

## SB 1041 A STAFF MEASURE SUMMARY

### Joint Committee On Ways and Means

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**Prepared By:** Steve Robbins, Budget Analyst

**Meeting Dates:** 6/1, 6/2

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#### WHAT THE MEASURE DOES:

Prohibits health benefit plans that reimburse the cost of diagnostic or supplemental breast examinations from imposing a deductible, coinsurance, copayment, or other out-of-pocket expense for a medically necessary diagnostic or supplemental breast examination. Exempts certain health savings accounts as described in ORS 742.008. Takes effect on 91st day following adjournment sine die.

#### ISSUES DISCUSSED:

- Barriers, including cost, to breast examinations
- Prospective savings achieved by investment in certain preventive examinations and screenings

#### EFFECT OF AMENDMENT:

No amendment.

#### BACKGROUND:

Breast cancer is diagnosed using a breast exam, mammogram, breast ultrasound, breast magnetic resonance imaging (MRI) or removing a sample of breast cells for testing (biopsy). According to the [Kaiser Family Foundation](#), breast cancer is the most diagnosed cancer and the second leading cause of cancer death. In 2016, an estimated 3.5 million women in the U.S. were living with breast cancer. In Oregon in 2019, there were 3,725 women who reported cases a breast cancer diagnosis according to the [Centers for Disease Control](#) (CDC).

The Affordable Care Act (ACA) and many state laws have provisions that assure that most women with health benefit plans have coverage of diagnostic breast examinations. Health benefits plans may require enrollees to pay deductibles or copayments for covered services.

Senate Bill 1041 A prohibits health benefit plans, except for specified health savings accounts, from imposing a deductible, coinsurance, copayment, or other out-of-pocket expense for a medically necessary diagnostic or supplemental breast examination.