



Commission on Women's Health

November 6, 2025, at 1:00 p.m.

General Assembly Building, Senate Room B-306

<https://dls.virginia.gov/commissions/cwh.htm>

The Commission on Women's Health (the Commission) met in Richmond with Delegate Candi Mundon King, vice chair, presiding.¹ The meeting began with roll call and opening remarks followed by presentations and discussion. Materials presented at the meeting are accessible through the [Commission's website](#).

Presentation: Obstructive Sleep Apnea in Pregnancy

Dr. Judette Louis, MD, MPH, Eastern Virginia Medical School

Dr. Louis began her presentation by explaining the importance of studying sleep and the adverse impacts that can occur when an abnormal sleep pattern is discovered.

Dr. Louis continued her presentation by explaining the challenges that exist in the barriers to diagnosis and receiving treatment. There are no effective screening tests, symptoms tend to mirror those of pregnancy, which can be hard to determine, and there is a lack of access to physicians that specialize in sleep medicine.

Dr. Louis concluded her presentation by explaining considerations that can improve conditions for women that have obstructive sleep apnea. These include having quality data to capture maternal mortality cases as well as a process that accounts for a factual and equitable review process. In addition, she noted that having access to critical services and strengthening existing health programs will improve the transition of care.

At the conclusion of the presentation, members of the Commission voted unanimously to add obstructive sleep apnea as a specific issue to be studied and to implement current recommendations for high-risk patients from members of the Life Experiences subcommittee.

Presentation: Data on Breast and Cervical Cancer Screening Programs

Christina Benton, MPH, Virginia Department of Health (VDH), Office of Family Health Services

Amanda Qadado, MPH, VDH, Office of Family Health Services

Jackie Knight Wilt, PhD, MPH, VDH, Office of Family Health Services

Dr. Wilt began by explaining the four screening programs that are managed by the Virginia Department of Health and funded by the Centers for Disease Control and Prevention (CDC),

¹ **Members Present:** Senator L. Louise Lucas (chair), Delegate Candi Mundon King (vice-chair), Senator Mamie E. Locke, Senator Russet W. Perry, Delegate Bonita G. Anthony, Delegate Kathy Tran, Delegate Anne Ferrell H. Tata, Delegate Hillary Pugh Kent, Natalie Shorter, Kenda Sutton-El

Members Absent: Senator Lashrecse D. Aird, Delegate Shelly A. Simonds, Theresa Nicole Bremby, Denise Harris-Proctor, MD, Stacey Brayboy

including the Virginia Cancer Registry (VCR) and the Every Woman's Life (EWL) program. The VCR, which is mandated by state Code to partner with physicians, also supports an interstate data exchange.

Dr. Wilt continued by providing an overview of the current data trends for cancer incidence rates for women in the Commonwealth. It is shown that a higher rate of diagnoses for women is occurring during the later stages of breast cancer, which eventually requires more invasive treatments. These trends are shown particularly among Black women, who die from breast cancer at a rate of 1.37 times higher than other groups. A growing number of breast cancer patients are also enrolled in Medicaid. Screening rates indicate that 67.8 percent of eligible populations have received breast cancer screenings, while only 53 percent have undergone cervical cancer screenings. Cervical cancer screening remains a more invasive procedure, and stigma related to sexual activity contributes to lower participation, which could indicate a need for greater public awareness.

Ms. Benton continued the presentation by explaining the guidelines given for cancer screening that have changed from annual to three-year screening intervals. Commission members asked about insurance coverage for those who wish to continue annual exams. The Every Woman's Life (EWL) program offers cost-effective, high-quality screenings to uninsured Virginia residents who meet eligibility criteria: being at or below 250 percent of the federal poverty level, and women aged 18–39 requiring a high-risk factor such as family history of breast cancer. The federal Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) allows states to extend full Medicaid coverage to eligible women.

Ms. Qadado concluded the presentation by the representatives of the Virginia Department of Health (VDH) by explaining that VDH also oversees the Virginia Comprehensive Cancer Control Program and works with the Cancer Action Coalition of Virginia (CACV) to implement the Virginia Cancer Plan. This plan serves as a roadmap addressing the burden of cancer through five key areas: prevention, early detection, diagnosis and treatment, survivorship, and coordination of care. Additionally, the Virginia Breast Cancer Roundtable focuses on reducing late-stage breast cancer diagnoses and increasing the percentage of women receiving mammograms.

Presentation: Advancing Initiatives for Breast Cancer Screenings and Prevention

Erin Steigleder, MSW, Virginia Breast Cancer Foundation

Kirsta Millar, MS, Virginia Breast Cancer Foundation

Ms. Steigleder began the presentation by explaining the mission of the Virginia Breast Cancer Foundation (VBCF) and issues that have been mentioned by served populations. Feedback highlights key barriers such as lack of affordability, limited knowledge about resources, and increasing concerns from uninsured women who fear that a diagnosis could lead to lifelong debt. Awareness and coverage for genetic testing, including BRCA gene testing, remain low. Although education efforts emphasize that cancer is no longer a death sentence, financial and systemic barriers persist.

To support patients, a diagnostic fund assists underinsured individuals with copays and related expenses, complementing the Every Woman's Life (EWL) program. Ms. Steigleder explained that legislative progress has also improved care, including, mandated breast density notifications, and eliminated out-of-pocket costs for diagnostic and supplemental breast



imaging—though this last law excludes private employer-sponsored insurance. Ongoing advocacy focuses on medical debt reform to prevent liens on homes and personal property.

Concluding the presentation, Ms. Millar provided information on the challenges that remain for the program including funding and healthcare workforce capacity. CDC funding delays have affected both EWL and the state cancer registry, and neither program has dedicated state-level funding if federal support lapses. Advocates are calling for more investment in Virginia research institutions and addressing a national shortage of approximately 2,200 oncologists caused by retirements and rising demand. Additionally, about 70 percent of Virginians still lack access to paid family and medical leave, underscoring the need for broader support for patients and caregivers.

After hearing the presentation, members of the Commission voted unanimously to add breast cancer as a specific issue to be studied and discussed by members of the Life Experiences subcommittee.

Update on Subcommittee Assignments

Delegate Mundon King announced the members and chairs of the four subcommittees designated to each subject area that will support work of the Commission.

Public Comment

Members of the public were given a chance to speak regarding the information presented at the meeting.

For more information, see the [Commission's website](#) or contact the Division of Legislative Services staff:

Madison Richardson, Program Coordinator, DLS

mrichardson@dls.virginia.gov

804-698-1854

Sabrina Miller-Bryson, Senior Legislative Counsel/Specialist, DLS

smiler-bryson@dls.virginia.gov

804- 698-1876

