

HOUSE BILL 1435

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By: **Delegates Spiegel, Bouchat, Crutchfield, Foley, Hornberger, Kaiser, Kaufman, Miller, Rose, Tomlinson, and Woorman**

Introduced and read first time: February 13, 2026

Assigned to: Health

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Required Coverage – Hormone–Related Care**

3 FOR the purpose of requiring certain insurers, nonprofit health service plans, and health
4 maintenance organizations to provide certain coverage for hormone–related care,
5 including hormone therapy treatment for perimenopausal and menopausal
6 symptoms; establishing certain requirements and prohibitions related to coverage
7 for hormone–related care; and generally relating to health insurance coverage for
8 hormone–related care.

9 BY adding to

10 Article – Insurance

11 Section 15–864

12 Annotated Code of Maryland

13 (2017 Replacement Volume and 2025 Supplement)

14 Preamble

15 WHEREAS, Perimenopause and menopause are common, medically recognized
16 hormonal transitions experienced by a substantial portion of Maryland’s adult population;
17 and

18 WHEREAS, Individuals experiencing perimenopause or menopause frequently seek
19 hormone–related care to manage symptoms that, when untreated, can lead to avoidable
20 emergency visits, repeated diagnostic testing, and long–term health complications; and

21 WHEREAS, Insurance coverage for clinically appropriate perimenopausal and
22 menopausal hormone therapy is inconsistent across carriers, resulting in delays, denials,
23 and unnecessary administrative barriers; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 WHEREAS, Ensuring timely access to medically necessary hormone-related care for
2 perimenopausal and menopausal individuals promotes health stability, reduces long-term
3 system costs, and supports the well-being of Maryland residents; and

4 WHEREAS, Establishing uniform statewide standards for hormone-related care is
5 necessary to reduce disparities in coverage, improve health outcomes, and ensure that
6 Marylanders experiencing perimenopause or menopause receive consistent,
7 evidence-based treatment; now, therefore,

8 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
9 That the Laws of Maryland read as follows:

10 **Article – Insurance**

11 **15-864.**

12 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
13 INDICATED.

14 (2) “HORMONE-RELATED CARE” MEANS MEDICALLY NECESSARY
15 TREATMENT INVOLVING THE PRESCRIPTION, ADMINISTRATION, MONITORING, OR
16 ADJUSTMENT OF HORMONE THERAPIES FOR ENDOCRINE, REPRODUCTIVE,
17 METABOLIC, PERIMENOPAUSAL, MENOPAUSAL, OR OTHER CONDITIONS.

18 (3) “MEDICALLY NECESSARY” MEANS CARE THAT IS:

19 (I) CONSISTENT WITH GENERALLY ACCEPTED STANDARDS OF
20 MEDICAL PRACTICE;

21 (II) CLINICALLY APPROPRIATE FOR THE PATIENT’S CONDITION;
22 AND

23 (III) NOT PRIMARILY FOR THE CONVENIENCE OF THE PATIENT
24 OR PROVIDER.

25 (B) THIS SECTION APPLIES TO:

26 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
27 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS
28 ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR
29 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

1 **(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE**
2 **HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER**
3 **CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.**

4 **(C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR**
5 **HORMONE-RELATED CARE, INCLUDING:**

6 **(1) HORMONE REPLACEMENT THERAPY;**

7 **(2) HORMONE SUPPRESSION OR MODULATION THERAPY;**

8 **(3) HORMONE-MODULATING MEDICATIONS;**

9 **(4) LABORATORY TESTING, DIAGNOSTIC EVALUATIONS, AND**
10 **ONGOING MONITORING RELATED TO HORMONE THERAPY; AND**

11 **(5) CLINICAL VISITS FOR THE INITIATION AND CONTINUATION OF**
12 **HORMONE THERAPY OR OTHER HORMONE-RELATED CARE.**

13 **(D) COVERAGE UNDER THIS SECTION MAY NOT BE DENIED BASED ON:**

14 **(1) THE SPECIFIC DIAGNOSIS FOR WHICH THE HORMONE-RELATED**
15 **CARE IS PRESCRIBED, INCLUDING MENOPAUSAL AND PERIMENOPAUSAL**
16 **SYMPTOMS;**

17 **(2) THE PATIENT'S AGE; OR**

18 **(3) PRIOR USE OR NONUSE OF HORMONE-RELATED CARE.**

19 **(E) AN ENTITY SUBJECT TO THIS SECTION MAY NOT:**

20 **(1) IMPOSE EXCLUSIONS OR LIMITATIONS ON HORMONE-RELATED**
21 **CARE THAT ARE MORE RESTRICTIVE THAN THOSE APPLIED TO COMPARABLE**
22 **PRESCRIPTION DRUGS OR MEDICAL SERVICES;**

23 **(2) REQUIRE PRIOR AUTHORIZATION, STEP THERAPY, OR REPEATED**
24 **MEDICAL NECESSITY REVIEWS THAT ARE MORE BURDENSOME THAN THOSE**
25 **APPLIED TO COMPARABLE TREATMENTS;**

26 **(3) DENY COVERAGE SOLELY BECAUSE THE HORMONE-RELATED**
27 **CARE IS NEEDED AS AN ONGOING, LONG-TERM TREATMENT; OR**

1 **(4) APPLY HIGHER COST-SHARING, COPAYMENTS, OR DEDUCTIBLES**
2 **FOR HORMONE-RELATED CARE THAN COMPARABLE TREATMENTS.**

3 **(F) (1) A DETERMINATION OF MEDICAL NECESSITY FOR**
4 **HORMONE-RELATED CARE SHALL BE BASED ON:**

5 **(I) EVIDENCE-BASED CLINICAL GUIDELINES;**

6 **(II) THE PROFESSIONAL JUDGMENT OF THE TREATING**
7 **PROVIDER; AND**

8 **(III) THE INDIVIDUAL NEEDS OF THE PATIENT.**

9 **(2) AN ENTITY SUBJECT TO THIS SECTION MAY NOT SUBSTITUTE ITS**
10 **OWN CLINICAL JUDGMENT FOR THAT OF THE TREATING PROVIDER IF THE**
11 **PROVIDER'S DETERMINATION IS CONSISTENT WITH ACCEPTED MEDICAL**
12 **STANDARDS.**

13 **(G) AN ENTITY SUBJECT TO THIS SECTION SHALL ENSURE THAT COVERED**
14 **INDIVIDUALS HAVE TIMELY ACCESS TO HORMONE-RELATED CARE, INCLUDING:**

15 **(1) ACCESS TO IN-NETWORK PROVIDERS WITH APPROPRIATE**
16 **EXPERTISE IN ENDOCRINE, REPRODUCTIVE, PERIMENOPAUSAL, AND MENOPAUSAL**
17 **CARE; AND**

18 **(2) COVERAGE FOR OUT-OF-NETWORK PROVIDERS IF IN-NETWORK**
19 **ACCESS IS UNAVAILABLE WITHIN A REASONABLE TRAVEL AREA.**

20 **(H) (1) ON OR BEFORE JANUARY 1 EACH YEAR, BEGINNING IN 2028, EACH**
21 **ENTITY SUBJECT TO THIS SECTION SHALL REPORT TO THE ADMINISTRATION ON:**

22 **(I) THE TOTAL NUMBER OF CLAIMS SUBMITTED FOR**
23 **HORMONE-RELATED CARE IN THE IMMEDIATELY PRECEDING YEAR, INCLUDING**
24 **CARE RELATED TO PERIMENOPAUSE AND MENOPAUSE;**

25 **(II) THE TOTAL NUMBER OF CLAIMS DENIED AND THE REASONS**
26 **FOR DENYING THE CLAIMS; AND**

27 **(III) THE AVERAGE AUTHORIZATION AND PROCESSING TIMES.**

28 **(2) ON OR BEFORE JULY 1 EACH YEAR, BEGINNING IN 2028, THE**
29 **ADMINISTRATION SHALL SUBMIT TO THE GENERAL ASSEMBLY, IN ACCORDANCE**

1 WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, A REPORT SUMMARIZING
2 THE INFORMATION SUBMITTED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

3 (I) THE ADMINISTRATION SHALL ADOPT REGULATIONS TO CARRY OUT
4 THIS SECTION.

5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
6 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
7 after January 1, 2027.

8 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
9 January 1, 2027.