

119TH CONGRESS  
2D SESSION

# H. R. 9090

To improve menopause care and mid-life women’s health, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

JUNE 2, 2026

Ms. CLARKE of New York introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To improve menopause care and mid-life women’s health, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4       (a) **SHORT TITLE.**—This Act may be cited as the  
5 “Advancing Menopause Care and Mid-Life Women’s  
6 Health Act”.

7       (b) **TABLE OF CONTENTS.**—The table of contents for  
8 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Research with respect to menopause and mid-life women’s health.
- Sec. 3. Public health promotion and prevention.
- Sec. 4. Public health awareness, education, and outreach program on menopause and mid-life women’s health.

- Sec. 5. Training programs to improve care and treatment of menopausal symptoms.
- Sec. 6. Centers of excellence in menopause cause and mid-life women’s health.
- Sec. 7. Reporting requirement.
- Sec. 8. Coordination.

1 **SEC. 2. RESEARCH WITH RESPECT TO MENOPAUSE AND**  
 2 **MID-LIFE WOMEN’S HEALTH.**

3 (a) NIH RESEARCH.—Part A of title IV of the Public  
 4 Health Service Act (42 U.S.C. 281 et seq.) is amended  
 5 by adding at the end the following:

6 **“SEC. 404P. RESEARCH WITH RESPECT TO MENOPAUSE**  
 7 **AND MID-LIFE WOMEN’S HEALTH.**

8 “(a) RESEARCH AND INNOVATION.—

9 “(1) IN GENERAL.—The Director of NIH, act-  
 10 ing through the Director of the Office of Research  
 11 on Women’s Health, shall coordinate and expand re-  
 12 search activities conducted by all institutes, centers,  
 13 and offices of the National Institutes of Health to  
 14 develop and implement Federal research programs  
 15 with respect to—

16 “(A) the impact of the symptoms and tra-  
 17 jectories of changes across perimenopause, the  
 18 menopausal transition, and the postmenopausal  
 19 period on women’s physical, oral, mental, be-  
 20 havioral, and cognitive health;

21 “(B) the prevention of related adverse  
 22 health outcomes among women during the men-

1           opausal transition and the postmenopausal pe-  
2           riod;

3           “(C) the known health disparities that are  
4           observed with the menopausal transition, in-  
5           cluding between rural women and urban or sub-  
6           urban women; and

7           “(D) the development of integrated, col-  
8           laborative approaches to menopause care, which  
9           may involve non-pharmacological and pharma-  
10          cological treatments.

11          “(2) GRANTS.—In carrying out paragraph (1),  
12          the Director of NIH shall award grants to eligible  
13          entities to support—

14                 “(A) biomedical and public health research  
15                 and innovation in the development of new treat-  
16                 ments, and diagnostic testing services for  
17                 perimenopause and acute and chronic meno-  
18                 pausal conditions;

19                 “(B) researchers and clinicians engaged in  
20                 clinical and translational research on  
21                 perimenopause, menopause, and mid-life wom-  
22                 en’s health; and

23                 “(C) researchers and clinicians developing  
24                 and testing the effectiveness and implementa-  
25                 tion of evidence-based integrated, collaborative

1 approaches for caring for mid-life women in the  
2 perimenopausal, menopausal, and post-  
3 menopausal periods of life.

4 “(3) ELIGIBLE ENTITIES.—To be eligible to re-  
5 ceive a grant under subsection (b), an entity shall  
6 meet such criteria as the Director of NIH may es-  
7 tablish, and shall be—

8 “(A) an accredited entity that offers edu-  
9 cation to students in various health professions,  
10 such as\_\_

11 “(i) a teaching hospital;

12 “(ii) an accredited school of medicine,  
13 osteopathic medicine, dental medicine,  
14 nursing, or pharmacy, or a physician as-  
15 sistant training program, including a his-  
16 torically Black college or university (as de-  
17 fined by the term ‘part B institution’ in  
18 section 322 of the Higher Education Act  
19 of 1965 or described in section 326(e)(1)  
20 of the Higher Education Act of 1965) or  
21 other minority-serving institutions (as de-  
22 scribed in section 371(a) of the Higher  
23 Education Act of 1965));

1           “(iii) a certified behavioral health clin-  
2           ic with an accredited medical or nursing  
3           residency program;

4           “(iv) an accredited public or nonprofit  
5           private hospital with an accredited medical,  
6           dental, or nursing residency program;

7           “(v) an accredited nurse practitioner  
8           residency program that includes and ac-  
9           credited nursing residency program; or

10           “(vi) a related accredited program en-  
11           gaged in the care, treatment, or manage-  
12           ment of menopausal symptoms;

13           “(B) an academic research institution or  
14           other nonprofit research institution;

15           “(C) a small business; or

16           “(D) such other entity as the Director of  
17           NIH may determine appropriate.

18           “(b) RESEARCH, CONDITION, AND DISEASE CAT-  
19           EGORIZATION.—The Director of NIH shall designate, in  
20           the Research, Condition, and Disease Categorization, new  
21           categories for chronic or debilitating conditions among  
22           women, to analyze and coordinate current and future re-  
23           search on perimenopause, menopause, menopausal symp-  
24           toms, and postmenopausal short-term and long-term ef-

1 fects of such symptoms and conditions on mid-life wom-  
2 en’s health.

3 “(c) COORDINATION.—The Director of the NIH shall  
4 coordinate and expand Federal research programs and ac-  
5 tivities to study acute and chronic menopausal symptoms  
6 and new pharmacological or non-pharmacological treat-  
7 ment approaches for such symptoms, including—

8 “(1) vasomotor symptoms;

9 “(2) osteoporosis;

10 “(3) sarcopenia;

11 “(4) temporomandibular disorders;

12 “(5) joint and nerve pain;

13 “(6) trauma, anxiety, depression, mood dis-  
14 orders, and related mental and behavioral health  
15 conditions;

16 “(7) cognitive problems and dementia;

17 “(8) heart disease and other cardiovascular con-  
18 ditions;

19 “(9) genitourinary conditions;

20 “(10) alopecia;

21 “(11) vision or hearing impairments;

22 “(12) diabetes, digestive, and metabolic dis-  
23 orders;

24 “(13) chronic sleep deficiency, insomnia, and  
25 related sleep disorders;

1           “(14) pelvic floor disorders;  
2           “(15) oral health management;  
3           “(16) co-occurring chronic conditions;  
4           “(17) co-occurring menopausal transition symp-  
5           toms and cancer symptoms; and  
6           “(18) other menopausal symptoms and related  
7           conditions, as the Director of NIH determines ap-  
8           propriate.

9           “(d) **TRANSLATIONAL RESEARCH.**—The Secretary  
10          shall expand translational research activities to accelerate  
11          translation and implementation of Federal research on  
12          perimenopause and menopausal symptoms and facilitate  
13          equitable, evidence-based delivery of integrated, collabo-  
14          rative perimenopause, menopause, and postmenopause  
15          care and related mid-life women’s health services.

16          “(e) **OUTREACH AND ENGAGEMENT.**—The Secretary  
17          shall expand outreach and engagement activities with ac-  
18          credited schools of medicine, institutions of higher edu-  
19          cation, and research institutions to support Federal re-  
20          search activities with respect to menopausal symptoms.”.

21          (b) **PUBLIC HEALTH RESEARCH AND DATA REPORT-**  
22          **ING ACTIVITIES.**—Part A of title III of the Public Health  
23          Service Act (42 U.S.C. 241 et seq.) is amended by adding  
24          at the end the following:

1 **“SEC. 310C. RESEARCH RELATING TO MID-LIFE WOMEN’S**  
2 **HEALTH.**

3 “(a) **PUBLIC HEALTH RESEARCH.**—The Secretary  
4 shall expand research activities with respect to the severity  
5 and duration of perimenopausal, menopausal, and post-  
6 menopausal symptoms and related chronic conditions af-  
7 fecting mid-life health outcomes among women, including  
8 mental and behavioral health outcomes. In carrying out  
9 activities under this section, the Secretary shall coordinate  
10 with existing programs and activities of the Department  
11 of Health and Human Services.

12 “(b) **HEALTH CARE QUALITY RESEARCH.**—The Sec-  
13 retary shall expand research, program evaluation, quality  
14 improvement and implementation activities to improve  
15 health care delivery for the care, treatment, or manage-  
16 ment of perimenopause and menopausal symptoms and re-  
17 lated chronic conditions, including data collection with re-  
18 spect to preventive services that support mid-life health  
19 outcomes among women and address barriers to care and  
20 the development and testing of evidence-based integrated,  
21 collaborative approaches to care during the menopausal  
22 transition.

23 “(c) **DASHBOARD.**—The Secretary shall establish and  
24 maintain a dashboard for the reporting of data on meno-  
25 pausal symptoms and mid-life health outcomes among  
26 women gathered through public health surveillance activi-

1 ties and the testing of integrated, collaborative approaches  
2 to care with respect to screening, testing, treatment, and  
3 prevention services, and the impact of this section and sec-  
4 tion 404P on such efforts.

5       “(d) OCCUPATIONAL HEALTH RESEARCH.—The Sec-  
6 retary shall conduct research activities and expand data  
7 collection with respect to workplace stressors related to se-  
8 vere acute or chronic menopausal symptoms, physical in-  
9 jury, or other adverse health outcomes among women, in-  
10 cluding traumatic stress, anxiety, depression, and related  
11 mental and behavioral health conditions. The Secretary  
12 shall review existing evidence, identify gaps in services,  
13 and develop evidence-informed recommendations for re-  
14 lated public health interventions and support services.

15       “(e) INTERAGENCY COORDINATION.—The Secretary  
16 shall develop and implement new interagency research ini-  
17 tiatives or programs to address menopausal symptoms.”.

18       (c) AUTHORIZATION OF APPROPRIATIONS.—For the  
19 purpose of carrying out sections 404P and 310C of the  
20 Public Health Service Act, as added by subsections (a)  
21 and (b), respectively, there are authorized to be appro-  
22 priated \$25,000,000 for each of fiscal years 2027 through  
23 2031.

1 **SEC. 3. PUBLIC HEALTH PROMOTION AND PREVENTION.**

2 Title III of the Public Health Service Act (42 U.S.C.  
3 241 et seq.) is amended by adding at the end the fol-  
4 lowing:

5 **“PART X—ACTIVITIES TO PROMOTE MID-LIFE**  
6 **WOMEN’S HEALTH**

7 **“SEC. 399PP. PUBLIC HEALTH PROMOTION ACTIVITIES.**

8 “(a) CHRONIC CONDITIONS AND PUBLIC HEALTH  
9 PROMOTION.—The Secretary shall expand public health  
10 promotion and prevention activities with respect to  
11 perimenopausal, menopausal, and postmenopausal mid-life  
12 women’s health symptoms and chronic conditions de-  
13 scribed in section 404P(c), and other related conditions  
14 and adverse health outcomes, at the discretion of the Sec-  
15 retary.

16 “(b) EARLY DETECTION, DIAGNOSIS, AND TREAT-  
17 MENT.—

18 “(1) IN GENERAL.—The Secretary shall award  
19 grants to eligible entities to improve the early detec-  
20 tion, diagnosis, and treatment of perimenopausal,  
21 menopausal, and postmenopausal symptoms and  
22 support public health activities to expand access to  
23 quality care services and improve mid-life health out-  
24 comes among women.

25 “(2) ELIGIBLE ENTITIES.—To be eligible to re-  
26 ceive a grant under paragraph (1), an entity shall\_\_

1 “(A) be—

2 “(i) a State, local, Tribal, or terri-  
3 torial public health department;

4 “(ii) an accredited entity that offers  
5 education to students in various health  
6 professions; or

7 “(iii) such other type of entity, as the  
8 Secretary determines appropriate; and

9 “(B) submit an application to the Sec-  
10 retary at such time, in such manner, and con-  
11 taining such information as the Secretary may  
12 require.

13 “(c) CARE COORDINATION.—The Secretary shall  
14 award grants to eligible entities described in subsection  
15 (b)(2) to support care coordination and care planning ac-  
16 tivities, including such activities otherwise supported  
17 under this Act, and expand access to quality primary care  
18 and specialty care services to improve symptoms and  
19 chronic conditions described in section 404P(c).

20 “(d) MENTAL HEALTH AND SUBSTANCE USE PRE-  
21 VENTION.—The Secretary shall develop recommendations  
22 and best practices to—

23 “(1) increase access to mental and behavioral  
24 health care services and substance use disorder pre-

1       vention    services    for    women    experiencing  
2       perimenopause or menopausal symptoms; and

3           “(2) expand substance use disorder treatment,  
4       recovery, and support services for women experi-  
5       encing perimenopause, early menopause, menopause,  
6       and postmenopause, and related symptoms and  
7       chronic conditions.

8       “(e) HEALTH CARE DELIVERY.—The Secretary shall  
9       develop recommendations and best practices for—

10           “(1) reducing health disparities in the manage-  
11       ment of perimenopausal and menopausal symptoms  
12       and conditions;

13           “(2) the prevention of adverse health outcomes  
14       in the mid-life and menopausal transition;

15           “(3) improving mid-life women’s access to  
16       perimenopause and menopause health care services  
17       through integrated, collaborative approaches to care;  
18       and

19           “(4) providing patient-centered perimenopause,  
20       mid-life, and menopause counseling and treatment  
21       through pharmacological and non-pharmacological  
22       treatments.

23       “(f) SAFETY AND EFFECTIVENESS.—The Secretary  
24       shall carry out and support—

1           “(1) outreach and engagement activities of the  
2           Department of Health and Human Services with  
3           health care providers on perimenopause and meno-  
4           pause and mid-life women’s health;

5           “(2) oversight efforts to assess the safety and  
6           effectiveness of new treatments and diagnostic tools  
7           for mid-life, perimenopause, or menopausal symp-  
8           toms, including devices that use artificial intel-  
9           ligence; and

10           “(3) support existing activities of the Depart-  
11           ment of Health and Human Services to enforce pri-  
12           vacy protections for patients.

13           “(g) AUTHORIZATION OF APPROPRIATIONS.—To  
14           carry out this section, there are authorized to be appro-  
15           priated \$10,000,000 for each of fiscal years 2027 through  
16           2031.”.

17           **SEC. 4. PUBLIC HEALTH AWARENESS, EDUCATION, AND**  
18   **OUTREACH PROGRAM ON MENOPAUSE AND**  
19   **MID-LIFE WOMEN’S HEALTH.**

20           Part X of title III of the Public Health Service Act  
21           (42 U.S.C. 241 et seq.), as added by section 3, is amended  
22           by adding at the end the following:

1 **“SEC. 399PP-1. PUBLIC HEALTH AWARENESS, EDUCATION,**  
2 **AND OUTREACH PROGRAM ON MENOPAUSE**  
3 **AND MID-LIFE WOMEN’S HEALTH.**

4 “(a) IN GENERAL.—The Secretary shall develop and  
5 carry out a national awareness, education, and outreach  
6 program relating to menopausal symptoms, mid-life wom-  
7 en’s health, and related care, treatment, and preventive  
8 services directed at patients, health care providers, first  
9 responders (such as emergency medical service providers),  
10 and related stakeholders. Such awareness, education, and  
11 outreach program shall—

12 “(1) disseminate educational materials and pro-  
13 vide technical assistance for health care providers  
14 and patients to support engagement about  
15 perimenopause and menopause care and treatment  
16 options for menopausal symptoms;

17 “(2) help such providers to identify risk factors  
18 and prevent injury and adverse health outcomes  
19 among mid-life women with menopausal symptoms;  
20 and

21 “(3) address barriers to related care and treat-  
22 ment services for mid-life women.

23 “(b) OUTREACH.—In carrying out this section, the  
24 Secretary shall—

1           “(1) conduct outreach and education activities  
2           related to perimenopause and menopause and mid-  
3           life women’s health that—

4                   “(A) include evidence-based information;  
5                   and

6                   “(B) are culturally appropriate, in the case  
7                   of such outreach and education activities for In-  
8                   dian Tribes;

9           “(2) provide opportunities for State, local, Trib-  
10           al, and territorial public health departments to cus-  
11           tomize public health awareness, education, and out-  
12           reach materials for their populations; and

13                   “(3) prioritize populations in areas affected by  
14                   known health disparities and barriers to care, in-  
15                   cluding rural and underserved areas.

16           “(c) COORDINATION.—In carrying out this section,  
17           the Secretary shall coordinate with existing awareness,  
18           education, and outreach programs and activities of the De-  
19           partment of Health and Human Services.

20           “(d) ONLINE RESOURCES.—The Secretary shall de-  
21           velop, operate, and maintain a website to provide edu-  
22           cational materials in accessible formats for health care  
23           providers, patients, and caregivers, regarding  
24           perimenopause, menopause, post-menopause, and mid-life  
25           women’s health. Such educational materials may include—



1 dency programs, fellowships, or other related clinical  
2 training) for physicians, dentists, registered nurses,  
3 advanced practice registered nurses, physician assist-  
4 ants, pharmacists, other health care providers, and  
5 students and trainees to improve care, treatment, or  
6 management services for perimenopause, menopausal  
7 symptoms, and related chronic conditions affecting  
8 women in mid-life.

9 “(3) ELIGIBILITY.—To be eligible to receive a  
10 grant under this subsection, an entity shall—

11 “(A) be—

12 “(i) an accredited school of medicine  
13 or osteopathic medicine;

14 “(ii) an accredited school of dental  
15 medicine;

16 “(iii) an accredited school of nursing;

17 “(iv) an accredited school of phar-  
18 macy;

19 “(v) an accredited public or nonprofit  
20 private hospital;

21 “(vi) an accredited medical or dental  
22 residency program;

23 “(vii) an accredited advanced practice  
24 registered nurse residency program; or

1                   “(viii) a related training program for  
2                   clinicians, allied health professionals, or so-  
3                   cial workers that interface with affected  
4                   populations, which may include hospitals  
5                   and research institutions, as determined by  
6                   the Secretary; and

7                   “(B) submit an application to the Sec-  
8                   retary at such time, in such manner, and con-  
9                   taining such information as the Secretary may  
10                  require.

11               “(b) TRAINING OPPORTUNITIES.—The Secretary  
12 shall expand outreach activities to support and expand  
13 training programs, fellowships, and other opportunities for  
14 students, faculty, and trainees (including continuing med-  
15 ical education) or establish new training opportunities to  
16 address barriers to access to—

17               “(1) primary and specialty care services to sup-  
18               port mid-life women’s health; and

19               “(2) early detection, diagnosis, treatment, and  
20               care services for perimenopause, menopausal symp-  
21               toms, and related chronic conditions.

22               “(c) COORDINATION.—In carrying out this section,  
23 the Secretary shall coordinate with existing awareness,  
24 education, and outreach programs and activities of the De-  
25 partment of Health and Human Services.

1 “(d) AUTHORIZATION OF APPROPRIATIONS.—To  
2 carry out this section there are authorized to be appro-  
3 priated \$10,000,000 for each of fiscal years 2027 through  
4 2031.”.

5 **SEC. 6. CENTERS OF EXCELLENCE IN MENOPAUSE CAUSE**  
6 **AND MID-LIFE WOMEN’S HEALTH.**

7 Part X of title III of the Public Health Service Act  
8 (42 U.S.C. 241 et seq.), as amended by section 4, is fur-  
9 ther amended by adding at the end the following:

10 **“SEC. 399PP-2. CENTERS OF EXCELLENCE IN MENOPAUSE**  
11 **CARE AND MID-LIFE WOMEN’S HEALTH.**

12 “(a) IN GENERAL.—The Secretary shall designate el-  
13 igible entities as Centers of Excellence in Menopause and  
14 Mid-Life Women’s Health, and award grants to such enti-  
15 ties, for purposes of improving professional training re-  
16 sources for health care providers on mid-life women’s  
17 health with respect to the care, treatment, and manage-  
18 ment of perimenopause and menopausal symptoms, and  
19 related support services.

20 “(b) ELIGIBILITY.—To be eligible to receive a des-  
21 ignation and grant under subsection (a), an entity shall—

22 “(1) be an accredited entity that offers edu-  
23 cation to students in various health professions, or  
24 such other type of entity, as the Secretary deter-  
25 mines appropriate;

1           “(2) demonstrate community engagement and  
2           partnerships with community stakeholders, including  
3           entities that train health care providers, social work-  
4           ers, or other health professionals, community health  
5           centers, health systems administrators, certified be-  
6           havioral health clinics, and research institutions; and

7           “(3) submit to the Secretary an application at  
8           such time, in such manner, and containing such in-  
9           formation as the Secretary may require.

10          “(c) ACTIVITIES.—An entity receiving an award  
11          under subsection (a) shall develop and distribute evidence-  
12          based resources to health care providers, patients, and  
13          public health departments regarding the care, treatment,  
14          and management of perimenopause and menopausal  
15          symptoms during mid-life. Such resources may include in-  
16          formation on—

17                 “(1) advancements in the evidence-based treat-  
18                 ment or management of perimenopause and acute or  
19                 chronic menopausal symptoms;

20                 “(2) the prevention and treatment of related  
21                 chronic conditions across different patient popu-  
22                 lations to support mid-life women’s health; and

23                 “(3) other topic areas that are relevant to the  
24                 objectives described in subsection (a).

1       “(d) GEOGRAPHIC DISTRIBUTION.—In awarding  
2 grants under subsection (a), the Secretary shall take into  
3 account regional differences among eligible entities and  
4 ensure equitable geographic distribution between rural and  
5 urban areas.

6       “(e) PRIORITY.—In awarding grants under sub-  
7 section (a), the Secretary shall prioritize eligible entities  
8 that provide services in a health professional shortage area  
9 designated under section 332 or to medically underserved  
10 populations, as defined in section 330(b)(3).

11       “(f) EVALUATION.—Each entity receiving an award  
12 under subsection (a) shall submit an annual report to the  
13 Secretary on the activities carried out using such award.  
14 The Secretary shall evaluate each project carried out by  
15 an entity receiving an award under this section and shall  
16 report the findings with respect to each such evaluation  
17 to appropriate Federal agencies and public and private en-  
18 tities.

19       “(g) AUTHORIZATION OF APPROPRIATIONS.—To  
20 carry out this section, there are authorized to be appro-  
21 priated such sums as may be necessary for each of fiscal  
22 years 2027 through 2031.”.

23 **SEC. 7. REPORTING REQUIREMENT.**

24       (a) REPORT ON ACTIVITIES CARRIED OUT UNDER  
25 THIS ACT.—Not later than 2 years after the date of enact-

1 ment of this Act, and every year thereafter, the Secretary  
2 of Health and Human Services shall submit to the Com-  
3 mittee on Appropriations, the Committee on Health, Edu-  
4 cation, Labor, and Pensions, the Committee on Finance,  
5 and the Special Committee on Aging of the Senate and  
6 the Committee on Appropriations, the Committee on En-  
7 ergy and Commerce, and the Committee on Ways and  
8 Means of the House of Representatives a report describing  
9 the progress of activities carried out under this Act and  
10 the amendments made by this Act. Each such report shall  
11 contain—

12           (1) information with respect to Federal re-  
13 search activities related to perimenopause and meno-  
14 pause and mid-life women’s health, including infor-  
15 mation related public health awareness, education,  
16 and outreach activities, including—

17                   (A) data and knowledge gaps, or other bar-  
18 riers, related to research, diagnostic testing,  
19 and pharmacological and non-pharmacological  
20 treatments with respect to perimenopause,  
21 menopause, menopausal symptoms, and related  
22 health conditions and outcomes in women’s  
23 mid-life;

24                   (B) data or information related to barriers  
25 to health care and support services among

1 women experiencing perimenopause or meno-  
2 pausal symptoms and conditions and outcomes  
3 in rural and underserved areas; and

4 (C) data or information related to barriers  
5 to training opportunities and resources for  
6 health care providers serving women experi-  
7 encing perimenopause or menopausal symptoms  
8 and related conditions and outcomes in rural  
9 and underserved areas;

10 (2) recommendations and best practices for  
11 health care providers and public health departments  
12 to expand access to integrated, collaborative ap-  
13 proaches to care and increase public awareness and  
14 understanding of menopausal symptoms and related  
15 chronic conditions; and

16 (3) information about related Federal activities,  
17 as the Secretary determines appropriate.

18 (b) REPORT ON ACCESS TO CARE AND TREAT-  
19 MENT.—Not later than 2 years after the date of enact-  
20 ment of this Act, the Secretary shall release a report on  
21 known health disparities, barriers to access to care, and  
22 management and treatment services, with respect to  
23 perimenopause and menopausal symptoms and related  
24 conditions, and recommendations to reduce any such dis-  
25 parities and barriers for women in mid-life.

1           (c) AUTHORIZATION OF APPROPRIATIONS.—To carry  
2 out this section, there are authorized to be appropriated  
3 such sums as may be necessary for each of fiscal years  
4 2027 through 2031.

5 **SEC. 8. COORDINATION.**

6           The Secretary of Health and Human Services shall  
7 coordinate activities carried out under this Act (including  
8 the amendments made by this Act) with other existing  
9 Federal efforts relating to menopausal symptoms, mid-life  
10 women’s health, aging, or public health promotion carried  
11 out by the Department of Veterans Affairs, the Depart-  
12 ment of Defense, and other Federal departments and  
13 agencies, as appropriate.

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