

Pass HB 200: Establish a Paid Family and Medical Leave Program to Ensure that All Pennsylvanians Can Access to the Quality Care they Need

How Cancer Impacts Pennsylvania's Workforce

It is estimated that in 2025 alone, 90,240 Pennsylvanians will be diagnosed with cancerⁱ. We know that cancer treatment is costly and time consuming. Cancer patients and their caregivers often miss work due to:

- Ongoing doctors' visits throughout treatment
- Chemotherapy, radiation and/or surgery
- Time needed to recover from symptoms or effects of treatment

Between 2017 and 2019, ACS CAN conducted multiple surveys to explore the issue of paid leave among cancer patients, survivors, and caregivers. The majority of respondents reported facing a financial burden due to a lack of paid leave. Fifty percent of cancer patients, 34% of cancer survivors, and 48% of caregivers reported financial problems after missing work or reducing work hours to access treatment or tend to their loved ones.ⁱⁱ

On the other hand, individuals with paid family and medical leave were less likely to report experiencing financial problems while seeking cancer treatment. Additionally, studies show that cancer patients who have paid leave have higher rates of job retention.ⁱⁱⁱ

Access to Paid Leave = Better Health Outcomes

Access to paid family and medical leave makes a critical difference for people facing a cancer diagnosis – leading to improved outcomes and better quality of life. Respondents that used paid leave were nearly 50% more likely to complete their treatment, 46% more likely to attend doctor or treatment appointments, and 43% more likely to manage their symptoms or side effects.

Patients/Survivors		
% Positive Impact – Used/Didn't Use Paid Medical/Family Leave	Have Paid Leave & Used It (27%)	Have Paid Leave But Didn't Use It (24%)
Being able to complete your treatment	80%	34%
Your doctor or treatment appointments	77%	31%
Managing your symptoms or side effects	70%	27%
The decisions you made about which treatments to receive or where to receive them	66%	23%
Affording your treatments	64%	22%
The number of different treatment options to which you had access	63%	21%

Investment in All Communities

No one should have to forego lifesaving treatment because they are worried they will lose their job and ability to afford their basic needs. Paid family and medical leave must be accessible for all communities, and we see this as an opportunity to ensure there is equitable care across Pennsylvania. However, this is not the current status quo.

ACS CAN surveys found that those with lower levels of education and income, and those working in smaller companies (fewer than 100 employees) were less likely to report having access to paid family and medical leave. This was true for cancer patients, survivors, and caregivers.

Respondents who reported having issues with their job due to treatment or caregiving – including the quality of their work suffering, having to take one or more days off in a row, or having to leave work early -- were most often those in lower income households, those with lower levels of education, younger respondents, and those working in smaller companies.

What HB 200 Would Do:

The Pennsylvania Family Care Act would:

- Establish a Paid Family and Medical Leave Insurance program for all Pennsylvanian workers
- Allow employees to care for themselves or a loved one during a serious illness like cancer
- Establish up to 20 weeks of paid leave for workers with cancer and other serious illnesses and up to 12 weeks for their familial caregivers
- Provide safe leave for victims of violence
- Enable new parents to bond with their child following childbirth, adoption, or a foster placement
- Support military families in tending to their needs related to military deployments

Recommendation

ACS CAN urges the Pennsylvania legislature to support the Family Care Act —HB 200 — so that Pennsylvanians can access the quality care they need, without fear of impacting their employment. It is a necessary step forward for our state to make sure that cancer patients, survivors, and caregivers can have the best health outcomes and quality of life possible.

ⁱ American Cancer Society. *Cancer Facts & Figures 2025*. Atlanta: American Cancer Society; 2025.

ⁱⁱ See Public Opinion Strategies. Key Findings – National Survey of Cancer Patients, Survivors and Caregivers. December 8, 2017.

<https://www.fightcancer.org/sites/default/files/ACS%20CAN%20Paid%20Leave%20Surveys%20Key%20Findings%20Press%20Memo%20FINAL.pdf>

ⁱⁱⁱ Veenstra CM, Regenbogen SE, Hawley ST, Abrahamse P, Banerjee M, Morris AM. Association of Paid Sick Leave With Job Retention and Financial Burden Among Working Patients With Colorectal Cancer. *JAMA*. 2015 Dec 22 29;314(24):2688-90. doi: 10.1001/jama.2015.12383. PubMed PMID: 26717032.

Pass HB 433: Increase Access to Critical Breast Cancer Diagnostic Imaging

Breast Cancer in Pennsylvania

In 2025, an estimated 13,650 Pennsylvanians will be diagnosed with breast cancer and 1,800 will die from the disease.ⁱ

- While the Affordable Care Act provided coverage for screening mammography without cost sharing for millions of women, it is only the first step in the early detection process and additional imaging is needed.
- Early detection is not possible without the medically necessary diagnostic follow-up or additional supplemental imaging required to either rule out or diagnose breast cancer.
- Imaging is a critical step in developing an effective treatment plan for those diagnosed with breast cancer.
- An estimated 10% of individuals require additional follow-up imaging after an abnormal mammogramⁱⁱ.

Unequal Coverage for Follow Up Tests

Individuals who need follow-up imaging due to an abnormal mammogram result are often faced with hundreds to thousands of dollars in patient cost sharing. House Bill 433 will eliminate out-of-pocket costs for individuals who need follow-up tests after an abnormal screening mammogram or who need supplemental imaging because of personal risk factors.

Costs for diagnostic and supplemental imaging can deter individuals from getting the follow-up imaging needed to catch cancer as early as possible. When caught early, there is a better chance at survival, yet costs get in the way for too many Pennsylvanians.

A recent study commissioned by ACS CAN found that eliminating cost sharing for diagnostic testing would not only reduce costs to patients but also would improve health outcomes.

- Our analysis found that out-of-pocket cost sharing is estimated to result in 1.1 million women nationwide delaying necessary breast cancer diagnostic testing and imaging in 2024 due to affordability issues.
- This study estimates that eliminating patient cost-sharing would lead to 7,568 fewer patients diagnosed with later-stage (i.e., regional or distant) breast cancer.

Without recommended imaging, there is a greater likelihood that the cancer will not be detected until it has spread to other parts of the body, making it much deadlier and more costly to treat.

What HB 433 Would Do:

- Expand Pennsylvanians' ability to detect and treat breast cancer
- Require health insurance policies to cover the costs associated with diagnostic breast examinations that are used to evaluate a person with a suspected or actual abnormal screening result
- Remove out-of-pocket expenses for individuals who need supplemental imaging because of above average risk factors

Recommendation

The American Cancer Society Cancer Action Network (ACS CAN) is committed to ensuring that all people have the opportunity to receive lifesaving cancer screenings and treatment services. Eliminating out-of-pocket costs for diagnostic imaging would improve access to breast cancer screenings and likely result in more patients receiving an earlier diagnosis. We urge lawmakers to pass HB 433 to increase access to medically necessary diagnostic and supplemental breast imaging by eliminating burdensome patient cost sharing.

ⁱAmerican Cancer Society. *Cancer Facts & Figures 2025*. Atlanta: American Cancer Society; 2025.

ⁱⁱ Some Women Avoid Breast Cancer Screening After False-Positive Mammogram Results was originally published by the National Cancer Institute." National Cancer Institute; 2024. Accessed at: <https://www.cancer.gov/news-events/cancer-currents-blog/2024/mammogram-false-positives-affect-future-screening>

Pass HB 281: Increase High-Risk Pennsylvanians' Access to Critical Prostate Cancer Screenings

Prostate Cancer in Pennsylvania

In 2025, an estimated 13,400 Pennsylvanians will be diagnosed with prostate cancer and 1,480 will die from the disease.ⁱ

- Early detection is critical for determining an effective treatment plan and improving survival outcomes – there is a 99% survival rate for early-stage diagnosis, compared to 29% for late stage.ⁱⁱ
- Yet, screening rates are decreasing, with only 33% of Pennsylvanian men 50+ up to date on their screening.
- Prostate cancer is often asymptomatic until metastatic. Screening helps detect the disease early when it's most treatable and survivable.

Unequal Coverage for High-Risk Individuals

Prostate cancer does not impact all men equally and it is important to ensure that individuals who are at high-risk of developing prostate cancer can access screenings without any barriers. The bill describes high risk including but not limited to the following factors: individuals at least forty years of age with personal or family history of prostate cancer, first-degree relative with a genetic alteration or cancer associated with increased risk of prostate cancer, and other factors.

Cost barriers can deter individuals from getting the screening needed to catch prostate cancer as early as possible. When caught early, there is a better chance at survival, yet costs get in the way for too many Pennsylvanians.

- Cost-sharing drives men to forgo needed cancer screenings, annual exams, and visits to the urologist.
- Without screening, there is a greater likelihood that the cancer will not be detected until it has advanced to late stage, making it much deadlier and more costly to treat.

What HB 281 Would Do:

HB 281 increase access to prostate cancer screening to more Pennsylvanians as follows:

- Require coverage and remove out-of-pocket costs for annual prostate cancer screening for individuals who are at least 40 years of age and are more likely to develop prostate cancer based on their risk factors.

Recommendation

The American Cancer Society Cancer Action Network (ACS CAN) believes that all people should have the opportunity to receive lifesaving cancer screenings they need. Eliminating out-of-pocket costs for prostate cancer screenings for high-risk Pennsylvanians would improve access and likely result in more patients receiving an earlier diagnosis. We urge lawmakers to pass HB 281 to increase access to prostate cancer screenings for individuals at high-risk of developing prostate cancer.

ⁱAmerican Cancer Society. *Cancer Facts & Figures 2025*. Atlanta: American Cancer Society; 2025.

ⁱⁱ SEER*Explorer: An interactive website for SEER cancer statistics. Surveillance Research Program, National Cancer Institute: 2024 April 17. Available from: <https://seer.cancer.gov/statistics-network/explorer>.

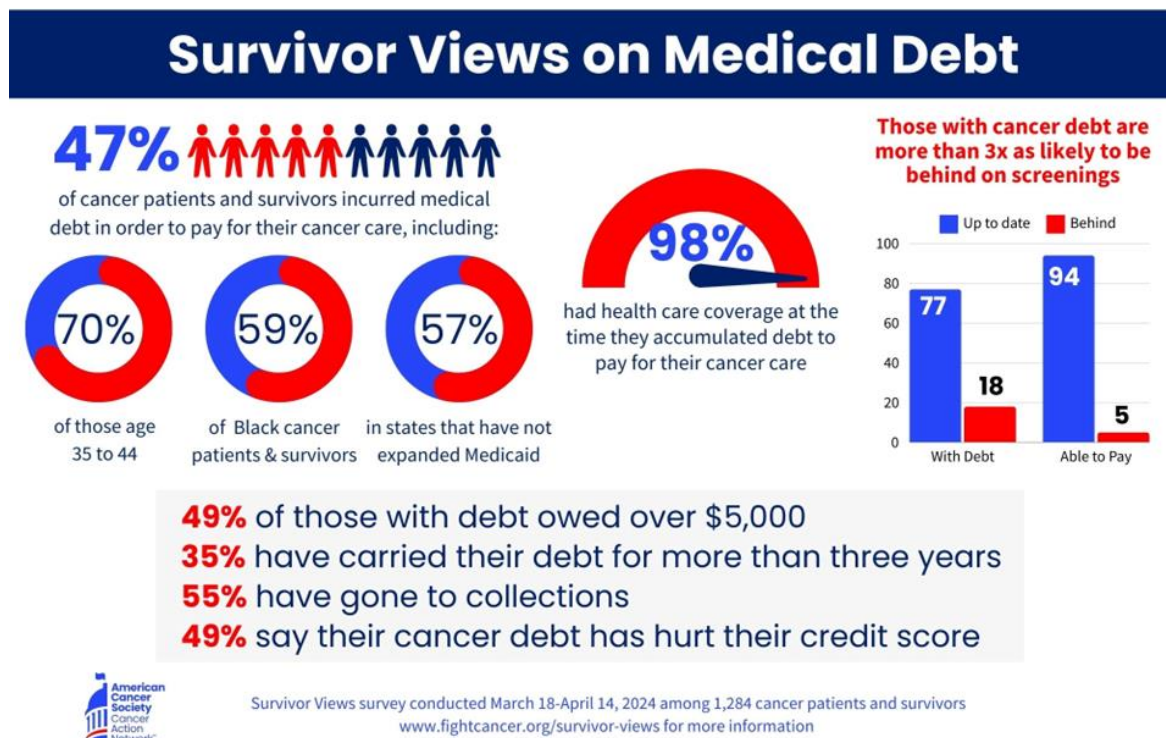
Pass HB 79: Reduce the Toll of Medical Debt for Cancer Patients

Medical debt impacts many people with cancer, their caregivers, and their families. ACS CAN has long fought for public policies – like access to comprehensive and affordable health insurance coverage – to reduce the likelihood or severity of that debt. Unfortunately, many people in the U.S. remain uninsured or underinsured and even those with comprehensive coverage still incur significant medical debt.^{i,ii} People with cancer often bear significant health care costs because they can have substantial health care needs, are high utilizers of health care services, see many different providers, and sometimes require more expensive treatments. They also must pay many indirect costs, like transportation and lodging as well as lost wages due to unpaid time off or job loss, that add to their already heavy cost burden. No one should have to forego life-saving treatment in their battle against cancer due to lack of funds.

Research also documents the negative effect medical debt has on people with cancer including housing concerns, strained relationships,ⁱⁱⁱ and bankruptcy^{iv}, and food insecurity. Delaying or forgoing care because of cost, which is more common among people with medical debt, is associated with increased mortality risk among cancer survivors.^v U.S. counties with higher levels of medical debt are also more likely to have significantly higher rates of cancer mortality.^{vi}

ACS CAN Survivor Views Survey

In March and April of 2024, ACS CAN asked people with cancer and survivors about their experiences with medical debt through a [Survivor Views survey](#). The survey found that roughly half of cancer survivors surveyed carried medical debt related to their cancer treatment:



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Reduce the Impact of Medical Debt for Pennsylvanians

An analysis by KFF found that there are about 1 million Pennsylvanians struggle with medical debt^{vii}, with debt disproportionately impacting rural areas. Addressing and preventing medical debt in Pennsylvania is crucial to accomplishing ACS CAN's mission of ending cancer as we know it for everyone.

That is why we strongly support House Bill 79, which would aim to improve eligible Pennsylvanians' access to existing hospital-based financial assistance programs through greater program transparency and administration.

What HB 79 Would Do:

- Establishes requirements for hospital-based financial assistance programs
- Requires the Department of Health to develop, with input from hospitals and the public, standardized applications, summaries of eligibility criteria and information on the application processes to be used in hospitals throughout the Commonwealth.
- Requires hospitals to provide one-page template with eligibility criteria to all patients upon intake and discharge.
- Requires hospitals to provide the brief uniform statement of availability and application information on all bills, statements, estimates, and admittance and discharge paperwork.
- Prohibit or delay patient liability while their hospital-based financial assistance application is pending.

Recommendation

Medical debt can have a direct impact on one's treatment as well as a patient's willingness to seek future healthcare, which could lead to increased mortality risks. ACS CAN urges lawmakers to pass HB 79 to help prevent medical debt among Pennsylvanians impacted by cancer and other health issues.

ⁱ Banegas MP, Guy GP, de Moor JS, et al. For Working-Age Cancer Survivors, Medical Debt And Bankruptcy Create Financial Hardships. Health Aff (Millwood). 2016;35(1):54-61. doi:10.1377/hlthaff.2015.0830

ⁱⁱ Death or Debt? National Estimates of Financial Toxicity in Persons with Newly-Diagnosed Cancer - The American Journal of Medicine. Accessed April 9, 2021. [https://www.amjmed.com/article/S0002-9343\(18\)30509-6/fulltext](https://www.amjmed.com/article/S0002-9343(18)30509-6/fulltext)

ⁱⁱⁱ Banegas MP, Schneider JL, Firemark AJ, et al. The social and economic toll of cancer survivorship: a complex web of financial sacrifice. J Cancer Surviv. 2019;13(3):406-417. doi:10.1007/s11764-019-00761-1

^{iv} Ramsey SD, Blough DK, Kirchhoff AC, et al. Washington Cancer Patients Found To Be At Greater Risk For Bankruptcy Than People Without A Cancer Diagnosis. Health Aff (Millwood). 2013;32(6):1143-1152. doi:10.1377/hlthaff.2012.1263

^v Yabroff KR, Han X, Song W, Zhao J, Nogueira L, Pollack CE, Jemal A, Zheng Z. Association of Medical Financial Hardship and Mortality Among Cancer Survivors in the United States. J Natl Cancer Inst. 2022 Jun 13;114(6):863-870.

^{vi} Xin Hu, Zhiyuan Zheng, Kewei Sylvia Shi, Robin Yabroff, and Xuesong Han. Association of medical debt and cancer mortality in the US. Journal of Clinical Oncology 2023 41:16_suppl, 6505-6505

^{vii} Rakshit, S., Rakshit, S., Twitter, M. R., Claxton, G., Amin, K., & Twitter, C. C. 2024, February 12. The burden of medical debt in the United States. Peterson-KFF Health System Tracker. <https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/>

Impact of Tobacco in Pennsylvania: The Need to Invest in Tobacco Control to Protect Kids, Save Lives, and Reduce Taxpayer Costs

Health Costs of Tobacco to Pennsylvania

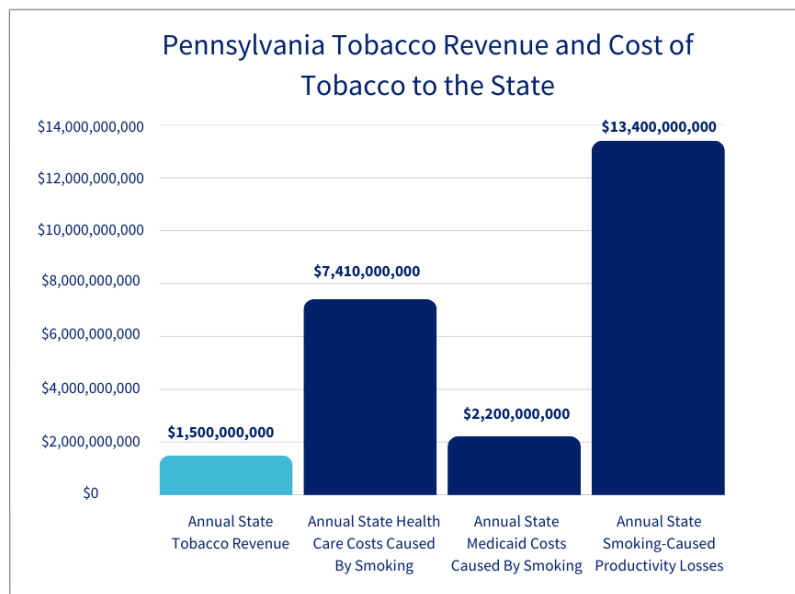
Tobacco is an addictive and deadly product. Smoking harms nearly every organ in the bodyⁱ and remains the number one cause of preventable death. In Pennsylvania:

- Over 30% of cancer deaths are due to smoking. That is over 22,000 Pennsylvanians.
- 14.9% of adults smoke cigarettes.ⁱⁱ
- 19.7% of high school students use tobacco products including 3.7% who smoke cigarettes, 16% who use e-cigarettes, and 6.7% who smoke cigars.ⁱⁱⁱ
- 21,400 kids, under the age of 18, try cigarettes for the first time every year^{iv}

If nothing is done to reduce smoking rates, **244,000 Pennsylvania kids** currently under 18 will ultimately die prematurely from smoking. Pennsylvania can and must do better.

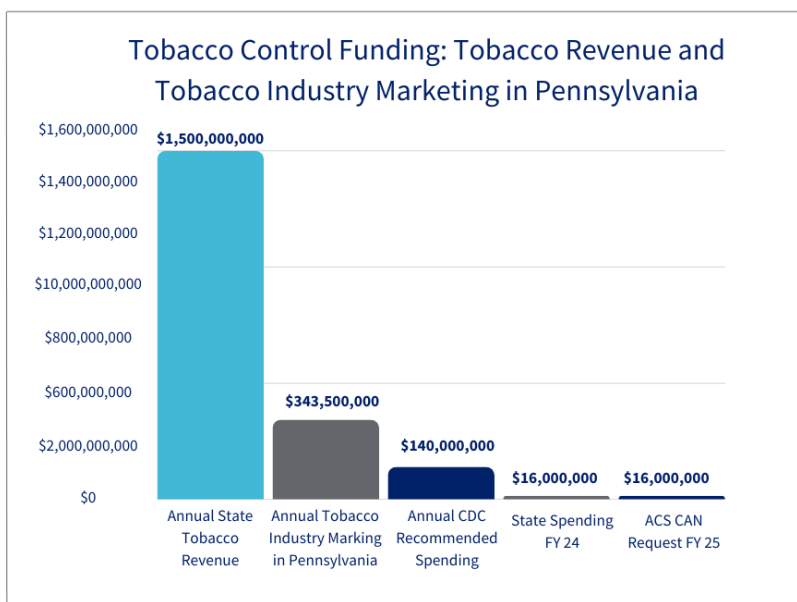
Economic Costs of Tobacco to Pennsylvania

Smoking is estimated to cost Pennsylvania \$7.41 billion in direct health care costs, including \$2.22 billion in Medicaid costs annually. These amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar and pipe smoking. Additionally, smoking costs the state \$13.4 billion in productivity costs annually. Tobacco use also imposes additional costs such as workplace productivity losses and damage to property. These costs far outpace the \$1.5 billion in annual tobacco revenue the state receives from tobacco settlement payments and tobacco taxes. On average Pennsylvania residents pay \$1,307 per household in state and federal taxes from smoking-caused government expenditures^v, whether they smoke or not. It is vital that fact-based programs are in place to reduce tobacco use and reduce taxpayer-funded health care costs.



Investment in Pennsylvania's Youth

Pennsylvania receives over \$1.5 billion in tobacco revenue annually from tobacco settlement payments and taxes combined, yet currently invests only \$18.4 million in tobacco prevention and cessation programs, which is only 13.1% of the \$140 million the Centers for Disease Control and Prevention recommends that Pennsylvania spend to combat the health and economic consequences of tobacco. Protecting the program's funding level at \$18.4 million is a vital first step to protect our Pennsylvania youth from tobacco.



Countering Tobacco Industry Marketing

A well-funded fact-based tobacco control program is needed to counteract the \$343.5 million per year that tobacco companies are spending to market their deadly and addictive products in Pennsylvania.^{vi} Increased funding is needed to negate the influence Big Tobacco's marketing has on youth. As Big Tobacco has been working hard to addict future generations with e-cigarettes and other tobacco products, the need for funding for tobacco prevention programs has never been greater.

Recommendation

Protecting funding for Pennsylvania's Division of Tobacco Prevention and Control at 4.5% of the Master Settlement Agreement (approximately \$18.4 million in 2025) is crucial to prevent kids from starting to use tobacco and help people already addicted to tobacco quit. ACS CAN urges Pennsylvania to protect funding for its vital tobacco prevention and cessation program to reduce taxpayer costs, protect kids, and save lives.

ⁱ Centers for Disease Control and Prevention (CDC). Health Effects of Cigarette Smoking. Updated April 28, 2020.

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

ⁱⁱ Centers for Disease Control and Prevention (CDC). 2022 Behavioral Risk Factor Surveillance System

<https://www.cdc.gov/brfss/brfssprevalence/index.html>

ⁱⁱⁱ Centers for Disease Control and Prevention (CDC). 2021 Youth Risk Behavior Survey. <https://nccd.cdc.gov/Youthonline/App/Results.aspx?LID=PA>

^{iv} Campaign for Tobacco-Free Kids. Updated 8.16.24 <https://www.tobaccofreekids.org/problem/toll-us/pennsylvania>

^v Campaign for Tobacco-Free Kids. Updated 12.17.24. <https://www.tobaccofreekids.org/problem/toll-us/pennsylvania>

^{vi} Campaign for Tobacco-Free Kids. Updated 1.8.24. <https://www.tobaccofreekids.org/what-we-do/us/statereport/pennsylvania>

Invest in the PA Breast and Cervical Cancer Early Detection Program: Continued Access to Critical Screenings for Low-Income Pennsylvanians

Breast and Cervical Cancer in PA

In 2025, an estimated 13,650 Pennsylvanians will be diagnosed with breast cancer and 1,800 will die from the disease. Additionally, an estimated 540 women in PA will be diagnosed with cervical cancer.ⁱ

- Cancers that are found at an early stage are easier to treat and lead to greater survival.ⁱⁱ
- Uninsured and underinsured women have lower screening rates, resulting in a greater risk of being diagnosed at a later, more advanced stage of disease.ⁱⁱⁱ

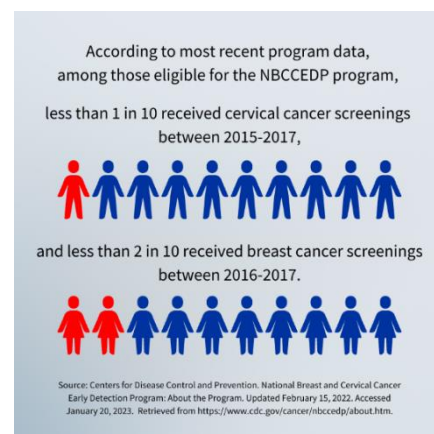
Pennsylvania Breast and Cervical Cancer Early Detection Program

The Pennsylvania Breast and Cervical Cancer Early Detection Program (PA-BCCEDP) provides low-income, uninsured, and underinsured women access to breast and cervical cancer screenings and diagnostic services, including mammograms, Pap tests, HPV tests and diagnostic testing if abnormal results are found.

- 32,291 Pennsylvanians were served by the program between 2018 and 2023.^{iv}
- The program has detected 416 breast cancers and 719 cervical cancers or precancerous lesions.^v

Need for Adequate Funding for this Lifesaving Program

Although access to preventative services has increased through expanded health care coverage and the elimination of most cost-sharing, millions of individuals with low-incomes or who are uninsured still do not have adequate access to breast and cervical cancer screening services. Nationally, according to the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), among those eligible for the program, less than 1 in 10 received cervical cancer screenings (2015-2017) and less than 2 in 10 received breast cancer screenings (2016-2017).^{vi} Maintaining state funding for the Pennsylvania Breast and Cervical Cancer Early Detection Program will preserve a critical safety net for Pennsylvanians who continue to lack access to lifesaving cancer screening, diagnostic, and treatment services for breast and cervical cancers.



Recommendation

The American Cancer Society Cancer Action Network (ACS CAN) is committed to ensuring that all people have the opportunity to receive lifesaving cancer screenings and treatment services. We urge lawmakers to **protect at least \$2.563 million** in state funding for the Pennsylvania Breast and Cervical Cancer Early Detection Program which is vital to the health and wellbeing of Pennsylvania.

ⁱAmerican Cancer Society. *Cancer Facts & Figures 2024*. Atlanta: American Cancer Society; 2025.

ⁱⁱ American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures Tables and Figures 2022*. Atlanta: American Cancer Society; 2022.

ⁱⁱⁱ American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures Tables and Figures 2022*. Atlanta: American Cancer Society; 2022.

^{iv} Centers for Disease Control and Prevention. National Breast and Cervical Cancer Early Detection Program Screening Program Summaries, retrieved from <https://www.cdc.gov/breast-cervical-cancer-screening/about/screenings.html#PA>

^v Centers for Disease Control and Prevention. National Breast and Cervical Cancer Early Detection Program Screening Program Summaries, retrieved from <https://www.cdc.gov/breast-cervical-cancer-screening/about/screenings.html#PA>

^{vi} Centers for Disease Control and Prevention. National Breast and Cervical Cancer Early Detection Program: About the program. Accessed January 26, 2023. Retrieved from <https://www.cdc.gov/cancer/nbccedp/about.htm>.

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