



# The American College of Obstetricians and Gynecologists

WOMEN'S HEALTH CARE PHYSICIANS

**February 6, 2024**

## **Testimony Before the House Behavioral Health and Health Care Committee regarding HB 4011**

Chair Nosse, Vice Chairs Nelson and Goodwin and members of the committee, my name is Dr. Stella Dantas. I am full time Obstetrics and Gynecology physician in Oregon and the National President Elect of the American College of Obstetrician and Gynecologists (ACOG). I am here to share my support of the provision in HB 4011, for elimination of out-of-pocket costs for those with commercial insurance needing diagnostic cervical cancer exams.

The goal of cervical cancer screening is to identify high-grade precancerous cervical lesions to prevent progression to cervical cancer. High-grade cervical lesions may be treated with excision or other ablative therapy to destroy abnormal cells. Early-stage cervical cancer may be treated with a surgery (hysterectomy) or chemotherapy. However, treatment of precancerous lesions is less invasive than treatment of cancer. With delays in or the absence of follow-up diagnostic tests for abnormal screening, we lose the opportunity for less invasive treatment with more significant morbidity and increased mortality for our patients.

While cervical cancer prevention, screening, and treatment are both basic and critical components of comprehensive reproductive health care, inadequate cervical cancer screening remains a significant problem in the United States, with persistent health inequities across the entire spectrum of cervical cancer care.

We see this when comparing different populations. An example is the overall mortality rate from cervical cancer among African American women is 10.1 deaths per 100 000 women. This is more than twice the mortality rate among white women. While several studies show African American women are screened for cervical cancer at rates similar to those for white women, unfortunately inadequate follow-up after screening is an important contributing factor leading to disparity in outcomes.

Given the burden of cervical cancer incidence and mortality falls disproportionately on racial/ethnic and sexual/ gender minority groups, persons with disabilities, and low-income populations, I cannot express how thankful and proud I am to see Oregon with a bill to help eliminate obstacles to early diagnosis, which would not only benefit all women, but be especially meaningful to our most marginalized patients.

Lastly, I would like to thank our partners, the Susan G. Komen organization, the American Cancer Society Cancer Action Network, the Oregon Medical Association and Oregon Nurses Association for their support of HB 4011.

Thank you for the opportunity to share my support of HB 4011.

Stella Dantas, MD, FACOG