

118TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

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

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IN THE SENATE OF THE UNITED STATES

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Mrs. MURRAY (for herself, Ms. MURKOWSKI, Ms. BALDWIN, Ms. COLLINS, Ms. KLOBUCHAR, and Mrs. CAPITO) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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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 the menopausal  
 18 transition and the postmenopausal period on  
 19 women's physical, mental, behavioral, and cog-  
 20 nitive health; and

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

6                   “(A) biomedical and public health research  
7                   and innovation in the development of new treat-  
8                   ments and diagnostic testing services for  
9                   perimenopause and acute and chronic meno-  
10                  pausal symptoms; and

11                  “(B) researchers and clinicians engaged in  
12                  clinical and translational research on meno-  
13                  pause and mid-life women’s health.

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

18                   “(A) an accredited entity that offers edu-  
19                   cation to students in various health professions,  
20                   such as\_\_

21                           “(i) a teaching hospital;

22                           “(ii) an accredited school of medicine,  
23                           osteopathic medicine, nursing, or phar-  
24                           macy, or a physician assistant training  
25                           program, including a historically Black col-

1           lege or university (as defined by the term  
2           ‘part B institution’ in section 322 of the  
3           Higher Education Act of 1965 or described  
4           in section 326(e)(1) of the Higher Edu-  
5           cation Act of 1965) or other minority-serv-  
6           ing institutions (as described in section  
7           371(a) of the Higher Education Act of  
8           1965));

9                   “(iii) a certified behavioral health clin-  
10                  ic with an accredited medical or nursing  
11                  residency program;

12                   “(iv) an accredited public or nonprofit  
13                  private hospital with an accredited medical  
14                  or nursing residency program;

15                   “(v) an accredited nurse practitioner  
16                  residency program that includes and ac-  
17                  credited nursing residency program; or

18                   “(vi) a related accredited program en-  
19                  gaged in the care, treatment, or manage-  
20                  ment of menopausal symptoms;

21                   “(B) an academic research institution or  
22                  other nonprofit research institution;

23                   “(C) a small business; or

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

1       “(b) RESEARCH, CONDITION, AND DISEASE CAT-  
2 EGORIZATION.—The Director of NIH shall designate, in  
3 the Research, Condition, and Disease Categorization, new  
4 categories for chronic or debilitating conditions among  
5 women, to analyze and coordinate current and future re-  
6 search on menopause, menopausal symptoms, and short-  
7 term and long-term effects of such symptoms on mid-life  
8 women’s health.

9       “(c) COORDINATION.—The Director of the NIH shall  
10 coordinate and expand Federal research programs and ac-  
11 tivities to study acute and chronic menopausal symptoms,  
12 including—

13           “(1) vasomotor symptoms;

14           “(2) osteoporosis;

15           “(3) sarcopenia;

16           “(4) temporomandibular disorders;

17           “(5) joint and nerve pain;

18           “(6) trauma, anxiety, depression, mood dis-  
19 orders, and related mental and behavioral health  
20 conditions;

21           “(7) short-term memory loss;

22           “(8) genitourinary conditions;

23           “(9) alopecia;

24           “(10) vision or hearing impairments;

25           “(11) digestive and metabolic disorders;



1 conditions affecting mid-life health outcomes among  
2 women, including mental and behavioral health outcomes.  
3 In carrying out activities under this section, the Secretary  
4 shall coordinate with existing programs and activities of  
5 the Department of Health and Human Services.

6 “(b) HEALTH CARE QUALITY RESEARCH.—The Sec-  
7 retary shall expand research, program evaluation, and  
8 quality improvement activities to improve health care de-  
9 livery for the care, treatment, or management of  
10 perimenopause and menopausal symptoms and related  
11 chronic conditions, including data collection with respect  
12 to preventive services that support mid-life health out-  
13 comes among women and barriers to care.

14 “(c) DASHBOARD.—The Secretary shall establish and  
15 maintain a dashboard for the reporting of data on meno-  
16 pausal symptoms and mid-life health outcomes among  
17 women gathered through public health surveillance activi-  
18 ties with respect to screening, testing, treatment, and pre-  
19 vention services, and the impact of this section and section  
20 404P on such efforts.

21 “(d) OCCUPATIONAL HEALTH RESEARCH.—The Sec-  
22 retary shall conduct research activities and expand data  
23 collection with respect to workplace stressors related to se-  
24 vere acute or chronic menopausal symptoms, physical in-  
25 jury, or other adverse health outcomes among women, in-

1 cluding traumatic stress, anxiety, depression, and related  
2 mental and behavioral health conditions. The Secretary  
3 shall review existing evidence, identify gaps in services,  
4 and develop evidence-informed recommendations for re-  
5 lated public health interventions and support services.

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

9 (c) AUTHORIZATION OF APPROPRIATIONS.—For the  
10 purpose of carrying out sections 404P and 310C of the  
11 Public Health Service Act, as added by subsections (a)  
12 and (b), respectively, there are authorized to be appro-  
13 priated \$25,000,000 for each of fiscal years 2025 through  
14 2029.

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

16 Title III of the Public Health Service Act (42 U.S.C.  
17 241 et seq.) is amended by adding at the end the fol-  
18 lowing:

19 **“PART W—ACTIVITIES TO PROMOTE MID-LIFE**  
20 **WOMEN’S HEALTH**

21 **“SEC. 3990O. PUBLIC HEALTH PROMOTION ACTIVITIES.**

22 “(a) CHRONIC CONDITIONS AND PUBLIC HEALTH  
23 PROMOTION.—The Secretary shall expand public health  
24 promotion and prevention activities with respect to mid-  
25 life women’s health and chronic conditions, including dia-

1 betes, hypertension, heart disease, iron-deficiency anemia,  
2 inflammation, fibroids, endometriosis, and other related  
3 conditions and adverse health outcomes, at the discretion  
4 of the Secretary.

5 “(b) EARLY DETECTION, DIAGNOSIS, AND TREAT-  
6 MENT.—

7 “(1) IN GENERAL.—The Secretary shall award  
8 grants to eligible entities to improve the early detec-  
9 tion, diagnosis, and treatment of perimenopause and  
10 menopausal symptoms and support public health ac-  
11 tivities to expand access to quality care services and  
12 improve mid-life health outcomes among women.

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

15 “(A) be—

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

18 “(ii) an accredited entity that offers  
19 education to students in various health  
20 professions; or

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

23 “(B) submit an application to the Sec-  
24 retary at such time, in such manner, and con-

1           taining such information as the Secretary may  
2           require.

3           “(c) CARE COORDINATION.—The Secretary shall  
4 award grants to eligible entities described in subsection  
5 (b)(2) to support care coordination and care planning ac-  
6 tivities, including such activities otherwise supported  
7 under this Act, and expand access to quality primary care  
8 and specialty care services to improve—

9           “(1) mid-life women’s health, including activi-  
10 ties to support the integration of primary care and  
11 specialty care;

12           “(2) bone health and muscle loss;

13           “(3) mental and behavioral health care services;

14           “(4) joint, nerve, and muscle pain prevention  
15 services;

16           “(5) digestive and metabolic health;

17           “(6) prevention and management of multiple  
18 chronic conditions;

19           “(7) physical therapy and injury prevention  
20 support services for populations affected by acute  
21 and chronic menopausal symptoms; and

22           “(8) other services that address acute and  
23 chronic conditions that affect women’s health in  
24 perimenopause and menopause.

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, premature  
11 menopause, and related conditions.

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

14           “(1) reducing disparities in the management of  
15 menopausal symptoms;

16           “(2) improving access to perimenopause and  
17 menopause health care services; and

18           “(3) providing patient-centered perimenopause  
19 and menopause counseling and treatment.

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

22           “(1) outreach and engagement activities of the  
23 Food and Drug Administration with health care pro-  
24 viders on perimenopause and menopause and mid-  
25 life women’s health;

1           “(2) oversight efforts to assess the safety and  
2 effectiveness of new diagnostic tools for  
3 perimenopause or menopausal symptoms, including  
4 devices that use artificial intelligence; and

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

8           “(g) 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 2025 through  
11 2029.”.

12 **SEC. 4. PUBLIC HEALTH AWARENESS, EDUCATION, AND**  
13 **OUTREACH PROGRAM ON MENOPAUSE AND**  
14 **MID-LIFE WOMEN’S HEALTH.**

15           Part W of title III of the Public Health Service Act  
16 (42 U.S.C. 241 et seq.), as added by section 3, is amended  
17 by adding at the end the following:

18 **“SEC. 39900-1. PUBLIC HEALTH AWARENESS, EDUCATION,**  
19 **AND OUTREACH PROGRAM ON MENOPAUSE**  
20 **AND MID-LIFE WOMEN’S HEALTH.**

21           “(a) IN GENERAL.—The Secretary shall develop and  
22 carry out a national awareness, education, and outreach  
23 program relating to menopausal symptoms, mid-life wom-  
24 en’s health, and related care, treatment, and preventive  
25 services directed at patients, health care providers, first

1 responders (such as emergency medical service providers),  
2 and related stakeholders. Such awareness, education, and  
3 outreach program shall—

4 “(1) disseminate educational materials and pro-  
5 vide technical assistance for health care providers  
6 and patients to support engagement about  
7 perimenopause and menopause care and treatment  
8 options for menopausal symptoms;

9 “(2) help such providers to identify risk factors  
10 and prevent injury among women with menopausal  
11 symptoms; and

12 “(3) address barriers to related care and treat-  
13 ment services for women.

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

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

19 “(A) include evidence-based information;  
20 and

21 “(B) are culturally appropriate, in the case  
22 of such outreach and education activities for In-  
23 dian Tribes;

24 “(2) provide opportunities for State, local, Trib-  
25 al, and territorial public health departments to cus-

1 tomize public health awareness, education, and out-  
2 reach materials for their populations; and

3 “(3) prioritize populations in areas affected by  
4 barriers to care, including rural and underserved  
5 areas.

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

10 “(d) ONLINE RESOURCES.—The Secretary shall de-  
11 velop, operate, and maintain a website to provide edu-  
12 cational materials in accessible formats for health care  
13 providers, patients, and caregivers, regarding  
14 perimenopause, menopause, and mid-life women’s health.  
15 Such educational materials may include—

16 “(1) webinars, continuing education modules,  
17 videos, fact sheets, infographics, stakeholder toolkits,  
18 or other materials in formats as appropriate and ap-  
19 plicable; and

20 “(2) tailored for health care providers, patients,  
21 caregivers, and other audiences, as the Secretary de-  
22 termines appropriate.

23 “(e) AUTHORIZATION OF APPROPRIATIONS.—To  
24 carry out this section, there are authorized to be appro-

1 priated \$10,000,000 for each of fiscal years 2025 through  
2 2029.”.

3 **SEC. 5. TRAINING PROGRAMS TO IMPROVE CARE AND**  
4 **TREATMENT OF MENOPAUSAL SYMPTOMS.**

5 Part D of title VII of the Public Health Service Act  
6 (42 U.S.C. 294 et seq.) is amended by inserting after sec-  
7 tion 757 (42 U.S.C. 294f) the following:

8 **“SEC. 758. TRAINING PROGRAMS TO IMPROVE CARE AND**  
9 **TREATMENT OF MENOPAUSAL SYMPTOMS.**

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

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

14 “(2) USE OF FUNDS.—A grant awarded under  
15 this subsection shall be used to develop, establish, or  
16 expand training programs (including accredited resi-  
17 dency programs, fellowships, or other related clinical  
18 training) for physicians, registered nurses, nurse  
19 practitioners, physician assistants, pharmacists,  
20 other health care providers, and students and train-  
21 ees to improve care, treatment, or management serv-  
22 ices for perimenopause, menopausal symptoms, and  
23 related chronic conditions.

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

1 “(A) be—

2 “(i) an accredited school of medicine  
3 or osteopathic medicine;

4 “(ii) an accredited nursing school;

5 “(iii) an accredited school of phar-  
6 macy;

7 “(iv) an accredited public or nonprofit  
8 private hospital;

9 “(v) an accredited medical residency  
10 program;

11 “(vi) an accredited nurse practitioner  
12 residency program; or

13 “(vii) a related training program for  
14 clinicians, allied health professionals, or so-  
15 cial workers that interface with affected  
16 populations, which may include hospitals  
17 and research institutions, as determined by  
18 the Secretary; and

19 “(B) submit an application to the Sec-  
20 retary at such time, in such manner, and con-  
21 taining such information as the Secretary may  
22 require.

23 “(b) TRAINING OPPORTUNITIES.—The Secretary  
24 shall expand outreach activities to support and expand  
25 training programs, fellowships, and other opportunities for

1 students, faculty, and trainees (including continuing med-  
 2 ical education) or establish new training opportunities to  
 3 address barriers to access to—

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

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

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

13 “(d) 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 2025 through  
 16 2029.”.

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

19 Part W of title III of the Public Health Service Act  
 20 (42 U.S.C. 241 et seq.), as amended by section 4, is fur-  
 21 ther amended by adding at the end the following:

22 **“SEC. 39900-2. CENTERS OF EXCELLENCE IN MENOPAUSE**  
 23 **CARE AND MID-LIFE WOMEN’S HEALTH.**

24 “(a) IN GENERAL.—The Secretary shall designate el-  
 25 igible entities as Centers of Excellence in Menopause and

1 Mid-Life Women’s Health, and award grants to such enti-  
2 ties, for purposes of improving professional training re-  
3 sources for health care providers on mid-life women’s  
4 health with respect to the care, treatment, and manage-  
5 ment of perimenopause and menopausal symptoms, and  
6 related support services.

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

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

13 “(2) demonstrate community engagement and  
14 partnerships with community stakeholders, including  
15 entities that train health professionals, social work-  
16 ers, community health centers, health systems ad-  
17 ministrators, certified behavioral health clinics, and  
18 research institutions; and

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

22 “(c) ACTIVITIES.—An entity receiving an award  
23 under subsection (a) shall develop and distribute evidence-  
24 based resources to health care providers, patients, and  
25 public health departments regarding the care, treatment,

1 and management of perimenopause and menopausal  
2 symptoms. Such resources may include information on—

3 “(1) advancements in the treatment or manage-  
4 ment of perimenopause and acute or chronic meno-  
5 pausal symptoms;

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

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

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

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

20 “(f) EVALUATION.—Each entity receiving an award  
21 under subsection (a) shall submit an annual report to the  
22 Secretary on the activities carried out using such award.  
23 The Secretary shall evaluate each project carried out by  
24 an entity receiving an award under this section and shall  
25 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 2025 through 2029.”.

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 the Committee on Homeland Security and Government Af-  
15 fairs, the Committee on Indian Affairs, the Committee on  
16 Veterans’ Affairs, and the Special Committee on Aging of  
17 the Senate and the Committee on Appropriations, the  
18 Committee on Energy and Commerce, the Committee on  
19 Ways and Means, the Committee on Education and the  
20 Workforce, the Committee on Veterans’ Affairs, the Com-  
21 mittee on Natural Resources, and the Committee on Over-  
22 sight and Accountability of the House of Representatives  
23 a report describing the progress of activities carried out  
24 under this Act and the amendments made by this Act.  
25 Each such report shall contain—

1 (1) information with respect to Federal re-  
2 search activities related to perimenopause and meno-  
3 pause and mid-life women's health, including infor-  
4 mation related public health awareness, education,  
5 and outreach activities, including—

6 (A) data and knowledge gaps, or other bar-  
7 riers, related to research, diagnostic testing,  
8 and treatments with respect to perimenopause,  
9 menopause, menopausal symptoms, and related  
10 health outcomes;

11 (B) data or information related to barriers  
12 to health care and support services among  
13 women experiencing perimenopause or meno-  
14 pausal symptoms in rural and underserved  
15 areas; and

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

21 (2) recommendations and best practices for  
22 health care providers and public health departments  
23 to expand access to care and increase public aware-  
24 ness and understanding of menopausal symptoms  
25 and related 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 barriers to access to care and treatment services for  
7 perimenopause and menopausal symptoms, and rec-  
8 ommendations to reduce any such barriers.

9           (c) AUTHORIZATION OF APPROPRIATIONS.—To carry  
10 out this section, there are authorized to be appropriated  
11 such sums as may be necessary for each of fiscal years  
12 2025 through 2029.

13 **SEC. 8. COORDINATION.**

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