



The American College of Obstetricians and Gynecologists

WOMEN'S HEALTH CARE PHYSICIANS

February 25, 2025

Testimony before the Senate Health Care Committee Regarding SB 451, Diagnostic Cervical Cancer Exams

Chair Patterson, Vice Chair Hayden, and members of the committee,

My name is Stella Dantas, MD, FACOG. I am a full-time obstetrics and gynecology physician in Oregon and the national president of the American College of Obstetrician and Gynecologists (ACOG). I am here to share my support for SB 451. This bill eliminates 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 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 that 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 or ethnic and sexual or 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 also be especially meaningful to our most marginalized patients.

Lastly, I would like to thank the sponsors, especially Senator Patterson and her staff, and our partners, the American Cancer Society Cancer Action Network, the Oregon Medical Association, Oregon Nurses Association, and Oregon Health & Science University for their support of SB 451.

Thank you for the opportunity to share my support of SB 451.

Stella Dantas, MD, FACOG