

SB 1527 -1, -2 STAFF MEASURE SUMMARY

Senate Committee On Health Care

Prepared By: Katie Hart, LPRO Analyst

Meeting Dates: 2/4

WHAT THE MEASURE DOES:

The measure prohibits certain health insurance carriers from imposing a deductible, coinsurance, copayment, or other out-of-pocket expense for medically necessary cervical cancer screenings and follow-up examinations.

Detailed Summary:

Requires that health insurance carriers offering group or individual health insurance plans in Oregon fully cover the cost of medically necessary cervical cancer examinations, including follow-up examinations if abnormalities are detected on first screening

- Defines “cervical cancer screening” as screening tests recommended by the United States Preventative Services Task Force or the Health Resources and Services Administration that intend to detect the presence of cervical cancer or precancerous lesions for an individual without apparent symptoms.
- Includes human papillomavirus examinations with typing, cytology, dual stain, or colposcopy with biopsy as follow up examinations that are fully covered by insurance carriers.
- Exempts health savings account-qualified health plans.
- Applies to policies or certificates of insurance that are issued, renewed, or extended on or after the effective date of the act.

Fiscal impact: Minimal fiscal impact.

Revenue impact: No revenue impact.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-1 The amendment updates covered follow up examinations. It updates the definition of “follow up examination,” removes the exemption for health savings account-qualified health plans, and exempts the coverage from automatic sunset. The amendment requires coverage of medically necessary cervical cancer screenings and follow-up examinations by the Public Employees’ Benefit Board (PEBB) and the Oregon Educators Benefit Board (OEBB).

Fiscal impact: Minimal fiscal impact.

Revenue impact: No revenue impact.

-2 The amendment changes the effective date for staffing ratio requirements for direct care registered nurses to July 1, 2027. Takes effect on the 91st day following adjournment sine die.

Fiscal impact: May have fiscal impact, but no statement yet issued.

Revenue impact: May have revenue impact, but no statement yet issued.

BACKGROUND:

The Affordable Care Act requires most health insurance carriers to cover Pap tests, a type of cervical cancer examination, for women between the ages of 21 and 65. If a Pap test is abnormal, the American College of Obstetricians and Gynecologists [clinical guidelines](#) may suggest follow-up examinations, which are not required to be covered. Roughly [3.8%](#) of all Pap tests are abnormal.

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Oregon law currently requires coverage of diagnostic follow-up examinations without cost-sharing for colon cancer ([ORS 743A.124](#)) and breast cancer ([ORS 743B.005](#)). Senate Bill 1527 -1 requires coverage of diagnostic follow-up examinations without cost sharing for cervical cancer.