

# Maryland Commission for Women

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[www.marylandwomen.org](http://www.marylandwomen.org)

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**HB 1365** *Health Occupations and Insurance - Menopause - Provider Training and Coverage Requirements - Access and Reporting*

**SPONSOR:** Speaker Joseline Peña-Melnyk

**HEARING:** March 3, 2026

**POSITION:** SUPPORT

Greetings, Chair Bagnall, Vice Chair Cullison, and members of the Health Committee. Thank you for the opportunity to speak today, and thank you to Speaker Joseline Peña-Melnyk 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.