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Appropriations Committee

Subcommittees

Oversight Committee on Pensions

Transportation and the Environment



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THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

**Health Insurance - Required Coverage - Hormone Related Care - Report (HB1435)  
- 2026**

**Testimony of Delegate Ryan Spiegel – Favorable**

Chair Bagnall, Vice Chair Cullison, and members of the Committee,

Hormonal transitions such as perimenopause and menopause are common and medically recognized experiences that affect a very significant portion of the adult population. When symptoms are left untreated, individuals may experience worsening health conditions that can lead to avoidable emergency visits, repeated diagnostic testing, and long-term complications. These outcomes not only affect the health of Maryland residents, but also place additional strain on the health care system.

Despite how widespread these conditions are, access to hormone related treatment remains inconsistent across insurers. Some patients are able to obtain appropriate care without difficulty, while others encounter repeated denials or complex administrative hurdles. In many cases, patients face delays simply trying to access treatments their clinicians have already determined are medically necessary. This uneven landscape creates confusion and contributes to interruptions in care.

HB 1435 seeks to address these challenges by establishing clear statewide standards for insurance coverage of medically necessary hormone related care in Maryland to treat symptoms of perimenopause and menopause. The bill requires health insurance carriers to cover clinically appropriate hormone therapies and the related services needed to support treatment. These services include hormone replacement therapy, hormone suppression or modulation therapy, hormone modulating medications, diagnostic testing, ongoing monitoring, and the clinical visits necessary to begin or continue treatment.

The legislation also addresses administrative barriers that often delay care. It prevents insurers from applying stricter coverage requirements than those used for comparable medical treatments and helps ensure that patients can access providers with relevant expertise in endocrine, reproductive, perimenopausal, and menopausal care in a timely manner.

Much of our discussion in health policy focuses on prevention, early treatment, and evidence based care. However, for many Maryland residents seeking hormone related treatment for menopause and perimenopause, insurance coverage remains unpredictable. Patients frequently encounter denials, lengthy approval processes, or other administrative requirements that delay care and disrupt treatment plans.

HB 1435 also improves oversight by requiring carriers to submit annual reports to the Maryland Insurance Administration detailing claims activity, denials, and processing timelines. This reporting requirement will provide greater transparency and allow the state to better monitor how hormone related care for menopause and perimenopause is being covered across Maryland.

By creating more consistent standards and improving transparency, HB 1435 will make it easier for patients experiencing menopause and perimenopause to access appropriate care based on clinical judgment and individual medical need. Earlier and more reliable access to treatment can help prevent avoidable complications and reduce unnecessary strain on both patients and the broader healthcare system. The legislation is expected to have minimal immediate fiscal impact, with the potential for long term savings as a result of fewer emergency visits, less repetitive testing, improved ability to engage in workforce and other economic activity as a result of better access to treatment coverage, overall improved quality of life, and reduced complications from untreated hormonal conditions.

For these reasons, I respectfully request a favorable report on HB 1435.