunity against certain types of HPV, and prevents HPV-related cancer. This is not in question anymore, we have abundance of evidence that supports this. It is now an issue for us, those that work in Public Health, to disseminate this information, erase myths, facilitate access to the vaccine, promote the prevention of HPV associated cancer, and perhaps in our lifetimes, eradicate cervical cancer caused by HPV.

HPV is the most common sexually transmitted disease in the U.S. Nearly all sexually active men and women get it at some point in our lives, but only a small minority keep the virus in their bodies (persistent infection) and are at risk for cancer. This minority though represents over 35,000 cases of cancer every year in the U.S. mostly among minority populations. Potentially over 70% of these cases could be prevented by the HPV vaccine. Despite this, HPV vaccination rates remain low, just over 40% in NYC for the full 3 doses (of those that received the 1st doses), and well below the Healthy People 2020 goal of 80%.

HPV has been associated with multiple types of cancer, perhaps the most commonly known is cervical cancer. Almost all cervical cancer cases are caused by the HPV. But there are other types of cancer

caused by HPV, affecting over 20,000 Americans every year. These types of cancer include anal cancer, penile cancer, vaginal cancer and oropharyngeal cancer among others. To further emphasize this point, according to recent reports, in the U.S. there will be more oropharyngeal cancer cases caused by HPV than cervical cancer cases by the year 2020.

The case of cervical cancer is particular in many ways. Cervical cancer is a preventable cancer. Although almost all are caused by HPV, the current vaccine has the potential to prevent over 70% of the cases. A new HPV vaccine, just approved by the FDA a few weeks ago, has the potential to prevent even a larger percentage of these cases, perhaps over 90%. In addition to the vaccine, PAP smears have been used successfully as a tool to prevent cervical cancer, by detecting pre-cancerous lesions and treating them. In conjunction, the HPV vaccine and PAP smears have the potential to almost eliminate this cancer in our lifetimes! The resolution being discussed today, recognizing January as Cervical Health Awareness Month in New York City, I believe would greatly move us forward toward this goal.

Other types of HPV related cancer can be prevented by the vaccine as well, in some cases over 60% of them with the current vaccine. But the vaccine does not provide immediate rewards. In the majority of cases, HPV infection occurred in young adults, and these cancer types don't occur for 20, 30 or more years after infection. It is upon us to take the long term view, understanding the importance of preventing today what could be a health problem decades down the road, and encourage prevention among the population even when the benefits are blur or hard to grasp. The resolution calling upon the New York State Legislature to pass legislation permitting health care practitioners to provide treatment to youth for the prevention of human papillomavirus is an enormous stride towards increasing HPV vaccination rates by reducing health care barriers.

Efforts to improve HPV vaccination rates have been derailed by those arguing that the vaccine will cause promiscuity, can cause serious side effects and that cancer prevention among adolescents is a discussion that health care providers should not take from parents or guardians, among other reasons. We have ample scientific evidence that shows that none of these are real issues. The promiscuity myth has been debunked in many studies and there is no reason for it to be part of a serious public health discussion any longer. Adolescents do not become more or less promiscuous after obtaining the HPV vaccine. Side effects have been shown to be mild, and comparable to those of other vaccines children currently receive. The FDA and CDC monitor the safety of all vaccines through the Vaccine Adverse Event Reporting System and have found no direct link between the HPV vaccine and serious side effects, even more, this vaccine has less side effects than other commonly used vaccine. Finally, pediatricians and other primary care providers caring for adolescents are well equipped to discuss an array of health topics with their adolescent patients, and furthermore, there is a large body of evidence that shows that adolescents want to discuss topics with their health providers that they would not feel comfortable discussing with their parents. In our own work we constantly hear health care providers lament their inability to consent adolescents to obtain the HPV vaccine and is cited as their main barrier to preventing this cancer risk in their adolescent patients.

Allowing adolescents to consent for their health care needs is not a new concept in NY. We allow adolescents to consent to HIV testing. The NY HIV consent law gives a medical provider ordering the HIV

test the ability to assess if the adolescent is able to understand “the nature and consequences of being tested for HIV and to make informed decisions about whether to be tested.” Why do we think differently when it comes to preventing cancer? NY provides adolescents the right to consent and *receive treatment* for sexually transmitted infections without their parents’ knowledge. Why not let them do the same for *prevention* of a sexually transmitted infection?

For over 7 years I have been worked in the area of preventing HPV associated cancers in the Latino population in NYC. Through my work and other publicly available evidence we know that the main barriers to obtain the HPV vaccine are lack of provider recommendation and lack of parental or adolescent awareness of HPV in general, and the HPV vaccine in particular. I have had the opportunity to have multiple community talks on HPV and HPV related cancer, in English and Spanish, and over and over I found the same barriers mentioned before. What is most encouraging though, is that after providing tailored information to these communities on HPV, their interest in the vaccine and their willingness to obtain the vaccine for them or their children increases dramatically. No other example illustrates better the importance of increasing awareness than the enormous interest that Speaker Mark-Viverito triggered when, courageously, discussed her own scare with HPV. The interest from the community to learn more about this infection and vaccine, as well as the interested for the media to provide this information to the community was overwhelming. I believe that what it is needed now are novel ideas to increase awareness of this disease and the vaccine, particularly among those populations at high risk, and to facilitate health care provider’s recommendation of the vaccine. The resolutions discussed in this hearing provide the right environment towards achieving these goals.

I commend Speaker Mark-Viverito and council members Cumbo and Johnson for their efforts in this area and for proposing these resolutions, for there is no time to lose in the fight against cancer caused by HPV, not when we have the tools to do so!

Thank You.

Planned Parenthood of New York City

**Planned Parenthood of New York City
Testimony on Examining the City's Effort to Prevent the Human Papillomavirus Virus and
Decrease Risk for Cancer**

January 8, 2015

Good afternoon. I am Julienne Verdi, Director of Government Relations at Planned Parenthood of New York City (PPNYC). I am pleased to be here today to provide testimony on New York City's effort to prevent the Human Papillomavirus and decrease New Yorkers' risk for cancer. Planned Parenthood of New York City thanks our strong supporters Speaker Melissa Mark-Viverito, Chair of the Committee on Health, the Honorable Council Member Corey Johnson, and the Chair of the Committee on Women's Issues, the Honorable Council Member Laurie Cumbo for their leadership in convening this hearing. We'd also like to thank the Committee on Health, Committee on Women's Issues and the entire City Council for their dedication to these issues and we welcome the opportunity to discuss ways we can boost access to care and improve health outcomes for all New Yorkers.

Planned Parenthood of New York City serves more than 50,000 patients annually in our health centers currently located in Manhattan, Brooklyn, Staten Island and the Bronx. We are also proud to announce that a new health care center in Queens is under construction and is due to open in May of 2015. PPNYC provides sexual and reproductive health services including birth control; emergency contraception; gynecological care (including cervical and breast cancer screenings); colposcopy; male reproductive health exams; testing, counseling, and treatment for sexually transmitted infections; the HPV vaccine; HIV testing and counseling; pregnancy testing, options counseling (including adoption) and abortion. As a trusted sexual and reproductive health care provider in New York City we know firsthand, the effects of the Human Papillomavirus on New Yorkers and understand the importance of passing supportive legislation and raising awareness to stop the spread of this infection and decrease risk for cancer.

By recognizing January as Cervical Health Awareness Month, we can increase knowledge of ways to prevent and treat cervical cancer in New York. Every year, more than 12,000 women in the U.S. are diagnosed with cervical cancer, and more than 4,000 American women die of the disease. Latinas and African-American women have higher rates of cervical cancer than other groups and are also more likely to die of the disease. However, cervical cancer is highly preventable— regular Pap screenings can help detect precancerous cells, allowing women to receive treatment before cancer develops. Also, when cervical cancer is found early, it is often treatable and associated with a high survival rate. Moreover, as many as 7 out of 10 cases of cervical cancer are caused by two strains of the Genital Human Papillomavirus (HPV) and since 2006 a vaccine has been available to prevent the strains of HPV associated with cervical cancer cases. The CDC estimates that as many as 93% of cervical cancers could be prevented by regular screening and HPV vaccination. PPNYC is proud to provide Pap screenings, the HPV vaccine and colposcopies to our patients to help prevent and diagnose cervical cancer. Specifically in 2013, PPNYC provided 88,700 STI tests and over 8,500 Pap screenings to our patients.

HPV is the most common sexually transmitted infection in the United States. We know that while the majority of HPV infections will resolve on their own within two years of infection, some of these infections do not and can lead to serious health problems such as genital warts, cervical cancer and other types of cancer. The CDC estimates that about 33,200 HPV-associated cancers occur in the U.S. each year. The majority, about 20,600 occur among females, and about 12,600 occur among males. Cervical cancer is the most common HPV-associated cancer. However, HPV is also thought to be responsible for

Planned Parenthood of New York City

more than 90% of anal cancers, about 70% of vaginal and vulvar cancers, and more than 60% of penile cancers. Recent studies have also shown that approximately 70% of cancers of the oropharynx (cancers of the back of the throat, including the base of the tongue and tonsils) may also be linked to HPV.

The HPV vaccine is administered through three shots over a period of six months. Patients should be given all three shots in order to be fully protected. Studies have shown that in the limited amount of time that the vaccine has been available there has been over a 50% reduction of cervical cancer cases in the U.S. and more than a 30% reduction in genital warts among adolescent girls. Despite the success rate of the vaccine, the CDC found that HPV vaccination is shockingly low in the U.S. and that many patients are not receiving the full three dose series.

Legislation currently pending in the New York State legislature sponsored by Senator Liz Krueger and Assembly Member Amy Paulin would address prevention of STIs and clarify New York State law, allowing for competent minors to consent to the HPV vaccine. California passed a similar law in 2011. While we encourage parents to be involved in their children's health care decisions, not all minors have healthy, safe family relationships. Some minors are unable or reluctant to involve their parents in their sexual and reproductive health care. PPNYC recognizes that mandating parental consent could deter minors from accessing critical preventive services such as the HPV vaccine.

PPNYC supports the City Council Resolution calling upon the New York State Legislature to pass legislation clarifying the law to permit health care practitioners to provide services to youth for the prevention of HPV without parental consent. As a trusted sexual and reproductive health provider, we know the best way to ensure that young people won't become infected with HPV is by vaccinating before they are exposed to the virus. Since most people are exposed to the virus through sexual contact, getting the vaccine before the onset of sexual activity is best practice and it is therefore essential that minors have access to the vaccine. Minors in New York State are already able to consent to treatment and testing for STIs. Minors should also have access to services that can prevent them from ever contracting potentially life-threatening STIs in the first place.

In addition to the resolutions, PPNYC reiterates its call for comprehensive sexual health education in all New York City schools. Gaps remain in New York City's sexual health education, which has a significant impact on young people's health and well-being. As the largest metropolitan area in the United States, New York City has an opportunity to become a leader in comprehensive sexual education. Preventing the spread of STIs, including HPV, among our youth begins with providing information to empower students to make the best decisions that are right for them. Comprehensive sexual health education must teach not just the basic prevention lessons, but also healthy relationships and consent, communication skills, condom negotiation, LGBT inclusivity and cultural competency.

Lastly, we applaud New York's commitment to implementing the Affordable Care Act. As part of the ACA, more Americans now have access to the care they need, including Pap screening, testing for STIs, and the HPV vaccine — all covered without having to pay out of pocket for copays and other expenses. PPNYC has ensured that all of our entitlement staff are Certified Application Counselors and offer one-to-one counseling and enrollment in both the public and private insurance programs on the New York State of Health portal. However, we also know that many New Yorkers are still ineligible for health care coverage under the ACA. Ensuring care for all New Yorkers is imperative from both a human rights and public health stance. We look forward to working together to make New York City a national model for health care access for all people.

Planned Parenthood of New York City

At PPNYC, we see the often, harmful consequences of HPV infection among our patients and we are dedicated to providing professional, nonjudgmental, confidential care no matter what. By passing both resolutions, increasing access to care for those ineligible for coverage under the ACA, and ensuring that all students receive comprehensive sexual health education, we can send an important signal that New York City is committed to raising awareness, stopping the spread of HPV, decreasing cancer risk, and reducing health care disparities in our City. We urge the New York City Council to pass these important resolutions and call on the New York State legislature to pass legislation clarifying providers' ability to administer the HPV vaccine to consenting competent minors without parental consent.

Thank you for the opportunity to testify on this important issue and I would be happy to take any questions or provide additional information.

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Since 1916, Planned Parenthood of New York City (PPNYC) has been an advocate for and provider of reproductive health services and education for New Yorkers. Through a threefold mission of clinical services, education, and advocacy, PPNYC is bringing better health and more fulfilling lives to each new generation of New Yorkers. As a voice for sexual and reproductive health equity, PPNYC supports legislation and policies to ensure that all New Yorkers—and, in fact, people around the world—will have access to the full range of reproductive health care services and information.

January 8, 2015

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I am a board-certified obstetrician/gynecologist and have been living and practicing in New York City for nine years. I trained at Albert Einstein/Montefiore Medical Center in the Bronx and completed fellowship training and a Master's in Public Health at Columbia University. I am the Reproductive Health Advocacy Fellow at Physicians for Reproductive Health, a doctor-led national advocacy organization that uses evidence-based medicine to promote sound reproductive health policies.

I am here today in support of Resolution 532, calling on the New York State Legislature to pass legislation permitting health care providers like myself to provide confidential treatment to youth for the prevention of human papillomavirus, or HPV. HPV is the most common sexually transmitted infection in the United States¹ and 15- to 25-year-olds have the highest prevalence of HPV infection.² While usually asymptomatic, HPV can cause genital warts, is the only known cause of cervical cancer, and is linked to oral, anal, vulvar, vaginal, and penile cancers. 40 percent of all people with HPV acquire it within two years of their first sexual activity, and more than half of New York City youths become sexually active before they turn 18.³ Since HPV vaccines are most effective if given prior to exposure and work two to three times better if administered between the ages of 9 to 11, it is extremely important for young people to have access to these vaccines.⁴

Most parents are involved in their children's health care decisions. But not all teens have healthy family relationships, and especially when it comes to reproductive and sexual health care, some teens are unable or unwilling to involve their parents. Studies have shown

¹ Centers for Disease Control and Prevention. Genital HPV Infection Fact Sheet. <http://www.cdc.gov/std/hpv/stdfact-hpv.htm>. Accessed January 6, 2015.

² New York State Department of Health. Questions and Answers about HPV and HPV Vaccine: Information for Providers.

https://www.health.ny.gov/prevention/immunization/providers/hpv_q_and_a.htm. Accessed January 6, 2015.

³ Youth Risk Behavior Survey, New York City Department of Health and Mental Hygiene, https://a816-healthpsi.nyc.gov/SASStoredProcess/guest?_PROGRAM=%2FEpiQuery%2Fyrbs%2Fyrbs&year=2011&var=eversx2&qtype=strat&strat1=allage5&strat2=none&bivar=sadsad2&year2=trend, 2011. Accessed January 6, 2015.

⁴ New York State Department of Health. Questions and Answers about HPV and HPV Vaccine: Information for Providers.

https://www.health.ny.gov/prevention/immunization/providers/hpv_q_and_a.htm. Accessed January 6, 2015.

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that teens will refuse to seek sexual health care services if they believe their confidentiality will not be protected. Minors who do not wish to disclose to their parents that they are, or will soon become, sexually active often have good reasons, such as fear of abuse at home.⁵ For these reasons, public health experts and professional medical associations, including the American College of Obstetricians and Gynecologists, the Society for Adolescent Health and Medicine, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Medical Association, and the *American Public Health Association*, all strongly support the provision of confidential reproductive and sexual health care to teens.^{6,7,8} Many of these organizations (the American College of Obstetricians and Gynecologists, the Society for Adolescent Health and Medicine, the American Academy of Family Physicians, and the American Academy of Pediatrics) plus the American College of Physicians, the Centers for Disease Control and Prevention, and the Immunization Action Coalition, strongly support administering the HPV vaccine when patients are 11 or 12 years old.^{9,10}

In my practice, I see many young people. I always counsel about the HPV vaccine, but if the patient is under 18 they need parental consent. In New York State, a young person can see a provider confidentially for reproductive health care, including providing consent for treatment for sexually transmitted infections, without involving their parents. But for the HPV vaccine it is different. Often my young patients refuse the HPV vaccine solely because they do not want to explain to their parents why they were at the clinic. We should stop treating the HPV vaccine differently and we should start allowing the young people of New York to access this potentially lifesaving vaccine for themselves.

As a New York physician, I urge you to pass this resolution encouraging the New York State legislature to enact legislation that makes clear that qualified health care practitioners may legally provide the HPV vaccine to minors who have the capacity to provide informed consent. Allowing increased access to this critical preventive care is consistent with evidence-based medical practice and would enable vulnerable young people to protect themselves against disease and infection.

⁵ J.D. Klein et al., *Access to medical care for adolescents: Results from the 1997 Commonwealth Fund Survey of the Health of Adolescent Girls*, 25 *J. of Adolescent Health* 120 (1999).

⁶ American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and Society for Adolescent Medicine. Protecting adolescents: Ensuring access to care and reporting sexual activity and abuse. *J Adolesc Health*. 2004;35:420. https://www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/Nov-04-Protecting_Adolescents_Ensuring_Access_to_Care_and_Reporting_Sexual_Activity_and_Abuse.pdf. Accessed January 7, 2015.

⁷ American Medical Society. Code of Medical Ethics Opinion 5.055. <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion5055.page>, 2013. Accessed January 7, 2015.

⁸ American Public Health Association. Adolescent Access to Comprehensive Confidential Reproductive Health Care Services, Policy 9001. <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/30/15/20/adolescent-access-to-comprehensive-confidential-reproductive-health-care>, 1990. Accessed January 7, 2015.

⁹ Society for Adolescent Medicine. Human Papillomavirus (HPV) Vaccine: An Updated Position Statement of the Society for Adolescent Health and Medicine. http://www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/June-10-SAM_HPV_Position_Statement.pdf, 2010. Accessed January 7, 2015.

¹⁰ The American Academy of Family Physicians. Give a strong recommendation for HPV vaccine to increase uptake! http://www2.aap.org/immunization/illnesses/hpv/HPV_letter_color_1%2021%2014.pdf, 2013. Accessed January 7, 2015.



THE HPV AND ANAL CANCER FOUNDATION

Testimony submitted by The HPV and Anal Cancer Foundation
To the New York City Council Committees on Health and Women's Issues
January 8, 2015

We thank the members of the Health and Women's Issues committees for the opportunity to speak today. My name is Justine Almada, and I am the executive director of The HPV and Anal Cancer Foundation, a non-profit organization that I co-founded with my siblings in 2010.

Our story is reflective of the larger issue.

In March 2008, while I worked at the New York City Council, my mom gathered my siblings and I together, and told us she had cancer. Her telling was a little different though because she prefaced the name of the illness with this. She said, "I have cancer, and it's not a very nice sounding kind."

At 51, she had just been diagnosed with stage IV anal cancer. As we fought alongside my mom over the next two years, we soon learned that not only is the virus a stigma but the stigma is a virus. There is a wealth of misinformation about this cancer –because it's not a very "nice sounding kind" and because it's caused by HPV. This stigma has stalled advances in medicine and resources for the disease.

The drug treatments for anal cancer have not changed since the 1970's, and there were limited medical networks and patient advocates. No one screened my mom for this cancer even though she had a risk factor – HPV – in her twenties.

My mom died in April 2010.

After her death, my brother, sister and I have endeavored to change this experience for other families, and founded The HPV and Anal Cancer Foundation. To achieve our mission, we focus on prevention through immunization and screening, work to build the scientific and medical infrastructure to find better cures, and empower anal cancer patients so they don't feel so alone.

We commend the Council for holding a hearing on preventing HPV and the cancers it causes, and for the attention the Department of Health and Mental Hygiene has given the issue through its current public health campaign.

HPV is a carcinogen. It causes six different cancers in men and women amounting to 5% of the world's cancer burden. Currently 79 million Americans or 1 in 4 have HPV. It is a sexually transmitted infection spread through skin contact, and nearly every person will be infected at some point in their life. Most people's immune systems will fight it off, but tens of thousands will develop a cancer and millions will develop a complication from the virus.

Despite these sobering facts, vaccination rates for females are very low, and rates for males are even lower, even though there are strong recommendations from the Centers for Disease Control and Prevention, American Medical Association, American Academy of Pediatrics and other medical associations.

Unfortunately, there is a lot of misinformation in the medical community and general public about this vaccine. In light of this, we must work together to educate these communities about the vaccine to prevent the next generation of men and women from facing these cancers.

Why Eliminating HPV is Necessary

- **The HPV malignancy and cancer burden is significant. HPV causes at least six different cancers, and affects men, women and children.** HPV causes cancer in over 26,000 American women and men each year. These cancers include cervical, anal, vulvar, vaginal, penile and oral cancers. In addition to cervical cancer, women are also at risk for anal, oral, vulvar and vaginal cancers. Men are at risk for oral, anal and penile cancers. HPV can also cause recurrent respiratory papillomatosis (RRP) in children. The President's Cancer Panel states that HPV causes 93% of anal cancer, 96% of cervical cancer, 63% of oropharyngeal cancer, 36% of penile cancer, 64% of vaginal cancer, and 51% of vulvar cancer.
- **HPV causes precancer, warts and other conditions in nearly 2 million men and women in the U.S. every year.** It also leads to about 360,000 cases of warts and 820 RRP cases. HPV also causes cervical lesions in women every year, including approximately 1.2 million low-grade and 300,000 high-grade lesions. It is estimated that in 2020, more boys than girls will have an HPV-related cancer.
- **According to the NCI, HPV-related cancers are on the rise.** In the National Cancer Institute's 2013 Report to the Nation, overall cancer death rates continued to decline in the United States among both men and women, among all major racial and ethnic groups, and for all of the most common cancer sites, including lung, colon and rectum, female breast, and prostate. Incidence rates of HPV-related oral and anal cancers, however, are increasing.
- **Current screening protocols are not enough to prevent HPV-related cancers. Of the six cancers that are caused by HPV, only one – cervical cancer - has an effective screening protocol. Despite this, people are still diagnosed with cervical cancer. The vaccine provides the best mechanism to prevent HPV-related cancers and precancers.** We do not have effective or standardized screening protocols for anal, penile, vulvar, vaginal and HPV-related oral cancer as we do for cervical cancer, and thus are left vulnerable to these HPV-related cancers. Even with the benefits of the standard screening protocol for cervical cancer, over 11,000 women a year are diagnosed with the illness.

- **Once you are diagnosed with an HPV-related cancer, treatments are antiquated, toxic and difficult.** I am going to speak to the treatment for anal cancer, which was developed 40 years ago. Treatment for stages I to III involves 6 weeks of 5 day a week radiation to your pelvis in addition to chemotherapy. This treatment to a very sensitive part of the body can cause diarrhea, changed sexual functioning, extreme burns, bleeding and long-term gastrointestinal, urinary and sexual complications. The person also often experiences prolonged fatigue, extreme nausea, and debilitating chronic pain. Treatment for other HPV-associated cancers often also involves surgery, radiation and chemotherapy. With a vaccine available to prevent this difficult illness, we have the opportunity to improve the lives of thousands of people, and to save lives that might otherwise be cut short from anal cancer and the other HPV-related cancers.
- **Vaccination rates for females are very low, and rates for males are even lower, despite strong recommendations from the Centers for Disease Control and Prevention, American Medical Association, American Academy of Pediatrics and a number of other medical organizations.** In 2013, 38% of girls and 14% of boys received the full dose series nationwide. In New York City in 2013, CDC estimates that 45% of girls and 30% of boys aged 13-17 received all 3 doses of vaccine. This is in contrast to the 91% of the same young New Yorkers who received the MMR and 90% who received the Tdap vaccines.
- **Anal cancer and the other cancers caused by HPV are highly stigmatized.** Anal cancer is a difficult disease for patients to openly discuss with their doctors, colleagues and loved ones, a challenge that makes dealing with this cancer even more difficult than its physical burden alone. Other HPV-related cancers also face stigma preventing equitable conversation, education and resources for the patients who are dealing with these conditions.

How Can We Eradicate HPV?

The best route for increasing uptake is to educate the medical and parent communities about the vaccine and its importance. This will take a concerted effort on behalf of multiple stakeholders at the local, state and national level. New York can take steps to increase vaccination uptake by:

- (1) Working with health agencies and medical associations to educate every doctor, nurse, and provider about the importance of routinely vaccinating all children.
- (2) Working with education agencies and parent organizations to educate parents about the availability and importance of this cancer prevention vaccine for both their boys and girls.
- (3) Supporting the fight against stigma by speaking openly about HPV and the cancers it causes in both men and women, and helping the public to understand its importance. Nearly everyone will encounter this virus during their lifetime.

New York has a phenomenal opportunity to lead the way in preventing painful cancers in its population with a simple 3 dose shot. There are over 468,000 boys and girls aged 10-14 in New York City alone, and we can protect them from potentially excruciating physical and socially isolating conditions. Make New York the leader of the nation by having a 100% vaccination rate for boys and girls. We urge you to consider the impact you will have on future generations of Americans and their families by supporting education and awareness efforts to increase the uptake of this life saving vaccine.

We are ready to work with New York and the Council in support of ending 5% of cancer. We invite everyone to reach out to us regarding initiatives, awareness campaigns, fact sheets or resources about HPV and cancer.

Thank you for the opportunity to testify today.



**NARAL
Pro-Choice New York**

**Testimony of NARAL Pro-Choice New York
before
The New York City Council
Committee on Women's Issues and Committee on Health
regarding**

**Resolution calling upon the New York State Legislature to pass legislation
permitting health care practitioners to provide treatment to youth for the prevention
of human papillomavirus, a common virus that can cause cancer**

January 8, 2014

Thank you to Councilmember Cumbo, Councilmember Johnson, and the Women's Issues Committee and Health Committee for convening this important hearing and inviting our organization to submit testimony. NARAL Pro-Choice New York is a pro-choice political and advocacy organization that works to guarantee every woman the right to make personal decisions about her reproductive health. Among our top priorities is helping teens in our city and state stay healthy and make safe decisions. As such, NARAL Pro-Choice New York stands in strong support of Res. 0532-2015, which calls on the New York State Legislature to pass a bill that would significantly improve youth access to sexual and reproductive health care, including vaccination against the human papillomavirus (HPV), a common sexually transmitted infection (STI) that can ultimately lead to many forms of cancer, including cervical cancer.

During the last legislative session, Senator Liz Krueger and Assemblymember Amy Paulin introduced a bill that would allow minors to seek a diagnosis, treatment, or prescription for an STI without the consent of a parent or guardian, and to receive preventive care for STIs, including vaccines. This bill would clarify what has heretofore been a confusing situation for providers and patients alike. Under current law, it is

unclear whether parental consent is required for administration of the HPV vaccine. The New York State Department of Health does not definitively say that providers must obtain parental consent before vaccinating a minor, but it has also declined to publish rules stating that parental consent is not necessary, leaving medical professionals in a legal limbo. This confusion is a disservice to medical providers seeking to help their young patients stay healthy and to young people seeking preventive care.

NARAL Pro-Choice New York supports efforts to encourage young people to discuss any medical decision with a trusted adult, particularly a parent. But for those who cannot talk to their parents about their sexual and reproductive health, the current state of affairs is a barrier to staying healthy and safe. Increasing access to STI prevention, diagnosis, and treatment would lower STI rates, and particularly HPV rates, among New York's young people. Many studies, including those cited in this resolution, have demonstrated the effectiveness of the vaccine against HPV, yet adolescent vaccination rates have progressed slowly nationwide. In 2013, only 57.3% of girls and 34.6% of boys in the United States were vaccinated against HPV, according to the Centers for Disease Control. Removing barriers to this important preventive measure will encourage young people to receive this crucial treatment and better protect them against HPV and future HPV-associated cancers.

NARAL Pro-Choice New York thanks the Women's Issues Committee and Health Committee for bringing light to this critical public health issue, and calls on the City Council to pass Res. 0532-2015.



**Testimony of Matthew A. Weissman, MD
Chief Medical Officer and acting President and CEO
Community Healthcare Network**

**Hearing before the New York City Council Committee on Health and the Committee on
Women's Issues**

**"Resolution calling upon the NYS Legislature to pass legislation permitting health care
practitioners to provide treatment to youth for the prevention of human
papillomavirus, a common virus that can cause cancer"**

New York City Council Committee Room

Thursday, January 8, 2015

My name is Dr. Matthew Weissman and I am the Chief Medical Officer and acting President and CEO of Community Healthcare Network. CHN has been in existence for over 30 years. Today we operate a network of 12 Federally Qualified Health Centers (FQHC) in the boroughs of the Bronx, Manhattan, Queens and Brooklyn. In addition we are a lead Health Home in Brooklyn and Queens and a co-lead in the Bronx and Manhattan. We provide comprehensive services including primary care, behavioral health and social services to over 80,000 individuals per year. We are Joint Commission Accredited, recognized by NCQA as a Level 3 Patient Centered Medical Home and are also recognized by NCQA for excellence in diabetes care.

On behalf of CHN, I am in full support of the New York State Legislature in passing legislation which would permit health care practitioners to provide treatment to youth under the age of 18 for the prevention of human papillomavirus, a common virus that can cause cancer, without a parent's or guardian's consent. I urge the City Council to call upon the state legislature to pass this important legislation.

At CHN we have robust pediatric and reproductive health programs. Since 2007, CHN has provided the full series of three HPV vaccines to over 3,500 young persons. Many more would be reached if youth did not need the consent of their parent or guardian. We serve between 8,000 to 9,000 young people a year between the ages of 9-18. Many of the teens are already consenting without their parent or guardian for reproductive health care which includes testing and treatment for other STI's. Being able to counsel and offer the HPV vaccine to this group makes sense and would be a natural extension of our services. HPV is the most common STI, yet health professionals cannot offer this important vaccine to prevent many HPV-related diseases without parental consent.

As the father of three young children, I too am concerned about teenagers making medical decisions without their parents' input. However, since they can already consent to STD testing and treatment, contraceptive care such as implants and IUDs, and abortions, it seems logical that they also be allowed to consent to preventive measures such as HPV vaccine. As a provider, I have seen how many parents refuse this vaccine because it is not required and they are convinced their 12 year old children will never have sex, or that not getting this vaccine will somehow delay when they have sex. In this case, the children who are coming to us for contraceptive care, who know they are having sex, are being more honest and thoughtful.

The facts all support the provision of the HPV vaccine. According to the CDC, roughly 79 million Americans are currently infected with HPV and approximately 14 million become newly infected each year. Ten thousand women in the United States are diagnosed cervical cancer annually and approximately 4,000 die as a result. The CDC estimates that about 21,000 HPV-related cancers could be prevented by getting vaccinated for HPV.

In closing, I strongly encourage the City Council to embrace Cervical Health Awareness Month 2015 to call upon the NYS Legislature to make this critical public health decision.

Statement of

Lonna Gordon, MD, PharmD

Mount Sinai Adolescent Health Center

New York Chapter of the Society of Adolescent Health & Medicine

TESTIMONY AT THE JANUARY 8, 2015 NEW YORK CITY COUNCIL HEARING IN SUPPORT OF THE NEW YORK CITY COUNCIL RESOLUTION CALLING FOR THE NEW YORK STATE LEGISLATURE TO PASS LEGISLATION TO PERMIT HEALTH CARE PRACTITIONERS TO PROVIDE TREATMENT TO YOUTH FOR THE PREVENTION OF HUMAN PAPILLOMAVIRUS.

Good afternoon. I am Dr. Lonna Gordon, a pharmacist, pediatrician, and adolescent medicine provider currently practicing at The Mount Sinai Adolescent Health Center. I am here today representing the New York Chapter of the Society of Adolescent Health & Medicine, a 47 year old multi-disciplinary organization of professionals committed to serving adolescents.

It is well-documented that the sexual and reproductive health needs for minor adolescents are best met through legal assurance of comprehensive and confidential care. It is for this reason we urge the New York City Council to pass the resolution calling upon the State of New York to legislate the provision of confidential care to youth for the prevention of human papillomavirus (HPV). This legislation should include language ensuring confidential access to the prevention, screening, diagnosis, and treatment of HPV infections and its complications.

HPV is the most commonly acquired and passed on sexually transmitted infection. Approximately 50% of teens will become infected within 3 years of sexual activity by this virus which causes genital warts, cervical cancer, and some oral cancers. In fact 5% of all cancers in men and 10% of all cancers in women are attributed to HPV.

Fortunately, there is a vaccine that has been shown to be extremely safe and effective in preventing the acquisition of the most dangerous strains of this virus. Since the introduction of the HPV vaccine in 2006 there has been significant decrease in the number of genital warts and pre-cancerous lesions observed in young people. Indeed unvaccinated women have 2.4 times higher rates of pre-cancerous or cancerous lesions in comparison to vaccinated women. Studies in the United States have shown that the insurance status, lack of access to healthcare, and concern that HPV vaccination will promote early initiation of sexual intercourse are the most prominent reasons for decreased uptake.

The latter reason is why we implore you to ensure the vaccine is provided to all of New York's adolescents without parental consent. This concern of sexual risk is unfounded as there are several scientific studies demonstrating that HPV vaccination does not impact the age of first sexual intercourse, increase the number of sexual partners, or change subsequent sexual behaviors. In my practice the conversations around the HPV vaccine center on the themes that it is safe, effective, and protect against warts and cancer. Teens are most fascinated that science has advanced to a level where a vaccine exists

that protects against cancer. Through our discussion that the virus is transmitted sexually an opportunity for candid discussion of responsible sexual behavior occurs. My adolescent patients are not making their sexual decisions based on having received a vaccine. The decision to initiate sexual intercourse is an individual one and the evidence shows that adolescents' sexual and reproductive health is only enhanced when confidentiality is assured.

We encourage the City Council and New York State Legislature to let science and not public sentiment, unfounded fears, or rhetoric guide its actions. We encourage them to take the steps necessary to ensure that no New York adolescent has to suffer the unnecessary consequences of HPV infection.

Statement of

Angela Diaz MD MPH

Director, Mount Sinai Adolescent Health Center

TESTIMONY AT THE JANUARY 8, 2015 NEW YORK CITY COUNCIL HEARING IN SUPPORT OF THE NEW YORK CITY COUNCIL RESOLUTION CALLING FOR THE NEW YORK STATE LEGISLATURE TO PASS LEGISLATION TO PERMIT HEALTH CARE PRACTITIONERS TO PROVIDE TREATMENT TO YOUTH FOR THE PREVENTION OF HUMAN PAPILOMAVIRUS.

I support the New York City Council's resolution calling for New York State lawmakers to pass legislation permitting health care practitioners to offer treatments that prevent the human papillomavirus.

I am a physician scientist, and professor of Adolescent Health, Pediatrics and Preventive Medicine at the Icahn School of Medicine at Mount Sinai. I earned my medical degree from Columbia University and my Master's in Public Health from Harvard University.

The human papilloma virus is the most common sexually transmitted infection. It is estimated that in the United States 79 million people are infected and 14 million new infections occur every year, half of which are in young people ages 15–24 years. There are over 150 different types of HPV with 14 of them known to cause 5% to 10% of all cancers, including cancer of the vulva, vagina, penis, anus and oral cavity but especially cancer of the cervix, which is virtually 100% associated with HPV. Approximately 70% of cervical cancers worldwide are caused by HPV 16 and 18. The vaccines we have today provide protection against HPV 16 and 18 and prevent cancer.

At the Mount Sinai Adolescent Health Center we began a unique HPV research program in 2005 before the vaccine was approved. This research continues today.

Initially, we studied females ages 15-22. They all reported vaginal intercourse, 27% reported anal intercourse, and 66% oral sex. We found that 59% of them had HPV in the cervix; 57% had HPV in the anus and 12% had HPV in the mouth. In total, approximately 75% of these young women had an HPV infection in at least one anatomic site, and many in two or even all three sites. We identified 32 different HPV types including those associated with cancer. Twenty three percent of my patients have a history of sexual abuse which exposes them to HPV.

Research has consistently shown that the vaccination does not:

- Encourage sexual activity
- Result in first intercourse in younger patients,
- Increase sexual partners

In fact, studies show that those vaccinated were *more likely* to use contraception with first intercourse.

Even though the HPV vaccine is approved for young men and women ages 9 to 26, it is recommended for ages 11 or 12; because the vaccine is most effective the younger the person is when first vaccinated. There are two reasons for this: 1) there is a stronger immune response in younger patients; and 2) younger patients are less likely to have been exposed to HPV.

Before the vaccine, the US was spending an estimated 8 billion dollars each year, on diseases associated with HPV. In addition to alleviating the human cost, this vaccine decreases the cost of health care by decreasing cancers, abnormal pap smears, and venereal warts. Studies have shown the greatest cost effectiveness occur when girls are vaccinated at age 12.

Research has proven that the HPV vaccines are also safe and effective. Among patients not previously exposed to HPV, the trials demonstrated nearly 100% effectiveness. But according to the CDC only 38% of girls ages 13 to 17 had completed all three doses. Even fewer boys have been vaccinated.

Today the New York City Council has an opportunity to do the right thing. Decide solely on the basis of facts. This is about saving lives.

Michele Appel Prigo, EdD
National Cervical Cancer Coalition, NYC Co-Chapter Leader
TESTIMONEY BEFORE THE COMMITTEE ON RESOLUTION 0532-2015
THE RESOLUTION TO AMEND THE PUBLIC HEALTH LAW, IN RELATION TO PROVIDING MEDICAL CARE TO
MINORS FOR SEXUALLY TRANSMITTED DISEASES WITHOUT A PARENT'S OR GUARDIAN'S CONSENT
January 8, 2015

Good Afternoon,

Thank you for allowing me to address the Committee on Health and the Committee on Women's Issues.

My name is Michele Prigo and I am the New York City co-chapter leader for the National Cervical Cancer Coalition and also an HPV survivor. Furthermore, I completed my doctorate in health education and my dissertation studies were on HPV awareness.

I am here today to testify in the strongest possible terms in favor of the resolution before you.

We as a society have the power to eradicate HPV-related disease. Currently, untreated HPV infections are responsible for alarmingly high rates of morbidity and mortality among men and women, with 99% of Cervical Cancers, 95% of Anal Cancers, and 70% of Vulvar, Vaginal, Penile, and Mouth and Neck Cancers caused by HPV.

I am fortunate to have been spared a staged cervical cancer diagnosis because of my proactive doctor. My husband and I, and now our newborn son, can attest to the value of permitting health care practitioners to provide prevention and treatment for this cancer-causing virus.


Further, passing of this bill will address the immense gap in education and services that my research on HPV vaccine knowledge found. As recently as 2012, my survey of students at Columbia University found just 22% knew the vaccine was recommended for males aged 9-26, an astounding 62% have been gender and age eligible since the vaccine's FDA approval, yet had not received the HPV vaccine, and of these 62%, a staggering 38%, more than half, reported they had not received the HPV vaccine because their health care practitioner had not offered it to them.

Knowing the HPV related cancers can essentially be eradicated with the HPV vaccine, it is our moral imperative to permit our health care practitioners to offer this vaccine to all New Yorkers – regardless of age or circumstance.

This is an issue of civil liberties and ensuring a high standard of public health. Everyone deserves quality access to care, regardless of age.

Thank you.

Michele Appel Prigo, EdD
National Cervical Cancer Coalition, NYC Co-Chapter Leader
E: micheleaprigo@nccc-online.org
C: (310) 283-8425

 COLUMBIA UNIVERSITY | MAILMAN SCHOOL of PUBLIC HEALTH
HEILBRUNN DEPARTMENT OF
**POPULATION &
FAMILY HEALTH**

Statement of John S. Santelli, MD, MPH
Chair, Heilbrunn Department of Population & Family Health
Professor, Heilbrunn Department of Population & Family Health and Pediatrics

As past President for the Society for Adolescent Health and Medicine (SAHM), I strongly support the Council of the City of New York passing the Resolution calling upon the New York State Legislature to pass legislation permitting health care practitioners to provide treatment to youth for the prevention of human papillomavirus, a common virus that can cause cancer.

Allowing health care providers to obtain consent from minors to administer the human papillomavirus (HPV) vaccine will improve the health outcomes of adolescents. By legally enabling minors to consent to this vaccine, confidential visits and appointments without a parent or guardian present will provide opportunities for young people to receive this preventative measure to protect themselves against HPV.

Adolescents in New York already are able to consent to confidential reproductive health care, including testing and treatment for sexually transmitted infections (STIs). The ability for adolescents to consent for such services has shown to be an important factor in a greater number of adolescents seeking care.¹ Removing the barrier of parental consent, which inhibits access to preventative health care services, will provide more adolescents with the opportunity to consent and receive the sexual health-related services they need to protect themselves against HPV.

HPV can cause several cancers, including cervical and throat cancer, as well as genital warts. Well-established research has shown that increased access to HPV vaccines for adolescents is correlated with a decrease in prevalence of diseases associated with HPV amongst this age group.² Even with such support from research, statistics from the CDC estimating HPV vaccine coverage in New York State show that only 61.7% of girls and 38.6% of boys initiated the HPV vaccine series in 2013.³ We must do better.

We have the ability to ensure adolescents are protected against HPV-related cancers. By removing structural barriers and allowing health care providers to administer the HPV vaccine to young people upon their own consent, we are providing these young people with a better chance for a healthy future. I strongly urge you to pass this Resolution.

¹ Ford CA, Millstein SG, Halpern-Felsher BL, Irwin CE, Jr. Influence of Physician Confidentiality Assurances on Adolescents' Willingness to Disclose Information and Seek Future Health Care: A Randomized Controlled Trial. *JAMA*, 1997;278(12):1029-1034. doi:10.1001/jama.1997.03550120089044.

² Barton S. and O'Mahony C. HPV Vaccination—reaping the rewards of the appliance of science. *BMJ*, 346 (2013): F2184. doi: <http://dx.doi.org/10.1136/bmj.f2184>

³ Centers for Disease Control and Prevention. (2014, July 25). National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents 13-17 Years- United States, 2013 *MMWR, Morbidity and Mortality Weekly Reports*, 63(29):625-33. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6329a4.htm#tab3>

For the Record



Teen Outreach Reproductive CHallenge
470 Park Avenue South, 7th Floor South · New York, NY 10016
Tel: 212-343-0114 · Fax: 212-343-0119 · www.TORCHprogram.org
A Program of the National Institute for Reproductive Health and NARAL Pro-Choice New York

**Testimony of Kathryn Albergate, Manager of Youth Initiatives at the
National Institute for Reproductive Health**

before

**The New York City Council
Committee on Women's Issues**

regarding

**Resolution calling upon the New York State Legislature to pass legislation permitting health care
practitioners to provide treatment to youth for the prevention of human papillomavirus, a
common virus that can cause cancer**

January 8, 2014

Thank you, Chairwoman Cumbo and members of the Committee, for offering me the opportunity to submit testimony in favor of Res. 0532-2015. In my capacity as the Manager of Youth Initiatives at the National Institute for Reproductive Health, I direct the Teen Outreach Reproductive CHallenge (TORCH) Program, a peer leadership program designed to educate young people about sexual and reproductive health and rights. The TORCH Program is funded in part by the New York City Council. Our peer leaders, all New York City public school students from across the five boroughs, provide medically accurate information to their peers through workshops covering a range of issues, including sexually transmitted infections (STIs), healthy adolescent relationships, body image, effective doctor-patient communication, and reproductive health.

When our peer leaders go into communities to educate other young people about their rights, health, and safety, they often field questions from teens regarding confidentiality and their rights. Significant confusion exists among young people — as well as medical professionals — about what can and cannot be said in confidence, and about access to services without parental consent. In matters of reproductive and sexual health, parental consent requirements create barriers that may stop young people from seeking treatment or counseling at all.



Teen Outreach Reproductive Challenge
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A Program of the National Institute for Reproductive Health and NARAL Pro-Choice New York

The state legislation supported by this resolution would clarify this confusing situation. Under this bill, minors would have the right to seek a diagnosis, treatment, or prescription for an STI without the consent of a parent or guardian and to receive preventive care, including vaccines. Given the troubling rates of human papillomavirus (HPV) among our state's young people, access to the HPV vaccine and other methods of preventing and treating STIs is vital to their health and safety.

While preparing this testimony, I asked our peer leaders about their opinions regarding the HPV vaccine and access to reproductive health care. Ashley Antoine, a 17-year-old student from Brooklyn, put it well:

"As a young woman, I believe it is essential for all – women, men, anyone – to have the right to prevent their bodies from harm. Confidentiality is key, and no one should be limited in knowing how to protect themselves."

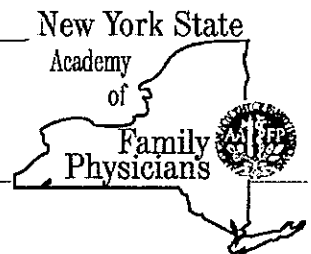
Our peer leaders are shining examples of how youth can flourish when equipped with the information they need to make appropriate decisions about their health. TORCH urges the New York City Council to pass this resolution, and thanks the Women's Issues Committee for understanding the importance of improving access to care that protects young people from sexually transmitted infections.

For the Record

New York State Academy of Family Physicians

260 Osborne Road • Albany, NY 12211 • 518.489.8945 • 800.822.0700 • Fax: 518.489.8961

E-mail: fp@nysafp.org • Home page: <http://www.nysafp.org>



January 7, 2015

The New York State Academy of Family Physicians represents more than 6,000 Family Physicians and medical students throughout New York State. The Academy supports legislation to permit health care practitioners in New York State to provide confidential HPV vaccination to minors.

As doctors who care for adults, children, and families, Academy members see firsthand the health problems caused by infection with the human papillomavirus (HPV), which include cervical cancer and genital warts. HPV vaccination is a worthwhile and reliable way to prevent these problems and allowing confidential vaccination of minors is a great tool to encourage and accommodate vaccination of vulnerable children against infection.

Vaccination is a highly effective way to protect against 70% of the HPV strains that cause cervical cancer, and 90% of the strains that cause genital warts. However, vaccination rates are relatively low. As of 2013, only 57.3% of teens in the U.S. had received the first dose of HPV vaccine (part of a series of three vaccines).

Minors in New York State can already consent to confidential services for testing and treatment of sexually transmitted diseases. However, prevention of a sexually transmitted disease, although preferable, is not currently supported by New York State law. The Academy supports allowing minors to consent to HPV vaccination as part of confidential health care. We encourage the New York State Legislature to pass this legislation.

Sincerely,

Vito F. Grasso

Vito F. Grasso, MPA, CAE
Executive Vice President

Testimony of

**Katherine S. Lobach, MD
on behalf of the
Montefiore Adolescent Primary Care Initiative (MAPCI)**

**Before the
New York City Council
Health Committee and Women's Issues Committee**

Regarding

**Oversight: Examining the City's Effort to Prevent the Human Papilloma Virus and
Decrease the Risk for Cancer.**

**Resolution recognizing January as Cervical Health Awareness Month in New York
City**

**Resolution calling upon the New York State Legislature to pass legislation
permitting health care practitioners to provide treatment to youth for the
prevention of human papillomavirus, a common virus that can cause cancer.**

January 8, 2015

Good afternoon. I am Dr. Katherine Lobach, and I am here to testify on behalf of the Montefiore Adolescent Primary Care Initiative, also known as MAPCI. MAPCI is a longstanding, multidisciplinary group of providers and other staff at the Montefiore Medical Center whose mission is to ensure provision of the highest quality primary and preventive services for adolescents at Montefiore by means of policy development, training and education, and quality improvement activities.

Thank you for the opportunity to address you today on an issue that we who are providers of adolescent care believe to be of great importance.

The development of a vaccine to prevent infection with the human papilloma virus (HPV) was a major advance toward prevention of a specific group of cancers. Since the virus is widespread in the population, and is usually transmitted by sexual activity, it was recognized from the start that the best protection would be to vaccinate individuals before they were likely to be exposed to the virus. Therefore it is recommended that the vaccine be given starting at the age of 11 years or at any time during adolescence and young adulthood. This means that the individuals most likely to be benefited by the vaccine are minors.

In New York State, the law allows minors to self consent for care related to reproductive needs, including sexually transmitted infections (STI). However, even though HPV is a sexually transmitted infection, there has been a lack of clarity about whether this vaccine may be given to minors without parental consent. As a result, practitioners who care for adolescents often find themselves in a confusing situation. They do not usually intend to bypass a child's parent, but there are also times when young or older teens are being seen on their own, and regardless of the reason for the visit, could surely benefit from being given the vaccine on the spot. As it stands, some practitioners interpret the State statute as allowing them to proceed, while others are hesitant to provide this important benefit to their young patients. The change in the law called for by the City Council resolution would allow us clinicians to proceed without concerns and do what is best for our patients by vaccinating them against HPV.

It is worth reiterating that by now a number of years experience with this vaccine has shown it to be safe and without significant side effects. It is also a gross misunderstanding on the part of those who believe that if you provide early protection against just one of the many organisms that can cause an STI, this will somehow give young people the license to initiate sexual activity. Studies have shown there is no such effect.

On a personal note, I would like to mention that a close relative of mine who is now in his 50's was recently treated for an HPV related malignancy. He is doing well after two years, but I can't help thinking that if this vaccine had been available and he had received it on his own when he was a young teenager, he might have been spared the anxiety and concern he has had to suffer so many years later.

For many of us who care for adolescents, it is an unacceptable paradox that we are able to provide all the confidential services needed to prevent, mitigate and cure sexually transmitted infections for our young patients, except for the one that will best provide long lasting protection, the HPV vaccine.

It is past time for the State Legislature to remedy this situation. MAPCI strongly supports the City Council Resolution calling for the passage of the bills submitted by Senator Liz Kreuger and Assemblywoman Amy Paulin. We are grateful to the Health and Women's Issues Committees for holding these hearings and helping advance a solution to this vexing problem and we look forward to the day when all New York City adolescents will be immunized against this ubiquitous virus.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 532

in favor in opposition

Date: 1/8/2015

(PLEASE PRINT)

Name: Dr. Kathleen Morrell

Address: 97 Butler St #1F, Brooklyn, NY 11231

I represent: Physicians for Reproductive Health

Address: 55 W 39th St, Suite 1001, NY, NY, 10018

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Name: Erin Harrist

Address: 125 Broad St.

I represent: New York Civil Liberties Union

Address: 125 Broad St

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in favor in opposition

Date: January 8, 2015

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Name: Dr. Lonna Gordon

Address: 320 E. 94th St NY, NY 10128

I represent: New York Society of Adolescent Health + Medicine

Address: 111 Deerlake Rd Ste 100 Deerfield, IL 60015

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Name: Michele PRIGO
Address: 233 WEST 94th ST 10025
I represent: National Cervical Cancer Coalition
Address: Research Triangle, NC

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in favor in opposition

Date: _____

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Name: DR Angela DIAZ
Address: 320 E 94th Street
I represent: MOUNT SINAI Adolescent Health
Address: 320 E 94th Street, NY, NY 10128

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Name: Abraham Arjona
Address: 300 E 66th ST 15th Floor NY NY 10065
I represent: MSRCC
Address: Same as above

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Name: Liz Krueger, NY State Senator

Address: NY, NY

I represent: SD 28

Address: 1850 Second Ave, NY NY 10128

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Date: 1/8/15

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Name: Dr. Matthew Weissman

Address: 60 Madison Ave, Fifth Floor

I represent: Community Healthcare Network

Address: 60 Madison Ave, Fifth Floor

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in favor in opposition

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Name: Matthewine Hobady MP

Address: ~~238~~ 111 E 21st St Bx

I represent: Abt. to Home Adolescent

Address: Primary Care Initiative

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in favor in opposition

Date: 1/8/15

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Name: Dr. Jay Valma

Address: Deputy Commissioner, Division of Disease Control

I represent: DOHMH

Address: _____

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in favor in opposition

Date: 1/8/15

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Name: Dr. Jane Zucker

Address: Asst. Commissioner

I represent: Bureau of Immunization

Address: DOHMH

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in favor in opposition

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Name: Julienne Verdi

Address: 26 Bleeker St NY NY 10012

I represent: Planned Parenthood of NYC

Address: _____

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Name: Dr. Marcelo De Stefano

Address: Director, School Based Health Centers

I represent: Dental Clinics & Health Insurance

Address: Dept. of Education

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in favor in opposition

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Name: Machelle Allen, MD, Deputy Chief Medical Officer

Address: _____

I represent: NYC HHC

Address: _____

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in favor in opposition

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Name: Ross Wilson, MD, Chief Medical Officer

Address: _____

I represent: NYC HHC

Address: _____

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I intend to appear and speak on Int. No. HRV hearing Res. No. _____

in favor in opposition

Date: 1/8/2015

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Name: Justine Almada

Address: The HRV and Anal Cancer Foundation

I represent: 68 Jay Street, Brooklyn, NY

Address: _____

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