

SB 1527 A STAFF MEASURE SUMMARY

Carrier: Rep. Hartman

House Committee On Health Care

Action Date: 02/19/26

Action: Do Pass the A-Eng bill.

Vote: 8-0-0-0

Yeas: 8 - Diehl, Harbick, Javadi, McIntire, Munoz, Nelson, Nosse, Pham H

Fiscal: Has minimal fiscal impact

Revenue: No revenue impact

Prepared By: Alexandra Kihn-Stang, LPRO Analyst

Meeting Dates: 2/19

WHAT THE MEASURE DOES:

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

Detailed Summary:

- Defines terms, including “cervical cancer screening” as screening tests recommended by the U.S. Preventive Services Task Force or the Health Resources and Services Administration that are intended to detect the presence of cervical cancer or precancerous lesions for an individual without apparent symptoms
- Requires group and individual health insurance plans, including the Public Employees’ Benefit Board (PEBB) and the Oregon Educators Benefit Board (OEBB), to fully cover the cost of medically necessary cervical cancer screenings
- Prohibits insurers from imposing deductibles, coinsurance, copayments, or out-of-pocket costs on screenings
 - Specifies that coverage includes follow-up examinations if abnormalities are detected on first screening, including colposcopy, biopsy, and additional cytology or human papillomavirus (HPV) tests
 - Exempts the requirement from the automatic sunset provisions of the Insurance Code
- Applies to plans beginning January 1, 2027

ISSUES DISCUSSED:

- Screening for cervical cancer and the importance of early diagnosis
- Necessity of the measure to support enforcement and anticipate potential future federal changes

EFFECT OF AMENDMENT:

No amendment.

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 percent](#) of all Pap tests are abnormal. Oregon law currently requires diagnostic follow-up examinations for colon cancer ([ORS 743A.124](#)) and breast cancer ([ORS 743B.005](#)) to be covered without cost-sharing. Senate Bill 1527 A requires coverage of diagnostic follow-up examinations for cervical cancer without cost-sharing.