

Required Coverage for Menopause-Related Treatment, Care, and Training of Clinicians

Jennifer Elwood

Principal | Berry, Dunn, McNeil & Parker, LLC

Valerie Hamilton

Principal | Berry, Dunn, McNeil & Parker, LLC

December 11, 2025

Agenda

- I. Overview**
- II. Medical Evaluation**
- III. Social Evaluation**
- IV. Financial Evaluation**

Overview

Study Overview

Overview and Focus

- Requested by Chair Peña-Melnyk, Maryland General Assembly
- Purpose: Evaluate potential medical, social, and financial impact of:
 - Mandating comprehensive insurance coverage for menopause-related treatment
 - Requiring menopause-specific training for clinicians
- Aim: Gather information and stakeholder input to inform potential legislation
- Focus population: Individuals experiencing menopause between ages 45–55 with symptoms treatable via hormonal and nonhormonal treatments and/or acupuncture

Phases of Menopause

Menopause

- The point in time when an individual with ovaries has gone twelve consecutive months without a menstrual period due to natural decline in ovarian function

Perimenopause

- The transitional phase leading up to menopause when hormone levels fluctuate and menstrual cycles become irregular

Postmenopause

- The stage after menopause when estrogen levels often remain low and menopausal symptoms may continue or change over time

Medical Evaluation

**Prevalence, Medical Efficacy, Provider
Treatment Preferences, and Medical
Community Recognition**

Menopause Prevalence and Common Symptoms

Most women experience at least one menopause-related symptom

▪ Perimenopause & Menopause Prevalence:

- In the U.S. approximately 2 million people enter perimenopause yearly; >1 million reach menopause
- ~390,898 women in MD aged 45–54 (12.3% of female population) may be perimenopausal
 - Estimated ~310,000 MD residents may be experiencing menopause-related symptoms

▪ Common Symptoms:

- **Vasomotor Symptoms (VMS):** Hot flashes and night sweats caused by changes in thermoregulation during menopause, experienced by 75-80% of individuals with menopause
 - **Genitourinary Symptoms (GSM):** Vaginal dryness, discomfort, and urinary symptoms resulting from hormonal changes affecting the vaginal area
- Life expectancy increasing → more time spent postmenopause → greater population health impact

Evidence-Based Treatment Options

- **Hormone Replacement Therapy (HRT):** systemic, estrogen/progestin based, variety of routes of administration
 - **Systemic HRT** increases the levels of hormones throughout the body, used to treat VMS and GSM
- **Local Hormonal Therapy:** applies hormones only to the vaginal area, used to treat GSM
- **Nonhormonal medications:** SSRIs/SNRIs, gabapentin, fezolinetant (Veoza), elinzanetant (Lynkuet), used primarily for the treatment of VMS
- **Migraine management:** NSAIDs, triptans, and antiemetics for acute treatment, with CGRP-targeting therapies now recognized as effective first-line options for prevention, including for individuals with hormonally influenced migraine
- **Behavioral & lifestyle:** CBT, exercise, sleep hygiene, stress reduction, used primarily for the treatment of VMS

Provider Practices and Training

- Gynecologists more likely to prescribe pharmacologic therapies than primary care providers
- Providers report need for more nonhormonal options and better insurance coverage
- Provider knowledge and readiness to manage perimenopause and menopause vary widely
- Many PCPs and OB/GYNs report limited menopause-specific training

Social Evaluation

Utilization, Coverage, and Access

Workforce and Economic Effects

Approximately 13% of working women report missed work or lower productivity

- Severe symptoms associated with more physician visits and higher presenteeism
 - Evidence points to meaningful productivity losses and increased healthcare costs

Disparities in Menopause Experiences

Symptom timing and severity shaped by stress, lower socioeconomic status, and discrimination

- Earlier and more severe symptoms are more prevalent among Black and Hispanic women
- Low HRT prescribing rates among Black and Hispanic individuals even without contraindications
- Indigenous and LGBTQ+ individuals face gaps in culturally grounded care and research

Coverage of Menopause Services and Legislation in Other States

ACA requires preventive services coverage but not menopause treatments. Four other states have passed legislation similar to this study.

- Survey of Maryland insurers
 - Coverage varies by service type, medical necessity, and prior authorization
 - Preventive services generally covered; some therapies may require prior authorization
 - Insurers do not expect mandated coverage to materially affect utilization, costs, or provider capacity
- Self-insured employer plans: coverage depends on broader benefit categories
- As of November 2025, 13 states have introduced menopause-related legislation, and Illinois, Louisiana, Oregon, and Washington have passed legislation expanding coverage for hormonal and nonhormonal menopause treatments

Financial Evaluation

Public and Commercial Insurance Cost Analysis

Financial Evaluation

Overview

- Reviewed insurer survey responses, conducted expert interviews, reviewed relevant literature
- Analyzed eligibility and claims data for females aged 45-55 with menopause diagnoses
- Applicable population divided into market segments: fully insured (individual, small group, large group); Medicaid; State Employee Health Plan
- Based on insurer responses, most services are already covered, so focused on:
 - Impact of covering acupuncture
 - Impact of limiting cost sharing
 - Impact of removing utilization management
 - Impact of mandating provider training

Financial Evaluation

Considerations and Limitations

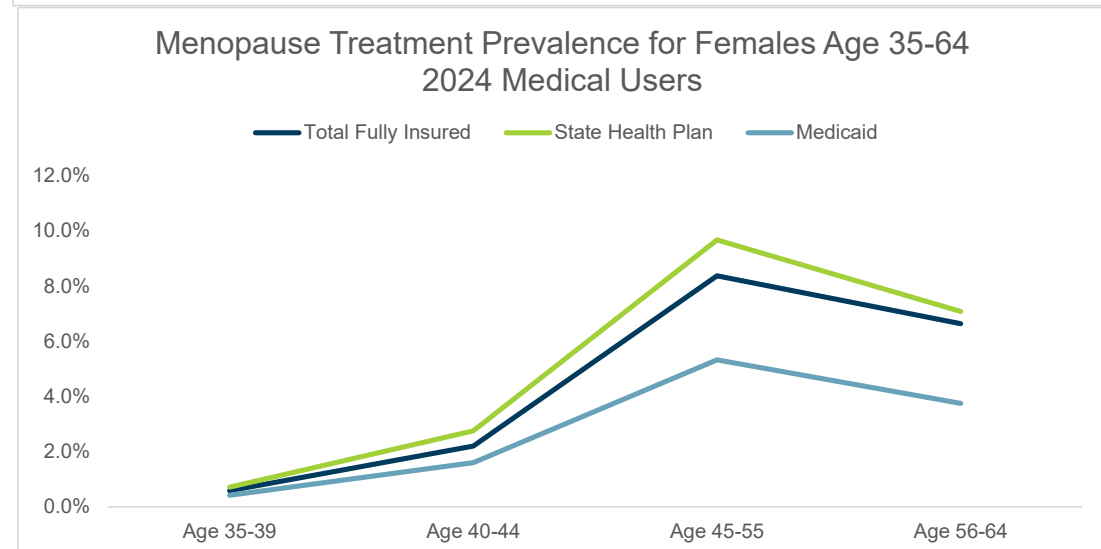
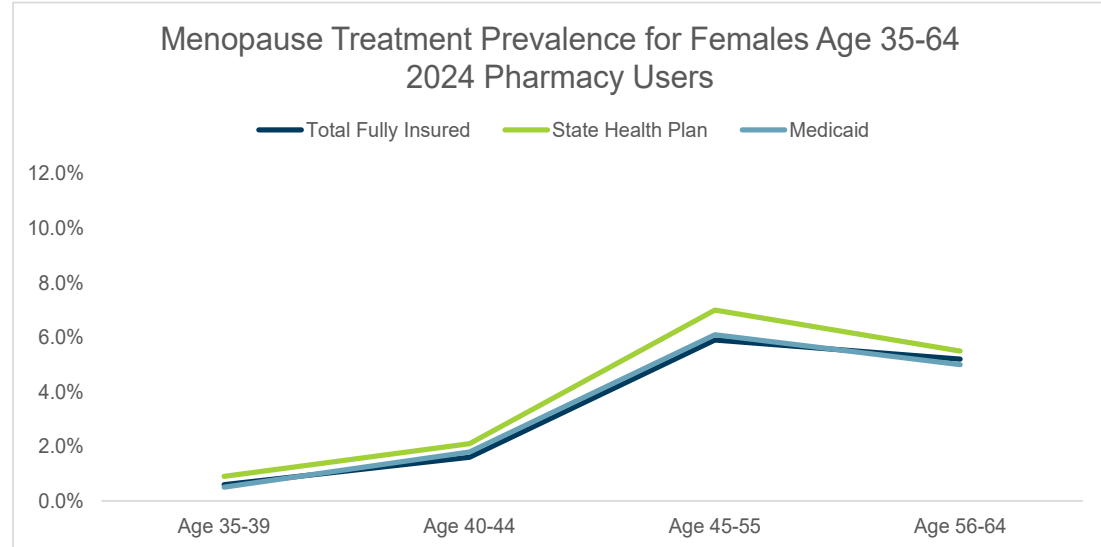
- This study was not guided by legislative language and final wording could impact ultimate costs
- Diagnoses-based identification may not capture all menopause claims due to inconsistent documentation and provider coding practices, and pharmacy claims do not have diagnosis attached
- Claims data inherently does not enable full visibility into existing utilization management
- Uptake of newer drugs such as Veozah and Lynkuet is uncertain, and there is uncertainty about changes in prescribing practices with the black box labels being removed for HRT
- Cost offsets are challenging to quantify
- The impact of required provider training will depend on the content and intensity of training programs, and it is unclear how training would alter provider knowledge, counseling patterns, prescribing behavior, or comfort in managing menopause
 - Additionally, any changes in utilization would be inextricably linked to other factors, including evolving clinical guidelines and market uptake of new therapies
- Medicaid members often face greater obstacles in accessing medical visits, which likely contributes to lower observed medical utilization relative to commercial populations even when pharmacy use is similar
- The Medicaid continuous eligibility coverage during the COVID-19 public health emergency, and subsequent continuous coverage unwinding may have impacted utilization and enrollment across the market segments during the base period

Financial Evaluation

Summary Statistics

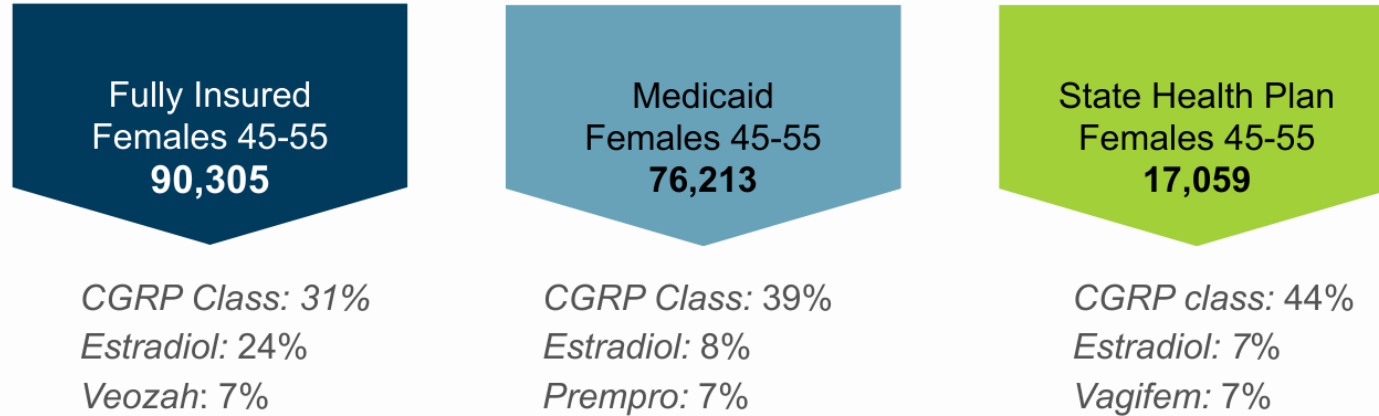
2024 Average Medical Membership

	Total	Females Aged 45 – 55	Females Aged 45 – 55 as % of Total Population
Individual	275,814	30,599	11%
Small Group	195,997	18,120	9%
Large Group	438,397	41,585	9%
Total Fully Insured	910,208	90,305	10%
State Health Plan	204,627	17,059	8%
Medicaid	1,659,197	76,213	5%

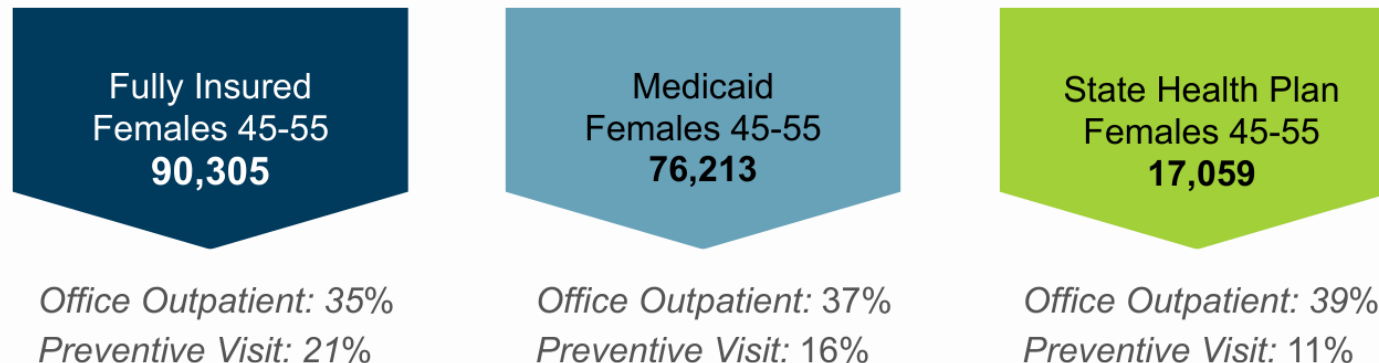


Financial Evaluation

Top Drugs Percent of Total Paid Cost (2024)



Top Medical Services Percent of Paid Cost (2024)



Financial Evaluation

Acupuncture Coverage

- Based on claims data, there is currently low utilization for acupuncture in the commercial market likely due to prior authorization and prescribing patterns
- Literature review indicated mixed results on the efficacy of acupuncture
- Interviewed experts generally indicated they would not consider acupuncture for menopause in most situations

Immaterial Impact for All
Market Segments

Financial Evaluation

Cost Sharing Protections

- States commonly use nondiscriminatory language to protect against excessive member cost sharing
- BerryDunn modeled removing cost sharing entirely as a cost estimate, though federal rules restrict eliminating cost sharing for members enrolled in high-deductible health plans with HSAs
- Medicaid cost sharing was assumed to be zero

Conservative Estimate:

Fully Insured Premium Increase: 0.02%

State Health Plan Premium Equivalent Increase: 0.01%

Medicaid Program Cost Increase: No Material Increase

Financial Evaluation

Removal of Utilization Management

- Insurer response and expert interviews indicated that vaginal antibiotics, vaginal estrogens, ospemifene (Osphena), and Veozah are subject to prior authorization or quantity limits
- Claims data shows low utilization for these drugs currently
- Based on literature, removing UM could cause utilization to increase by 3.6%
- Denial rates are low, and if these claims were no longer denied under the potential mandate, the impact on cost would be immaterial

Immaterial Impact for All Market Segments

Financial Evaluation

Mandatory Provider Training

- Information on the content of the training is unavailable
- Assumed that provider education, if symptoms are proactively raised by providers during office visits, will result in patient education
- Raised treatment prevalence for all market segment to level seen in “more than college” educated adults (7.2%)
- Modeled using 2024 data and assuming the same drug utilization mix and average cost per user as seen in 2024

Conservative Estimate:

Fully Insured Premium Increase: 0.01%
State Health Plan Premium Equivalent Increase: 0.00%
Medicaid Program Cost Increase: 0.01%

Thank You

Jennifer Elwood

Principal | Berry, Dunn, McNeil & Parker, LLC

Valerie Hamilton

Principal | Berry, Dunn, McNeil & Parker, LLC

References

References

- Allen JT, Laks S, Zahler-Miller C, et al. Needs assessment of menopause education in United States obstetrics and gynecology residency training programs. *Menopause*. 2023;30(10):1002-1005. doi:10.1097/GME.0000000000002234
- Alwin DF. Integrating varieties of life course concepts. *J Gerontol B Psychol Sci Soc Sci*. 2012;67(2):206-220. doi:10.1093/geronb/gbr146
- American Academy of Neurology. "Migraines during menstruation: Low estrogen levels paired with higher CGRP levels may jump start migraine." ScienceDaily. ScienceDaily, 23 February 2023. www.sciencedaily.com/releases/2023/02/2
- Anekwe L, Brougham H, Manson JE, et al. The Role of Lifestyle Medicine in Menopausal Health. International Menopause Society; 2025. <https://www.imsociety.org/wp-content/uploads/2025/10/IMS-White-Paper-The-Role-of-Lifestyle-Medicine-in-Menopausal-Health-2025.pdf>
- Azizi M, Khani S, Kamali M, Elyasi F. The efficacy and safety of selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors in the treatment of menopausal hot flashes: a systematic review of clinical trials. *Iran J Med Sci*. 2022;47(3):173-193. doi:10.30476/ijms.2020.87687.1817
- Befus D, Coeytaux RR, Goldstein KM, et al. Management of menopause symptoms with acupuncture: an umbrella systematic review and meta-analysis. *J Altern Complement Med*. 2018;24(4):314-323. doi:10.1089/acm.2016.0408
- Bernstein C, O'Neal MA. Migraine and menopause - a narrative review. *Menopause*. 2020;28(1):96-101. Published 2020 Aug 10. doi:10.1097/GME.0000000000001635
- Bhupathiraju SN, Grodstein F, Stampfer MJ, et al. Vaginal estrogen use and chronic disease risk in the Nurses' Health Study. *Menopause*. 2018;26(6):603-610. doi:10.1097/GME.0000000000001284
- Blackson EA, McCarthy C, Bell C, Ramirez S, Bazzano AN. Experiences of menopausal transition among populations exposed to chronic psychosocial stress in the United States: a scoping review. *BMC Womens Health*. 2024;24(1):487. doi:10.1186/s12905-024-03329-z
- Brot-Goldberg Z, Burn S, Layton T, Vabson B. Rationing medicine through bureaucracy: authorization restrictions in Medicare. National Bureau of Economic Research. 2023; <http://www.nber.org/papers/w30878>.
- Carter B. Women in menopause often go untreated. AARP Public Pol Ins. 2025; <https://www.aarp.org/content/dam/aarp/ppi/topics/health/conditions-treatment/women-in-menopause-often-go-untreated>.doi.10.26419-2fppi.00362.001.pdf.
- Christmas M, Janssen I, Joffe H, Upchurch D, Santoro N, Kravitz HM. Menopause hormone therapy and complementary alternative medicine, quality of life, and racial/ethnic differences: the Study of Women's Health Across the Nation (SWAN). *Menopause*. 2022;29(12):1357-1364. doi:10.1097/GME.0000000000002087
- DePree B, Houghton K, DiBenedetti DB, et al. Practice patterns and perspectives regarding treatment for symptoms of menopause: qualitative interviews with US health care providers. *Menopause*. 2023;30(2):128-135. doi:10.1097/GME.0000000000002096
- Elendu C, Okahia TW, Blewusi GS, et al. FDA approves Veozah (Fezolinetant) for menopausal symptoms: a new nonhormonal option. *Ann Med Surg (Lond)*. 2025;87(9):5373-5377. doi:10.1097/MS9.0000000000003670

References

- Faubion SS, Enders F, Hedges MS, et al. Impact of menopause symptoms on women in the workplace. *Mayo Clin Proc.* 2023;98(6):833-845. doi:10.1016/j.mayocp.2023.02.025
- Forman MR, Mangini LD, Thelus-Jean R, Hayward MD. Life-course origins of the ages at menarche and menopause. *Adolesc Health Med Ther.* 2013;4:1-21. doi:10.2147/AHMT.S15946
- Gore M, Morgan J. Indigenous women's experiences, symptomology and understandings of menopause: a scoping review. *BMC Womens Health.* 2025;25(1):408. doi:10.1186/s12905-025-03953-3
- Grant MD, Marbella A, Wang AT, et al. Introduction. In: *Menopausal symptoms: comparative effectiveness of therapies.* Comparative Effectiveness Review No. 147. Rockville (MD): Agency for Healthcare Research and Quality; 2015. <https://www.ncbi.nlm.nih.gov/books/NBK285446/>
- Harper-Harrison G, Carlson K, Shanahan MM. Hormone Replacement Therapy. In: *StatPearls.* Treasure Island (FL): StatPearls Publishing; Updated October 6, 2024. <https://www.ncbi.nlm.nih.gov/books/NBK493191/>
- Hauk L. ACOG releases clinical guidelines on management of menopausal symptoms. *Am Fam Physician.* 2014;90(5):338-340. <https://www.aafp.org/pubs/afp/issues/2014/0901/p338.html>
- Introduction to menopause. Johns Hopkins Medicine. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/introduction-to-menopause>
- I.R.S. Notice 2013-57. <https://www.irs.gov/pub/irs-drop/n-13-57.pdf>. Accessed November 21, 2025.
- Johnson A, Roberts L, Elkins G. Complementary and alternative medicine for menopause. *J Evid Based Integr Med.* 2019;24:2515690X19829380. doi:10.1177/2515690X19829380
- Kaufman MR, Ackerman LA, Amin KA, et al. The AUA/SUFU/AUGS guideline on genitourinary syndrome of menopause. *J Urol.* 2025;214(3):242-250. doi:10.1097/JU.0000000000004589
- Kling JM, MacLaughlin KL, Schnatz PF, et al. Menopause Management Knowledge in Postgraduate Family Medicine, Internal Medicine, and Obstetrics and Gynecology Residents: A Cross-Sectional Survey. *Mayo Clin Proc.* 2019;94(2):242-253. doi:10.1016/j.mayocp.2018.08.033
- Kochersberger A, Coakley A, Millheiser L, et al. The association of race, ethnicity, and socioeconomic status on the severity of menopause symptoms. *Menopause.* 2024;31(6):476-483. doi:10.1097/GME.0000000000002349
- Koothirezhi R, Ranganathan S. Postmenopausal Syndrome. In: *StatPearls.* Treasure Island (FL): StatPearls Publishing; Updated April 24, 2023. <https://www.ncbi.nlm.nih.gov/books/NBK560840/>
- Lin Z, Rifas-Shiman SL, Perng W, et al. Neighborhood vulnerability and age of natural menopause and menopausal symptoms among midlife women. *JAMA Netw Open.* 2025;8(5):e2512075. doi:10.1001/jamanetworkopen.2025.12075
- Liss J, Chesnokova A, Allen JT. Unspoken and untaught: addressing the gap in menopause education - current obstetrics and gynecology reports. [Abstract only]. Springer Nature Link. 2024;13(4):281-8. doi:10.1007/s13669-024-00404-y
- McGonigle D. FDA approves new menopause drug to treat hot flashes and night sweats. *The New York Times.* October 24, 2025. <https://www.nytimes.com/2025/10/24/well/fda-menopause-drug-lynkuet.html>
- Mercier J, Dumoulin C, Carrier-Noreau G. Pelvic floor muscle rehabilitation for genitourinary syndrome of menopause: why, how and when? *Climacteric.* 2023;26(4):302-308. doi:10.1080/13697137.2023.2194527

References

- National Institutes of Health, National Institute on Aging. What is menopause? Reviewed October 16, 2024. <https://www.nia.nih.gov/health/menopause/what-menopause>
- National Institutes of Health, National Institute on Aging. Hot flashes: what can I do? Updated September 30, 2021. <https://www.nia.nih.gov/health/menopause/hot-flashes-what-can-i-do>
- Nonacs R. Neurokinin-3 receptor antagonists: a novel approach to treating menopausal vasomotor symptoms. MGH Center for Women's Mental Health. Published August 8, 2024. <https://womensmentalhealth.org/posts/neurokinin-3-receptor-antagonists-for-menopausal-vasomotor-symptoms>
- Peacock K, Carlson K, Ketvertis KM. Menopause. In: StatPearls. Treasure Island (FL): StatPearls Publishing; Updated December 21, 2023. <https://www.ncbi.nlm.nih.gov/books/NBK507826/>
- Prince George's County Health Department. PGC HealthZone, demographics 2025, age data for state: Maryland. Updated May 2025. <https://www.pgchealthzone.org/demographicdata?id=23§ionId=942>
- Reeves AN, Lewis TT, Hood MM, et al. Does everyday discrimination account for the increased risk of vasomotor symptoms in Black women?: the Study of Women's Health Across the Nation (SWAN). *Menopause*. 2024;31(6):484-493. doi:10.1097/GME.0000000000002357
- Singh N, Rashid M, Bayliss L, Graham P. Pelvic floor muscle training for female urinary incontinence: does it work? *Arch Gynecol Obstet*. 2016;293(6):1263-1269. doi:10.1007/s00404-015-3965-x
- Sobel T, Derakshani D, Vencill JA. Menopause experiences in sexual minority women and non-binary people [Abstract only]. *Maturitas*. 2024;185:108007. doi:10.1016/j.maturitas.2024.108007
- Stuenkel CA, Davis SR, Gompel A, et al. Treatment of symptoms of the menopause: an endocrine society clinical practice guideline. *J Clin Endocrinol Metab*. 2015;100(11):3975-4011. doi:10.1210/jc.2015-2236
- Telesford I, Winger A, Rae M. Beyond cost, what barriers to health care do consumers face? KFF. Published August 22, 2024. <https://www.healthsystemtracker.org/chart-collection/beyond-cost-what-barriers-to-health-care-do-consumers-face/#Percent%20of%20adults%20who%20delay%20or%20did%20not%20get%20medical%20care%20for%20any%20of%20the%20following%20reasons,%20by%20insurance%20status,%202022>
- The NAMS 2022 Hormone Therapy Position Statement Editorial Panel. 2022 hormone therapy position statement of The North American Menopause Society. *Menopause*. 2022;29(7):767-79. doi:10.1097/GME.0000000000002028
- The NAMS 2023 Nonhormone Therapy Position Statement Editorial Panel The 2023 nonhormone therapy position statement of The North American Menopause Society. *Menopause*. 2023;30(6):573-590. doi:10.1097/GME.0000000000002200
- U.S. Department of Health and Human Services (HHS), Office on Women's Health (OASH). Menopause basics. <https://womenshealth.gov/menopause/menopause-basics>. Updated March 17, 2025. Accessed September 9, 2025.
- U.S. Health Resources and Services Administration. Women's preventive services guidelines. Reviewed September 2025. <https://www.hrsa.gov/womens-guidelines>

References

- U.S. Preventive Services Task Force. A and B recommendations. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>
- Veozah. Package insert. Astellas; 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/216578s000lbl.pdf
- Weiss-Wolf J. Does your state have menopause legislation? Katie Couric Media. Published July 15, 2025. <https://katiecouric.com/news/politics-and-policy/estrogen-black-box-warning-menopause-laws>. Accessed October 29, 2025.
- Whiteley J, DiBonaventura M, Wagner JS, Alvir J, Shah S. The impact of menopausal symptoms on quality of life, productivity, and economic outcomes. J Womens Health (Larchmt). 2013;22(11):983-990. doi:10.1089/jwh.2012.3719
- 26 U.S.C. §223
- 42 U.S.C. § 300gg-13