

Cervical Cancer Exam Overview

LC 100 (2026)

SB 451 (2025)



American College of
Obstetricians & Gynecologists

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Goal

- The goal of the bill is to eliminate deductibles/copays/out of pocket expenses for commercial insurance for diagnostic cervical testing
- Population: all women, but specifically women of color and lower socioeconomic groups who tend not get the follow up

Cervical cancer impacts the cervix which is the opening of the uterus that extends into the top of the vagina



Cervical cancer is almost always caused by the Human Papilloma Virus (HPV)



HPV is very common and there are a variety of types. Some are considered high risk and can cause cervical cancer. Some other types cause genital warts.



The HPV vaccine does help protect against the HPV virus. It targets the HPV strains that are the most common in genital warts and cervical cancer

How common is it?

Approximately 12000 new cases occur each year in the US

Each year 4000 women die from cervical cancer

Fortunately cervical cancer is mostly preventable

Risk factors and symptoms

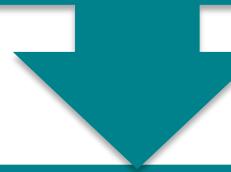
Risk factors include: increased sexual partners, smoking, immunosuppressed status

Sometimes no obvious risk factor is identified

Symptoms: Many times there are no symptoms but some symptoms include abnormal bleeding and bleeding after intercourse

Testing for Cervical Cancer

Screening typically starts with a pap smear and HPV testing. The pap looks for abnormal changes in the cervical cells. The HPV test looks for high risk HPV associated with cervical cancer



If the pap smear/HPV testing is abnormal, the next step may be additional testing called colposcopy. This is when small targeted biopsies are taken of the cervix. It is this step we are advocating for coverage.



The biopsies that are taken show the level of abnormality in the cervix. If the biopsies show low level changes then follow up may include closer pap surveillance. If the biopsies show more significant cervical changes, then follow up may include treatment.

Treatment

The biopsies may show precancer cells and require a treatment called LEEP (loop electrosurgical excision procedure). This can be done in the office and is a larger biopsy to gather more information and also treatment to remove the abnormal cells. Close follow up is still recommended with pap smears

If cancer is diagnosed with the cervical biopsies (or LEEP) then the patient would be referred to a gynecology oncologist for additional exams and imaging to determine if it has spread to other parts of the body. Depending on the stage (how far the cancer is spread), treatment may include surgery, radiation, and chemotherapy

In 2020, approximately \$2.3 billion was spent on cervical cancer treatment

By increasing the screening/diagnostic testing, we could decrease the number of cancers, or detect them earlier, providing for less expensive treatments and improved morbidity

Health Disparities

- Cervical cancer disproportionately impacts women of color and women of lower socioeconomic status – groups that already have barriers to health care
- As an example, the mortality rate among African American women is 10.1 deaths per 100,000 which is twice that of Caucasian women. This is true even though screening for cervical cancer is the same. It is the cost of the additional diagnostic testing that impacts them and ultimately delays diagnosis and eventual treatment

Why does it matter?

We know that out of pocket costs overall are a barrier to health care and we know that by removing costs we see an increase in preventative care

A recent study modeled that when we remove the cost, the adherence to further testing is increased. We save lives, reduce morbidity by finding it at earlier and more treatable stages, reduce inequalities and save money

We have seen the impact of eliminating out of pocket costs for follow up colonoscopy in colorectal cancer and biopsies in breast cancer

Hot off the press

Recently, the Health Resources and Services Administration (HRSA) announced updated cervical cancer screening guidelines. The guidelines included new language that would require most insurers to cover additional cervical testing. This new coverage would begin January 1, 2027

Will continue to update as we learn more

Conclusion

- The goal is to identify precancerous lesions (through the biopsies) to prevent the progression to cervical cancer
- Pap smears no longer have out of pocket costs, but the coverage for the follow up tests is more variable. Having delays in the follow up may ultimately result in more invasive treatments and increased morbidity and mortality