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SPEAKER OF THE HOUSE



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The Maryland House of Delegates
ANNAPOLIS, MARYLAND 21401

House Bill 1365- Health Occupations and Insurance- Menopause - Provider Training and Coverage Requirements

Good afternoon, Chair Beidle, Vice Chair Hayes, and distinguished members of the Finance Committee. Thank you for the opportunity to present House Bill 1365.

House Bill 1365 is designed to improve the quality of women's health care by allowing certified or licensed health care providers who are required to complete continuing education to receive double credits for continuing education on menopause and menopause-related symptoms. The bill requires the Maryland Department of Health (MDH) to identify at least one training program that may be used by providers for this purpose. Additionally, the bill requires insurance coverage for menopause treatment. The bill also adds the executive director of the Maryland Commission for Women and one expert on menopause to the State Advisory Council on Health and Wellness. Finally, House Bill 1365 requires the Maryland Commission for Women to evaluate policy initiatives that improve health and economic security of individuals with menopausal conditions and requires MDH to establish an action plan with community health workers to provide access to menopause related health care services and to evaluate methods to increase opportunities for clinical training on menopause.

House Bill 1365 is identical to Senate Bill 892 which passed the Senate 41-0.

Perimenopause often begins in a woman's early to mid-40s. Menopause typically occurs between ages 45 and 55, with the average age of onset being 51 to 52. In Maryland, women within this age range represent approximately 12.3% of the female population. This is a significant portion of our community that deserves informed, evidence-based care.

I would like to share a story that reflects the lived experience of many women and underscores why this bill is so important.

Last June, a close friend of mine who is in her 50's went to her primary care provider because she felt "off." Her initial blood work came back normal, and her concerns were dismissed. One month later, she woke up believing she was having a heart attack and went to the emergency room. After extensive testing, she was told her labs were "reassuring"

and was referred to a cardiologist, a neurologist, and a gynecologist. Each specialist told her that everything looked fine.

Meanwhile, she wasn't sleeping. Her blood pressure was elevated. She described feeling as though her body was constantly stuck in "fight-or-flight" mode. Between June and October, she had blood drawn 13 times. Each time, she was told nothing was wrong.

At every appointment, she asked a simple question: "Could this be related to my hormones?" Each time, the possibility was dismissed. Instead, she was prescribed anti-anxiety medication on three separate occasions and told she was experiencing panic attacks.

After changing both her primary care provider and her gynecologist, she was finally prescribed hormone replacement therapy. Within two weeks, she began to feel like herself again. Her symptoms improved. For months, no one had discussed menopause as a potential cause. No one connected the dots. In fact, the reassurance she needed — that her symptoms were real and not "all in her head" — did not come from the medical system, but from countless other women sharing nearly identical stories online.

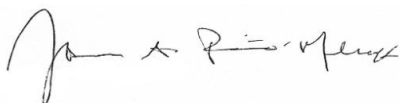
Menopause is a natural and inevitable result of aging, yet it remains one of the most under-researched, under-discussed, and stigmatized stages of life. Women deserve providers who can recognize the signs, understand the physiological changes occurring during this transition, and offer appropriate, evidence-based treatment options.

House Bill 1365 helps close that gap. By strengthening education requirements and ensuring coverage for treatment, we can better equip our medical professionals and improve outcomes for thousands of women across Maryland.

On behalf of myself and the many women navigating menopause without clear guidance or support, I respectfully ask for your favorable report on House Bill 1365.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseline A. Peña-Melnyk". The signature is fluid and cursive, with a large initial "J" and "A".

Delegate Joseline A. Peña-Melnyk