



May 14, 2026

FISCAL AND POLICY NOTE

TO: Public Safety, Health and Human Services Committee (PSHHS)

THRU: Nathaniel K. Tutt III
Committee Director, PSHHS Committee

FROM: David Noto
Legislative Budget and Policy Analyst

Policy Analysis and Fiscal Impact Statement
CR-031-2026 A Resolution Concerning Insurance and Healthcare Access

CR-031-2026 (*proposed by:* Council Member Blegay; *introduced by* Council Members Blegay, Hunter, Adams, Burroughs, Oriadha, Olson and Dernoga)

Referred to the Public Safety, Health and Human Services Committee (PSHHS)

A RESOLUTION CONCERNING INSURANCE AND HEALTHCARE ACCESS FOR FIBROIDS for the purpose of encouraging the State of Maryland and the Federal Government to increase funding for fibroid research, improve insurance coverage for fibroid treatments, and expand reproductive healthcare access.

Fiscal Summary

Direct Impact:

Expenditures: None.

Revenues: None.

Indirect Impact:

Potentially favorable.

Legislative Summary:

CR-031-2026 was introduced on April 28, 2026, by Council Member Blegay, and cosponsored by Council Members Hunter, Adams, Burroughs, Oriadha, Olson and Dernoga, was referred to the Public Safety, Health and Human Services Committee (PSHHS).¹ This resolution attempts to address the issue of fibroids because the effects of fibroids on a growing population of women make it a major public health problem nationwide.

Resource Personnel:

- Leroy Maddox, Legislative Attorney
 - Ayana Crawford, Chief of Staff
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Current Law/ Background:

Uterine fibroids are a common type of benign tumor of the reproductive tract in women of reproductive age. Although they are often asymptomatic, uterine fibroids may cause debilitating symptoms in some women,² with approximately 30% of them developing severe symptoms, such as abnormally heavy menstrual bleeding, anemia, pelvic and back pain, urinary frequency, or constipation. Furthermore, fibroids have been associated with poor obstetrical outcomes.³ These more severe symptoms may require medical interventions such as hormonal therapies or surgery, up to and including hysterectomy.⁴ In fact, women of color, and especially women of African ancestry, are among the populations most likely to develop fibroids. According to studies, roughly 80% of black women of reproductive age and 70% of white women of reproductive age will develop fibroids by age 50.^{5,6} African American women were also, on average, younger at the time when their fibroids were diagnosed and were more likely to have multiple fibroids than white women.⁷ Women of color may also have poorer treatment outcomes and greater economic burdens when it comes to managing fibroids in comparison to white women.⁸ Fibroids were estimated in 2012 to cost the U.S. health care system anywhere between \$5.9 to \$34.4 billion dollars per year.⁹ However, statistics about fibroids are often underestimated because many women may not seek medical care for their symptoms or these symptoms may go undiagnosed.¹⁰ Statistics also show

¹ [Prince George's County Council - Reference No. CR-031-2026](#)

² [Epidemiology and management of uterine fibroids - PubMed](#)

³ [Ibid](#)

⁴ [Modern management of uterine fibroids - PubMed](#)

⁵ [The Impact of Uterine Leiomyomas on Reproductive Outcomes - PMC](#)

⁶ ["In our community, we normalize pain": discussions around menstruation and uterine fibroids with Black women and Latinas | BMC Women's Health | Springer Nature Link](#)

⁷ [The Impact of Uterine Leiomyomas on Reproductive Outcomes - PMC](#)

⁸ [Implementation of the uterine fibroids Option Grid patient decision aids across five organizational settings: a randomized stepped-wedge study protocol | Implementation Science | Springer Nature Link](#)

⁹ [The estimated annual cost of uterine leiomyomata in the United States - American Journal of Obstetrics & Gynecology](#)

¹⁰ [Uterine Fibroids - Society for Women's Health Research](#)

that a majority of women aren't aware of treatment options for fibroids, while others may either normalize their symptoms, or are hesitant to report severe symptoms.¹¹

Federal law:

In July of 2025, Senator Angela Alsobrooks (D-MD) and Representative Shontel Brown (D-OH) introduced the Uterine Fibroid Intervention and Gynecological Health Treatment Act of 2025, or U-FIGHT Act, which would support state-level programs for early detection, patient navigation, and research on pain control and conditions like Asherman syndrome, the formation of scar tissue inside the uterus.¹² Also in 2025, Representative Brown also introduced the Health and Endocrine Research on Personal Care Products for Women or HER Act, which would target chemicals in hair relaxers, tampons, wipes, and similar products that may disrupt a user's hormones and thus potentially raise an individual's risk of developing fibroids or other reproductive tract disorders and would fund research and a public awareness campaign on safer alternatives.¹³

Representative Yvette Clark (D-NY) has introduced the Stephanie Tubbs Jones Uterine Fibroid Research and Education Act in each Congress since 2021, which, if enacted, would allocate thirty million dollars a year for the National Institutes of Health studies into fibroid treatment, establish a Centers for Disease Control and Prevention education campaign, improve Medicaid data collection, and provide updated and improved guidance on diagnosis and treatment.¹⁴ The bill was originally introduced by the bill's namesake, the late Representative Stephanie Tubbs-Jones, in the early 2000s.¹⁵

Current County Law:

The County Code does not currently include a requirement for reasonable accommodations for employees experiencing severe menstrual or uterine fibroid-related symptoms.

Relevant legislation from Other Jurisdictions:

There has been difficulty in successfully implementing legislation that would support those suffering from severe symptoms related to fibroids at the state level. In Florida, the state legislature authorized the creation of a Uterine Fibroid Research Database in 2022, which would track the prevalence of uterine fibroids and treatments, but the law has yet to be successfully implemented, due to the database receiving information, but with personal identifying information removed. A legislative workaround was passed earlier this year, allowing the database to include personal identifying information, but protecting those data.¹⁶

¹¹ ["In our community, we normalize pain": discussions around menstruation and uterine fibroids with Black women and Latinas | BMC Women's Health | Springer Nature Link](#)

¹² [Text - S.2531 - 119th Congress \(2025-2026\): Uterine Fibroid Intervention and Gynecological Health Treatment Act of 2025 | Congress.gov | Library of Congress](#)

¹³ [All Info - H.R.3749 - 119th Congress \(2025-2026\): HER Act | Congress.gov | Library of Congress](#)

¹⁴ [Uterine Fibroid Legislation Update: Where Federal And State Efforts Stand In 2025 | Fibroid Fighters](#)

¹⁵ *Ibid*

¹⁶ [HB 327 \(2026\) - Uterine Fibroid Research Database | Florida House of Representatives](#)

Discussion/Policy Analysis:

CR-031-2026 would encourage the State of Maryland and the Federal Government to increase funding for fibroid research. Even though it is well established that women of color are more likely to develop fibroids, the incidence and severity of fibroids in Asian and Hispanic populations is poorly studied, compared to women of African and European ancestry. Research into affiliated medical conditions, such as endometriosis or polycystic ovarian syndrome (PCOS), and how these conditions may interact with or complicate the diagnosis of fibroids would also be beneficial. Additionally, other risk factors for uterine fibroids, aside from ethnicity, including age, family history, hypertension, obesity, vitamin D deficiency and exposure to endocrine-disrupting chemicals (e.g., organophosphates), have been inadequately studied.¹⁷

Additionally, as CR-031-2026 encourages the State of Maryland and the Federal Government to improve insurance coverage for fibroid treatments, this would help to improve outcomes for women seeking treatment of fibroid symptoms. Research has found that there are meaningful differences in treatment of fibroids, depending on the type of insurance an individual has. Women insured by Medicaid were more likely to undergo the invasive treatment procedures compared to women using versus commercial insurance.¹⁸ Conversely, Medicaid patients who underwent hysterectomies to deal with fibroids were less likely to undergo the procedure laparoscopically. These findings are consistent with a broader understanding that an individual's insurance status may influence both the types of procedures a physician refers a patient for and the treatment options available to patients.¹⁹

Fiscal Impact:

- *Direct Impact*

Adoption of CR-031-2026 is not likely to have any direct fiscal impact.

- *Indirect Impact*

Adoption of CR-031-2026 is likely to have a beneficial indirect fiscal impact on the County. If CR-031-2026 leads to increased funding at the state or federal level into research that would support the treatment of severe fibroid symptoms, and improve outcomes for those suffering from severe fibroids, then residents of Prince George's County, as a minority-majority County, could anticipate an outsize benefit from this increased support.

- *Appropriated in the Current Fiscal Year Budget*
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¹⁷ [Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment | Endocrine Reviews | Oxford Academic](#)

¹⁸ [Insurance-Based Differences in Treatment Patterns for Uterine Fibroids - Journal of the American College of Radiology](#)

¹⁹ Ibid

No.

Effective Date of Proposed Legislation:

This Resolution goes into effect on the date of its adoption.

If you require additional information, or have questions about this fiscal impact statement, please reach me via phone or email.