

2026 State Breast Cancer Advocacy Day

Advocate Talking Points

2026 PRIORITY LEGISLATION

HB1207/SB2 Establish Virginia Paid Family and Medical Leave Program

Chief Patrons: Sen. Boysko (D-38 - McLean, Reston); Del Sewell (D25 -Prince William)

- Paid medical leave in VA would ensure that breast cancer patients can focus on their cancer treatment and recovery without the risk of financial ruin.
- Treatment for breast cancer is often a months-long process, requiring surgery, hospitalization, intense chemotherapy and radiation treatments, and multiple medical appointments - all requiring time off from work.
- **Roughly 3.5 million working Virginians - 73% of the workforce - lack access to paid family and medical leave from their jobs.**
- Without paid time off, many breast cancer patients struggle to manage the side effects of their treatment and recovery and their finances - all at a time when they are at their most vulnerable.
- **HB1207/SB2 would ensure that workers can take up to 12 weeks of paid time off from work** to address serious health conditions or care for their loved ones. It would provide a wage replacement of 80% of a worker's wages, up to a reasonable cap, for up to 12 weeks.
- The program would work similarly to unemployment insurance. Small contributions from employers and employees on each paycheck will fund the program. Ex. For an employee earning \$50,000 per year, the employer and employee would each pay less than 1/2 of 1% of a paycheck.
- **Fourteen other states**, including Maryland and DC, have paid family & medical leave programs.

HB625/SB161 Transparency to help patients manage out-of-pocket costs for prescription drugs.

Patrons: Delegate Henson (HD-19) and Senator Perry (SD-31)

- Patients who require specialty tier medications for complex or chronic conditions are often required to pay a co-insurance¹ that could be thousands of dollars *for a single month's supply of medication*. This cost barrier forces some patients to ration their medication and some to stop filling their prescriptions entirely.
- **High-cost specialty medications include many newer, targeted breast cancer therapies, immunotherapy, and those used to treat Stage IV metastatic breast cancer.** Ex. Keytruda used to treat triple-negative breast cancer, Herceptin, and Enhertu, used to treat metastatic (Stage IV) HER2+ breast cancer.
- **HB625/SB161** would require that health insurance carriers give patients an option to select a capped, flat-dollar co-pay-only health insurance plan, helping make costs stable and predictable.
- This plan choice would ensure that co-pays for any covered medication within that plan would not exceed \$100 per prescription per month in Silver/Gold/Platinum plans or \$150 per prescription per month in Bronze plans.

¹ Co-insurance is a standard feature of most plans available today. It means that patients are forced to pay a percentage of the total cost of their drugs vs. a flat dollar co-pay for medications.

HB435: Creation of a Palliative Care Information and Education Program and Palliative Care and Quality of Life Advisory Council

Patron: Delegate LeVere Bolling (HD-80)

- This bill will expand access to palliative care through education and support.
- Palliative care for breast cancer can improve quality of life by managing symptoms, side effects, and stress from diagnosis and treatment, offering support for physical, emotional, and spiritual needs for patients and families.
- Palliative care can be provided alongside curative treatments, not just at the end of life.
- **HB435** directs the Board of Health to requirement that every hospital, nursing home, and certified nursing facility licensed by the Board (i) establish a system for identifying patients or residents who may benefit from palliative care and (ii) provide information about and facilitate access to appropriate palliative care services for patients or residents experiencing illness, injuries, or conditions that substantially affect quality of life for more than a short period of time.

HB90: Insurance coverage for hair preservation

Patron: Delegate Seibold (HD-12)

This bill would require health insurance carriers to provide coverage for scalp cooling systems for the preservation of hair during chemotherapy treatment. Without insurance coverage, patients must pay out of pocket, **which ranges from \$1,500 to \$3,000 per course of chemotherapy** - a cost out of reach for many. **Note: On 1/20, HB90 was heard in the House Labor & Commerce Subcommittee #1, and the bill was tabled to be sent to the Health Insurance Reform Commission for review, ending the bill's consideration for 2026.*

BUDGET AMENDMENTS

VBCF supports the following budget amendments to protect and expand free breast and cervical cancer screenings, support efforts to combat cancer in Virginia, and make health insurance more affordable.

Virginia Cancer Prevention and Control

Item 281 #7s: Chief Patron: Sen. Perry; Co-Patron(s): Sen. Favola

Item 280 #8h: Chief Patron: Del. McQuinn

These amendments provide funding to sustain and expand the Department of Health's Comprehensive Cancer Control Program. **Funding would allow the Department to serve more low-income women through the Every Woman's Life (EWL) free breast and cervical cancer screening program**, as well as support the Virginia Cancer Registry and the Virginia Cancer Plan to reduce the burden of cancer in Virginia through prevention, early detection, effective treatment, and quality of life.

- **Virginia's Every Woman's Life (EWL) program** provides free breast and cervical cancer screening and diagnostic services to low-income, uninsured Virginian women aged 18-64:
 - VDH contracts with 27 health systems to provide screening and diagnostic services, including clinical breast exam, mammogram, pelvic exam, pap/HPV test, and any diagnostics needed to reach a final diagnosis.
 - EWL serves 6,000 - 7,000 women each year. It is estimated that at current funding levels, **the program is only able to serve 35% of potentially eligible women**.

Enhanced Tax Credits

SB30: Item 478 #3s: Chief Patron: Deeds

This amendment provides funding **to replace the federal enhanced ACA tax credits, which expired on December 31, 2025**, for health insurance plans purchased through the Virginia marketplace.