CAMBIA HEALTH SOLUTIONS

Testimony on HB 4011: Diagnostic and Supplemental Cervical Exams

February 6, 2023

Chair Nosse and Members of the Committee,

Thank you for the opportunity to submit testimony on Sections 1-5 of HB 4011, dealing with the coverage of supplemental and diagnostic cervical exams. As the state's largest health insurer, Regence is committed to addressing both persistent and emerging health needs for the nearly one million Oregonians we serve. In keeping with our values as a tax paying nonprofit, 85% of every premium dollar goes to pay our members' medical claims and expenses.

We appreciated the early engagement with insurers by the proponents of this mandate to help ensure that the bill was workable and implementable for health plans. As a result of those conversations, we worked with proponents on an amendment that ensures that this coverage mandate is limited to procedures done for diagnostic purposes and excludes the treatment of confirmed or suspected cervical cancer.

Currently, Regence's coverage for no-cost cervical examinations aligns with the United States Preventative Services Task Force recommendations, which recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).

Under this bill as amended, a follow up cervical exam should address the cervical visualization itself and biopsy, not any treatment. This would usually include colposcopy (magnifying instrument) and a biopsy, which fits the bill's definition. However, there are certain circumstances where procedures that are typically intended for treatment, such as loop-electrode electrocautery (LEEP) or cryotherapy, may be used for diagnosis. Typically, those circumstances include:

1. Abnormal glandular lesions found on pap (skip lesions);
2. A high suspicion for cancer on exam- in this case, a LEEP or cold knife cone biopsy might be done preoperatively and sent for frozen section for diagnosis of the extent of the lesion for operative planning (regular hysterectomy vs radical hysterectomy);

3. Inadequate colposcopic findings (lesion goes into cervical canal or the transformation zone isn't visualized completely) or
4. Inconsistent clinical findings (high grade pap smear/HPV with negative colposcopy).

The intention of the amendment is to ensure that where a procedure occurs for diagnosis, it would be covered at zero cost share, and where the same procedure occurs for treatment, it would be covered under the member's plan ordinary cost share. We do not consider ablative techniques to be part of the screening process since they are only used for treatment. We understand that for very high-risk findings, treatment at the same time as repeat exam is recommended, and do not intend to prohibit that result.

We also want to clarify that the coverage will be effective for plans that are in effect on January 1, 2025. Plans for 2024 have already been approved by the state and are in effect now, so we will make this change in 2024 for our plans that go into effect January 1, 2025, consistent with the effective date of the bill.

Please let me know if you have any questions on our testimony.

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