



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



SB 1527 (2026) HEALTH INSURANCE COVERAGE OF DIAGNOSTIC TESTING FOR CERVICAL CANCER

The American College of Obstetricians and Gynecologist (ACOG) and the American Cancer Society Cancer Action Network urge your support for SB 1527, championed by Sen. Deb Patterson. This bill eliminates deductibles, coinsurance, copayment or out-of-pocket costs for medically necessary diagnostic testing for cervical cancer under commercial insurance. It exempts certain savings accounts as described in [ORS 742.008](#). This provision is modeled after SB 1041, (2023) which removes out-of-pocket costs for insurance coverage of diagnostic breast examinations unless required by federal or state law. Oregon law currently requires coverage for diagnostic follow up for both colon cancer and breast cancer screening. This bill would expand the insurance coverage requirements to include cervical cancer follow up exams. This will help to eliminate obstacles to early diagnosis.

Scope of the Problem

- In Oregon, there have been 140 new estimated cases of cervical cancer so far in 2024.
- The rate for new cervical cancer cases is highest for non-Hispanic American Indian/Alaska Native women and Hispanic women. The death rate is highest for non-Hispanic Native Hawaiian and Other Pacific Islander women.
- The ACA requires coverage for screening tests such as pap and HPV co-testing to find changes in the cells of the cervix that could lead to cancer. It doesn't cover follow-up diagnostic tests when such changes are found. Lack of coverage may mean high out-of-pocket costs for patients and/or delays in care.

What is a diagnostic or supplemental cervical examination?

- Tests performed to confirm or rule out cervical cancer or precancerous changes when screening tests yield abnormal results.

- Additional surveillance may be necessary and may include testing and observation with or without treatment such as cytology (pap test), HPV testing, colposcopy and biopsy.

Why is cervical cancer screening important?

- It usually takes 3 to 7 years for high-grade changes in cervical cells to become cancer. Cervical cancer screening may detect these changes before they become cancer. Women with low-grade changes can be tested more frequently to see if their cells go back to normal. Women with high-grade changes can get treatment to have the cells removed.
- Cervical cancer screening saves lives. Over the past 30 years in the United States, the number of cases of cervical cancer and deaths has decreased by one half. This is mainly the result of women getting regular cervical cancer screening.

Health Disparities

- Cervical cancer disproportionately affects women of color and women of lower socioeconomic status, groups who historically already face barriers to health care. An example is the overall mortality rate from cervical cancer among African American women is 10.1 deaths per 100,000 women. This is more than twice the mortality rate among white women. While several studies show African American women are screened for cervical cancer at rates similar to those for white women, unfortunately inadequate follow-up after screening is an important contributing factor leading to disparity in outcomes. The costs associated with testing for cervical abnormalities have a greater impact on these populations, resulting in delays in diagnosis and therefore higher costs associated with eventual treatment. The goal with this provision is to remove any unnecessary barriers to care.

The High Cost of Cervical Cancer

- In 2020, the cost of cervical cancer care was \$2.3 billion. <https://www.cdc.gov/nccdphp/priorities/cervical-cancer.html>
- The CDC reports the average per-patient costs for medical services were highest for the end-of-life phase (\$97,000), followed by the initial care phase (\$58,700) and continuing care phase (\$4,000).
- Prevention saves lives and reduces health care costs.

For more information: <https://www.acog.org/womens-health/faqs/cervical-cancer-screening>

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