

Testimony in Support of House Bill 1435

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Respected members of the committee,

Thank you for the opportunity to provide testimony in support of House Bill 1435.

I am supporting House Bill 1435 because I am an evidence-based public health researcher, faculty member, father, husband, and committed advocate for women's health.

I am a cardiovascular physiologist whose research focuses on vascular health (optimal functioning of arteries), inflammation, and cardiovascular disease risk across the lifespan, with particular expertise in women's cardiovascular health. My work examines how hormonal transitions, including menopause, influence vascular function, blood pressure and long-term cardiovascular health. Vascular health plays a primary role in the regulation of blood pressure and influences multiple mechanisms of hypertension development. Although women display a degree of cardio-protection compared with men earlier in life, this protection declines sharply in midlife. Beginning around age 45, the prevalence of hypertension in women rises drastically, coinciding with the typical age range of menopause and marking an inflection point in cardiovascular risk. Importantly, women exhibit increases in cardiovascular disease risk at lower blood pressure values compared to men, meaning that even modest elevations in blood pressure can carry significant health consequences. *As such, it is critical to identify strategies, to target multiple aspects of vascular health, in order to improve blood pressure in women during the mid-life, reduce hypertension risk, and improve long-term cardiovascular health.*

A substantial body of scientific evidence demonstrates that the menopausal transition, starting with perimenopause is associated with objective detrimental physiological changes in the cardiovascular system. Declining hormonal concentrations influence vascular function, increasing the risk of developing hypertension. To this point, a study published by Moreau et. al in 2012 reported a decrease in vascular function even in early and late perimenopausal women as compared to postmenopausal in healthy women. More recently, Wenner et.al. (2024) reported that the changes in vascular function occur around age 47 and the association between age and declining vascular function is mediated by changes in the follicle stimulating hormone and progesterone. Simply put, these snapshot data suggest that the physiological changes associated with hormonal transition could contribute to future increased cardiovascular risk even in relatively healthy women during midlife. Put simply, midlife is now recognized as a critical window of opportunity in women to intervene and reduce cardiovascular disease risk. Additionally, early intervention targeting primary prevention eventually lowers the healthcare costs.

Experimental and clinical studies have shown that hormones play an important role in maintaining vascular health and the timing of the hormone therapy might play a critical role in improvement of the physiological and health outcomes. Observations on "Timing hypothesis" have suggested any interventions closer to menopause would help women in midlife mitigate the detrimental physiological changes.

Clinical guidelines recognize that hormone therapy can be an effective treatment for menopausal symptoms when prescribed appropriately for eligible patients. These therapies can substantially

improve quality of life and help manage symptoms that otherwise disrupt sleep, daily functioning, and overall well-being. Importantly, more severe vasomotor symptoms including hot flashes and night sweats are associated with greater risk for cardiovascular disease, including hypertension. Despite this evidence, access to hormone-related care remains inconsistent, in part because of the cost associated with hormone treatment. When women cannot access appropriate treatment, symptoms may worsen, leading to repeated healthcare visits, avoidable health complications, and disruptions to daily life and productivity. Improving access to evidence-based menopause care is therefore an important step toward protecting women's health and ensuring more robust long-term cardiovascular outcomes.

House Bill 1435 addresses these issues by requiring coverage for medically necessary hormone-related care and ensuring that coverage determinations are guided by evidence-based clinical standards. By aligning insurance practices with established medical evidence, the bill helps reduce barriers to appropriate care.

For these reasons, I respectfully urge the committee to support House Bill 1435.

Thank you for your consideration.

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