

119TH CONGRESS
2D SESSION

S. 4503

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

IN THE SENATE OF THE UNITED STATES

MAY 12, 2026

Mrs. MURRAY (for herself, Ms. MURKOWSKI, Ms. ALSOBROOKS, Ms. BALDWIN, Ms. BLUNT ROCHESTER, Mr. BOOKER, Ms. CANTWELL, Ms. CORTEZ MASTO, Ms. DUCKWORTH, Mrs. GILLIBRAND, Ms. HASSAN, Mr. HICKENLOOPER, Ms. KLOBUCHAR, Mr. REED, Ms. ROSEN, Mrs. SHAHEEN, and Ms. SMITH) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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;

1 “(B) the prevention of related adverse
2 health outcomes among women during the men-
3 opausal transition and the postmenopausal pe-
4 riod;

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

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

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

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

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

1 “(C) researchers and clinicians developing
 2 and testing the effectiveness and implementa-
 3 tion of evidence-based integrated, collaborative
 4 approaches for caring for mid-life women in the
 5 perimenopausal, menopausal, and post-
 6 menopausal periods of life.

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

11 “(A) an accredited entity that offers edu-
 12 cation to students in various health professions,
 13 such as—

14 “(i) a teaching hospital;

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

1 scribed in section 371(a) of the Higher
2 Education Act of 1965);

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

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

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

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

15 “(B) an academic research institution or
16 other nonprofit research institution;

17 “(C) a small business; or

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

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

1 toms, and postmenopausal short-term and long-term ef-
 2 fects of such symptoms and conditions on mid-life wom-
 3 en’s health.

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

9 “(1) vasomotor symptoms;

10 “(2) osteoporosis;

11 “(3) sarcopenia;

12 “(4) temporomandibular disorders;

13 “(5) joint and nerve pain;

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

17 “(7) cognitive problems and dementia;

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

20 “(9) genitourinary conditions;

21 “(10) alopecia;

22 “(11) vision or hearing impairments;

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

1 “(13) chronic sleep deficiency, insomnia, and
2 related sleep disorders;

3 “(14) pelvic floor disorders;

4 “(15) oral health management;

5 “(16) co-occurring chronic conditions;

6 “(17) co-occurring menopausal transition symp-
7 toms and cancer symptoms; and

8 “(18) other menopausal symptoms and related
9 conditions, as the Director of NIH determines ap-
10 propriate.

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

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

23 (b) PUBLIC HEALTH RESEARCH AND DATA REPORT-
24 ING ACTIVITIES.—Part A of title III of the Public Health

1 Service Act (42 U.S.C. 241 et seq.) is amended by adding
2 at the end the following:

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

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

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

1 “(c) DASHBOARD.—The Secretary shall establish and
2 maintain a dashboard for the reporting of data on meno-
3 pausal symptoms and mid-life health outcomes among
4 women gathered through public health surveillance activi-
5 ties and the testing of integrated, collaborative approaches
6 to care with respect to screening, testing, treatment, and
7 prevention services, and the impact of this section and sec-
8 tion 404P on such efforts.

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

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

22 (c) AUTHORIZATION OF APPROPRIATIONS.—For the
23 purpose of carrying out sections 404P and 310C of the
24 Public Health Service Act, as added by subsections (a)
25 and (b), respectively, there are authorized to be appro-

1 priated \$25,000,000 for each of fiscal years 2027 through
2 2031.

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

4 Title III of the Public Health Service Act (42 U.S.C.
5 241 et seq.) is amended by adding at the end the fol-
6 lowing:

7 **“PART X—ACTIVITIES TO PROMOTE MID-LIFE**
8 **WOMEN’S HEALTH**

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

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

18 “(b) EARLY DETECTION, DIAGNOSIS, AND TREAT-
19 MENT.—

20 “(1) IN GENERAL.—The Secretary shall award
21 grants to eligible entities to improve the early detec-
22 tion, diagnosis, and treatment of perimenopausal,
23 menopausal, and postmenopausal symptoms and
24 support public health activities to expand access to

1 quality care services and improve mid-life health out-
2 comes among women.

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

5 “(A) be—

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

8 “(ii) an accredited entity that offers
9 education to students in various health
10 professions; or

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

13 “(B) submit an application to the Sec-
14 retary at such time, in such manner, and con-
15 taining such information as the Secretary may
16 require.

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

1 “(d) MENTAL HEALTH AND SUBSTANCE USE PRE-
2 VENTION.—The Secretary shall develop recommendations
3 and best practices to—

4 “(1) increase access to mental and behavioral
5 health care services and substance use disorder pre-
6 vention services for women experiencing
7 perimenopause or menopausal symptoms; and

8 “(2) expand substance use disorder treatment,
9 recovery, and support services for women experi-
10 encing perimenopause, early menopause, menopause,
11 and postmenopause, and related symptoms and
12 chronic conditions.

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

15 “(1) reducing health disparities in the manage-
16 ment of perimenopausal and menopausal symptoms
17 and conditions;

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

20 “(3) improving mid-life women’s access to
21 perimenopause and menopause health care services
22 through integrated, collaborative approaches to care;
23 and

24 “(4) providing patient-centered perimenopause,
25 mid-life, and menopause counseling and treatment

1 through pharmacological and non-pharmacological
2 treatments.

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

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

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

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

17 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
18 carry out this section, there are authorized to be appro-
19 priated \$10,000,000 for each of fiscal years 2027 through
20 2031.”.

1 **SEC. 4. PUBLIC HEALTH AWARENESS, EDUCATION, AND**
2 **OUTREACH PROGRAM ON MENOPAUSE AND**
3 **MID-LIFE WOMEN’S HEALTH.**

4 Part X of title III of the Public Health Service Act
5 (42 U.S.C. 241 et seq.), as added by section 3, is amended
6 by adding at the end the following:

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

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

18 “(1) disseminate educational materials and pro-
19 vide technical assistance for health care providers
20 and patients to support engagement about
21 perimenopause and menopause care and treatment
22 options for menopausal symptoms;

23 “(2) help such providers to identify risk factors
24 and prevent injury and adverse health outcomes
25 among mid-life women with menopausal symptoms;
26 and

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

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

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

8 “(A) include evidence-based information;
9 and

10 “(B) are culturally appropriate, in the case
11 of such outreach and education activities for In-
12 dian Tribes;

13 “(2) provide opportunities for State, local, Trib-
14 al, and territorial public health departments to cus-
15 tomize public health awareness, education, and out-
16 reach materials for their populations; and

17 “(3) prioritize populations in areas affected by
18 known health disparities and barriers to care, in-
19 cluding rural and underserved areas.

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

24 “(d) ONLINE RESOURCES.—The Secretary shall de-
25 velop, operate, and maintain a website to provide edu-

1 cational materials in accessible formats for health care
 2 providers, patients, and caregivers, regarding
 3 perimenopause, menopause, post-menopause, and mid-life
 4 women’s health. Such educational materials may include—

5 “(1) webinars, continuing education modules,
 6 videos, fact sheets, infographics, stakeholder toolkits,
 7 or other materials in formats as appropriate and ap-
 8 plicable; and

9 “(2) tailored for health care providers, patients,
 10 caregivers, and other audiences, as the Secretary de-
 11 termines appropriate.

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

16 **SEC. 5. TRAINING PROGRAMS TO IMPROVE CARE AND**
 17 **TREATMENT OF MENOPAUSAL SYMPTOMS.**

18 Part D of title VII of the Public Health Service Act
 19 (42 U.S.C. 294 et seq.) is amended by inserting after sec-
 20 tion 757 (42 U.S.C. 294f) the following:

21 **“SEC. 758. TRAINING PROGRAMS TO IMPROVE CARE AND**
 22 **TREATMENT OF MENOPAUSAL SYMPTOMS.**

23 “(a) GRANTS TO TRAIN HEALTH PROFESSIONALS.—

1 “(1) IN GENERAL.—The Secretary shall award
2 grants to eligible entities for the purpose described
3 in paragraph (2).

4 “(2) USE OF FUNDS.—A grant awarded under
5 this subsection shall be used to develop, establish, or
6 expand training programs (including accredited resi-
7 dency programs, fellowships, or other related clinical
8 training) for physicians, dentists, registered nurses,
9 advanced practice registered nurses, physician assist-
10 ants, pharmacists, other health care providers, and
11 students and trainees to improve care, treatment, or
12 management services for perimenopause, menopausal
13 symptoms, and related chronic conditions affecting
14 women in mid-life.

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

17 “(A) be—

18 “(i) an accredited school of medicine
19 or osteopathic medicine;

20 “(ii) an accredited school of dental
21 medicine;

22 “(iii) an accredited school of nursing;

23 “(iv) an accredited school of phar-
24 macy;

1 “(v) an accredited public or nonprofit
2 private hospital;

3 “(vi) an accredited medical or dental
4 residency program;

5 “(vii) an accredited advanced practice
6 registered nurse residency program; or

7 “(viii) a related training program for
8 clinicians, allied health professionals, or so-
9 cial workers that interface with affected
10 populations, which may include hospitals
11 and research institutions, as determined by
12 the Secretary; and

13 “(B) submit an application to the Sec-
14 retary at such time, in such manner, and con-
15 taining such information as the Secretary may
16 require.

17 “(b) TRAINING OPPORTUNITIES.—The Secretary
18 shall expand outreach activities to support and expand
19 training programs, fellowships, and other opportunities for
20 students, faculty, and trainees (including continuing med-
21 ical education) or establish new training opportunities to
22 address barriers to access to—

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

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

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

8 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
9 carry out this section there are authorized to be appro-
10 priated \$10,000,000 for each of fiscal years 2027 through
11 2031.”.

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

14 Part X of title III of the Public Health Service Act
15 (42 U.S.C. 241 et seq.), as amended by section 4, is fur-
16 ther amended by adding at the end the following:

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

19 “(a) IN GENERAL.—The Secretary shall designate el-
20 igible entities as Centers of Excellence in Menopause and
21 Mid-Life Women’s Health, and award grants to such enti-
22 ties, for purposes of improving professional training re-
23 sources for health care providers on mid-life women’s
24 health with respect to the care, treatment, and manage-

1 ment of perimenopause and menopausal symptoms, and
2 related support services.

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

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

9 “(2) demonstrate community engagement and
10 partnerships with community stakeholders, including
11 entities that train health care providers, social work-
12 ers, or other health professionals, community health
13 centers, health systems administrators, certified be-
14 havioral health clinics, and research institutions; and

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

18 “(c) ACTIVITIES.—An entity receiving an award
19 under subsection (a) shall develop and distribute evidence-
20 based resources to health care providers, patients, and
21 public health departments regarding the care, treatment,
22 and management of perimenopause and menopausal
23 symptoms during mid-life. Such resources may include in-
24 formation on—

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

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

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

9 “(d) GEOGRAPHIC DISTRIBUTION.—In awarding
10 grants under subsection (a), the Secretary shall take into
11 account regional differences among eligible entities and
12 ensure equitable geographic distribution between rural and
13 urban areas.

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

19 “(f) EVALUATION.—Each entity receiving an award
20 under subsection (a) shall submit an annual report to the
21 Secretary on the activities carried out using such award.
22 The Secretary shall evaluate each project carried out by
23 an entity receiving an award under this section and shall
24 report the findings with respect to each such evaluation

1 to appropriate Federal agencies and public and private en-
2 tities.

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

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

8 (a) REPORT ON ACTIVITIES CARRIED OUT UNDER
9 THIS ACT.—Not later than 2 years after the date of enact-
10 ment of this Act, and every year thereafter, the Secretary
11 of Health and Human Services shall submit to the Com-
12 mittee on Appropriations, the Committee on Health, Edu-
13 cation, Labor, and Pensions, the Committee on Finance,
14 and the Special Committee on Aging of the Senate and
15 the Committee on Appropriations, the Committee on En-
16 ergy and Commerce, and the Committee on Ways and
17 Means of the House of Representatives a report describing
18 the progress of activities carried out under this Act and
19 the amendments made by this Act. Each such report shall
20 contain—

21 (1) information with respect to Federal re-
22 search activities related to perimenopause and meno-
23 pause and mid-life women’s health, including infor-
24 mation related public health awareness, education,
25 and outreach activities, including—

1 (A) data and knowledge gaps, or other bar-
2 riers, related to research, diagnostic testing,
3 and pharmacological and non-pharmacological
4 treatments with respect to perimenopause,
5 menopause, menopausal symptoms, and related
6 health conditions and outcomes in women's
7 mid-life;

8 (B) data or information related to barriers
9 to health care and support services among
10 women experiencing perimenopause or meno-
11 pausal symptoms and conditions and outcomes
12 in rural and underserved areas; and

13 (C) data or information related to barriers
14 to training opportunities and resources for
15 health care providers serving women experi-
16 encing perimenopause or menopausal symptoms
17 and related conditions and outcomes in rural
18 and underserved areas;

19 (2) recommendations and best practices for
20 health care providers and public health departments
21 to expand access to integrated, collaborative ap-
22 proaches to care and increase public awareness and
23 understanding of menopausal symptoms and related
24 chronic conditions; and

1 (3) information about related Federal activities,
2 as the Secretary determines appropriate.

3 (b) REPORT ON ACCESS TO CARE AND TREAT-
4 MENT.—Not later than 2 years after the date of enact-
5 ment of this Act, the Secretary shall release a report on
6 known health disparities, barriers to access to care, and
7 management and treatment services, with respect to
8 perimenopause and menopausal symptoms and related
9 conditions, and recommendations to reduce any such dis-
10 parities and barriers for women in mid-life.

11 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
12 out this section, there are authorized to be appropriated
13 such sums as may be necessary for each of fiscal years
14 2027 through 2031.

15 **SEC. 8. COORDINATION.**

16 The Secretary of Health and Human Services shall
17 coordinate activities carried out under this Act (including
18 the amendments made by this Act) with other existing
19 Federal efforts relating to menopausal symptoms, mid-life
20 women’s health, aging, or public health promotion carried
21 out by the Department of Veterans Affairs, the Depart-
22 ment of Defense, and other Federal departments and
23 agencies, as appropriate.

○