

Supplemental Written Testimony in Support of HB 1435  
Maryland House Health & Government Operations Committee

Chair, Vice Chair, and Members of the Committee:

Thank you for the opportunity to submit supplemental written testimony in strong support of HB 1435. This bill is a practical, evidence-based modernization of Maryland's insurance standards that will ensure women experiencing perimenopause and menopause can access the care their clinicians recommend—moving beyond evaluation to actual, covered treatment where medically appropriate. HB 1435 requires insurers, nonprofit health service plans, and HMOs to cover hormone-related care, including hormone therapy for perimenopausal and menopausal symptoms; it also adds needed guardrails to curb inconsistent denials and establishes clear, uniform expectations statewide.

Clinical need is clear and urgent. Symptoms such as sleep disruption, hot flashes, cognitive changes, anxiety, and mood shifts are common, medically recognized manifestations of perimenopause and menopause that can seriously impair daily functioning. For many patients, hormone therapy is the appropriate, evidence-based intervention. HB 1435 addresses the persistent gap in treatment access by requiring coverage for this care—so that a woman who has been properly evaluated is not left without the treatment that restores stability and health.

The workforce and economic implications are substantial. In Elektra Health's 2022 national survey of more than 2,000 professional women (ages 40–55), one in three reported that menopause negatively affects their work performance; 38% missed at least one workday in the past year due to symptoms (with 18% missing more than four days); 20% left or considered leaving a job because of symptoms; and 59% were concerned about the affordability of care. Critically, 73% of respondents specifically want menopause support through their health insurance. These data show a direct line from untreated symptoms to absenteeism, retention challenges, and financial strain. In addition, research summarized in the same report indicates that untreated hot flashes alone may cost employers billions of dollars annually in healthcare spending and lost productivity—underscoring the fiscal prudence of ensuring appropriate treatment access.

HB 1435 strengthens fairness and consistency. Today, coverage for perimenopause/menopause treatment can vary widely by carrier, plan design, and even patient age or prior therapy history, creating confusion for patients and administrative burden for clinicians. HB 1435 reduces these discrepancies by setting uniform statewide standards for coverage and, as drafted, includes requirements and prohibitions aimed at preventing arbitrary denials for clinically appropriate hormone-related care. The bill also includes reporting obligations to the Maryland Insurance Administration, supporting transparency and policy oversight.

Quality of life and equity are central. For many women in Maryland who suffer from perimenopause/menopause symptoms, access to appropriate, covered treatment is the difference between daily dysfunction and restored health, productivity, and wellbeing. The Elektra Health's survey indicates that the burden is not distributed evenly; concerns about support, stigma, and affordability are pronounced—making consistent coverage an equity issue as well as a clinical one. Ensuring access improves health outcomes and helps women remain present at work and at home.

Finally, HB 1435 presents a meaningful leadership opportunity for Maryland. If enacted, it would position Maryland to achieve a historic first, the first state in the nation to guarantee comprehensive, uniform insurance protections for perimenopause and menopause treatment. Establishing clarity and consistency in coverage for evidence-based hormone-related care would set a national benchmark for modern women's health policy.

For these reasons—clinical efficacy, workforce stability, cost prudence, equity, and the potential for historic leadership—I respectfully ask the Committee to issue a favorable recommendation on HB 1435 and to advance this legislation through the chamber.

Thank you for your consideration,

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