



OFFICE OF THE GOVERNOR

OCT 13 2025

Dear Members of the California State Assembly:

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).

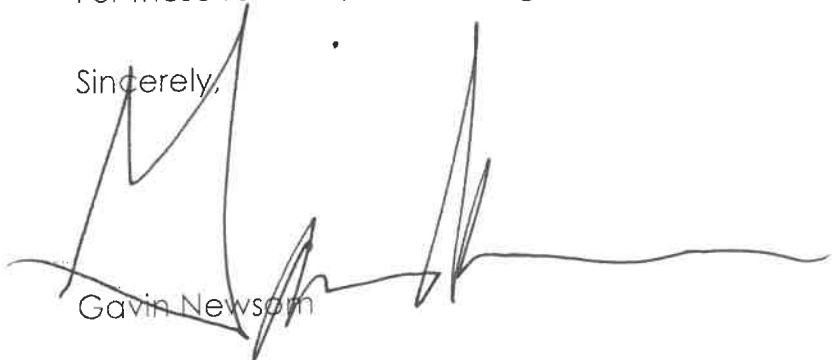
Last year, I vetoed a substantially similar bill, stating that it would limit the ability of health plans to engage in practices that have been shown to ensure appropriate care while limiting unnecessary costs. That is still the case with this bill – despite my call for a more tailored solution. This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

Sincerely,



Gavin Newsom