

Maryland Catholic Conference_FAV_HB1365_HouseCross

Uploaded by: Diane Arias

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

March 25, 2026

House Bill 1365

Health Occupations, Public Health, and Insurance – Menopause – Provider
Training Coverage Requirements, Policy Initiatives, and Access to Care
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.

House Bill 1365 alters the membership of the State Advisory Council on Health and Wellness; requiring health occupations boards that require licensees or certificate holders to complete certain continuing education to grant a certain number of hours for every hour of continuing education for menopause and menopause-associated symptoms; authorizing certain health occupations boards to establish a maximum number of certain continuing education credits granted; requiring the Department to identify a certain training program in consultation with certain professional associations; requiring certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for the evaluation and management of menopause and menopause-associated conditions; requiring the Maryland Commission for Women and the Maryland Department of Health to take certain actions related to perimenopausal, menopausal, and postmenopausal conditions; and generally relating to provider training, health insurance coverage, policy initiatives, and access to care related to menopause.

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

¹ chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://mhcc.maryland.gov/mhcc/pages/home/meeting_schedule/documents/presentations/2025/20251211/agd4_menopause_prst.pdf

include vasomotor instability, sleep disruption, mood changes, bone density loss, and increased long-term risks such as cardiovascular disease and osteoporosis.

Despite the prevalence and health implications of menopause, education in this area remains limited in many medical training programs. Fewer than 10% of residents in internal medicine, family medicine, and obstetrics and gynecology report feeling adequately prepared to manage menopause after graduation.² This lack of standardized training contributes to inconsistent care and leaves many women without evidence-based guidance during a significant stage of life. Ensuring regular, evidence-based training for healthcare providers improves clinical knowledge, builds provider confidence, and strengthens the ability to manage complex and long-term health risks associated with menopause. Women may experience menopausal symptoms across a wide age range—sometimes as early as their 30s through their 60s and beyond—and evolving research and treatment options require ongoing professional education.

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 **HB 1365**.

Thank you for your consideration.

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>

HB1365 - Testimony Senate Hrng.pdf

Uploaded by: Joseline Peña-Melnyk

Position: FAV

JOSELINE A. PEÑA-MELNYK
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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.

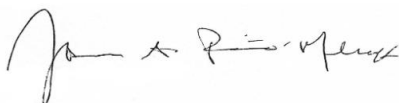
Menopause is a natural and inevitable result of aging, yet it remains one of the most under-researched, under-discussed, and stigmatized stages of life. Women deserve providers who can recognize the signs, understand the physiological changes occurring during this transition, and offer appropriate, evidence-based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

Delegate Joseline A. Peña-Melnyk

2025 WLC HB 1365 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

Committee: Senate Finance Committee

Bill: House Bill 1365 – Health Occupations, Public Health, and Insurance – Menopause – Provider Training Coverage Requirements, Policy Initiatives, and Access to Care

Hearing Date: March 25, 2026

Position: Support

The Women's Law Center of Maryland supports *House Bill 1365 – Health Occupations, Public Health, and Insurance – Menopause – Provider Training, Coverage Requirements, Policy Initiatives, and Access to Care*. 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 House Bill 1365 will support the integration of menopausal care into our healthcare system by encouraging continuing education for health professionals and requiring insurance coverage of menopausal treatment.

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 HB 1365 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: House Bill 1365 - Health Occupations, Public Health, and Insurance – Menopause – Provider Training Coverage Requirements, Policy, Initiatives, and Access to Care

Hearing Date: March 25, 2026

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly support *House Bill 1365 - Health Occupations, Public Health, and Insurance – Menopause – Provider Training Coverage Requirements, Policy, Initiatives, and Access to Care*. The bill advances access to evaluation and treatment of menopausal conditions by incentivizing providers to seek postgraduate education about menopause, requiring insurance coverage of evaluation and treatment of menopausal symptoms, engaging community health workers in outreach activities related to menopausal symptoms and treatment, and laying the groundwork for future initiatives through a study by the Maryland Commission for Women.

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, House Bill 1365 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/>

HB1365 - Senate_FAV_MedChi, MDACOG_Health Occs., P

Uploaded by: Steve Wise

Position: FAV



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Senate Finance Committee

March 25, 2026

House Bill 1365 – *Health Occupations, Public Health, and Insurance – Menopause –
Provider Training Coverage Requirements, Policy Initiatives, and Access to Care*

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 House Bill 1365.

This legislation would require health occupations boards, which license providers who evaluate and manage patients with menopause and menopause-associated symptoms, to grant double credit for continuing education credits taken in this subject matter. Though MedChi and MD ACOG are often reluctant to endorse legislation that focuses continuing medical education (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 House Bill 1365.

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. House Bill 1365 instead offers a “carrot” by awarding two hours of credit for each hour of CME completed in a program identified by the Health Department. 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 House Bill 1365.

For more information call:

J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

PPM- HB 1365- FAV 2.pdf

Uploaded by: Tica Torres

Position: FAV

Committee:	Finance Committee
Bill Number:	House Bill 1365 - Health Occupations, Public Health, and Insurance - Menopause - Provider Training Coverage Requirements, Policy Initiatives, and Access to Care
Hearing Date:	March 25, 2026
Position:	Favorable

Planned Parenthood of Maryland (PPM) supports *House Bill 1365 Health Occupations and Insurance - Menopause - Provider Training and Coverage Requirements*. The bill as amended would promote better clinical understanding of menopause through continuing education credit and requires coverage across regulated health plans; thereby improving access to menopause care and care for menopause related conditions.

House Bill 1365 improves the quality-of-care Marylanders receive by strengthening clinicians' knowledge of menopause and its related conditions. The bill's continuing education provision ensures providers have access to up-to-date, evidence-based training that supports accurate evaluation, counseling, and treatment.

Furthermore, its insurance coverage requirements will advance equitable access by reducing cost barriers that often limit patients' ability to seek care for menopause and related concerns. Because Planned Parenthood of Maryland is committed to delivering high-quality, reproductive health care which reflects respect, dignity, and non-discrimination in every patient interaction, this bill aligns with our core mission.

Planned Parenthood of Maryland asks for a favorable report on HB 1365. If we can provide any additional information, please contact Vice President of Public Affairs, Erin Bradley, at erin.bradley@ppm.care.

HB1365_FIN_MDH_LOSAA

Uploaded by: Madalyn Farrar

Position: FWA



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

March 25, 2026

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: House Bill 1365 – Health Occupations, Public Health, and Insurance - Menopause - Provider Training Coverage Requirements, Policy Initiatives, and Access to Care – Letter of Support as Amended

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support as amended for House Bill (HB) 1365 – Health Occupations and Insurance - Menopause - Provider Training and Coverage Requirements. HB 1365 modifies the State Advisory Council on Health and Wellness membership; requires health occupations boards to grant continuing education credits for menopause-related training; requires the Department to identify training programs; requires certain insurers to provide coverage for menopause care; and directs the Department to develop an action plan to increase access to perimenopausal, menopausal, and postmenopausal services.

Menopause is a permanent cessation of menstruation that is a normal, natural event that occurs after the loss of ovarian activity. There is a wide range of symptoms that women experience including but not limited to hot flashes, night sweats, mood changes and the genitourinary syndrome of menopause. Menopause is often inadequately addressed in clinical care, as many providers receive limited training in its management and patients frequently report undertreatment and inconsistent counseling.^{1,2} This issue is not limited to women's health care providers as primary care providers and other subspecialists will care for women experiencing menopause-associated symptoms and have an opportunity to improve their experience.

In the Women's Health Action Plan, the Department committed to ensuring that all women in Maryland achieve and maintain their highest level of physical, mental, and emotional health and well-being.³ Specialized and evidence-based menopause care is crucial to achieving this goal.

¹ Chamberlain, S., Friedman, A., Stroman, T., & Viner, B. (2025, October 15). [Closing the menopause care gap: The next frontier in women's health](#). Boston Consulting Group.

² DePree, B., Houghton, K., Shiozawa, A., Esterberg, E., King, D. D., Kim, J., & Mancuso, S. (2023). Treatment and resource utilization for menopausal symptoms in the United States: a retrospective review of real-world evidence from US electronic health records. *Menopause*, 30(1), 70–79. <https://doi.org/10.1097/GME.0000000000002095>

³ Maryland Department of Health. [Women's Health Action Plan](#). 2024.

The Department supports this bill's effort to promote comprehensive education for clinical providers who care for women with menopause and menopause-associated symptoms, and to incentivize training through enhanced continuing medical education credits. The Department will work to identify training programs, as required by this bill, that will support clinical providers who care for this population to recognize symptoms, determine appropriate referrals for further evaluation, and stay up to date on the latest recommendations for treatment and management.

The Department also supports this bill's goal of improving Marylanders' access to perimenopausal, menopausal, and postmenopausal health care services, and will work in consultation with the State Advisory Council on Health and Wellness to evaluate needs and create an action plan.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', with a stylized flourish at the end.

Meena Seshamani, M.D., Ph.D.
Secretary of Health