

Department of Legislative Services
 Maryland General Assembly
 2026 Session

FISCAL AND POLICY NOTE
 First Reader

Senate Bill 892 (Senator Gile, *et al.*)
 Finance

Public Health – Perimenopausal, Menopausal, and Postmenopausal Conditions

This bill requires most health occupations boards to grant at least two hours of continuing education credits for every hour of continuing education on perimenopausal, menopausal, and postmenopausal evaluation and treatment completed by a licensee or certificate holder. A board may establish a maximum number of credits that may be granted. The bill also alters the membership of the State Advisory Council on Health and Wellness. Uncodified language adds reporting requirements for the Maryland Department of Health (MDH), the Maryland Health Care Commission (MHCC), and the Maryland Commission for Women. **The bill’s reporting requirements take effect July 1, 2026, while continuing education provisions take effect October 1, 2026.**

Fiscal Summary

State Effect: MDH general fund expenditures increase by \$100,300 in FY 2027 and \$30,200 in FY 2028 for contractual staff and vendors to support reporting requirements. Revenues are not affected.

| (in dollars) | FY 2027 | FY 2028 | FY 2029 | FY 2030 | FY 2031 |
|----------------|-------------|------------|---------|---------|---------|
| Revenues | \$0 | \$0 | \$0 | \$0 | \$0 |
| GF Expenditure | 100,300 | 30,200 | 0 | 0 | 0 |
| Net Effect | (\$100,300) | (\$30,200) | \$0 | \$0 | \$0 |

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary: The continuing education provisions of the bill apply to each health occupations board that requires a license or certificate holder to complete continuing education requirements, except (1) the State Board of Morticians and Funeral Directors; (2) the State Board of Long-Term Care Administrators; (3) the State Board for Certification of Residential Child Care Program Professionals; and (4) the State Board of Environmental Health Specialists.

Advisory Council on Health and Wellness

The membership of the council is expanded to include the Executive Director of the Maryland Commission for Women (or the executive director's designee) and a representative with expertise in perimenopausal, menopausal, and postmenopausal evaluation and treatment. The bill also reduces the number of members of the public on the advisory council from 18 to 17 and removes the specification that the advisory council contains 34 voting members.

Reporting Requirements

Maryland Health Care Commission: By December 1, 2026, MHCC, in consultation with MDH, the Maryland Insurance Administration (MIA), and the Maryland Commission for Women, must (1) evaluate coverage and barriers to coverage of the evaluation and treatment of perimenopausal, menopausal, and postmenopausal conditions, including coverage of hormone replacement therapy and preauthorization and step therapy requirements; and (2) report its findings and recommendations to the Senate Finance Committee and the House Health Committee.

Maryland Commission for Women: By October 1, 2027, the Maryland Commission for Women must (1) evaluate opportunities for State policy initiatives that improve the health and economic security of individuals in the State with perimenopausal, menopausal, and postmenopausal conditions; and (2) report its findings and recommendations to the General Assembly.

Maryland Department of Health: By October 1, 2027, MDH, in consultation with the State Community Health Worker Advisory Committee, must (1) evaluate and develop an action plan to increase access to perimenopausal, menopausal, and postmenopausal health care services through the outreach of community health workers to consumers; and (2) submit the evaluation and action plan to the General Assembly.

By October 1, 2027, MDH, in consultation with health care provider professional associations and institutions of higher education, including community colleges, must

(1) evaluate methods for increasing opportunities for clinical education, including postgraduate education, on perimenopausal, menopausal, and postmenopausal evaluation and treatment and (2) report its findings and recommendations to the General Assembly.

Current Law:

Continuing Education Requirements

Generally, the health occupations boards require a certain number of continuing education hours for license and certificate holders. *For example*, under Maryland regulations (COMAR 10.36.02.04), the Board of Examiners of Psychologists requires at least 40 continuing education hours during each renewal period, divided between specified content areas. Similarly, under Maryland regulations (COMAR 10.26.06.03), the Board of Acupuncture requires a licensee applying for renewal to have completed at least 30 hours of continuing education during the two-year term of a license, divided between specified content areas.

Additionally, Chapter 745 of 2021 requires applicants for the renewal of a license or certificate issued by a health occupations board to attest to completion of an approved implicit bias training program the first time they renew their license or certificate. Chapter 478 of 2025 expanded the scope of required training for individuals licensed or certified by a health occupations board to include implicit bias and structural racism.

Advisory Council on Health and Wellness

Chapter 40 of 2017 created the Advisory Council on Health and Wellness by consolidating three existing advisory councils. The council must (1) promote evidence-based programs for healthy lifestyles and the prevention, early detection, and treatment of chronic disease and (2) make recommendations to MDH related to chronic disease prevention, health, and wellness. The council must create, at a minimum, committees on arthritis, diabetes, heart disease and stroke, and physical fitness.

The advisory council consists of 34 voting members appointed by the Secretary of Health, including several representatives of MDH and other State agencies, as well as representatives of specified medical institutions, professional associations, and 18 members of the public.

Maryland Commission for Women

The Maryland Commission for Women in the Department of Human Services works to advance solutions and to expand social, political, and economic opportunities for all women. The commission must:

- stimulate and encourage study and review of the status of women in the State;
- strengthen home life by directing attention to critical problems confronting women as wives, mothers, homemakers, and workers;
- recommend methods of overcoming discrimination against women in public and private employment;
- encourage women to become candidates for public office;
- promote more effective methods for enabling women to develop their skills, continue their education, and to be retrained;
- secure appropriate recognition of women's accomplishments and contributions to the State;
- work to develop healthy attitudes within the framework of the commission's responsibilities; and
- inform the Executive and Legislative branches on issues concerning women, including offering testimony on these issues.

The commission may (1) act as a clearinghouse for activities to avoid duplication of effort and (2) make surveys and appoint advisory committees in the fields of education, social services, labor laws and employment policies, law enforcement, health and safety, new and expanded services, legal rights, family relations, human relations, and volunteer services. The commission must submit an annual report to the Governor and General Assembly.

State Expenditures: State colleges and universities can offer continuing education coursework with existing budgeted resources. Additionally, relevant health occupations boards can update regulations with existing budgeted resources.

This analysis assumes that MHCC, in consultation with MDH, MIA, and the Maryland Commission for Women can complete the required evaluation of coverage barriers and report to specified committees of the General Assembly with existing budgeted resources.

For the two required reports from MDH, the department advises that additional expertise on perimenopausal, menopausal, and postmenopausal conditions is required to complete the reports, including additional staff and contractual support. Thus, MDH general fund expenditures increase by \$100,266 in fiscal 2027, which accounts for the bill's July 1, 2026 effective date. This estimate reflects the cost of hiring one part-time (50%) health policy analyst to consult with the State Community Health Worker Advisory Committee to evaluate and develop the required action plan, consult with stakeholders to identify opportunities for clinical education, and produce the two reports by October 1, 2027. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses, as well as a contractual vendor to support the development of an action plan.

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|---|------------------|
| Contractual Position | 0.5 |
| Salary and Fringe Benefits | \$41,819 |
| Contractual Services | 50,000 |
| Other Operating Expenses | <u>8,447</u> |
| Total FY 2027 State Expenditures | \$100,266 |

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses. The contractual employee and vendor contract both terminate on October 1, 2027.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State’s implementation of the federal Patient Protection and Affordable Care Act.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: HB 1121 (Delegates Bagnall and D. Jones) - Health.

Information Source(s): Maryland Higher Education Commission; University System of Maryland; Morgan State University; Maryland Department of Health; Maryland Insurance Administration; Department of Legislative Services

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caw/jc

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