Maryland Commission for Women

51 Monroe Street, Suite. 1034 Rockville, Maryland 20850

www.marylandwomen.org

HB 1365 *Health Occupations and Insurance – Menopause – Provider Training and Coverage Requirements*
SPONSOR: Speaker Joseline Peña-Melnyk
HEARING: March 3, 2026
POSITION: Favorable with Amendments

Chair Bagnall, Vice Chair Cullison and Members of the Health Committee,

The Maryland Commission for Women urges a **FAVORABLE WITH AMENDMENTS** report on HB1365, the *Health Occupations and Insurance - Menopause - Provider Training and Coverage Requirements*. We thank Speaker Joseline Peña-Melnyk for introducing this legislation and taking an important step toward improving women's health outcomes and reducing disparities in care.

The Amendments we are requesting come from HB1121/SB892 (Bagnall/Gile). This is a similar bill that includes important public health language. **The specific provisions we would like to include from HB1121/SB892 are:**

1) The addition of a menopause specialist and the Executive Director of the Maryland Commission for Women to the **State Advisory Council on Health and Wellness.**
2) Section 4: The study 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 by October 1, 2027.
3) Section 5: The language that 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 by October 1, 2027.
4) Section 6: The language that 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.

HB1365 as written strengthens menopause care in two key ways. First, the bill requires healthcare providers to receive training on the diagnosis and management of perimenopause and menopause so clinicians are better prepared to recognize symptoms and provide evidence-based care.

Second, the bill requires health insurers to cover medically necessary menopause-related treatments, including hormonal and non-hormonal therapies, helping reduce out-of-pocket costs that often prevent women from accessing appropriate care.

With the proposed amendments, the legislation will also ensure that menopause care remains central in Maryland's public health work in the coming years. The Maryland Commission for Women has spoken with women across Maryland who have asked for this. 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.**"*
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> *"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!"*
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> *"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.*
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> *"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*."
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> *"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**."*
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> *"This treatment and care should have been available to me from the beginning."*
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> *"The **stigma** keeps many of us silent, even as we quietly struggle."*
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> *"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."

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.

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[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/