



**Testimony before the
House Committee on Health Care
February 19, 2026
SB 1527-A**

Thank you for this opportunity to highlight the importance of cervical cancer screening, and follow-up diagnostic testing when warranted, and to provide comment in support of health insurance coverage of medically necessary diagnostic exams for cervical cancer, without out-of-pocket costs.

I am Jane Leo, Government Relations Director Oregon, with the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society advocating for evidence-based public policies to reduce the cancer burden for everyone. On behalf of our constituents, many of whom have been personally affected by cancer, we urge your support of legislation that supports access to regular cervical cancer screening, and any follow-up diagnostic testing that may be necessary.

Most individuals now have access to cervical cancer screening, thanks to its inclusion as a free preventive service under federal health care law. However, if the results of that screening suggest the need for follow-up tests for additional evaluation, individuals may be faced with hundreds to thousands of dollars in out-of-pocket costs.

For the roughly 5% of Pap tests with abnormal results, a follow-up screening is necessary to determine the presence of pre-cancer or cancer cells. Because of the out-of-pocket cost for the additional screening, some women go without the testing resulting in a higher risk of being diagnosed with late-stage cancer. The cost of a follow-up test, on average, is \$700 to more than \$1000, even for commercially insured women.

Costs are a known barrier to health care generally and cancer screening specifically.

Cost is a known barrier to completion of follow-up tests that are recommended after an abnormal cancer screening.

Unexpected and unaffordable costs may cause individuals to delay or forego additional imaging tests to rule out or confirm a cervical cancer diagnosis. Delayed follow-up is associated with later stage disease at diagnosis and much higher costs. Treatment of Stage I, II, III, or IV cervical cancer far exceeds the initial cost of the follow-up screening by tens of thousands of dollars.

A 2022 study by BMC Health Services Research determined that the mean annual and cumulative healthcare costs through year four post cancer diagnosis were significantly higher among those diagnosed at later versus earlier cancer stages. The steeper increase in cumulative costs among those diagnosed in stage IV for many cancer types—including cervical cancer—highlights the importance of earlier cancer diagnosis. Earlier cancer diagnosis may enable more efficient treatment, improved patient outcomes and reduced healthcare costs.

In Oregon, there were 140 cases of diagnosed cervical cancer in 2024 and 50 deaths, and 140 new cases in 2025.¹ Cervical cancer death rates have been declining for several decades but not all people have benefited equally from the advances in prevention, early detection, and treatment that have helped achieve these lower rates. In a study by the American Cancer Society, 2025, despite the preventability of cervical cancer mortality, the death rate in Black women and Native American women is 50% and 70% higher, respectively, than in White women. Black cancer patients are more likely to be diagnosed with later stage cervical cancers, partly due to lower screening rates and less timely follow-up of abnormal results.²

While the implementation of no-cost preventive services under federal law has paved the way for more people to get regular, age-appropriate cancer screenings, cost barriers to completing the continuum of screening are undermining the desired outcome of determining whether the patient has cancer and the implementation of a treatment regime. Without resolution following an abnormal screening test, the promise of cancer screening cannot be realized.

**It is important to note that the proposed legislation is exclusive to removing cost-sharing for the follow-up diagnostic exam. To be clear, it does not address the cost of treatment.

Given the evidence that patient cost-sharing diminishes the timely uptake of essential cancer care associated with the full continuum of screening, ACS CAN supports legislation to eliminate cost-sharing associated with recommended cancer screening, including follow-up testing through the diagnosis of cancer.

We urge your support of SB 1527-A.

Thank you for consideration of these comments.

¹ American Cancer Society. Cancer Facts and Figures 2025. Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2025/2025-cancer-facts-and-figures-acf.pdf>

² American Cancer Society. Cancer Disparities Chartbook. <https://www.fightcancer.org/policy-resources/cancer-disparities-chartbook>