

GOVERNOR'S VETO
AB 432 (Bauer-Kahan)
As Enrolled September 12, 2025
2/3 vote

SUMMARY

Authorizes qualifying physicians and surgeons to earn double credit for menopause-related continuing education and requires health care service plan contracts and health insurance policies to cover the evaluation and treatment of perimenopause and menopause, as specified.

Senate Amendments

- 1) Replace the continuing education mandate with an incentive-based approach whereby from July 1, 2026, to July 1, 2032, a qualifying physician and surgeon who completes continuing medical education courses in perimenopause, menopause, and postmenopausal care shall receive two hours of credit for each hour completed of that coursework, for a total earned credit that does not exceed eight course hours.
- 2) Define "qualifying physician and surgeon" to mean a holder of a physician's and surgeon's certificate from the Medical Board of California or the Osteopathic Medical Board of California 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 percent or more of adult women under 65 years of age.
- 3) Clarify that only health care service plan contracts and health care insurance policies that cover outpatient prescription drugs are required to include coverage for the evaluation and treatment of perimenopause and menopause.
- 4) Requires the treating provider to be in network with the health plan or insurer, or if the health plan or insurer offers an out-of-network benefit, an out-of-network treating provider based on the terms of the health plan contract or insurance policy.
- 5) Exempt Medi-Cal managed care plans from the requirement to cover the evaluation and treatment options for symptoms of perimenopause and menopause.
- 6) Require treatments to be approved by the federal Food and Drug Administration.
- 7) Make other clarifying changes and add co-authors.

Governor's Veto Message

I am returning Assembly Bill 432 without my signature.

This bill would require certain health plan and health insurer contracts to cover the costs of evaluation and treatment options for symptoms of perimenopause and menopause, as deemed medically necessary by a health care provider without utilization management (UM).

Last year, I vetoed a substantially similar bill, stating that it would limit the ability of health plans to engage in practices that have been shown to ensure appropriate care while limiting unnecessary costs. That is still the case with this bill - despite my call for a more tailored

solution. This bill's expansive coverage mandate, in conjunction with a prohibition on UM, is too far-reaching. Health plans use UM to ensure enrollees receive the right care at the right time, which is especially important when there are new and emerging treatments.

I strongly support the author's goal of ensuring quality care and access to evaluation and treatment of perimenopause and menopause symptoms. However, these factors, along with a lack of clarity in AB 432 regarding undefined terms, still raise significant cost and implementation concerns. The Legislature has twice now sent me a bill that does not strike the important, and achievable, balance between expanding access to this essential treatment and the affordability of care. This is especially important as consumers are facing double-digit rate increases in their health care premiums across the nation.

As such, I am directing the California Health and Human Services Agency to identify additional policy changes or investments to address perimenopause and menopause evaluation and treatments for consideration as part of next year's budget process.

For these reasons, I cannot sign this bill.

COMMENTS

Menopause. Menopause refers to a singular point in time marking the natural end of fertility for a woman or person assigned female at birth. It is diagnosed after 12 consecutive months without a menstrual cycle. In the United States, the average age of menopause is 52. Perimenopause usually begins in a person's 40s. It is the period before menopause in which a person's ovaries produce less and less estrogen and progesterone, resulting in the end of menstrual periods. Many people experience symptoms such as hot flashes, insomnia, and mood swings, for which there are a variety of treatment options, including hormone therapy, nonhormonal medications, and lifestyle changes. Researchers who studied the impact of menopause symptoms on work outcomes in 2023 estimated an annual loss of \$1.8 billion in the United States based on workdays missed due to menopause symptoms. Postmenopause follows menopause and lasts the rest of a person's life. Symptoms may improve during postmenopause, but risks of adverse health conditions such as osteoporosis and heart disease increase. A needs assessment survey completed by 99 of 145 U.S. OBGYN residency program directors in 2022 revealed substantial gaps in education and resources and a strong desire for a standardized menopause curriculum. Fewer than 32% of respondents reported having a menopause curriculum in their residency program, and less than 30% of respondents reported that residents had dedicated time assigned to a menopause clinic.

Continuing Education for Physicians. Physicians and surgeons must complete 50 hours of approved CE every two years as a condition of license renewal. While existing law requires the MBC to consider requiring CE related to various topics (e.g., nutrition), there are only two subject-specific CE requirements in statute. Physicians are otherwise afforded great latitude in choosing which CE courses to take to satisfy their 50 hours. This bill would allow qualifying physicians and surgeons, as defined, to earn two hours of credit for each hour completed of a CE course related to menopause, up to eight hours of credit total.

Additionally, this bill would require health care service plans and insurance policies that cover outpatient prescription drugs to include coverage for the evaluation and treatment options for symptoms of perimenopause and menopause. Please see the Assembly Health Committee analysis for discussion of this bill's health plan and insurer mandates.

According to the Author

"Although menopause is a natural occurrence that 1 million Americans experience every year, it has been treated as unworthy of proper care, research, and basic understanding. According to a recent survey, a majority of women felt that they were 'not informed at all' when it came to menopause and perimenopause. Additionally, 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. 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. 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. According to 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. [This bill] mandates coverage for healthcare treatment plans for people experiencing perimenopause and menopause related symptoms. This bill also requires that certain physician specialties take menopause continuing education as part of their bi-annual re-licensure process. Menopause isn't just a personal experience; it's a public health issue that deserves our attention and action. It is time we stop devaluing women after their reproductive years."

Arguments in Support

The *Planned Parenthood Affiliates of California* write in support:

This bill increases equitable access to menopause and perimenopause care by requiring health plans to include coverage for evaluation and medically necessary treatment options without utilization management. PPAC supports policies that support the maintenance and growth of women's health programs. According to the National Institutes of Health, most women felt that they were 'not informed at all' when it came to menopause and perimenopause. The lack of health care research in this field leaves many women feeling confused and vulnerable to misinformation and mistreatment. There is also an alarming disparity in access for women of color seeking adequate menopause care. Evidence confirms that Black women experiencing menopause are likely to face more severe symptoms compared to white women. Additionally, 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. [This bill] establishes that continuing medical education courses in perimenopause, menopause, and postmenopausal care receive two hours of credit for each hour of coursework completed. This incentive encourages physicians to participate in evidence-based menopause training to better care for their patients.

Arguments in Opposition

Together, the *California Association of Health Plans* and the *Association of California Life and Health Insurance Companies* write in opposition:

While we greatly appreciate the author's interest in expanding coverage, we feel this bill not only expands but also opens up the care model to dangerous levels of waste, fraud, and abuse. Specifically, our concerns are centered around the bill granting the treating provider unfettered authority to determine medical necessity while also limiting a plan's ability to employ any utilization management tools. The bill also allows physicians to modify the dosage as they see fit without any oversight from the plan to ensure the modification does,

in fact, meet the general clinical care recommendations. [This bill] would implement extremely broad criteria on health plans and insurers that would encourage the use of riskier drugs based on a broad range of symptoms and clinical standards that negate the important oversight role health plans and other medical societies have endorsed. These broad standards will indeed drive-up costs for consumers by encouraging the use of expensive brand-name drugs when a generic or lower-cost brand equivalent is available and clinically appropriate.

FISCAL COMMENTS

According to the Senate Appropriations Committee:

- 1) The Department of Managed Health Care (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 (Managed Care Fund). Costs will be to the DMHC's Office of Plan Monitoring, Office of Administrative Services, and Office of Technology and Innovation.
- 2) Unknown, likely significant increase to health plan premiums (General Fund and federal funds). The California Health Benefits Review Program (CHBRP) estimates DMHC-regulated California Public Employees' Retirement System (CalPERS) plan premiums would increase by \$3.49 million.
- 3) The California Department of Insurance (CDI) reports costs of approximately \$11,000 in FY 2025-26, \$23,000 in FY 2026-27, and \$5,000 annually ongoing (Insurance Fund).
- 4) The Medical Board of California (MBC) 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

SENATE FLOOR: 39-0-1

YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener

ABS, ABST OR NV: Choi

ASSEMBLY FLOOR: 77-1-2

YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, 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, Tangipa

UPDATED

VERSION: September 12, 2025

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