

Maryland Commission for Women

51 Monroe Street, Suite. 1034 Rockville, Maryland 20850



www.marylandwomen.org

SB 892 Public Health – Perimenopausal, Menopausal, and Postmenopausal Conditions

SPONSOR: Senator Dawn Gile

HEARING: March 3, 2026

POSITION: Favorable with Amendments

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Chair Beidle, Vice Chair Hayes and Members of the Finance Committee,

The Maryland Commission for Women urges a **FAVORABLE WITH AMENDMENTS** report on SB892, *Public Health – Perimenopausal, Menopausal, and Postmenopausal Conditions*. We thank Senator Gile for introducing this legislation and taking an important step toward improving women's health outcomes and reducing disparities in care.

The Maryland Commission for Women has spoken with women across Maryland who have asked for increased focus on menopause awareness, reduced stigma, clinical training, and insurance coverage. That is why the Maryland Commission for Women has made advancing menopause policy our **top legislative priority this year following a unanimous vote of the commissioners**.

This priority is informed by stories the Commission has received from women across Maryland describing barriers to diagnosis, treatment, and insurance coverage. These stories highlight the need for stronger policy solutions to ensure women receive appropriate care during this stage of life. In the words of Maryland women:

*"I was discouraged by my gynecologist when seeking hormone replacement treatment. So I suffered. I had night sweats, lack of sleep, irregular heavy periods and was told **that is just how it is.**"*

"I can't help but wonder how many women do give up and stop trying like I had after multiple desperate asks for help seeking menopause treatment. Women's lives depend on this changing!"

*"I went to my general practitioner, gynecologist, orthopedics, and physical therapy to no avail. It **took three visits** to my gynecologist for her to finally prescribe progesterone."*

“My doctor relied on the 2002 study on HRT conducted by men and refused to put me on HRT. Instead she suggested vitamin B. For almost two years I showed her studies and information that stated that not all the findings were credible for the 21st Century. Finally she relented and put me on HRT.”

*“I met with my OBGYN, who dismissively told me that I had herpes and prescribed an antibiotic to take when symptoms appeared. This diagnosis came as a shock -- particularly since I have been with the same partner for more than 30 years. His lack of empathy was astonishing -- and **the diagnosis also incorrect. It was menopause.**”*

“This treatment and care should have been available to me from the beginning.”

*“The **stigma** keeps many of us silent, even as we quietly struggle.”*

“The doctor wrote a prescription, but cautioned me that it was unlikely to be covered by insurance. The cost was upwards of \$450. Instead, she advised that I could fill the prescription online (through a Canadian Pharmacy) for “only” \$150.”

“It shouldn't be this difficult to receive care for something that 50% of the population will eventually experience. Instead, doctors should ask perimenopausal women whether they are experiencing symptoms -- and present possible solutions.”

*“What has bothered me is that I was never offered HRT as an option. **I had to find out about HRT from a YouTube influencer.**”*

“The lack of knowledge regarding women's health is unimaginable this day in age.”

To address a need for improved clinical awareness and training, SB892 requires all Health Occupations Boards to grant two hours of continuing education credits for every hour of training on perimenopause and menopause evaluation and treatment. It also directs the Department of Health, in consultation with health care provider professional associations and institutions of higher education, to evaluate methods for increasing opportunities for clinical education on these topics.

To ensure menopause continues as a coordinated focus of our public health efforts, the legislation adds a menopause specialist and the Executive Director of the Maryland Commission for Women to the State Advisory Council on Health and Wellness. It also has the Department of Health work with the State Community Health Worker Advisory Committee to evaluate and develop an action plan to increase access to perimenopausal, menopausal, and postmenopausal health care services.

In addition, the legislation calls for a study to be conducted by the Maryland Commission for Women to evaluate opportunities for state policy initiatives that improve the health and economic security of individuals with perimenopausal, menopausal, and postmenopausal conditions. We support this study and look forward to reporting back to the Legislature on October 1, 2027.

Maryland is not alone in addressing these issues. Across the country, states are beginning to recognize the need for improved menopause care through policy changes related to provider education and insurance coverage.¹ For example, Oregon has enacted legislation requiring certain insurers and health boards to address menopause care, California has taken steps to incorporate menopause education into provider training, and Illinois has expanded insurance coverage for menopause treatments. These actions reflect a growing national recognition that menopause care is an important public health and workforce issue.

The effects of menopause in the workplace and healthcare system are especially pronounced among women in manual, routine-intensive, and caregiving roles, as well as among women without a college degree.² Research also shows that Black, Hispanic, and low-income women are more likely to experience earlier and more intense symptoms and are disproportionately affected by adverse work and health outcomes.³ Improving provider training and insurance coverage is an important step toward reducing these disparities and ensuring equitable care.

For all of these reasons, the Maryland Commission for Women urges a **FAVORABLE WITH AMENDMENTS** report. For specific questions, please contact our Executive Director, Ariana Kelly, at Ariana.Kelly@Maryland.Gov or via telephone at 240-338-0591.

¹ Jennifer Weiss-Wolf and Dr. Mary Claire Haver, A Citizen's Guide to Menopause Advocacy (The 'Pause Life, 2025), https://cdn.shopify.com/s/files/1/0251/2325/8458/files/A_Citizens_Guide_to_Menopause_Policy-The_Pause_Life.pdf

² "Menopause's Effects on the Workplace and Other Surprising Impacts," UVA Health. <https://www.uvahealth.com/news/menopauses-effects-on-the-workplace-and-other-surprising-impacts/>

³ "Menopause Is Different for Women of Color," research highlighted by investigators from the Study of Women's Health Across the Nation (SWAN). <https://www.swanstudy.org/new-york-times-article-titled-menopause-is-different-for-women-of-color-features-swan-investigators-dr-sherri-ann-burnett-bowie-dr-monica-christmas-and-dr-rebecca-thurston/>