CHBRP

Assembly Bill 432 (2025) Menopause

Analysis at a Glance

as introduced on 2/05/2025

Bill Summary

AB 432 would require coverage per the treating clinician's medical necessity determination, **without utilization management**, for the **evaluation and treatment of menopause.**

Coverage includes at least one option in each formulation, route of administration, and/or drug class for:

- FDA-approved systemic hormone therapy
- Nonhormonal medications for each menopause symptom
- Treatment of genitourinary syndrome of menopause (GSM)
- Medications to prevent and treat osteoporosis

Insurance Subject to the Mandate

AB 432 would apply to the health insurance of approximately **22.2 million enrollees** (58.8% of all Californians)

- **Medi-Cal** (DMHC Regulated)
- **CDI and DMHC-Regulated** (Commercial and CalPERS)

Context

Menopause is part of the normal aging process. Perimenopause is the period of **1 to 3 years** when menstruation becomes irregular, and menopause is when menstruation has ceased for **12 consecutive months**.

5 million

women aged 40-64 years, many of whom experience menopause symptoms.

Symptoms of menopause can include:

- GSM- burning, stinging, itching during urination, and painful intercourse due to vaginal atrophy or dryness
- VSM - night sweats, hot flushes/flashes
- Low libido and hypoactive sexual desire disorder
- Accelerated loss of bone density and strength

Medical Effectiveness

Of the medications reviewed, CHBRP found:

Systemic Hormonal Drug Therapy

- **Some evidence** that **high-dose vaginal estrogen** is effective
- **Very strong evidence** that **systemic testosterone therapy** and **low-dose vaginal estrogen** are effective
- **Strong evidence** that **prasterone** is effective

Nonhormonal Drug Therapy

- **Strong evidence** that **fezolinetant** and **ospemifene** are effective

Osteoporosis Medications

- **Very strong evidence** that **bisphosphonates** are effective
- **Strong evidence** that **monoclonal antibodies** are effective
- **Not enough research** to establish whether **SERMs** for osteoporosis are effective
- **Some evidence** that **synthetic parathyroid hormone** is effective

CHBRP's review of literature did not include medications that are endorsed by clinical practice guidelines **and** are widely covered by insurance without utilization management.

Categories of Services and Medications to Evaluate and Treat Menopause

Evaluation	Systemic and local hormonal drug therapies	Nonhormonal drug therapies	Osteoporosis medications
Lab tests	Oral systemic, topical systemic, transdermal systemic, vaginal estrogen, Prasterone	Fezolinetant, Ospemifene, antidepressants, anticonvulsants	Bisphosphonates, monoclonal antibodies medication, SERMs, synthetic parathyroid hormone

Analytic Approach and Benefit Coverage

AB 432 would impact evaluation and treatments covered under both the **medical benefit** and the **pharmacy benefit**.

All 22.2 million enrollees have a **medical benefit** that would be subject to AB 432

Approximately **12,948,000 enrollees** have a **pharmacy benefit** that would be subject to AB 432

Some medications, such as nonhormonal or some osteoporosis drugs, may be more appropriate for patients with contraindications or significant risk factors, including high risk or history of breast cancer or other estrogen dependent cancers that make some therapy inadvisable.

At **baseline**, no enrollees have fully compliant coverage.

Postmandate, benefit coverage of all medications would increase to 100% and all utilization management would be removed.

Category	Baseline Benefit Coverage	Baseline Utilization Management
Evaluation	100%	No
Systemic and local hormonal drug therapies	3%-100%	Yes
Nonhormonal drug therapies	9%-100%	Yes
Osteoporosis Medications	28%-100%	Yes

Utilization

CHBRP estimates no postmandate changes in utilization for **evaluation** of menopause symptoms and **medications that are fully covered** without utilization management at baseline.

Utilization would increase due to 1) changes in baseline benefit coverage and/or 2) elimination of utilization management.

An additional **22,274** women would receive **new prescriptions** for menopause symptoms and osteoporosis.

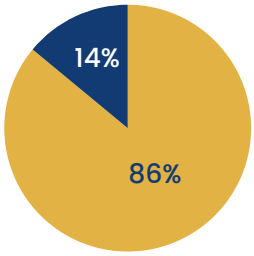
Some enrollees would gain benefit coverage for medications for which they were paying **out of pocket as a noncovered benefit** at baseline.

Cost Impacts

↑ $74.5 million Total premiums + ↑ $21.1 million Enrollee Cost Sharing + ↓ $33.4 million Noncovered Expenses = ↑ $62.2 million Net annual expenditures

Postmandate, total net annual expenditures would increase by $62,220,000 (0.04%).

Of the total expenditure impact, 86% is due to **new benefit coverage** and 14% is due to **removal of utilization management**.



Public Health Impacts

Within the first year postmandate, AB 432 would **improve the health** of more than 22,200 women who newly receive prescriptions for menopause symptoms.

Health impacts include
- ↑ quality of life
- ↓ GSM symptoms
- ↓ VMS symptoms

Can lead to improved:
- sleep
- memory/cognitive function
- productivity
- presenteeism

However, some women may experience side effects of medications.

CalPERS: California Public Employees' Retirement System
CHBRP: California Health Benefits Review Program
CDI: California Department of Insurance
DMHC: Department of Managed Health Care
FDA: Food and Drug Administration
GSM: genitourinary syndrome of menopause
SERM: selective estrogen receptor modulator
VMS: Vasomotor symptoms