



Commission on Women's Health

2025 Annual Report

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

The Commission on Women's Health (the Commission) met two times in 2025 with Delegate Candi Mundon King, vice-chair, presiding. The Commission discussed topics including women's cardiovascular health, the importance of studying obstructive sleep apnea in pregnancy, and initiatives for addressing breast and cervical cancer screenings and prevention efforts. Materials presented at the meetings are accessible through the [*Commission's website*](#).

Membership

Senator L. Louise Lucas (chair)

Delegate Candi Mundon King (vice-chair)

Senator Lashrecse D. Aird

Senator Mamie E. Locke

Senator Russet Perry

Delegate Bonita G. Anthony

Delegate Hillary Pugh Kent

Delegate Anne Ferrell Tata

Delegate Shelly A. Simonds

Delegate Kathy K.L. Tran

Stacey Brayboy

Theresa Nicole Bremby

Denise Harris-Proctor, MD

Natalie Shorter

Kenda Sutton-El

The following is a summary of the information presented at the Commission's Meeting on August 27, 2025, in Richmond:

Virtual Meeting Policy

Delegate Candi Mundon King

Delegate Mundon King provided an overview of the proposed virtual meeting policy for the Commission to adopt. She explained the options available to the Commission for remote participation during in-person meetings and all-virtual meetings. The policy encompasses all of the allowable provisions under the Virginia Freedom of Information Act (FOIA) as well as the House and Senate Rules for virtual voting. The Commission voted unanimously to adopt the policy.

Overview of HB 2617 (2025)

Sabrina Miller-Bryson, Senior Attorney, Division of Legislative Services

Ms. Miller-Bryson provided a brief overview of HB 2617 (Mundon King, 2025), which established the Commission as a permanent commission in the legislative branch for the purposes of studying and making recommendations on issues relating to women's health. The powers and duties of the Commission include: (i) studying and evaluating issues relating to women's health; (ii) examining the intersection of social determinants and their impact on women's health outcomes; (iii) conducting public hearings, facilitating stakeholder engagement, and consulting with subject-matter experts as necessary; (iv) identifying systemic barriers to equitable health care access for women and recommending policies to address these barriers; and (v) developing and making recommendations to the General Assembly for legislation, regulations, and budgetary changes or policies to improve women's health outcomes. The bill also directs the Commission to submit an executive summary regarding the work of the Commission and any recommendations to the General Assembly no later than December 1 of each year. The bill reported from each House and Senate committee and passed both chambers unanimously during the 2025 Regular Session, was signed by the Governor on March 24, 2025, and went into effect on July 1, 2025.

Presentation: The Heart of The Matter: Advancing Women's Cardiovascular Health

Dr. Yvonne Commodore-Mensah, Professor and Associate Dean of Research, Johns Hopkins School of Nursing

Dr. Commodore-Mensah began her presentation by explaining information related to women's health and cardiovascular disease. She noted that cardiovascular disease is the leading cause of death in women and that women are more likely to receive less aggressive forms of heart attack treatments. She continued by addressing hypertension and the disparities that exist in its prevalence between sex, age, and race. Dr. Commodore-Mensah then discussed implementing interventions to promote cardiovascular health beginning from early childhood and continuing through the postpartum and menopausal periods.

Dr. Commodore-Mensah continued the presentation by providing an overview of the Safe Heart Study that was created to research the social determinants of hypertension risk in women of reproductive age. The study has focused its recruitment on Black and Hispanic women and partnered with the American Heart Association Research Goes Red registry. The study has been working in two phases, the first of which focuses on health education and the second of which conducts physical health screenings. She then explained key findings from the study and how phase three will be conducted in the Northern Virginia region to engage postpartum women at risk of hypertension and also acknowledge psychological risk factors.

Dr. Commodore-Mensah concluded the presentation by explaining community-clinical pathways. Which provide a way to engage patients by first conducting community



outreach and providing screenings and education. Then directing patients to health care centers for ongoing care and follow-ups.

Presentation: A Heartfelt Call: Prioritizing Women’s Heart Health Today

Dr. Sharmaine M. McCoy, Nurse Practitioner, Women’s Cardiovascular Health, Inova Schar Heart and Vascular, Inova Fairfax Medical Campus

Dr. McCoy began by explaining details of the Inova Cardio-Obstetrics program. Which provides comprehensive cardiovascular care for at-risk patients during and following pregnancy. She then explained the growing need for cardio obstetrics programs, and the impact they can have on maternal and fetal health outcomes, and she reinforced the importance of funding for maternal cardiovascular research and training.

Dr. McCoy then discussed the progress of the program’s community outreach efforts. The collaboration includes a comprehensive selection of stakeholders, including faith-based organizations, Inova care clinics, community organizations, civic organizations, health departments, and the Inova Action Committees. Dr. McCoy also explained that in addition to the program’s current outreach methods, they will be utilizing digital technology in ongoing efforts to create a patient portal to track outcomes.

Lastly, Dr. McCoy discussed a three-sector based approach for prioritizing women’s heart health. She explained that healthcare organizations should integrate gender-specific cardiovascular care into routine practice, expand access to cardio-obstetrics and preventative cardiology services, and invest in provider training on atypical symptoms and risk factors in women. Faith-based and community-based organizations can partner with hospitals and clinics to host screenings and education events, mobilize volunteers to serve as Heart Health Ambassadors, and support outreach to underserved and high-risk populations. She also proposed that policymakers may fund maternal cardiovascular health programs and research and encourage collaboration across sectors.

Work Plan

Delegate Mundon King proposed dividing work of the Commission into four topic areas: preventative care, life experiences, growing in grace, and technology. Subcommittees for subject areas will be assigned at a later date. The Commission voted unanimously to adopt this recommendation.

The following is a summary of the information presented at the Commission’s Meeting on November 6, 2025, in Richmond:

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), 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.

In addition, two of the Commission subcommittees met in 2025: The Growing in Grace Subcommittee met on November 24, 2025, and the Preventative Care Subcommittee met on December 1, 2025.

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

Britt Olwine, Legal Section Chief, DLS

bolwine@dls.virginia.gov

804-698-1815

Sabrina Miller-Bryson, Senior Attorney, DLS

smiler-bryson@dls.virginia.gov

804- 698-1876

Madison Richardson, Program Coordinator, DLS

mrichardson@dls.virginia.gov

804-698-1854

