

SB 892 Written Testimony - Sen. Gile.docx.pdf

Uploaded by: Dawn Gile

Position: FAV

DAWN D. GILE
Legislative District 33
Anne Arundel County

Finance Committee

Chair

Anne Arundel County
Senate Delegation



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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.

Maryland Catholic Conference_FAV_SB892.pdf

Uploaded by: Diane Arias

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

March 3, 2026

Senate Bill 892

**Public Health – Perimenopausal, Menopausal, and Postmenopausal Conditions
Senate Finance Committee**

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state’s second largest social service provider network, behind only our state government.

Senate Bill 892 alters the membership of the State Advisory Council on Health and Wellness; requiring certain health occupations boards that require a licensee or certificate holder to complete continuing education requirements as a condition of renewal to grant at least a certain amount of continuing education credits for completing continuing education on perimenopausal, menopausal, and postmenopausal evaluation and treatment.

Promoting women’s health at every stage of life is an essential part of upholding human dignity and fostering a culture that respects and promotes life. Menopause is a natural biological transition, yet it has historically been under-addressed in medical education and public health policy. A 2025 analysis of Maryland healthcare data estimates that approximately 310,000 Maryland residents experience menopause-related symptoms each year.¹ These symptoms can include vasomotor instability, sleep disruption, mood changes, bone density loss, and increased long-term risks such as cardiovascular disease and osteoporosis.

Fewer than 10% of residents in internal medicine, family medicine, and obstetrics and gynecology report feeling adequately prepared to manage menopause after graduation.² Even a modest requirement—such as two hours of focused continuing education—can meaningfully

¹ chrome-

extension://efaidnbmnnnibpcajpcgclefindmkaj/https://mhcc.maryland.gov/mhcc/pages/home/meeting_schedule/documents/presentations/2025/20251211/agd4_menopause_prst.pdf

² <https://www.pharmacytimes.com/view/menopause-care-varies-by-provider-highlighting-need-for-standardized-education#:~:text=%E2%80%9CEducation%20in%20menopause%20management%20is,the%20health%20of%20women%20everywhere.%E2%80%9D>

improve a provider's understanding of evolving research, treatment options, and symptom management strategies. Ensuring regular, evidence-based training strengthens clinical knowledge, increases provider confidence, and improves the ability to manage complex and long-term health risks associated with the menopause transition.

Supporting menopause education affirms that women's health does not end with fertility. Respect for life and human dignity includes caring for women in every phase of life, including the menopause transition. By investing in provider education, this legislation helps ensure that women receive comprehensive, compassionate, and scientifically grounded care that honors their health, well-being, and inherent dignity.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 892**.

Thank you for your consideration.

2025 WLC SB 892 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

Committee: Senate Finance Committee

Bill: Senate Bill 892 – Public Health – Perimenopausal, Menopausal, and Postmenopausal Conditions

Hearing Date: March 3, 2026

Position: Support

The Women's Law Center of Maryland supports *Senate Bill 892 – Public Health – Perimenopausal, Menopausal, and Postmenopausal Conditions*. The bill provides for a multifaceted policy strategy to advance access to healthcare services related to evaluation and treatment of menopause.

Our healthcare system has long marginalized the treatment of menopause. As a result, 80% of women experiencing menopausal symptoms do not seek treatment.ⁱ SB 892 will support the integration of menopausal care into our healthcare system by encouraging continuing education for health professionals, evaluating barriers to coverage of menopausal treatment, and studying the impact of menopause on women's wellbeing.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ <https://newsnetwork.mayoclinic.org/discussion/mayo-clinic-study-finds-majority-of-midlife-women-with-menopause-symptoms-do-not-seek-care/>

The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

2026 ACNM SB 892 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: Senate Bill 892 – Public Health – Perimenopausal, Menopausal, and Postmenopausal Conditions

Hearing Date: March 3, 2026

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly support *Senate Bill 892 – Public Health-Perimenopausal, Menopausal, and Postmenopausal Conditions*. The bill advances access to evaluation and treatment of menopausal conditions by incentivizing providers to seek postgraduate education about menopause, establishing an in-depth study of the barriers to insurance coverage, reviewing potential measures to support the economic security of people with menopausal symptoms, and increasing awareness of menopausal treatment through community health workers.

Women with menopausal symptoms have long been neglected by our healthcare system.ⁱ In the Study of Women’s Health Across the Nation (SWAN), researchers are conducting a longitudinal study to examine the health of women in their middle years. So far, SWAN has identified:

- Strategies to counteract loss of bone density during menopause;
- The impact of hot flashes on sleep and mental health;
- Steps to address memory and mental health challenges experienced during menopause; and
- The impact of declining estrogen on physical functions.ⁱⁱ

To improve health outcomes for people with menopause, Senate Bill 892 focuses on health provider education, consumer awareness and engagement, and health insurance coverage. We need this type of multi-faceted strategy because the gaps in menopause treatment and awareness are so significant.

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ <https://www.sciencedirect.com/science/article/pii/S2214109X2400528X>

ⁱⁱ <https://www.swanstudy.org/fact-sheets/>

SB0892_FAV_MedChi, MDACOG_PH - Perimenopausal, Men

Uploaded by: Steve Wise

Position: FAV



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Senate Finance Committee

March 3, 2026

Senate Bill 892 – *Public Health – Perimenopausal, Menopausal, and Postmenopausal Conditions*

POSITION: SUPPORT

On behalf of The Maryland State Medical Society (MedChi) and the Maryland Section of The American College of Obstetricians and Gynecologists (MD ACOG), we submit this letter of **support** for Senate Bill 892.

Among other things, this legislation requires health occupations boards, including the Board of Physicians, to grant double credit for continuing medical education (CME) on perimenopausal, menopausal, and postmenopausal evaluation and treatment. Though MedChi and MD ACOG are often reluctant to endorse legislation that focuses CME on certain conditions, rather than allowing physicians to tailor their CME to their own practice, there is anecdotal evidence that menopause related conditions are not always recognized and treated correctly. Bringing attention to this condition and its treatment is one reason they support Senate Bill 892.

The other reason they support the legislation is the new approach it takes to CME-related legislation. In the past, legislation of this nature has mandated that all or certain providers take CME in a particular subject, essentially using a “stick” approach. Senate Bill 892 instead offers a “carrot” by awarding two hours of credit for each hour of CME completed, subject to limitations. MedChi and MD ACOG believe that incentivizing CME in this way is a far-preferable approach and will produce better outcomes.

For these reasons, MedChi and MD ACOG support Senate Bill 892.

For more information call:

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SB 892 Public Health – Perimenopausal, Menopausal,

Uploaded by: Ariana Kelly

Position: FWA

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/>

LaShaune Stitt SB892 Testimony.docx.pdf

Uploaded by: LaShaune Stitt

Position: FWA

Maryland Commission for Women

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

SPONSOR: Senator Dawn Gile

HEARING: March 3, 2026

POSITION: SUPPORT

Greetings, Chair Beidle, Vice Chair Hayes, and members of the Finance Committee. Thank you for the opportunity to speak today, and thank you to Senator Gile for your leadership on this bill.

I begin by honoring my ancestors, whose resilience makes my presence here possible, and by acknowledging that the lands and waters now known as Maryland are the home of its first people.

My name is Dr. LaShaune Stitt, and as Chair of the Maryland Commission for Women, I speak in support of HB1365 and on behalf of women across our state whose health concerns have too often been dismissed. The Maryland Commission for Women is prioritizing menopause legislation this year as part of a growing national conversation recognizing menopause as a critical public health issue.

Let me share my story: In my early 30s, I was diagnosed with PCOS and prediabetes after a thyroid condition was discovered while on birth control. After treatment changes, I developed a pulmonary embolism and learned I carry Factor V Leiden, a clotting disorder that nearly took my life. Because of that history, hormone therapy has never been an option for me.

During my 40s, I began experiencing back pain, hot flashes, migraines, joint pain, and more. I was told I was “too young” for perimenopause and that lab work did not reflect what I was experiencing. No one discussed non-hormonal options or menopause specialists, and no referral was ever offered.

Now, in my 50s, I live with chronic conditions like hypertension, high cholesterol, osteoarthritis, and Type II diabetes, all while navigating this transition without coordinated care across providers who understand menopause or can connect the dots.

HB1365 imagines a future where healthcare providers are better equipped to recognize menopause and work together to support women like me. Expanding clinical training opportunities and incentivizing that training will help ensure women receive the coordinated, informed care that has been missing for so many of us.

Too often, women are told to endure rather than receive adequate treatment, which reflects a system that undervalues women's health. We know that during the menopause transition, too many health concerns can increase, yet many women go through these years without clear guidance. My fellow panelists will share more on that research.

So, on behalf of the Maryland Commission for Women, I respectfully urge your support so that women in our state are met with understanding, coordination, and respect, not dismissal.