Richmond Times-Dispatch

The Richmond Times-Dispatch: For cancer patients, Virginia’s 'affordability board' could make treatment inaccessible

Maimah Karmo | January 31, 2026

With the 2026 legislative session underway, Virginia lawmakers are being asked to pass legislation to create a dangerous experiment with patient lives. I speak to this not only as the founder and CEO of the Tigerlily Foundation, which supports young women before, during and after cancer, but as a breast cancer survivor who knows that a delayed treatment or a forced switch in therapy isn’t a policy footnote — it can be a death sentence. HB 483/SB 271, which would create a Prescription Drug Affordability Board (PDAB), and similar legislation seen in other states, are being sold as a solution for patients. But in reality, it’s a model that costs the state millions, saves patients zero, and could create devastating new barriers to care and bridges to extending life.

This board would have the power to impose government price caps, called “upper payment limits” (UPL), on medicines. The name sounds helpful, but the mechanism is perilous. True affordability isn’t just a list price; it’s whether a patient can access the right treatment, on time, with her doctor. Twenty years ago, my life depended on my ability to work with my oncologist to find the right regimen without bureaucratic interference. PDABs can interfere with that sacred, individualized shared decision making between a patient and provider.

Let’s be brutally clear about the impact this model ignores:

First, it will not lower costs for patients. Data shows that to date, PDABs in other states have resulted in zero documented savings for patients at the pharmacy counter. In fact, five out of six health care payers themselves don’t believe these boards will lower patient premiums or cost-sharing. So we’d be spending precious state resources — millions of dollars — to run a board that doesn’t actually put a single dollar back into a patient’s pocket.

Second, it risks causing “medical switching.” When the government artificially caps a drug's price below its market cost, someone must absorb the loss. For small, independent or community cancer clinics already operating on thin margins, that loss can be catastrophic. If an oncologist cannot afford the financial hit from the UPL, they may be forced to stop offering that medicine altogether. This means a patient, stable on a life-saving therapy, could be told by her doctor, “I can no longer afford to give you this treatment here.” This destabilizes care, creates panic and disrupts the continuity that is critical for survival.

This is unconscionable, especially now, in this current climate, when people’s rights and freedoms are being taken away day by day. While this board would drain state funds for no patient benefit, Virginians are simultaneously facing Medicaid cuts, cuts to cancer screening programs, and a state budget deficit. If passed, HB 483/SB 271 would fund a bureaucracy over funding care. States like New Hampshire and Ohio have already abandoned their PDABs upon realizing this very truth: they are costly, ineffective and ignore patient reality.

In Virginia, **nearly 8%** of adults already skip seeing a doctor due to cost, with **Black and Hispanic Virginians** and women bearing a heavier burden. The **Virginia Cancer Plan** rightly prioritizes reducing barriers. A PDAB creates new ones: delays, confusion, and restricted treatment options. It cuts patients and frontline providers out of the decisions that most affect their lives.

If lawmakers genuinely want to help, they must reject this false solution. Focus instead on the real drivers of cost — like reforming insurance design, PBMs and strengthening patient assistance — and direct every available dollar to filling Medicaid gaps and protecting safety-net programs. My life, and the lives of thousands of Virginians in treatment, depend on access, not abstract price caps. Do not sacrifice us for experimental legislation that we already know doesn't work for patients.

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