CONCURRENCE IN SENATE AMENDMENTS
AB 432 (Bauer-Kahan)
As Amended September 5, 2025
Majority vote

SUMMARY

Requires a health plan or health insurer that covers outpatient prescription drugs to include coverage for evaluation and treatment options for symptoms of perimenopause and menopause, as is deemed medically necessary by the treating health care provider under contract with the health plan or health insurer, or in accordance with the contract if there is an out-of-network benefit, without utilization management for specified treatments approved by the federal Food and Drug Administration (FDA), that includes at least one outpatient prescription drug in specified formulations and the associated method of administration. Requires, beginning July 1, 2026, and until July 1, 2032, a qualifying physician and surgeon who completes continuing medical education (CME) courses in perimenopause, menopause, and postmenopausal care to receive two hours of credit for each hour completed of that coursework, for a total earned credit that does not exceed eight course hours, toward the CME requirement set forth in existing state regulation.

Major Provisions

1) *Defines, for purposes of the CME requirement, a "qualifying physician and surgeon" to mean a holder of a physician's and surgeon's certificate from the Medical Board who is certified by a member board of the American Board of Medical Specialties as a general internist, family physician, obstetrician and gynecologist, cardiologist, endocrinologist, neurologist, or psychiatrist and whose patient population is composed of 25% or more of adult women under 65 years of age.*

2) *Requires, beginning July 1, 2026, an osteopathic physician and surgeon who completes CME courses in perimenopause, menopause, and postmenopausal care to receive two hours of credit for each hour completed of that coursework, for a total earned credit that does not exceed eight course hours, toward the requirement set forth in existing state regulation.*

3) *Requires health plans and insurers to provide coverage for FDA-approved treatments that include, but is not limited to, all of the following:*

    a) *At least one outpatient prescription drug in each formulation (as defined) of, and the associated method of administration (as defined) for, federal FDA-regulated systemic hormone therapy;*

    b) *At least one outpatient prescription drug in each formulation of, and the associated method of administration for, nonhormonal medications for each menopause symptom;*

    c) *At least one outpatient prescription drug in each formulation of, and the associated method of administration for, treatment for genitourinary syndrome of menopause; and,*

    d) *At least one outpatient prescription drug from each class of medications approved to prevent and treat osteoporosis.*

4) Requires coverage under this bill to include the authority for the treating provider to adjust the dose of a drug consistent with clinical care recommendations.

5) Requires a health plan and health insurer to annually provide current clinical care recommendations for hormone therapy from the Menopause Society or other nationally recognized professional associations to all contracted primary care providers who treat enrollees with perimenopause and menopause. Requires a health plan and health insurer to encourage primary care providers to review those recommendations.

6) Requires coverage for the evaluation and treatment options for symptoms of perimenopause and menopause to be provided without discrimination on the basis of gender expression or identity.

7) Prohibits this bill from being construed to limit coverage for medically necessary outpatient prescription drugs pursuant to a specified provision of law requiring coverage for medically necessary prescription drugs, or any other provision of law under the Knox-Keene Act or the Insurance Code.

8) Defines "formulation" to mean all of the following:

a) A tablet or capsule;

b) A transdermal patch;

c) A topical spray;

d) A cream, gel, or lotion; and,

e) A suppository, cream, or silicone ring.

9) *Defines "method of administration" to mean administering a formulation via an oral, topical, vaginal, rectal, subcutaneous, injectable, or intravenous route of administration.*

Senate Amendments

1) Exempt Medi-Cal managed care plans contracting with the Department of Health Care Services from the health plan provisions of this bill.

2) Delete the Assembly-approved CME requirements, which would have required specified providers, who have a patient population composed of 25% or more adult women, to complete at least five hours of mandatory CME in perimenopause, menopause, and postmenopausal care every four years, and replace those provisions with the above-described provisions.

COMMENTS

Existing law requires health plan contracts and health insurance policies that provide coverage for outpatient prescription drugs to cover medically necessary prescription drugs. Existing Medical Board of California and Osteopathic Medical Board regulations establish CME requirements for their licenses. For physicians and surgeons, each physician is required to complete not less than 50 hours of approved CME during each two-year period immediately

preceding the expiration date of the physician's license; for an osteopathic physician is required to complete 150 hours within a three-year period to satisfy the CME requirement.

Menopause is part of the normal aging process in which menstruation has ceased for 12 consecutive months. This transition to a new stage of life (rather than a condition or disease) is experienced by every woman and most often occurs naturally between ages 45 and 55 years but may occur between ages 40 and 64 years (median age 51 years). Some women experience bothersome symptoms prompting requests for treatment. Perimenopause is the stage where menstruation becomes irregular in frequency, duration, and bleeding intensity for a variable amount of time (median duration 4 years) before periods stop completely. Menopause is the stage where there is a complete cessation of menstruation for 12 consecutive months. The period after the 12 consecutive months is sometimes referred to as "postmenopause." There are approximately five million women aged 40 to 64 years in California, many of whom experience mild, moderate, or severe menopause symptoms for a few months to more than 12 years.

Genitourinary (vaginal atrophy and/or dryness) and vasomotor symptoms (night sweats, hot flushes - colloquially called hot flashes) are the two most commonly reported symptoms of menopause and can occur throughout the menopausal stages. The genitourinary syndrome of menopause (GSM) includes symptoms such as dysuria (burning, stinging, itching during urination), and dyspareunia (painful intercourse due to vaginal dryness or atrophy). For those who experience moderate-to-severe vasomotor symptoms (VMS), sleep disruption and insomnia can occur which, in turn, may affect memory, cognition, and mood (irritability or depression). Memory and cognition (without sleep disruption) may decline during the early menopausal stage, but decrements can reverse during later menopause.

Women may also experience decreased libido, which could be related to other menopause symptoms such as GSM or depression. A subset of menopausal women with low libido may be diagnosed with hypoactive sexual desire disorder (HSDD), which is defined as persistent or recurrent absence of desire for sexual activity which causes personal distress or interpersonal difficulties. Additionally, accelerated loss of bone density and strength occurs in early menopause but slows during the later stages; menopause experienced at younger ages produces lower bone density as women age, which results in more fractures.

According to the Author
Although menopause is a natural occurrence that one million Americans experience every year, it has been treated as unworthy of proper care, research, and basic understanding. The author cites a recent survey which found a majority of women felt that they were 'not informed at all' when it came to menopause and perimenopause. The author continues that medical students get less than one hour training in menopause, and 80% of graduating OB/GYN residents admit to feeling "barely comfortable" talking to their patients about menopause. The author states that quality, evidence-based care is critical as the hormonal changes that occur at menopause have profound effects on health and wellbeing for the remainder of a woman's life. The author continues that menopause impacts women who are often in the peak of their careers and when not provided adequate treatment and support it can cause massive financial ramifications. The author states that according to the Mayo Clinic, the annual cost of untreated menopause symptoms in workplace productivity and related health care costs is $150 billion globally and 26.6 billion in the United States. The author continues that this bill mandates coverage for healthcare treatment plans for people experiencing perimenopause and menopause related symptoms. The author argues that menopause isn't just a personal experience; it's a public health

issue that deserves our attention and action. The author concludes that it is time we stop devaluing women after their reproductive years.

Arguments in Support
The California Legislative Women's Caucus and other groups support this bill, stating that menopause and perimenopause affect 50% of the population, and yet the research and knowledge surrounding these conditions are far from adequate. These natural changes women experience continue to be a taboo subject, forcing women to "tough it out" in silence rather than seek professional medical advice and treatment. The Caucus argues that California does not have adequate healthcare coverage options for women experiencing perimenopause or menopause, and doctors are not adequately prepared to treat and support their menopause patients. The Caucus notes that currently, continuing menopause education is only a suggested course for physicians. The Caucus continues that there is an alarming disparity for women of color trying to receive adequate care during menopause. The Caucus states that evidence confirms that Black women experiencing menopause are more likely to face harsher symptoms compared to their female white counterparts. The Caucus concludes that substantial gains in health, financial stability, and well-being are possible by ensuring quality menopause care for all women.

Arguments in Opposition
The California Association of Health Plans (CAHP) and Association of California Life and Health Insurance Companies (ACLHIC), write that they are opposed to this bill unless it is amended to align with the most recent technical assistance (TA) provided by the Department of Managed Health Care (DMHC), which would delete the language prohibiting utilization management, limit the bill to only those drugs that are consistent with federal Food and Drug Administration (FDA) approved treatments, and limit the list of covered treatment types to those contained in AB 2467 (Bauer-Kahan) of 2024. CAHP and ACLHIC state that they see themselves as partners in the effort to expand medically necessary, safe, and effective coverage for people experiencing perimenopause and menopause, but this bill as written, dramatically opens up the care model to dangerous levels of waste, fraud, and abuse, potentially causing unknown spikes in the cost of care.

FISCAL COMMENTS

According to the Senate Appropriations Committee, DMHC reports total costs of approximately $504,000 and 2.0 personnel years (PYs) in Fiscal year (FY) 2026-27 and $490,000 and 2.0 PYs in FY 2027-28 and annually ongoing. The bill will also result in unknown, likely significant increase to health plan premiums. The California Health Benefits Review Program (CHBRP) estimates DMHC-regulated California Public Employees' Retirement System (CalPERS) plan premiums would increase by $3.49 million. The California Department of Insurance reports costs of approximately $11,000 in FY 2025-26, $23,000 in FY 2026-27, and $5,000 annually ongoing. The Medical Board of California and Osteopathic Medical Board of California anticipate minor and absorbable costs to update CME regulations, materials, procedures, trainings, and guides, as well as create new enforcement codes.

VOTES:

ASM BUSINESS AND PROFESSIONS: 14-0-4
YES: Berman, Flora, Ahrens, Alanis, Bauer-Kahan, Caloza, Elhawary, Haney, Irwin, Jackson, Krell, Lowenthal, Nguyen, Pellerin

ABS, ABST OR NV: Bains, Chen, Hadwick, Macedo

ASM HEALTH: 15-0-1
YES: Bonta, Addis, Aguiar-Curry, Arambula, Carrillo, Flora, Mark González, Krell, Patel, Patterson, Celeste Rodriguez, Sanchez, Schiavo, Sharp-Collins, Stefani
ABS, ABST OR NV: Chen

ASM APPROPRIATIONS: 11-0-4
YES: Wicks, Arambula, Calderon, Caloza, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache
ABS, ABST OR NV: Sanchez, Dixon, Ta, Tangipa

ASSEMBLY FLOOR: 70-1-8
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Connolly, Davies, Dixon, Elhawary, Flora, Fong, Gabriel, Garcia, Gipson, Jeff Gonzalez, Mark González, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO: DeMaio
ABS, ABST OR NV: Bains, Castillo, Chen, Ellis, Gallagher, Hadwick, Macedo, Tangipa

UPDATED

VERSION: July 9, 2025

CONSULTANT: Scott Bain and Riana King / HEALTH / (916) 319-2097 FN: 0001909