

From: Oregon Federation of Nurses and Health Professionals  
Re: Support of SB 1527  
Date: 2/4/26

Chair Patterson, Vice Chair Hayden, and Members of the Committee,

On behalf of the Oregon Federation of Nurses and Health Professionals (OFNHP), we write in strong support of SB 1527. OFNHP represents more than 7,000 nurses and health professionals across Oregon and Southwest Washington who provide preventive, diagnostic, and acute care and who see firsthand the consequences of delayed cancer diagnosis and subsequent treatment interventions.

SB 1527 would eliminate deductibles, coinsurance, copayments, and other out-of-pocket costs for medically necessary diagnostic testing for cervical cancer under commercial insurance, while maintaining compliance with federal and state law. This policy is consistent with Oregon's existing coverage requirements for follow-up diagnostic testing for breast and colon cancer and is modeled after SB 1041 (2023), which removed cost-sharing for diagnostic breast examinations. Extending these protections to cervical cancer is a logical and necessary next step.

Cervical cancer screening saves lives, but screening alone is not enough. While the Affordable Care Act requires coverage of screening tests such as Pap tests and HPV testing, it does not require coverage of follow-up diagnostic testing when abnormal results are found. As a result, patients may face high out-of-pocket costs for medically necessary diagnostic exams, including colposcopy and biopsy. These costs can lead to delayed or forgone care at a critical moment, when early diagnosis and treatment are most effective.

In Oregon, there were an estimated 140 new cases of cervical cancer in 2024. Cervical cancer disproportionately affects women of color and women with lower incomes, who already face systemic barriers to accessing care. Rates of new cases are highest among non-Hispanic American Indian/Alaska Native women and Hispanic women, while death rates are highest among non-Hispanic Native Hawaiian and Other Pacific Islander women. Although screening rates among African American women are similar to those of white women, inadequate follow-up after abnormal screening results is a major contributor to disparities in outcomes. Cost-related barriers to diagnostic testing play a significant role in these delays.

From a clinical perspective, early diagnosis is essential. High-grade cervical cell changes can take three to seven years to progress to cancer, making timely diagnostic follow-up a powerful tool for prevention. When follow-up care is delayed, patients are more likely to require invasive treatment, experience worse outcomes, and face significantly higher health care costs.



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From a fiscal perspective, prevention is also the responsible choice. In 2020 alone, cervical cancer care cost an estimated \$2.3 billion nationwide. The CDC reports that per-patient costs are highest during end-of-life care, far exceeding the costs of early intervention. Eliminating unnecessary financial barriers to diagnostic testing will improve outcomes while reducing long-term costs to the health care system.

SB 1527 removes a critical gap in coverage, promotes equity, supports evidence-based care, and aligns Oregon law with best practices in cancer prevention. For these reasons, OFNHP urges your support for SB 1527 and thanks you for your commitment to improving health outcomes for Oregonians.

Sincerely,  
**Oregon Federation of Nurses and Health Professionals**