

SB 451 A STAFF MEASURE SUMMARY**Senate Committee On Health Care****Action Date:** 03/11/25**Action:** Do pass with amendments and requesting referral to Ways and Means. (Printed A-Engrossed.)**Vote:** 4-1-0-0**Yeas:** 4 - Campos, Hayden, Patterson, Reynolds**Nays:** 1 - Linthicum**Fiscal:** Fiscal impact issued**Revenue:** No revenue impact**Prepared By:** Katie Hart, LPRO Analyst**Meeting Dates:** 2/25, 3/11**WHAT THE MEASURE DOES:**

The measure prohibits certain health insurance carriers from imposing a deductible, coinsurance, copayment, or other out-of-pocket expense for medically necessary cervical cancer screenings and follow-up examinations.

Detailed Summary:

Requires health insurance carriers offering group or individual health insurance plans in Oregon to fully cover the cost of medically necessary cervical cancer examinations, including follow-up examinations, if abnormalities are detected on first screening, as recommended by the United States Preventative Services Task Force as Grade A or B or as recommended by the Health Resources and Services Administration's guidelines.

Defines cervical cancer examinations as screening tests to detect the presence of cervical cancer or precancerous lesions. Includes human papillomavirus examinations with typing, cytology, dual stain, or colposcopy (with biopsy) as follow up examinations that are fully covered by insurance carriers.

Exempts health savings account-qualified health plans. Applies to policies or certificates of insurance that are issued, renewed, or extended on or after the effective date of the act, the 91st day following adjournment sine die.

ISSUES DISCUSSED:

- Cancer prevention

EFFECT OF AMENDMENT:

Refines the definition of cervical cancer screening. Exempts high deductible health plans.

BACKGROUND:

The Affordable Care Act requires most health insurance carriers to cover Pap tests, a type of cervical cancer examination, for women between the ages of 21 and 65. If a pap test is abnormal, the American College of Obstetricians and Gynecologists [clinical guidelines](#) may suggest follow-up examinations, which are not required to be covered. Roughly [3.8%](#) of all Pap tests are abnormal.

Oregon law currently requires coverage of diagnostic follow-up examinations without cost-sharing for colon cancer ([ORS 743A.124](#)) and breast cancer ([ORS 743B.005](#)). Senate Bill 451 requires coverage of diagnostic follow-up examinations without cost sharing for cervical cancer.

Senate Bill 451 prohibits cost-sharing for follow-up examinations for cervical cancer.