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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony In Support of SB 892

Public Health – Perimenopausal, Menopausal, and Postmenopausal Conditions

Madam Chair, Mr. Vice Chair, and Members of the Committee:

Senate Bill 892 addresses an area of women’s health that has long lacked coordinated public health attention: the evaluation and management of perimenopause, menopause, and menopause-associated symptoms.

In the last year, there have been significant advances in care for women experiencing perimenopause and menopause. In October 2025, the FDA officially removed its longstanding “black box warning” on hormone replacement therapy, acknowledging that the 2002 Women’s Health Initiative study significantly overstated the risks of HRT—particularly for younger women. This action reflects updated evidence and reinforces that treatment decisions should be individualized and evidence-based.

At the same time, women in Maryland and across the country have engaged in a very public conversation about the lack of awareness, insurance clarity, and clinical training surrounding menopause care. Many women report difficulty finding knowledgeable providers and obtaining coverage for evaluation and management of symptoms that can profoundly affect quality of life.

Since filing this bill, we have worked closely with Speaker Peña-Melnyk and House leadership to align our efforts. While the original crossfile of this legislation was Chair Bagnall’s HB 1121, it is our intention to conform SB 892 to the Speaker’s bill, HB 1365, to ensure consistency across chambers. The sponsor amendment before you adopts the insurance coverage language negotiated in the House and replaces the insurance study language in the original Senate draft.

As amended, SB 892 focuses on two primary components.

First, provider education.

The bill requires health occupations boards that mandate continuing education to grant at least two hours of continuing education credit for every one hour of approved training on menopause and menopause-associated symptoms. The Department of Health will identify at least one

appropriate training program in consultation with professional associations. This approach incentivizes provider education without creating a new licensure requirement.

Second, insurance coverage.

The bill requires insurers, nonprofit health service plans, and HMOs to provide coverage for the evaluation and management of menopause and menopause-associated symptoms. This ensures that women seeking clinically appropriate care are not met with unnecessary coverage barriers.

Stakeholders who agreed to the Speaker's negotiated insurance language include the Maryland Department of Health, Certified Nurse Midwives, ACOG, MedChi, and the League of Life and Health Insurers.

In addition to coverage and training, the broader legislation continues to elevate menopause as a coordinated public health priority by integrating menopause expertise into statewide advisory and planning efforts, strengthening clinical awareness, and supporting access to care.

Menopause affects workforce participation, mental health, cardiovascular risk, bone health, and long-term quality of life. Addressing it directly in statute reflects modern clinical understanding and growing public health awareness.

I respectfully request a favorable report on Senate Bill 892, as amended to conform with HB 1365.

Thank you.