Workplace Supports & Quality Measurement Evidence Review

Contents

Position Statements/Consensus Recommendations/Toolkits

Menopause and the workplace: consensus recommendations from The Menopause Society	• Menopause symptoms such as vasomotor, mood, and genitourinary symptoms have been reported to affect work productivity. • The experience of menopause symptoms may be influenced by the work environment, with certain working conditions linked with worse menopause symptoms (eg, psychological stress at work, poor physical work conditions, inability to take breaks, insufficient restroom facilities). • Shift work has been linked with irregular menstrual cycles, and nightshift work, in particular, has been associated with earlier onset of menopause, although data are inconsistent. • Bothersome menopause symptoms in the workplace have the potential to affect women adversely in terms of career opportunities, trajectories, and satisfaction, as well as long-term financial stability. • Menopause symptoms in the workplace may be costly for employers in terms of reduced employee productivity, increased healthcare expenditures, and the loss of experienced employees who leave the workforce prematurely. • Studies investigating potential workplace solutions have found that menopause education interventions may improve menopause knowledge, but there remains a lack of data on the effect on work outcomes.

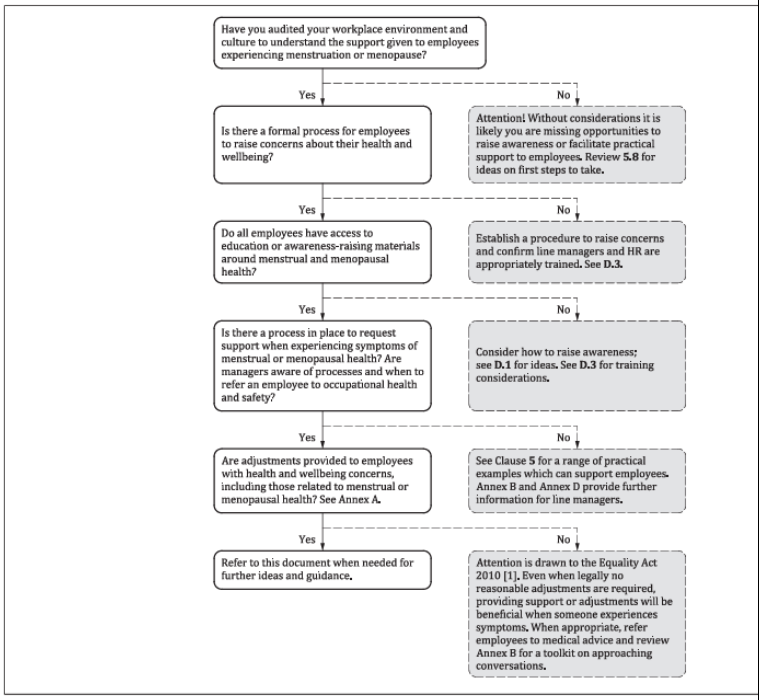
	• Additional studies are needed to determine the most effective strategies for mitigating the effect of menopause symptoms in the workplace. • Employers should evaluate how existing workplace policies can be leveraged to support persons with menopause symptoms and determine whether changes should be made or new policies adopted. • Employers should review their healthcare plans to ensure that they provide adequate and affordable coverage for menopause. • Employers should ensure that all employees are aware of the workplace policies and health and wellness offerings and healthcare coverage available to support them. • Employers should provide access to cold water and restrooms with sanitary products and consider flexibility in terms of work breaks and scheduling, dress-code policy, and options for hybrid or remote work and temperature control. • Employees should seek information on menopause to help them navigate their menopause experiences • Employees should contact their human resources or occupational health department to identify the workplace policies and resources that are available to help with menopause symptoms in the workplace, understanding that not all will be menopause-specific • Employees could consider starting or joining an employee resource group not only for peer support but also to engage with others in providing recommendations on how the work environment could be more menopause friendly.

	• Employees should understand federal and state laws that provide rights and protections that may be applicable to insurance coverage and access to care for menopause symptoms. • Healthcare professionals caring for midlife women should routinely ask about menopause symptoms and assess the perceived effect on QOL, including work performance. • Occupational health professionals should have working knowledge of menopause, the effects of menopause on work, and of the workplace on menopause symptoms and well-being, as well as the various therapeutic options available for management of the symptoms associated with menopause.
Rees, M., Bitzer, J., Cano, A., Ceausu, I., Chedraui, P., Durmusoglu, F., Erkkola, R., Geukes, M., Godfrey, A., Goulis, D. G., Griffiths, A., Hardy, C., Hickey, M., Lindén Hirschberg, A., Hunter, M., Kiesel, L., Jack, G., Lopes, P., Mishra, G., Oosterhof, H., Pines, A., Riach, K., Shufelt, C., van Trotsenburg, M., Weiss, R., & Lambrinoudaki, I. (2021). Global consensus recommendations on menopause in the workplace: A European Menopause and Andropause Society (EMAS) position statement. Maturitas, 151, 55–62. https://doi.org/10.1016/j.maturitas.2021.06.003	• Worldwide, 657 million women are aged 45–59, and around half contribute to the labor force during their menopausal years. • The diversity of menopause experience and the effect of menopause on employment are shaped not only by symptoms but also by the physical and psychosocial characteristics of the workplace environment. • Menopause is now considered to be an important gender- and age-equality issue, and dealing with its consequences should be part of maintaining an inclusive work environment. • Retaining women in employment during their menopausal years will attract, develop and secure a workforce with valuable skills and talent.

	• The EMAS recommendations for employers, managers, healthcare professionals and women aim to make the workplace environment more menopause supportive in the wider context of gender equality and reproductive and post-reproductive health

Menopause Workplace Resource Guide for Managers – Society for Women's Health Research	Examples of accommodations for different kinds of work
	• Physically demanding work
	  ○ Extra or frequent breaks throughout the day
	  ○ Access to cold water or cooling devices (e.g., fans, towels, misters)
	  ○ Consistent access to restrooms
	  ○ Flexible uniforms or adapted dress codes
	  ○ Comfortable workspaces (e.g., adjustable temperature, dedicated rest areas)
	  ○ Shift in job duties to reduce physical labor
	  ○ Designated areas to freshen up, change clothes, or access sanitary products
	• Intellectually demanding work
	  ○ Flexible work hours or alternative work schedules
	  ○ Flexible deadlines or deadline extensions (as appropriate)
	  ○ Use of supportive services and devices (e.g., adjustable desk furniture, notetaking support, adaptive tools)
	  ○ Access to quiet workspaces or white noise/ sound machines
	  ○ Broad spectrum or natural lighting
	  ○ Flexible meeting schedules

	○ Access to task management tools • Emotionally demanding work ○ Time off for medical appointments ○ Telework options ○ Employee resource groups ○ Individual coaching or therapy sessions ○ Employee assistance programs (EAPs)
BSI Standards Publication: Menstruation, Menstrual health, and menopause in the workplace	Guide to assist organizations to identify misconceptions around menstrual and peri/menopausal health and the impact of stigma surrounding them in the workplace; provides practical workplace adjustments and activities recommended to support existing activities around workplace wellbeing • Examples of characteristics that can influence experience of menopause: race, ethnicity, religion, disability, mental health, sexual orientation, thinking styles and neurodivergence, socio-economic status, job roles, pay levels, gender identity

	Figure 1 — *Considerations flowchart*  • Practical actions include: adjusting physical aspects of work, policy guidance, work design, supportive workplace cultures, and role adjustments
U.S. Department of Labor, Women's Bureau. (2024, September). *Let's talk about it: Menstruation and menopause at work* [Issue brief]. https://www.dol.gov/sites/dolgov/files/OPA/MenstruationAndMenopauseAtWork.pdf	• Frames menstruation and menopause as workplace equity, health, and dignity issues that affect a large share of the workforce but remain under-addressed because of stigma and limited understanding. • Notes that workers may experience symptoms such as pain, heavy bleeding, hot flashes, sleep disruption, fatigue, mood changes, and cognitive symptoms, which can affect attendance,

	productivity, comfort, and ability to perform job duties. • Connects workplace support for menstruation and menopause to broader employment protections and benefits, including reasonable accommodations for pregnancy-related limitations, lactation protections, access to leave, and nondiscrimination principles. • Emphasizes that supportive policies can help workers stay employed and participate fully in the labor force, especially as more women work later into life. • Identifies practical employer strategies such as flexible scheduling, access to breaks, restrooms and water, temperature control, remote or hybrid work options, modified uniforms or dress codes, paid or unpaid leave, employee education, supervisor training, and clear pathways to request support. • Highlights the importance of workplace culture: workers should not face shame, harassment, retaliation, or discrimination for biological experiences related to menstruation or menopause. • Clarifies that the issue brief is informational and does not constitute legal advice.

Published Literature

Citation	Findings

Faubion, S. S., Enders, F., Hedges, M. S., Chaudhry, R., Kling, J. M., Shufelt, C. L., Saadedine, M., Mara, K., Griffin, J. M., & Kapoor, E. (2023). Impact of menopause symptoms on women in the workplace. Mayo Clinic Proceedings, 98(6), 833–845. https://doi.org/10.1016/j.mayocp.2023.02.025	Survey study to evaluate the impact of menopause symptoms on work outcomes and asses estimated economic impact – surveyed women 45-60 at Mayo Clinic sites (5219 responses, 16.1% RR); primary outcome = self-reported adverse work outcomes related to menopause symptoms • 13.4% of respondents reported at least one adverse work outcomes due to symptoms; 10.8% missed work in preceding 12 months • Odds of reporting adverse work outcomes increased with symptom severity • Estimated annual loss $1.8 billion
Hughes, T., & Robertson, N. (2026). How do female healthcare staff experience the menopause transition in the workplace? A critical meta-synthesis. *Maturitas, 209*, 108964. https://doi.org/10.1016/j.maturitas.2026.108964	• Menopause symptoms can impair concentration, stamina, communication, and decision-making in demanding healthcare roles. • Healthcare workplaces often lack menopause-specific policies, accommodations, and organizational awareness. • Stigma and fear of judgment can discourage disclosure and support-seeking. • High workloads, long shifts, PPE, and limited breaks can worsen symptom management. • Recommended supports include leader education, supportive management, flexible scheduling, rest breaks, cooling access, and policies that normalize menopause discussions.
Safwan, N., Saadedine, M., Shufelt, C. L., Shufelt, C. L., Kapoor, E., Kling, J. M., Chaudhry, R., & Faubion, S. S. (2024). Menopause in the workplace: Challenges, impact, and next steps. Maturitas., 185.	Narrative review of menopause in the workplace, summarizing the impact of symptoms on employed women and how the workplace influences experiences. • Those with more severe symptoms are more likely to report adverse work outcomes (absenteeism, job-related decisions such as quitting or retiring early) • Lack of awareness about menopause, inflexible working conditions, and high-stress jobs can exacerbate severity of these symptoms • Interventions focus on: ease of implementing, cost-effectiveness, variety of options

https://doi.org/10.1016/j.maturitas.2024.107983	
Theis, S., Baumgartner, S. J., Janka, H., Theis, S., Baumgartner, S. J., Janka, H., Kolokythas, A., Skala, C., & Stute, P. (2023). Quality of life in menopausal women in the workplace – a systematic review. Climacteric : The Journal of the International Menopause Society., 26(2), 80–87. https://doi.org/10.1080/13697137.2022.2158729	Systematic review of 12 articles aimed to provide an overview of quality of life of menopausal women in the workplace. Of the 12 articles, 1 reported qualitative, 9 reported quantitative, and 2 reported both kinds of results. • Several factors affected quality of life, including age, education level, type of work, working environment (e.g., noise, crowding), permanent place of residency, mental factors (e.g., stress level, workload), comorbidities, menopausal symptoms, time since menopause, and physical activity • Employer recommendations: low-threshold access to medical and psychological support, individual adaptation of the workplace environment
Howe, D., Duffy, S., O'Shea, M., O'Shea, M., Hawkey, A., Wardle, J., Gerontakos, S., Steele, L., Gilbert, E., Owen, L., Ciccia, D., Cox, E., Redmond, R., & Armour, M. (2023). Policies, Guidelines, and Practices Supporting Women's Menstruation, Menstrual Disorders and Menopause at Work: A Critical Global Scoping Review. Healthcare., 11(22). https://doi.org/10.3390/healthcare11222945	Scoping review of global evidence relating to interventions (e.g., polices, practices, guidelines, legislation) aimed at supporting women to manage menstruation, menstrual disorders, and menopause at work; 66 included articles, with <1/2 presenting/reviewing an intervention related to women's workplace health; Recommendations were categorized as a) adjustments to the physical work environment, b) information and training needs, or c) policies and processes; most articles were set in the UK, with focus on trade unions and federations • Few articles explicitly included design, implementation, and evaluation of any interventions • Lack of literature on LGBTQIA+ individuals in the workplace context • Need for policies that ensure adequate physical work environments, flexible work arrangements, education and awareness training, and access to reasonable accommodations for menstrual pain and symptoms

Mallen S, Coppola J, Shaffer N, Minkin MJ, Ward A, Snow S. "I did not recognize myself": a mixed methods study to better understand the experiences of menopause in a US workplace. Menopause. 2025 Oct 1;32(10):920-929. doi: 10.1097/GME.0000000000002575. PMID: 40591541; PMCID: PMC12502938.	Online survey disseminated to US based employees of a US headquartered pharmaceutical company – 1642 respondents, 18 participated in in depth interviews. Majority reported current or prior experience of menopause (83%) • Menopause symptoms substantially affect work performance and confidence. The symptoms most frequently reported as affecting work were sleep disturbances (63%), memory changes (49%), hot flashes (39%), and anxiety (39%). Participants described reduced concentration, increased stress, lower confidence, and diminished patience, with many feeling that they were no longer performing at their usual level. • Menopause remains an underrecognized workplace issue with limited support. Although about half of respondents said they would feel somewhat or very comfortable discussing menopause with colleagues, only 9% of employees experiencing current symptoms reported receiving any workplace support, resources, or accommodations. • Stigma, ageism, and fear of judgment discourage disclosure. Interview participants expressed concerns that discussing menopause could lead colleagues or managers to view them as less competent, "too old," or less capable of advancing professionally. Many were uncertain about whether menopause was an appropriate topic to raise at work. • Knowledge about menopause is limited among employees. Only 28% of respondents with current or prior menopause experience considered themselves very or extremely knowledgeable about menopause, and many participants reported not recognizing that symptoms such as cognitive changes, fatigue, or joint pain could be related to menopause. The authors identified a substantial need for education for employees and managers alike. • Supportive workplace policies and culture could improve employee well-being and retention**.** Participants recommended greater awareness, manager education, peer support networks, flexible work arrangements, and practical accommodations (e.g., temperature control, restroom access, flexible scheduling). The authors conclude that organizations should provide menopause-related resources without requiring employees to disclose their menopausal status.

Summary of Comprehensive Review of Menopause-Related Legislation in the United States (link)

Washington-Specific Legislation/Policy

Category	Type	Text
Legislation (HB1971)	Insurance	Requires that a health plan issued or renewed on or after January 1, 2026, that includes coverage for prescription hormone therapy, provide reimbursement for a 12-month refill of prescription hormone therapy, provided it may be safely stored for 12 months, and at the discretion of the prescribing provider. The law is not specific to menopausal hormone therapy and, therefore, may improve access to therapies for transgender individuals or others requiring long-term treatment. (Macri)
Executive Order	Workplace	**Executive Order 26-01 Addressing Menopause-Related Workplace Accommodations Under the Washington Law Against Discrimination** An executive order directing the Washington State Women's Commission to work with all executive and small cabinet agencies to ensure they have appropriate workplace reasonable accommodation policies for employees experiencing menopause and perimenopause, consistent with the Washington Law Against Discrimination (WLAD), chapter 49.60 RCW. The order directs the Women's Commission and Office of Financial Management to review existing agency policies, identify best practices, and assist agencies in adopting or updating accommodation policies tailored to each agency's workforce. The Women's Commission is further directed to work with the Department of Health, the Bree Collaborative, and the Health Care Authority to develop workplace training materials on menopause- and perimenopause-related reasonable accommodations, and to draft guidance resources for state agencies and other public and private employers. The order also directs the Women's Commission to work with relevant health profession licensing boards to review possibilities for providers to earn professional licensing credits for menopause and perimenopause education, with recommendations due to the Governor's office within twelve months. A written progress report is due to the Governor's office on or before April 30, 2027.
Resolution	Public Awareness	**SR 8657** A Senate resolution that calls for greater support and resources for people experiencing menopause, that highlights legislative intent to improve awareness and reduce gaps in care and strengthens support for individuals navigating this life stage. (Cleveland)

Federal, State, and Municipal Legislation

State	Type	Text
RI	Workplace	**S 0361/ H 6161** Added menopause and menopause-related conditions to the state's Fair Employment Practices Act, for which employers are directed to provide reasonable accommodations. Rhode Island was the first state to enshrine these explicit protections into law *"Reasonably accommodate" means providing reasonable accommodations, including, but not limited to, more frequent or longer breaks, time off to recover from childbirth, acquisition or modification of equipment, seating, temporary transfer to a less strenuous or hazardous position, job restructuring, light duty, break time and private non-bathroom space for expressing breast milk, assistance with manual labor, or modified work schedules*
LA	Insurance	**HB 392 (2024) Act 784** Expands coverage by private insurance and Medicaid for menopausal and perimenopausal care and eliminates prior authorization for the administration or prescription of any medication, or hormone replacement therapy used to treat the symptoms of menopause or perimenopause, reducing administrative barriers to care
IL	Insurance	**HB 5295** Amends the Illinois Insurance Code to require a group, individual, or managed care plan in Illinois to cover medically necessary hormone therapy treatment to treat menopause and shall include all federal FDA-approved modalities, including, but not limited to, oral, transdermal, topical, and vaginal rings. The bill eliminates the prior limit of coverage to hormone therapy after hysterectomy, ensuring broader and more equitable access to care for women experiencing menopause symptoms.
ME	Public Awareness	**LD 1079** Directs Maine DHHS to create educational materials on perimenopause and menopause in collaboration with healthcare providers. These resources, available online and in print, aim to improve public understanding, support early symptom detection, guide treatment decisions, and address gaps in provider training. Strong advocacy from actress Halle Berry helped move this bill.
MD	Insurance and	**HB 1365 / SB 0892 Health Occupations, Public Health, and Insurance - Menopause - Provider Training Coverage Requirements, Policy Initiatives, and Access to Care**

	Provider Training	Amends Maryland law to (1) require health occupations boards that mandate continuing education for licensees or certificate holders to grant specified credit hours for coursework on menopause and menopause-associated symptoms; (2) require certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for the evaluation and management of menopause and menopause-associated conditions; and (3) require the Maryland Commission for Women to conduct a specified evaluation regarding menopause.
NJ	Insurance	**A5278 / S4148 New Jersey Menopause Coverage Act** Requires health insurance providers to cover medically necessary treatments for perimenopause and menopause, including, but not limited to, hormonal therapies, non-hormonal treatments, behavioral health care and counseling services, pelvic floor physical therapy, bone health treatments, and preventative care for related health conditions. *"preventative services that have a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force for early detection and treatment of health conditions related to perimenopause and menopause such as osteoporosis and cancer;"*
	Continuing Medical Education	**A5309 / S4147 CME Credits for Menopause** Permits up to three credits of continuing medical education (CME) on menopause to be used by advanced practice nurses and physicians for license renewal. Developed by the Department of Health, program topics shall include the physiological and psychological aspects of menopause, available treatment, health risks, best practices for screening, & patient communication strategies. Financial incentives and certifications may apply.
OR	Insurance	**HB 3064** Requires all health benefit plans, the Oregon Educators Benefit Board, and the Public Employees Benefits Board to cover treatment for perimenopause, menopause, and postmenopause, including, but not limited to, FDA-approved hormone therapies, SSRIs/SNRIs, vaginal estrogen, osteoporosis medications, neurokinin B antagonists, topical hormones, and bioidentical hormones.
UT	Insurance	**HCR 10 Concurrent Resolution Directing PEHP Regarding Hormone Replacement Therapy** Concurrent resolution directing the Public Employees' Benefit and Insurance Program (PEHP) to provide hormone replacement therapy (HRT) for menopausal symptoms for state employees.
VA	Insurance	**SB 790 Health Insurance; Mandated Benefits; Treatment of Menopause and Perimenopause**

		Requires each insurer, health services plan corporation, and health maintenance organization providing individual or group accident and sickness insurance policies or health care plans to provide coverage for medically necessary treatment and care for menopause and perimenopause. *"Such coverage shall include treatment of symptoms,* *including irregular menstrual periods, hot flashes, vaginal or bladder problems, loss of bone, increases in* *low-density lipoprotein cholesterol levels, and sleep disruptions."* *"No insurer, corporation, or organization providing coverage pursuant to this section shall require a prior authorization or otherwise require a step-therapy policy or protocol for the administration or prescription of any medication administered or prescribed for hormone replacement therapy used to treat symptoms of menopause and perimenopause."*
Philadelphia	Workplace	**Bill No. 250849 (Philadelphia)** Ordinance amending Philadelphia's Fair Practices Ordinance to explicitly protect employees from workplace discrimination based on menstruation, perimenopause, and menopause, and requiring employers to provide reasonable accommodations when symptoms substantially interfere with job performance.

Adopted State Menopause-Related Resolutions

State	Type	Text
HI	Public Awareness	**HCR 126** Designates September as "Menopause Awareness Month" in Hawaii to raise public awareness of menopause and the benefits and risks of hormone therapy, support the FDA's national menopause awareness campaign, and encourage healthcare provider education on menopause care.
IL	Public Awareness	**SJR0025** Designates October 12-18, 2025, "Menopause Awareness Week" in Illinois, to raise public awareness of the health impacts of menopause and perimenopause, highlight the importance of equitable healthcare access, and encourage better training for medical professionals in menopause care.

PA	Public Awareness	Designates October 2025 as "Menopause Awareness Month" in Pennsylvania to raise awareness of menopause symptoms, health impacts, and the importance of medical professional education and preventive care.

Active State Menopause-Related Legislation

State	Type	Text
CA	Multi	**AB-1940** Amends Government Code Sections 12926 & 12950 and adds Section 8423 to expand FEHA's "sex" definition to include perimenopause, menopause, postmenopause, and related conditions. Requires Civil Rights Department poster update by July 1, 2027. Mandates Governor's Office awareness campaigns on workplace protections.
DE	Insurance	**SB 319 Coverage for Diagnostic Services and Treatment for Menopause and Perimenopause** Requires individual and group health insurance plans, the state employee health plan, and state Medicaid to cover medically necessary diagnostic services and treatment for menopause, perimenopause, and related symptoms, including hormonal and non-hormonal therapies, behavioral health services, pelvic floor physical therapy, bone health treatments, and preventative screenings. Prohibits prior authorization or step therapy requirements for hormone replacement therapy supported by national clinical guidelines. Includes a religious exemption for group health policies
IL	Continuing Medical Education	**SB3325 Menopause Continuing Ed Course** Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. In provisions concerning implicit bias awareness training, provides that, on and after January 1, 2027, a course covering the topics of perimenopause and menopause may count toward the requirement that a health care professional who has continuing education requirements complete at least a one-hour course in training on implicit bias awareness per renewal period. Defines "menopause" and "perimenopause". Effective January 1, 2027.
	Medical Education	**SB3688 Menopause Therapy & Education** Amends the Medical School Curriculum Act to require every state-operated medical school in Illinois to include the study of perimenopause and menopause recognition and management in its curriculum. Amends the Nurse Practice Act to include perimenopause and menopause recognition and management in LPN and RN curricula. Amends the Physician Assistant Practice Act of 1987 to include perimenopause and menopause recognition and management within the training standards

		for physician assistant programs set by the Department of Financial and Professional Regulation. Effective January 1, 2027.
	Public Education; Insurance; Workplace	**HB5284 Human Rights-Menopause Care** Creates the Illinois Menopause Equity and Care Act. Requires the Department of Public Health to develop and make publicly available educational materials on menopause, including symptoms, evidence-based treatment options, and patient rights. Amends the Illinois Insurance Code to require coverage for medically necessary hormonal and non-hormonal therapy for menopausal and perimenopausal symptoms, including all FDA-approved modalities, medications for menopause-related osteoporosis, and non-hormonal therapies for vasomotor symptoms, effective January 1, 2028. Amends the Illinois Human Rights Act to include menopause-related conditions within the reasonable accommodations framework for pregnancy, with required employer notice. Effective January 1, 2027, except insurance provisions take effect January 1, 2028
IA	Insurance	**SF 85 Health Equity Program for Menstrual and Post-Menstrual Health** Establishes a health equity program to reimburse costs for menstrual and post-menstrual health services and treatments not covered by insurance, including hormone treatments, urinary tract treatments, vaginal estrogens, and nerve therapies for periods, fibroids, endometriosis, perimenopause, menopause, incontinence, atrophic vaginitis, and other hormone-related conditions. Creates a health equity program fund with an appropriation based on 20 years of state spending on reproductive and urinary health medications for state employees (2002-2022).
LA	Policy	**HB 944 Louisiana Women's Health Consortium** Establishes the Women's Health Consortium within the Louisiana Department of Health to coordinate statewide women's health policy, research, and education. The consortium is explicitly directed to focus on perimenopause, menopause, and postmenopause as significant health issues, and must develop an annual Interagency Women's Health Agenda with those three stages as primary emphases. The consortium must submit an annual report to the legislature and the Governor by December 31 each year.
MA	Public Education; Workforce; Continuing	**H.5303 An Act expanding access to perimenopause and menopause care** Amends Massachusetts law to expand access to menopause care and awareness by combining previous legislative efforts. Key provisions include establishing a special legislative commission to study menopause care and workforce impacts, mandating the Department of Public Health to

	Medical Education	develop public education programs, and requiring specific continuing education (CME) for healthcare providers regarding menopause diagnosis and treatment.
MI	Continuing Medical Education	**HB 4790** Requires the Board of Medicine and Board of Osteopathic Medicine and Surgery to approve continuing education courses on women's midlife health, including menopause symptom management and related chronic conditions, as part of physician license renewal requirements.
	Public Awareness	**HB 4791** Establishes a menopause transition awareness program through the Department of Health and Human Services to provide public education and resources on menopause.
	Insurance	**HB 4814 / SB 718** Requires health insurance coverage for medically necessary menopause and perimenopause treatment, including hormone replacement therapy, and prohibiting prior authorization requirements for hormone replacement therapy prescriptions.
	Insurance	**HB 4815 / SB 717** Requires Medicaid coverage for medically necessary menopause and perimenopause treatment, including hormone replacement therapy, and prohibiting prior authorization and step therapy requirements for hormone replacement therapy prescriptions under Medicaid.
	Care Navigation	**SB 765** Appropriates $10 million from the state general fund for a menopause navigator program. Creates a menopause navigator program fund to be deposited into the fund established in section 9525 of the Public Health Code, with funds available for expenditure for purposes described in section 9523 of the Public Health Code.
MO	Insurance	**SB 1569 Insurance Coverage for Menopause-Related Conditions** Requires health benefit plans delivered, issued for delivery, continued, or renewed in Missouri on or after January 1, 2027, to provide coverage for treatment of perimenopause, menopause, and postmenopause, including specified forms of hormone therapy and related medications, limited to drugs approved by the U.S. Food and Drug Administration and subject to no greater deductibles or copayments than comparable services under the plan. The Act shall take effect August 28, 2026.
NJ	Continuing Medical Education	**S721 Continuing Medical Education on Menopause** Permits up to three credits of continuing medical education on menopause to be used by advanced practice nurses and physicians for license renewal, continuing the CME framework established under

		A5309 / S4147 (P.L.2025, c.175). It directs that eligible CME address menopause-related physiology, symptom management, treatment options, health risks, and communication best practices, supporting more consistent, evidence-based menopause care
	Policy	**S2825 Interagency Menopause Council and Patient Education** Establishes an interagency council on menopause within the Department of Health and requires certain licensed health care professionals to distribute menopause informational pamphlets in specified circumstances. This structure is designed to coordinate menopause policy across agencies and ensure patients receive standardized educational materials at key points of care.
	Patient Education	**A4336 / S2826 Menopause Informational Pamphlet** Requires licensed health care professionals performing annual physical examinations on female patients ages 35-39 to provide a menopause informational pamphlet covering premature menopause, early menopause, primary ovarian insufficiency, and the stages of menopause. The Department of Health is directed to publish the pamphlet online within 90 days of the effective date, with distribution beginning 180 days thereafter.
	Patient Education	**A4325 / S2827 Menopause informational Pamphlet** Requires licensed health care professionals performing annual physical examinations on female patients 40 years of age or older to provide an informational pamphlet on perimenopause, menopause, and post-menopause. The Department of Health is directed to publish the pamphlet online within 90 days of the effective date, with distribution beginning 180 days thereafter.
	Workplace	**S3057 Menstrual Disorders Remote Work Accommodation** Requires employers in New Jersey to provide remote work accommodations up to two days per month for employees with chronic symptoms arising from qualifying menstrual disorders, unless doing so creates an undue burden. Employers may request medical documentation, cannot penalize employees for requesting accommodations, and face fines for violations ($1,000-$10,000). While the language of the bill does not specifically include perimenopause among the qualifying disorders, it does allow for "any condition" arising from the employee's menstrual cycle that causes discomfort but does not debilitate the employee
	Public Awareness	**AJR142 / SJR109 Postmenopause Day** Designates October 18 of each year as "Postmenopause Day" in New Jersey.
	Public Awareness	**AJR143 Perimenopause Day** Designates October 11 of each year as "Perimenopause Day" in New Jersey.

	Public Awareness	**AJR148 / SJR62 Menopause Awareness Month, Perimenopause Day, and Postmenopause Day** Designates October of each year as "Menopause Awareness Month" October 11 of each year as "Perimenopause Day," and October 18 of each year as "Postmenopause Day" in New Jersey.
	Workplace	**A4487 / S3779 Prohibits Workplace Discrimination based on Menstruation, Perimenopause, and Menopause** Amends the New Jersey Law Against Discrimination to prohibit employment discrimination based on menstruation, perimenopause, or menopause when the symptoms of those conditions substantially interfere with an employee's ability to perform one or more job functions. The bill adds statutory definitions of "menopause" and "perimenopause" and extends protections to cover employers, labor organizations, and employment agencies. Retaliation against employees who assert rights under the bill is also prohibited
	Insurance	**A4642 / S4054** Amends the New Jersey Menopause Coverage Act to explicitly include testosterone therapy as a covered treatment for menopause, clarifying that insurers must cover testosterone therapy prescribed for menopause-related conditions
	Resolution	**AR135 / SR102** Urges Congress to pass the federal "Improving Menopause Care for Veterans Act of 2025.
NY	Workplace	**A1940 / S3908 New York Menstrual and Menopause Act** Amends the workers' compensation law to provide four days of paid leave for menstrual complications and menopause.
	Insurance	**A5444C / S9230** Provides hospital, surgical, and medical insurance coverage for perimenopausal and menopausal care and treatment.
	Workplace	**A5436B / S10265** Amends the executive and labor laws to prevent discrimination and increase awareness of perimenopause or menopause; makes it unlawful for an employer to refuse to provide reasonable accommodations to menstrual or menopausal-related conditions of an employee, prospective employee, or member; requires employers to provide employees with an informational pamphlet on any regulations relating to the rights of employees for menstrual and menopausal conditions
	Public Awareness	**A8542A / S7495A Menopause Awareness Improvement Act**

		Establishes a menopause education program, coursework, or training in menopausal health, and directs the Commissioner of Labor to conduct a study on the impact of menopause on the workforce. The intent is to enhance awareness and education among patients and healthcare providers regarding the menopause transition, with the aim of improving healthcare outcomes and informing the development of supportive workplace policies.
	Patient Education	**A9000A** Directs the Department of Health to develop an informational pamphlet concerning menopause, which shall include information concerning the stages of menopause, the signs and side effects of menopause, and options for the management and treatment of menopause; requires that such informational pamphlet be made available on the department's website and available for order as a printed deliverable; requires practitioners to make such informational pamphlet available to patients.
	Public Education	**A9304 / S8543** Directs the Department of Health to establish and maintain a menopause informational and resource webpage on the department website.
	Public Awareness	**A10045 / S8894** Establishes an awareness campaign on the use of hormone replacement therapy in treating the symptoms of perimenopause and menopause
	Workplace	**A10270 / S9244** Relates to providing five days of paid leave for menopause.
	Workplace	**A10296 / S9247** Requires employers to provide a leave of absence of at least five days in every twelve-month period for an employee to use for menopause symptoms; directs the Labor and Health commissioners to develop workplace menopause guidance and a public awareness campaign.
NC	Multi	**S522 Thrive at Midlife Act** Comprehensive legislation expanding access to affordable, comprehensive healthcare for women in midlife through improved health insurance and Medicaid coverage, provider training programs, tax credits, public awareness campaigns, data collection, and establishment of a Midlife Health Advisory Council.
	Multi	**SB 912 Menopause Omnibus** A comprehensive bill to improve menopause-related healthcare and workplace rights. It promotes healthcare provider training and establishes continuing medical education (CME) double-credit

		incentives for perimenopausal and menopausal care. Additionally, the bill mandates Medicaid and state health insurance plans to cover menopause-related care and amends labor laws to prevent workplace discrimination and require reasonable accommodations for menopausal conditions.
OH	Insurance	**HB 767 Enact Menopause, Perimenopause, and Hormone Therapy Coverage Act** Requires health insurers and the Ohio Medicaid program to cover the diagnosis, evaluation, and treatment of menopause and perimenopause. This includes coverage for FDA-approved hormone therapies and non-hormonal treatments for symptoms such as hot flashes, sleep disruption, and bone density loss. The bill explicitly prohibits insurers from labeling these treatments as "elective" or "cosmetic" to deny care, and prevents them from imposing stricter cost-sharing or utilization management requirements than those applied to general medical benefits.
PA	Insurance	**HB 1345** Provides medical assistance (Medicaid) coverage for menopause treatments, including therapies to help patients cope with menopausal symptoms and treatment for menopause induced by hysterectomy.
	Insurance	**HB 1346** Requires private health insurers regulated under the Insurance Company Law of 1921 to cover menopause treatment, including therapies for menopausal symptoms and medically induced menopause.
	Patient Education	**HB 1411** Amends the Administrative Code of 1929 relative to the powers and duties of the Department of Health to provide for perimenopause and menopause education through partnerships with healthcare providers and the creation of informational materials.
	Public Awareness	**HR 282** House Resolution designating the month of September 2025 as “Perimenopause Awareness Month” in Pennsylvania.
	Workplace	**HR 287** House Resolution directing the Joint State Government Commission to conduct a study and issue a report on workplace policies related to perimenopause and menopause offered by public and private employers

	Continuing Medical Education	**HR 292** House Resolution that directs the Joint State Government Commission to conduct a study on menopause continuing medical education requirements and the preparedness of health care providers to provide care for women's health issues, including perimenopause and menopause.
	Insurance	**HB 1827** Provides medical assistance (Medicaid) coverage and private insurance coverage for screening, prevention, and treatment measures for osteoporosis resulting from menopause.
	Public Education	**SB 1118** Amends the Administrative Code of 1929 to authorize and require the Department of Health to provide perimenopause and menopause education. Requires partnerships with healthcare providers, OB-GYNs, community health centers, and hospitals, and mandates creation of electronic and print educational materials on symptoms, treatments, the biological process, when to seek care, and communication strategies. Effective 60 days after enactment.
	Insurance	**SB 1122** Amends the Insurance Company Law of 1921 to require health insurance policies to cover hormonal and non-hormonal treatments for the management of menopausal symptoms, including all FDA-approved drugs, devices and combination products for menopausal symptoms, behavioral therapy to help individuals cope with menopausal symptoms, and therapy to treat menopause induced by hysterectomy.
	Workplace	**HB 2135** Provides for reasonable accommodations for employees with pregnancy-related and menopause-related conditions, including more frequent or longer breaks, temporary job transfers, light duty, modified work schedules, and private space for breast milk expression. Defines menopause broadly to include natural menopause, premature ovarian insufficiency, surgical menopause, and treatment-induced hypoestrogenic states. Prohibits employers from denying employment, refusing reasonable accommodations, or retaliating against employees who request accommodations. Employers are directed to provide written notice of rights to all employees and have burden of proof to demonstrate undue hardship. Takes effect 60 days after enactment.
	Insurance	**HB 2545** Requires health insurance policies issued, offered, or renewed in Pennsylvania to provide coverage for vaginal estrogen for the treatment of menopausal symptoms and the prevention of urinary tract

		infections. The coverage must include all FDA-approved drugs, devices, and combination products for the administration of vaginal estrogen, subject to standard policy cost-sharing and utilization review terms.
RI	Policy	**H7951** Creates a 17-member special legislative commission to study women's reproductive health across the life course, with perimenopause, menopause, and post-reproductive health designated as explicit areas of inquiry. Commission membership includes a designated seat for a clinician specializing in menopause or midlife women's health. The commission shall examine the prevalence and health impacts of reproductive life stages, availability of clinical services, adequacy of insurance coverage, racial and socioeconomic health disparities, provider training, and gaps in research. The commission shall report its findings and recommendations to the House of Representatives no later than March 2, 2027, and shall expire on May 2, 2027.
	Insurance	**H8587 / S2890A** Amends Rhode Island General Laws governing accident and sickness insurance, nonprofit hospital/medical service corporations, and HMOs to mandate coverage for medically necessary hormonal and non-hormonal therapies to treat symptoms of perimenopause and menopause (including surgically induced menopause). To qualify for coverage, the therapy must be recommended by a qualified, state-licensed healthcare provider and proven safe and effective in peer-reviewed scientific studies. The bill specifically requires insurers to cover at least one FDA-approved treatment, including at least one option in each of the following modalities: oral, transdermal, topical, and vaginal (including vaginal rings). If passed, these requirements will apply to policies delivered, issued, or renewed on or after January 1, 2027.

Active Federal Menopause-Related Legislation

H.R.219 Improving Menopause Care for Veterans Act of 2025	Requires the U.S. Government Accountability Office (GAO) to study and report on the medical services provided by the Veterans Administration (VA) for veterans experiencing menopause, genitourinary syndrome of menopause, and menopause stages. The VA is directed to also report to Congress on a strategic plan to (1) implement any recommendations GAO makes in its report, (2) improve the quality of menopause care, and (3)

	improve the access of veterans to menopause care. 2nd attempt, did not advance
H.R.2717 / S.1320 Servicewomen and Veterans Menopause Research Act	Directs Secretaries of Defense and Veterans Affairs to evaluate certain research related to menopause, perimenopause, or mid-life women's health, and for other purposes, among women who are members of the armed forces or veterans, and the impact of such service and the effect of combat roles on perimenopause and menopause, and mental health. The Secretaries are directed to submit a report to Congress not later than 180 days after the date of enactment. 2nd attempt, did not advance
S.Res.480 A Resolution Expressing Support for the Recognition of October 2025 as "World Menopause Awareness Month"	Expresses the sense of the Senate in support of recognizing October 2025 as World Menopause Awareness Month; recognizes the impact of menopause on women's health and economic participation; promotes menopause training in health worker curricula; and encourages the Secretaries of Health and Human Services, Defense, and Veterans Affairs to provide updated information to patients and providers, conduct additional research, and improve available resources on menopause care and treatment.
S.4503 Advancing Menopause Care and Mid-Life Women's Health Act	Improves menopause care and mid-life women's health by directing the NIH to coordinate and expand federal research on perimenopause, menopausal symptoms, and postmenopausal health outcomes; authorizing grants for biomedical and public health research and innovation; expanding public health promotion and prevention activities; establishing a national awareness, education, and outreach program for patients, providers, and first responders; creating training programs for health professionals; and designating Centers of Excellence in Menopause Care and Mid-Life Women's Health. 2nd attempt did not advance. **Introduced by Patty Murray**