

# HOUSE . . . . . No. 5303

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, March 26, 2026.

The committee on Public Health, to whom were referred the petition (accompanied by bill, House, No. 2499) of Joan Meschino and Patrick Joseph Kearney relative to public, medical and workplace awareness of the transitional stage of menopause and related chronic conditions, and the petition (accompanied by bill, House, No. 4838) of Marjorie C. Decker relative to a special commission (including members of the General Court) on perimenopause and menopause care reports recommending that the accompanying bill (House, No. 5303) ought to pass.

For the committee,

MARJORIE C. DECKER.

**HOUSE . . . . . No. 5303**

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**  
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An Act expanding access to perimenopause and menopause care.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           SECTION 1. (a) There shall be a special legislative commission on perimenopause and  
2 menopause care in the commonwealth. The commission shall consist of 19 members: 1 member  
3 of the senate appointed by the senate president, who shall serve as co-chair; 1 member of the  
4 house of representatives appointed by the speaker of the house of representatives, who shall  
5 serve as co-chair; the commissioner of public health or a designee; the executive director of the  
6 health policy commission, or a designee; the assistant secretary for MassHealth or a designee;  
7 the executive director of the center for health information and analysis or a designee; the  
8 secretary of labor and workforce development or a designee; 2 members appointed by the  
9 Massachusetts Medical Society who hold current certification from the Menopause Society as a  
10 Menopause Society Certified Practitioner; 1 member appointed by the NAACP New England  
11 Area Conference with experience in healthcare in Massachusetts; 1 member appointed by the  
12 Massachusetts Health and Hospital Association, Inc. with not less than 5 years of experience in  
13 perimenopause, menopause, and midlife healthcare; and 8 members appointed by the governor, 1  
14 of whom shall be a representative of the Tufts Center for Black Maternal Health and

15 Reproductive Justice; 1 of whom shall be representative of the Massachusetts chapter of the  
16 American College of Obstetricians and Gynecologists, 1 of whom shall be a representative of the  
17 Planned Parenthood League of Massachusetts, 1 of whom shall be a representative of the  
18 Massachusetts Nurses Association, 1 of whom shall be a representative of the New England  
19 Medical Association, 1 of whom shall be a representative of the Massachusetts League of  
20 Community Health Centers, 1 of whom shall be a representative of the Massachusetts  
21 Commission on the Status of Women and 1 of whom shall be a certified community health  
22 worker with experience in perimenopause, menopause, and midlife healthcare.

23 (b) The special legislative commission shall: (i) collect and assess data regarding  
24 perimenopause and menopause in a manner that protects personal privacy and complies with  
25 federal law, including information disaggregated by race, ethnicity, health insurance status,  
26 disability, income level and geography on the prevalence of, the incidence of and knowledge  
27 about perimenopause and menopause; (ii) study the current availability of and access to  
28 perimenopause and menopause care and services across the commonwealth; (iii) assess coverage  
29 for evaluation and treatment options for symptoms of perimenopause and menopause and related  
30 chronic conditions, including but not limited to, telehealth services and existing prior  
31 authorization requirements; (iv) identify gaps in the provision of health care services for  
32 individuals experiencing perimenopause and menopause; (v) identify gaps in medical education  
33 and training related to perimenopause and menopause diagnosis and management practices  
34 among licensed health care providers under chapter 112; (vi) develop methods to improve patient  
35 and clinician awareness of the menopause transition; (vii) evaluate the impact of perimenopause  
36 and menopause on the workforce and the scope and effectiveness of existing perimenopause and  
37 menopause-related workplace policies; and (viii) issue a report on the commission's findings and

38 recommendations to increase awareness, improve access to high-quality, evidence-based health  
39 care, enhance education and training, and improve health outcomes relative to perimenopause  
40 and menopause in the commonwealth.

41 (c) The commission shall study: (i) symptoms associated with perimenopause and  
42 menopause and related chronic conditions; (ii) diagnosis and treatment of perimenopause and  
43 menopause; (iii) quality of care and health care outcomes; (iv) barriers to accessing  
44 perimenopause and menopause care; (v) racial and ethnic disparities in perimenopause and  
45 menopause; (vi) the availability, affordability and adequacy of insurance coverage, public or  
46 private, relative to perimenopause and menopause care; (vii) training and education regarding  
47 perimenopause and menopause diagnosis and management for licensed health care providers  
48 under chapter 112, including but not limited to, the use of continuing medical education credits  
49 on perimenopause and menopause for health care providers; and (viii) trends in practice patterns  
50 regarding menopause diagnosis and treatment by specialty, region, sex, race or ethnicity, medical  
51 practice setting, and experience.

52 (d) Not later than December 31, 2027, the special legislative commission shall submit a  
53 report of its findings to the clerks of the house of representatives and the senate, the house and  
54 senate committees on ways and means, the joint committee on health care financing and the joint  
55 committee on public health.

56 SECTION 2. (a) The department of public health shall develop and disseminate to the  
57 public, information regarding perimenopause and menopause, which shall include information  
58 on: (i) symptoms, physical and emotional changes, treatment options and long-term health  
59 considerations associated with perimenopause and menopause and related chronic conditions; (ii)

60 the awareness of perimenopause and menopause and the incidence and prevalence of  
61 perimenopause and menopause among adults; (iii) the accessibility of the range of evidence-  
62 based treatment options, as medically appropriate, for perimenopause and menopause, including,  
63 but not limited to, hormone therapy, vaginal estrogen, prasterone, and other necessary procedures  
64 and medications and culturally responsive supports including acupuncture and pelvic floor  
65 therapy. The department shall ensure that information disseminated pursuant to this section is  
66 available in multiple languages, including, but not limited to Spanish, Portuguese, Mandarin,  
67 Cantonese, Haitian Creole and other spoken languages in the commonwealth.

68 (b) The department may disseminate information to the public directly through the  
69 department's website or through arrangements with agencies carrying out intra-agency  
70 initiatives, nonprofit organizations, consumer groups, community organizations, institutions of  
71 higher education or state or local public-private partnerships, to aid adult individuals and their  
72 families in understanding and identifying perimenopause and menopause and how to navigate  
73 available resources and obtain treatment.

74 (c) The department shall develop and coordinate programs for conducting and supporting  
75 evidence-based research with respect to the causes of perimenopause and menopause and  
76 treatment options.

77 (d) The department shall, in consultation with and in accordance with guidelines from  
78 relevant professional boards of registration, develop and disseminate comprehensive education  
79 materials about perimenopause and menopause to health care workers, including but not limited  
80 to, physicians, nurse practitioners, physician assistants, registered nurses, and community health  
81 workers, (i) to ensure that such health care workers remain informed about current information

82 regarding perimenopause and menopause and prioritize both the physical and mental health care  
83 of patients experiencing perimenopause and menopause and (ii) to aid them in diagnosing,  
84 treating or making appropriate referrals for individuals experiencing perimenopause and  
85 menopause.

86 SECTION 3. Chapter 6 of the General Laws, as appearing in the 2024 Official Edition, is  
87 hereby amended by inserting after section 15GGGGGGG the following 2 sections:-

88 Section 15HHHHHHH. The governor shall annually issue a proclamation setting  
89 apart the month of September as Perimenopause Awareness Month to increase residents'  
90 awareness of the transitional phase leading up to menopause, in order to strengthen awareness  
91 and education and thus advance earlier diagnoses, intervention and care. The proclamation shall  
92 recommend that the month of September be observed in an appropriate manner by the people.

93 Section 15IIIIIII. The governor shall annually issue a proclamation setting apart the  
94 month of October as Menopause Awareness Month to increase residents' awareness of a  
95 transitional phase in midlife health affecting half of the world's population, in order to strengthen  
96 awareness and education and thus advance earlier diagnoses, intervention and care. The  
97 proclamation shall recommend that the month of October be observed in an appropriate manner  
98 by the people.

99 SECTION 4. Chapter 32A of the General Laws, as appearing in the 2024 Official  
100 Edition, is hereby amended by inserting after section 17Z the following section:-

101 Section 17AA. (a) The commission shall provide to any active or retired employee of the  
102 commonwealth who is insured under the group insurance commission coverage for hormonal  
103 and non-hormonal therapy to treat perimenopause and menopause if the therapy is recommended

104 by a licensed health care provider and is consistent with evidence-based clinical guidelines  
105 issued by the American College of Obstetricians and Gynecologists and the Menopause Society.  
106 Coverage for therapy to treat perimenopausal and menopausal symptoms shall include all federal  
107 Food and Drug Administration-approved modalities of hormonal and non-hormonal  
108 administration, including, but not limited to, oral, transdermal, topical, and vaginal rings.

109 (b) The commission shall not establish utilization controls, including prior authorization  
110 or step therapy requirements, for clinically appropriate hormonal and non-hormonal therapy  
111 approved by the United States Food and Drug Administration for the treatment of perimenopause  
112 and menopause, that are more restrictive or extensive than the least restrictive or extensive  
113 utilization controls applicable to any clinically appropriate hormonal and non-hormonal drug.

114 SECTION 5. Section 2 of chapter 112 of the General Laws, as appearing in the 2024  
115 Official Edition, is hereby amended by adding the following paragraph:-

116 The board shall require that any continuing education requirements necessary for the  
117 renewal of a physician's certificate of registration include the 1-time completion of a course of  
118 training and education on the diagnosis, treatment and care of patients with perimenopause and  
119 menopause; provided, however, that this course requirement shall only apply to physicians who  
120 serve perimenopausal and menopausal age populations.

121 SECTION 6. Section 9F of said chapter 112, as so appearing, is hereby amended by  
122 adding the following paragraph:-

123 The board shall require that any continuing education requirements necessary for the  
124 renewal of a physician assistant's certificate of registration include the 1-time completion of a  
125 course of training and education on the diagnosis, treatment and care of patients with

126 perimenopause and menopause; provided, however, that this course requirement shall only apply  
127 to physician assistants who serve perimenopausal and menopausal age populations.

128 SECTION 7. Section 74 of said chapter 112, as so appearing, is hereby amended by  
129 adding the following paragraph:-

130 The board shall require that any continuing education requirements necessary for the  
131 renewal of a registered nurse's certificate of registration include the 1-time completion of a  
132 course of training and education on the diagnosis, treatment and care of patients with  
133 perimenopause and menopause; provided, however, that this course requirement shall only apply  
134 to registered nurses who serve perimenopausal and menopausal age populations.

135 SECTION 8. Section 74A of said chapter 112, as so appearing, is hereby amended by  
136 adding the following paragraph:-

137 The board shall require that any continuing education requirements necessary for the  
138 renewal of a practical nurse's certificate of registration include the 1-time completion of a course  
139 of training and education on the diagnosis, treatment and care of patients with perimenopause  
140 and menopause; provided, however, that this course requirement shall only apply to practical  
141 nurses who serve perimenopausal and menopausal age populations.

142 SECTION 9. All physicians, physician assistants, registered nurses and practical nurses  
143 licensed as of the effective date of this act and required to complete the continuing education  
144 requirement of a 1-time course of training and education on the diagnosis, treatment and care of  
145 patients with perimenopause and menopause pursuant to sections 2, 9F, 74 and 74A of chapter  
146 112 of the General Laws shall complete that 1-time course requirement not more than 4 years  
147 after the effective date of this act.

148 SECTION 10. Chapter 118E of the General Laws, as appearing in the 2024 Official  
149 Edition, is hereby amended by inserting after section 87, the following section:-

150 Section 87. (a) The division and its contracted health insurers, health plans, health  
151 maintenance organizations, behavioral health management firms and third-party administrators  
152 under contract to a Medicaid managed care organization, accountable care organization or  
153 primary care clinician plan shall provide coverage for hormonal and non-hormonal therapy to  
154 treat perimenopause and menopause if the therapy is recommended by a licensed health care  
155 provider and is consistent with evidence-based clinical guidelines issued by the American  
156 College of Obstetricians and Gynecologists and the Menopause Society. Coverage for therapy to  
157 treat perimenopausal and menopausal symptoms shall include all federal Food and Drug  
158 Administration-approved modalities of hormonal and non-hormonal administration, including,  
159 but not limited to, oral, transdermal, topical, and vaginal rings.

160 (b) The division shall not establish utilization controls, including prior authorization or  
161 step therapy requirements, for clinically appropriate hormonal and non-hormonal therapy  
162 approved by the United States Food and Drug Administration for the treatment of perimenopause  
163 and menopause, that are more restrictive or extensive than the least restrictive or extensive  
164 utilization controls applicable to any clinically appropriate hormonal and non-hormonal drug.

165 SECTION 11. Section 4 of chapter 151B of the General Laws, as most recently amended  
166 by section 76 of chapter 205 of the acts of 2024, is hereby further amended by striking out  
167 subsection 1 and inserting in place thereof the following subsection:-

168 1. For an employer, by themselves or their agent, because of the race, color, religious creed,  
169 national origin, sex, gender identity, sexual orientation, which shall not include persons whose

170 sexual orientation involves minor children as the sex object, genetic information, pregnancy or a  
171 condition related to said pregnancy including, but not limited to, lactation or the need to express  
172 breast milk for a nursing child, or reproductive health, including, but not limited to,  
173 perimenopause, menopause or a related medical condition, ancestry or status as a veteran of any  
174 individual to refuse to hire or employ or to bar or to discharge from employment such individual  
175 or to discriminate against such individual in compensation or in terms, conditions or privileges of  
176 employment, unless based upon a bona fide occupational qualification.

177 SECTION 12. Said section 4 of said chapter 151B, as so amended, is hereby further  
178 amended by striking out subsection 1E and inserting in place thereof the following subsection:-

179 1E. (a) As used in this subsection, the following words shall, unless the context clearly  
180 requires otherwise, have the following meanings:

181 “Reasonable accommodation”, may include, but shall not be limited to: (i) more frequent  
182 or longer paid or unpaid breaks; (ii) time off to attend to a pregnancy complication, recover from  
183 childbirth or attend to reproductive health, including, but not limited to, perimenopause,  
184 menopause or a related medical condition, with or without pay; (iii) acquisition or modification  
185 of equipment or seating; (iv) temporary transfer to a less strenuous or hazardous position; (v) job  
186 restructuring; (vi) light duty; (vii) private non-bathroom space for expressing breast milk; (viii)  
187 assistance with manual labor; or (ix) a modified work schedule; provided, however, that an  
188 employer shall not be required to discharge or transfer an employee with more seniority or  
189 promote an employee who is not able to perform the essential functions of the job with or  
190 without a reasonable accommodation.

191 “Undue hardship”, an action requiring significant difficulty or expense; provided,  
192 however, that the employer shall have the burden of proving undue hardship; provided further,  
193 that in making a determination of undue hardship, the following factors shall be considered: (i)  
194 the nature and cost of the needed accommodation; (ii) the overall financial resources of the  
195 employer; (iii) the overall size of the business of the employer with respect to the number of  
196 employees and the number, type and location of its facilities; and (iv) the effect on expenses and  
197 resources or any other impact of the accommodation on the employer’s program, enterprise or  
198 business.

199 (b) For an employer to deny a reasonable accommodation for an employee’s pregnancy  
200 or any condition related to the employee’s pregnancy, including, but not limited to, lactation or  
201 the need to express breast milk for a nursing child if the employee requests such an  
202 accommodation, or for reproductive health, including, but not limited to, perimenopause,  
203 menopause or a related medical condition; provided, however, that an employer may deny such  
204 an accommodation if the employer can demonstrate that the accommodation would impose an  
205 undue hardship on the employer’s program, enterprise or business. It shall also be an unlawful  
206 practice under this subsection to:

207 (i) take adverse action against an employee who requests or uses a reasonable  
208 accommodation in terms, conditions or privileges of employment including, but not limited to,  
209 failing to reinstate the employee to the original employment status or to an equivalent position  
210 with equivalent pay and accumulated seniority, retirement, fringe benefits and other applicable  
211 service credits when the need for a reasonable accommodation ceases;

212 (ii) deny an employment opportunity to an employee if the denial is based on the need of  
213 the employer to make a reasonable accommodation to the known conditions related to the  
214 employee's pregnancy including, but not limited to, lactation or the need to express breast milk  
215 for a nursing child, or to the employee's reproductive health, including, but not limited to,  
216 perimenopause, menopause or a related medical condition.

217 (iii) require an employee affected by pregnancy or menopause, or require said employee  
218 affected by a condition related to pregnancy including, but not limited to, lactation or the need to  
219 express breast milk for a nursing child, or for reproductive health, including, but not limited to,  
220 perimenopause, menopause or a related medical condition, to accept an accommodation that the  
221 employee chooses not to accept, if that accommodation is unnecessary to enable the employee to  
222 perform the essential functions of the job;

223 (iv) require an employee to take a leave if another reasonable accommodation may be  
224 provided for the known conditions related to the employee's pregnancy including, but not limited  
225 to, lactation or the need to express breast milk for a nursing child, or to the employee's  
226 reproductive health, including, but not limited to, perimenopause, menopause or a related  
227 medical condition, without undue hardship on the employer's program, enterprise or business;

228 (v) refuse to hire a person who is pregnant because of the pregnancy or because of a  
229 condition related to the person's pregnancy including, but not limited to, lactation or the need to  
230 express breast milk for a nursing child, or because of a condition related to the person's  
231 reproductive health, including, but not limited to, perimenopause, menopause or a related  
232 medical condition; provided, however, that the person is capable of performing the essential  
233 functions of the position with a reasonable accommodation and that reasonable accommodation

234 would not impose an undue hardship, demonstrated by the employer, on the employer’s program,  
235 enterprise or business.

236 (c) Upon request for an accommodation from the employee or prospective employee  
237 capable of performing the essential functions of the position involved, the employee or  
238 prospective employee and the employer shall engage in a timely, good faith and interactive  
239 process to determine an effective, reasonable accommodation to enable the employee or  
240 prospective employee to perform the essential functions of the employee’s job or the position to  
241 which the prospective employee has applied. An employer may require that documentation about  
242 the need for a reasonable accommodation come from an appropriate health care or rehabilitation  
243 professional; provided, however, that an employer shall not require documentation from an  
244 appropriate health care or rehabilitation professional for the following accommodations: (i) more  
245 frequent restroom, food or water breaks; (ii) seating; (iii) limits on lifting more than 20 pounds;  
246 and (iv) private non-bathroom space for expressing breast milk. An “appropriate health care or  
247 rehabilitation professional” shall include, but shall not be limited to, a medical doctor, including  
248 a psychiatrist, a psychologist, a nurse practitioner, a physician assistant, a psychiatric clinical  
249 nurse specialist, a physical therapist, an occupational therapist, a speech therapist, a vocational  
250 rehabilitation specialist, a midwife, a lactation consultant or another licensed mental health  
251 professional authorized to perform specified mental health services. An employer may require  
252 documentation for an extension of the accommodation beyond the originally agreed to  
253 accommodation.

254 (d) Written notice of: (i) the right to be free from discrimination in relation to pregnancy  
255 or a condition related to the employee’s pregnancy including, but not limited to, lactation or the  
256 need to express breast milk for a nursing child, or in relation to reproductive health, including,

257 but not limited to, perimenopause, menopause or a related medical condition, and (ii) the right to  
258 reasonable accommodations for conditions related to pregnancy, perimenopause or menopause  
259 pursuant to this subsection, shall be distributed by an employer to its employees. The notice shall  
260 be provided in a handbook, pamphlet or other means of notice to all employees including, but not  
261 limited to: (i) new employees at or prior to the commencement of employment; and (ii) an  
262 employee who notifies the employer of a pregnancy or an employee who notifies the employer  
263 of a condition related to the employee's pregnancy including, but not limited to, lactation or the  
264 need to express breast milk for a nursing child, or of a condition related the employee's  
265 reproductive health, including, but not limited to, perimenopause, menopause or a related  
266 medical condition, not more than 10 days after such notification.

267 (e) Subject to appropriation, the commission shall develop courses of instruction and  
268 conduct public education efforts as necessary to inform employers, employees and employment  
269 agencies about the rights and responsibilities established under this subsection not more than 180  
270 days after the appropriation.

271 (f) This subsection shall not be construed to preempt, limit, diminish or otherwise affect  
272 any other law relating to sex discrimination or pregnancy or in any way diminish the coverage  
273 for pregnancy or a condition related to pregnancy including, but not limited to, lactation or the  
274 need to express breast milk for a nursing child under section 105D of chapter 149, or for  
275 reproductive health, including, but not limited to, perimenopause, menopause or a related  
276 medical condition.

277 SECTION 13. Said section 4 of said chapter 151B, as so amended, is hereby further  
278 amended by striking out subsection 3 and inserting in place thereof the following subsection:-

279           3. For any employer or employment agency to print or circulate or cause to be printed or  
280   circulated any statement, advertisement or publication, or to use any form of application for  
281   employment or to make any inquiry or record in connection with employment, which expresses,  
282   directly or indirectly, any limitation, specification or discrimination as to the race, color,  
283   religious creed, national origin, sex, gender identity, sexual orientation, which shall not include  
284   persons whose sexual orientation involves minor children as the sex object, age, genetic  
285   information, pregnancy or a condition related to said pregnancy including, but not limited to,  
286   lactation or the need to express breast milk for a nursing child, or reproductive health, including,  
287   but not limited to, perimenopause, menopause or a related medical condition, ancestry or status  
288   as a veteran, or the handicap of a qualified handicapped person or any intent to make any such  
289   limitation, specification or discrimination, or to discriminate in any way on the ground of race,  
290   color, religious creed, national origin, sex, gender identity, sexual orientation, age, genetic  
291   information, pregnancy or a condition related to said pregnancy including, but not limited to,  
292   lactation or the need to express breast milk for a nursing child, or reproductive health, including,  
293   but not limited to, perimenopause, menopause or a related medical condition, ancestry, status as  
294   a veteran or the handicap of a qualified handicapped person, unless based upon a bona fide  
295   occupational qualification.

296           SECTION 14. Chapter 175 of the General Laws, as appearing in the 2024 Official  
297   Edition, is hereby amended by inserting after section 230, the following section:-

298           Section 231. (a) Any policy, contract, agreement, plan or certificate of insurance issued,  
299   delivered or renewed within the commonwealth, which is considered creditable coverage under  
300   section 1 of chapter 111M, shall provide coverage for hormonal and non-hormonal therapy to  
301   treat perimenopause and menopause if the therapy is recommended by a licensed health care

302 provider and is consistent with evidence-based clinical guidelines issued by the American  
303 College of Obstetricians and Gynecologists and the Menopause Society. Coverage for therapy to  
304 treat perimenopausal and menopausal symptoms shall include all federal Food and Drug  
305 Administration-approved modalities of hormonal and non-hormonal administration, including,  
306 but not limited to, oral, transdermal, topical, and vaginal rings.

307 (b) No policy, contract, agreement, plan or certificate of insurance issued, delivered or  
308 renewed within the commonwealth, which is considered creditable coverage under section 1 of  
309 chapter 111M, shall establish utilization controls, including prior authorization or step therapy  
310 requirements, for clinically appropriate hormonal and non-hormonal therapy approved by the  
311 United States Food and Drug Administration for the treatment of perimenopause and menopause,  
312 that are more restrictive or extensive than the least restrictive or extensive utilization controls  
313 applicable to any clinically appropriate hormonal and non-hormonal drug.

314 SECTION 15. Chapter 176A of the General Laws is hereby amended by inserting after  
315 section 56, the following section:-

316 Section 57. (a) Any contract between a subscriber and the corporation under an individual  
317 or group hospital service plan that is delivered, issued or renewed within the commonwealth  
318 shall provide coverage for hormonal and non-hormonal therapy to treat perimenopause and  
319 menopause if the therapy is recommended by a licensed health care provider and is consistent  
320 with evidence-based clinical guidelines issued by the American College of Obstetricians and  
321 Gynecologists and the Menopause Society. Coverage for therapy to treat perimenopausal and  
322 menopausal symptoms shall include all federal Food and Drug Administration-approved

323 modalities of hormonal and non-hormonal administration, including, but not limited to, oral,  
324 transdermal, topical, and vaginal rings.

325 (b) No contract between a subscriber and the corporation under an individual or group  
326 hospital service plan that is delivered, issued or renewed within the commonwealth shall  
327 establish utilization controls, including prior authorization or step therapy requirements, for  
328 clinically appropriate hormonal and non-hormonal therapy approved by the United States Food  
329 and Drug Administration for the treatment of perimenopause and menopause, that are more  
330 restrictive or extensive than the least restrictive or extensive utilization controls applicable to any  
331 clinically appropriate hormonal and non-hormonal drug.

332 SECTION 16. Chapter 176B of the General Laws is hereby amended by inserting after  
333 section 25, the following section:-

334 Section 26. (a) Any subscription certificate under an individual or group medical service  
335 agreement delivered, issued or renewed within the commonwealth, which is considered  
336 creditable coverage under section 1 of chapter 111M, shall provide coverage for hormonal and  
337 non-hormonal therapy to treat perimenopause and menopause if the therapy is recommended by  
338 a licensed health care provider and is consistent with evidence-based clinical guidelines issued  
339 by the American College of Obstetricians and Gynecologists and the Menopause Society.  
340 Coverage for therapy to treat perimenopausal and menopausal symptoms shall include all federal  
341 Food and Drug Administration-approved modalities of hormonal and non-hormonal  
342 administration, including, but not limited to, oral, transdermal, topical, and vaginal rings.

343 (b) No subscription certificate under an individual or group medical service agreement  
344 delivered, issued or renewed within the commonwealth, which is considered creditable coverage

345 under section 1 of chapter 111M, shall establish utilization controls, including prior authorization  
346 or step therapy requirements, for clinically appropriate hormonal and non-hormonal therapy  
347 approved by the United States Food and Drug Administration for the treatment of perimenopause  
348 and menopause, that are more restrictive or extensive than the least restrictive or extensive  
349 utilization controls applicable to any clinically appropriate hormonal and non-hormonal drug.

350 SECTION 17. Chapter 176G of the General Laws is hereby amended by inserting after  
351 section 33, the following section:-

352 Section 34. (a) An individual or group health maintenance contract that is issued or  
353 renewed within or without the commonwealth shall provide coverage for hormonal and non-  
354 hormonal therapy to treat perimenopause and menopause if the therapy is recommended by a  
355 licensed health care provider and is consistent with evidence-based clinical guidelines issued by  
356 the American College of Obstetricians and Gynecologists and the Menopause Society. Coverage  
357 for therapy to treat perimenopausal and menopausal symptoms shall include all federal Food and  
358 Drug Administration-approved modalities of hormonal and non-hormonal administration,  
359 including, but not limited to, oral, transdermal, topical, and vaginal rings.

360 (b) No individual or group health maintenance contract that is issued or renewed within  
361 or without the commonwealth shall establish utilization controls, including prior authorization or  
362 step therapy requirements, for clinically appropriate hormonal and non-hormonal therapy  
363 approved by the United States Food and Drug Administration for the treatment of perimenopause  
364 and menopause, that are more restrictive or extensive than the least restrictive or extensive  
365 utilization controls applicable to any clinically appropriate hormonal and non-hormonal drug.