The HPV Vaccine in Texas: Show Me the Money
By Anne S. Kimbol, J.D., LL.M.

Governor Rick Perry shocked many people – including many members of the Texas Legislature – when he signed Executive Order RP65 on February 2, 2007. The Order, mandating vaccination of sixth-grade girls with the Human Papillomavirus (HPV) vaccine, Gardasil, led to a contentious debate involving the Governor, the Legislature, and an informal opinion from Attorney General Greg Abbott.

While this debate was ongoing, the two main issues being discussed were the safety of the vaccine, in terms of side effects and its possible impact on teen sexual habits, and the ability of the Governor to mandate such an expensive order with widespread political ramifications. These are interesting questions that will be answered only over time while the medical community studies the impact of the HPV vaccine over time and the Texas governmental system responds to the natural side effects of electing powerful and potentially power-hungry politicians into a weak governor role.

The truly ironic thing about the HPV vaccine debate was the absence of a discussion about the financial policy implications of the Executive Order RP65. There was some debate – and many more whispers – about the Governor’s connections with Mike Toomey, a lobbyist for Gardasil manufacturer Merck, but almost no discussion of whether Texas, a state with the highest rate of uninsured residents, should be spending money on such an expensive vaccine. Even now, at the same time as articles are being written about the State Children’s Health Insurance Program (SCHIP) reauthorization and the need for the Texas CHIP program to reach all eligible children, newspapers are still discussing the political battle that killed Gov. Perry’s Executive Order. No one is saying, “Yes, covering the vaccine might have been a good idea in terms of cervical cancer prevention, but isn’t basic health coverage for uninsured children a better use of that money?”.

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2 Id.
In the ideal world, the Legislature could debate health policy on the direct health implications alone, but let us not forget that we are not in an ideal world, and the Legislature must deal the hand they are dealt – or possibly the hand they dealt themselves – come budget time. When such a debate arises again – possibly regarding the vote on the proposition to provide bond authority for a $3 billion cancer initiative in Texas⁹ – consider not just the benefits of the policy itself but who or what is being sacrificed to pay for it.