HB 1365

Department of Legislative Services

Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 1365 (Delegate Pena-Melnyk, *et al.*)
Health Finance

Health Occupations, Public Health, and Insurance - Menopause - Provider Training Coverage Requirements, Policy Initiatives, and Access to Care

This bill requires certain insurers, nonprofit health service plans, and health maintenance organizations (collectively carriers) to provide coverage for the evaluation and management of menopause and menopause-associated symptoms as determined by the treating health care provider. The Maryland Department of Health (MDH) must identify at least one training program on the evaluation and management of menopause and menopause-associated symptoms. Certain health occupations boards must grant at least two continuing education credits for every one hour of such training. The bill also alters the membership of the State Advisory Council on Health and Wellness. Uncodified language adds reporting requirements for MDH and the Maryland Commission for Women. **The bill has various effective dates as noted below; however, insurance provisions take effect January 1, 2027, and apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after that date.**

Fiscal Summary

State Effect: Minimal increase in special fund revenues for the Maryland Insurance Administration (MIA) in FY 2027 only from the $125 rate and form filing fee; review of filings and complaints can likely be handled with existing resources. MDH general fund expenditures increase by $100,300 in FY 2027 and $30,200 in FY 2028 for contractual staff and vendors for reporting requirements. No material impact on the State Employee and Retiree Health and Welfare Benefits Program (State plan), as discussed below.

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
SF Revenue	-	$0	$0	$0	$0
GF Expenditure	$100,300	$30,200	$0	$0	$0
Net Effect	($100,300)	($30,200)	$0	$0	$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: Potential increase in health care expenditures for local governments that purchase fully insured plans. Revenues are not affected.

Small Business Effect: Minimal.

Analysis

Bill Summary:

Training and Continuing Education for Health Occupations Professionals

MDH must consult with specified professional associations to identify at least one training program for health occupations licensees and certificate holders on the evaluation and management of menopause and menopause-associated symptoms.

Each health occupations board that requires continuing education as a condition of license or certificate renewal must grant at least two hours of continuing education credits for every one hour of continuing education on menopause and menopause-associated symptoms completed by a licensee or certificate holder who evaluates and manages menopause and menopause-associated symptoms within their scope of practice. A health occupations board may adopt regulations establishing the maximum number of these continuing education credits that may be granted.

These provisions take effect October 1, 2026.

State Advisory Council on Health and Wellness

The membership of the advisory council is expanded to include the Executive Director of the Maryland Commission for Women (or their designee) and one representative with expertise in perimenopausal, menopausal, or postmenopausal evaluation and treatment. The bill also reduces the number of members of the public on the advisory council from 18 to 17 and removes the specification that the advisory council contains 34 voting members.

These provisions take effect October 1, 2026.

Maryland Department of Health Reporting Requirements

By October 1, 2027, MDH, in consultation with the State Community Health Worker Advisory Committee, must (1) evaluate and develop an action plan to increase access to perimenopausal, menopausal, and postmenopausal health care services through the

outreach of community health workers to consumers and (2) submit the evaluation and action plan to the General Assembly.

By October 1, 2027, MDH, in consultation with health care provider professional associations and institutions of higher education, including community colleges, must (1) evaluate methods for increasing opportunities for clinical education, including postgraduate education, on perimenopausal, menopausal, and postmenopausal evaluation and treatment and (2) report its findings and recommendations to the General Assembly.

These provisions take effect July 1, 2026.

Maryland Commission for Women Reporting Requirement

By October 1, 2027, the Maryland Commission for Women must (1) evaluate opportunities for State policy initiatives that improve the health and economic security of individuals in the State with perimenopausal, menopausal, and postmenopausal conditions and (2) report its findings and recommendations to the General Assembly.

These provisions take effect July 1, 2026.

Current Law:

Mandated Health Insurance Benefits

Under Maryland law, there are more than 50 mandated health insurance benefits that specified carriers must provide to their enrollees. The federal Patient Protection and Affordable Care Act (ACA) requires nongrandfathered health plans to cover 10 essential health benefits (EHBs).

Under § 31-116 of the Maryland Insurance Article, EHBs must be included in the State benchmark plan and, not withstanding any other benefits mandated by State law, must be the benefits required in (1) all individual health benefit plans and health benefit plans offered to small employers (except for grandfathered health plans) offered outside the Maryland Health Benefit Exchange (MHBE) and (2) all qualified health plans offered in MHBE.

For additional information on mandated health insurance benefits in Maryland, please see the **Appendix – Mandated Health Insurance Benefits**.

Advisory Council on Health and Wellness

Chapter 40 of 2017 created the Advisory Council on Health and Wellness by consolidating three existing advisory councils. The council must (1) promote evidence-based programs for healthy lifestyles and the prevention, early detection, and treatment of chronic disease and (2) make recommendations to MDH related to chronic disease prevention, health, and wellness. The council must create, at a minimum, committees on arthritis, diabetes, heart disease and stroke, and physical fitness.

The advisory council consists of 34 voting members appointed by the Secretary of Health, including several representatives of MDH and other State agencies, as well as representatives of specified medical institutions, professional associations, and 18 members of the public.

Maryland Commission for Women

The Maryland Commission for Women in the Department of Human Services works to advance solutions and to expand social, political, and economic opportunities for all women. The commission must:

- stimulate and encourage study and review of the status of women in the State;
- strengthen home life by directing attention to critical problems confronting women as wives, mothers, homemakers, and workers;
- recommend methods of overcoming discrimination against women in public and private employment;
- encourage women to become candidates for public office;
- promote more effective methods for enabling women to develop their skills, continue their education, and be retrained;
- secure appropriate recognition of women's accomplishments and contributions to the State;
- work to develop healthy attitudes within the framework of the commission's responsibilities; and
- inform the Executive and Legislative branches on issues concerning women, including offering testimony on these issues.

The commission may (1) act as a clearinghouse for activities to avoid duplication of effort and (2) make surveys and appoint advisory committees in the fields of education, social services, labor laws and employment policies, law enforcement, health and safety, new and expanded services, legal rights, family relations, human relations, and volunteer services. The commission must submit an annual report to the Governor and General Assembly. The commission's fiscal 2025 report can be found here.

State Expenditures:

State Employee and Retiree Health and Welfare Benefits Program

The State plan is largely self-insured for its medical contracts and, as such, with the exception of the one fully insured integrated health model medical plan (Kaiser), is not subject to this mandate. However, the program generally provides coverage for mandated health insurance benefits.

The Department of Budget and Management (DBM) advises that the program currently covers services related to the evaluation and management of menopause and menopause-related symptoms. Thus, DBM does not anticipate any material impact on the program. In the past year, menopause and menopause-related services were utilized by 5,700 program members, accounting for approximately $1.5 million in paid charges.

Maryland Department of Health

MDH can identify at least one training program on the evaluation and management of menopause and menopause-associated symptoms and relevant health occupations boards can update regulations with existing budgeted resources.

MDH advises that additional expertise on perimenopausal, menopausal, and postmenopausal conditions is required to complete the reports, including additional staff and contractual support. Thus, MDH general fund expenditures increase by $100,266 in fiscal 2027, which accounts for the July 1, 2026 effective date of the bill's reporting requirement provisions. This estimate reflects the cost of hiring one part-time (50%) health policy analyst to consult with the State Community Health Worker Advisory Committee to evaluate and develop the required action plan, consult with stakeholders to identify opportunities for clinical education, and produce the two reports by October 1, 2027. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses, as well as a contractual vendor to support the development of an action plan.

Contractual Position	0.5
Salary and Fringe Benefits	$41,819
Contractual Services	50,000
Other Operating Expenses	8,447
Total FY 2027 State Expenditures	**$100,266**

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses. The contractual employee and vendor contract both terminate on October 1, 2027.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State's implementation of the federal Patient Protection and the ACA.

Other Entities

This analysis assumes that the Maryland Commission for Women can complete the required evaluation of policy options and report to specified committees of the General Assembly with existing budgeted resources.

Additional Comments: MIA advises that the bill does not apply to the nongrandfathered individual and small employer markets. Should the bill be amended to apply to all markets, the State would be required to defray the cost of the new mandate to the extent it applies to the individual and small group ACA plans.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Department of Budget and Management; Maryland Department of Health; Maryland Insurance Administration; Maryland Higher Education Commission; University System of Maryland; Morgan State University; Department of Legislative Services

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Appendix – Mandated Health Insurance Benefits

Overview

Fully insured, large group plans and certain individual plans must cover Maryland's mandated health insurance benefits. These mandates do not apply to most individual or small group plans, public health insurance, or plans issued outside of Maryland. However, individual and small group plans and plans sold through the Maryland Health Benefit Exchange (MHBE) must cover federal essential health benefits (EHBs). Thus, the type of plan an individual is enrolled in generally determines which benefits must be provided.

Most Marylanders Are Insured by Employment-based Coverage

Maryland residents generally obtain health insurance from one of three sources: (1) employment-based coverage; (2) private coverage in the individual market; or (3) public health insurance provided by the State and/or federal government (*i.e.*, Medicaid, the Maryland Children's Health Program (MCHP), Medicare, and military-related coverage). In calendar 2023 (the most recent data available), more than one-half (53.9%) of the State's population had employment-based coverage, more than one-third (34.1%) were covered by public health insurance programs, and 5.7% purchased coverage in the individual market. The remaining 6.5% of Marylanders were uninsured.

State Regulation of Insurance Applies Only to Certain Plans

Employment-based coverage is either fully insured or self-insured. A fully insured plan is a traditional model for health insurance under which an employer pays a fixed premium to an insurer and the insurer assumes all financial risk and responsibility for paying claims. Fully insured plans are most common among small to mid-sized businesses as they offer more predictable costs and less administrative burden. In a self-insured plan, the employer assumes all financial risk and pays claims directly, usually through a third-party administrator. Self-insured plans are more common among larger employers with the resources to assume the financial risk.

The federal Employee Retirement Income Security Act preempts states' ability to require private employers to offer health insurance coverage and exempts self-insured plans from state insurance regulation. As a result, only fully insured plans are regulated by state insurance regulators. Thus, in Maryland, self-insured plans are not regulated by the Maryland Insurance Administration (MIA) and are not subject to Maryland law.

In calendar 2024, 2.58 million Maryland residents younger than age 65 were insured through commercial health benefit plans, of which 890,245 were covered by a fully insured plan and 1.69 million were covered by a self-insured plan. Thus, only about one-third (34.5%) of those covered through commercial plans were in fully insured plans subject to State regulation. Overall, only 17.4% of the State's nonelderly population was covered by a plan subject to State regulation.

Mandated Benefits Apply Only to Large Group and Grandfathered Plans

Maryland law requires insurers, health maintenance organizations, and nonprofit health service plans to cover more than 50 specific benefits. These "mandated benefits" apply to expense-incurred contracts that provide "hospital, medical, and surgical benefits," which include non-major medical products and federally excepted benefits (benefits outside of primary medical coverage that are not subject to certain federal requirements). These include fully insured, large group plans (≥50 employees), individual grandfathered plans in effect on or before March 23, 2010, when the federal Patient Protection and Affordable Care Act (ACA) was enacted, and limited or specialty plans such as fixed-indemnity plans. Maryland's State Employee and Retiree Health and Welfare Benefits Program is predominately self-insured and thus largely exempt from mandated benefits. However, the program generally provides coverage for these benefits as otherwise required under State law.

Mandated benefits *could* apply to individual and small group policies. However, if the benefits go beyond those in the State benchmark plan (a reference plan that defines the minimum benefits that must be offered in the individual and small group markets in Maryland), the State must cover the cost. Thus, mandated benefits are not typically applied to those policies.

Mandated benefits do not apply to Medicaid/MCHP, Medicare, the Federal Employees Health Benefits Program, or military/Veterans Administration coverage. Mandated benefits also do not apply to health benefit plans issued outside of Maryland – such as when a Maryland resident works for an employer based in another state and the plan is issued in that state. In that instance, the plan is subject to the requirements (and mandated benefits) of the state in which it is issued.

Exhibit 1 summarizes mandated benefits for large group and grandfathered plans. For further specifics on mandated benefits, see Title 15, Subtitle 8 of the Insurance Article.

Exhibit 1
Maryland's Mandated Health Insurance Benefits for Large Group and Grandfathered Plans

- Amino-acid elemental formula
- Anesthesia for dental care
- Biomarker testing
- Blood products
- Breast cancer screening
- Breast prosthesis following a mastectomy
- Child well visits and immunizations
- Chlamydia screening
- Cleft lip/palate treatment/management
- Clinical trials
- Colorectal cancer screening
- Contraceptive drugs or devices
- Diabetic equipment or supplies
- Emergency room services
- Fertility awareness-based methods
- Fertility preservation due to medical treatment that may cause infertility
- Gynecological care
- Habilitative services
- Hair prosthesis following cancer
- Hearing aids
- Home health care
- Human papilloma virus screening
- Infertility benefits (including IVF)
- Inpatient hospital services
- Laboratory services
- Lung cancer screening
- Lymphedema diagnosis, evaluation, and treatment
- Male sterilization
- Mastectomies
- Medical foods
- Mental health and substance use treatment
- Morbid obesity surgical treatment
- Osteoporosis prevention and treatment
- Ostomy equipment and supplies
- Physician services
- Pregnancy and maternity benefits
- Prescription benefits
- Preventive services
- Prosthetic devices
- Prostate cancer screening
- Reconstructive breast surgery
- Referrals to specialists
- Second opinions and coverage of outpatient services
- Smoking cessation
- Surgical removal of testicles
- Temporo-Mandibular Joint Syndrome treatment
- X-rays

IVF: in vitro fertilization

Note: Mandated benefits as of January 2025. Coverage of calcium score testing is required beginning January 1, 2026.

Source: Maryland Insurance Administration; Department of Legislative Services

Application of Mandated Benefits in Practice

Legislation is frequently introduced to add new mandated benefits. For example, Senate Bill 518 of 2025 would have required coverage for preventive screenings for ovarian cancer for individuals aged 45 and older. The bill would have applied only to commercial health insurance, specifically fully insured large group plans and individual grandfathered plans. Coverage would not have applied to self-insured plans, nongrandfathered individual or small group plans, plans issued in another state to a Maryland resident, or any public health insurance program (in the same way that current mandated benefits do not apply to these plans).

Essential Health Benefits Apply to Individual and Small Group Plans

The ACA requires nongrandfathered health plans to cover 10 EHBs, which include items and services in the following categories: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services.

Maryland law requires that EHBs be included in the State benchmark plan and in all qualified health plans offered through MHBE. **Exhibit 2** summarizes the EHBs required as of September 2025. For further specifics, see MIA's *Essential Health Benefits Chart: Individual and Small Group Plans*.

Exhibit 2
Essential Health Benefits for Individual and Small Group Plans

- Allergy serum
- Ambulance service
- Bariatric surgery
- Blood and blood products
- Breast reconstructive surgery/prosthesis
- Cardiac rehabilitation
- Care in office for illness or injury
- Case management
- Chiropractic services
- Controlled clinical trials
- Diabetic treatment/equipment/supplies
- Durable medical equipment
- Emergency services
- Family planning services
- General anesthesia/associated care for dental care for children
- Habilitative services
- Hair prosthesis following cancer
- Hearing aids
- Home health care
- Hospice
- Infertility services (excludes IVF)
- Inpatient hospital services
- Medical food
- Mental health and substance use benefits
- Nutritional services
- Outpatient hospital services
- Outpatient laboratory/diagnostic services
- Outpatient short-term rehabilitation
- Patient centered medical homes
- Pediatric dental
- Pediatric vision
- Pregnancy and maternity
- Prescription drugs
- Preventive services
- Prostate cancer screening
- Pulmonary rehabilitation
- Skilled nursing facility
- Transplants
- Wellness benefits

IVF: in vitro fertilization

Note: Essential health benefits as of September 2025.

Source: Maryland Insurance Administration; Department of Legislative Services