



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 Julia Tasset, MD, FACOG, and I am a physician licensed in obstetrics and gynecology. On behalf of myself, my patients, and the 712 practicing ob-gyns of the Oregon Section of ACOG, we would like to express our support for SB 451, regarding diagnostic cervical cancer exams.

This provision aims to eliminate deductibles, co-insurance, copayment or other out-of-pocket costs for medically necessary diagnostic testing for cervical cancer for patients with commercial insurance. This would help to prevent unnecessary delays to care and avoid incurring catastrophic human and financial costs associated with this terrible disease.

According to American Cancer Society data, in 2019 there were approximately 13,000 women diagnosed with cervical cancer and 4,000 deaths. In 2023, 140 women in Oregon were diagnosed with cervical cancer. This is an entirely preventable disease, if screening programs and vaccination schedules are diligently followed. One of the provisions of the Affordable Care Act was to make cervical cancer screening (ie, Pap testing) available to all patients without out-of-pocket costs. When someone has an abnormal result on a Pap test, follow-up testing—generally a biopsy—is needed to determine whether they are in fact at high risk for developing cervical cancer and need treatment to prevent that from happening, or whether they are at lower risk and can be monitored without treatment. While patients no longer incur out-of-pocket costs for the initial Pap test, insurance coverage for the follow-up tests is highly variable and

patients often encounter significant cost for both the biopsy itself and associated lab fees.

Cervical cancer disproportionately affects women of color and women of lower socioeconomic status, both of which are members of groups who historically already face barriers to health care. The costs associated with testing for cervical abnormalities have greater impact on these populations, resulting in delays in diagnosis and therefore higher costs associated with eventual treatment. The goal with this provision is to remove any unnecessary barriers to care so that women can get the treatment they need in a timely fashion.

This provision is modeled after SB 1041 (2023), which removes out-of-pocket costs for insurance coverage of diagnostic breast examinations unless required by federal or state law. Oregon law currently also requires coverage for diagnostic follow-up testing for colon cancer. This bill would expand the insurance coverage requirements to include cervical cancer follow-up exams.

There is an amendment to clarify diagnostic screening exams and follow-up exams are included in this bill and to specify that coverage without out-of-pocket costs for patients does not extend to treatment. We support that amendment and urge your support of this provision in the bill.

Thank you for the opportunity to testify.