A CITIZEN'S GUIDE TO MENOPAUSE ADVOCACY

Simple Steps for Transformative Change

UPDATED EDITION!
APRIL 2025

Jennifer Weiss-Wolf
Dr. Mary Claire Haver

FOREWORD BY MARIA SHRIVER

Our efforts are paying off – your calls and emails are being heard!

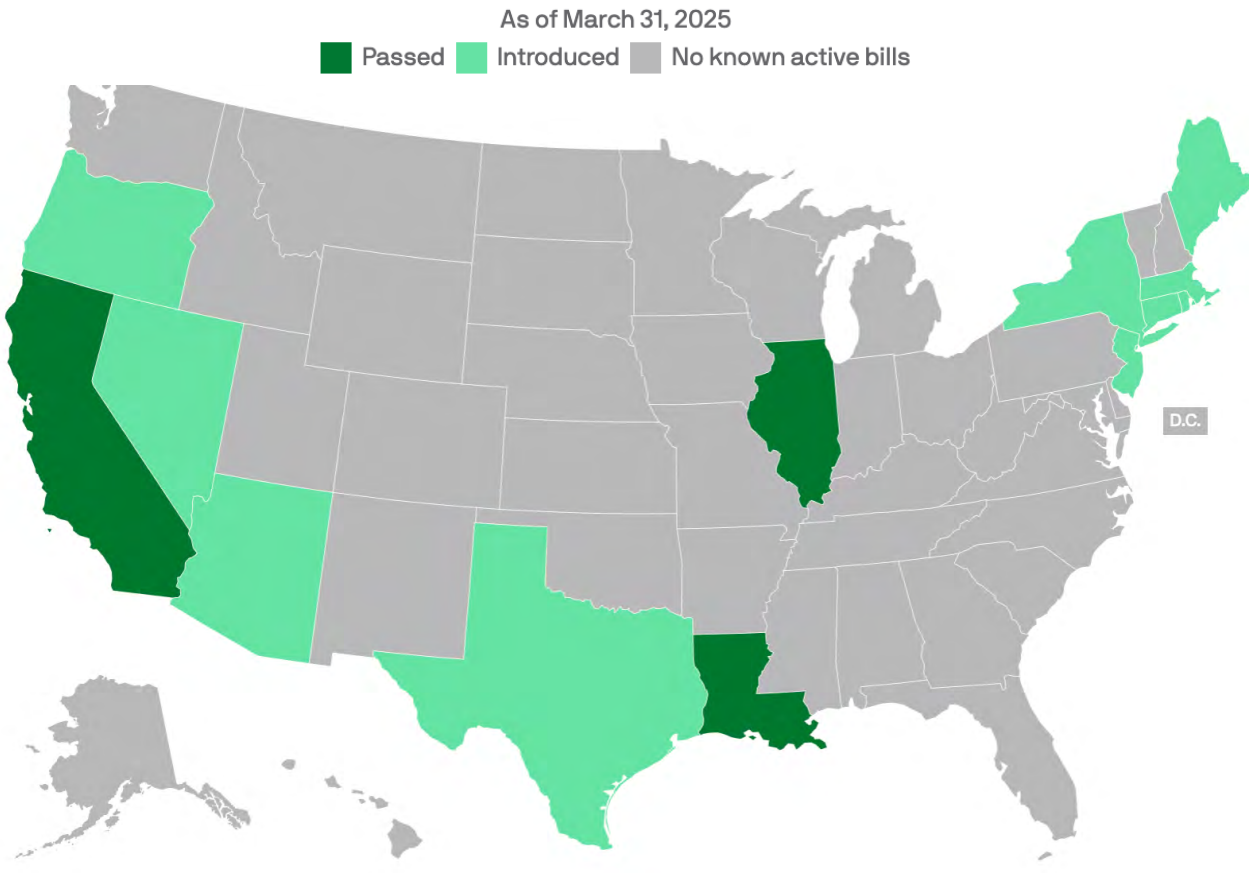
UPDATES!

As of April 2025, just shy of three months since the launch of *A Citizen's Guide to Menopause Advocacy*, one in four U.S. states, blue and red alike, have introduced or advanced at least 21 bills that aim to improve menopause care and treatment.

We are thrilled to issue this update. Despite uncertainty about the future of national health policy, state government offers a meaningful path forward — the perfect way to focus our energy here and now.

Below is a summary of menopause legislation introduced thus far in 2025:

States that introduced or passed at least one piece of menopause-related legislation, 2023-2025



Credit: ***Data: Jennifer Weiss-Wolf, Citizen's Guide to Menopause Advocacy; Map: Axios. Used with permission.***

List of Bills by State

ARIZONA:

HB 2734 would enable health care providers with tools to educate women on the symptoms of perimenopause and menopause and create informational materials

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CALIFORNIA:

AB 432, the Menopause Care Equity Act would mandate comprehensive insurance coverage for menopause treatment; direct the state Medical Board to develop a menopause-specific Continuing Medical Education (CME) curriculum; and require physicians to complete menopause-specific CME if more than 25 percent of their patient population consists of women

AB 360 would require the state Medical Board to develop and administer menopause training surveys as part of the license renewal process

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CONNECTICUT:

AB 6593 would require the state Department of Public Health to develop and distribute menopause guidelines and educational resources to health care providers, as well as conduct a public awareness campaign to educate residents; it would also mandate health care providers complete at least one CME credit regarding menopause

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ILLINOIS:

SJR 0025 would create Menopause Awareness Week on October 12-18, 2025 "to drive legislative action on workforce protections, healthcare equity, and research funding"

HB 5295 will expand prior bill mandating treatment coverage for post-hysterectomy patients to include all menopause treatments as of January 1, 2026

MAINE:

LD 1079 would direct the state Department of Health and Human Services to create informational materials on perimenopause and menopause

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MASSACHUSETTS:

H 2499 would mandate the state Department of Public Health improve patient and clinician awareness of the menopause transition and assess and improve menopause CME; it would also assess the impact of menopause on the workforce and policies offered by employers (including health insurance coverage of menopause treatments)

NEVADA:

SB 297 would designate the month of September as Perimenopause Awareness Month and October as Menopause Awareness Month

NEW JERSEY:

AB 5278 would mandate comprehensive insurance coverage for menopause treatment

S 4147 would require menopause as a CME topic

SB 4197/AB 3334 would require employers to allow employees suffering from a range of menstrual disorders (including as a result of perimenopause) to work remotely unless it would create an undue burden for employers

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NEW YORK:

AB 5444 would mandate comprehensive insurance coverage for menopause treatment

AB 5436 would help prevent discrimination and increase awareness about menopause and perimenopause

A 01940/SB 3908 would amend the workers' compensation law to provide four days of paid leave for menstrual complications, including perimenopause and menopause

S 1720 would establish an awareness campaign on menopause hormone treatment

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OREGON:

HB 3064 would mandate treatment coverage by health plans within the state's reach, such as those insuring many public school employees and state employees

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PENNSYLVANIA:

A Senate memo has been filed to introduce 2025 legislation that would require the state Department of Health and healthcare providers to provide information about menopause and perimenopause; the bill itself is not yet live

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RHODE ISLAND:

S 0361 would extend workplace protections to those experiencing menopause

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TEXAS:

HB 3961 would require the Department of State Health Services to develop and distribute a menopause educational program, and to post informational materials on the Department website

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FEDERAL BILL:

Servicewomen and Veterans Menopause Research Act (HR 219 and S 1320) Senators Patty Murray (D-WA), a senior member and former Chair of the Senate Veterans' Affairs Committee, and Joni Ernst (R-IA), joined Representatives Chrissy Houlahan (D, PA-06) and Stephanie Bice (R, OK-05) in reintroducing the Servicewomen and Veterans Menopause Research Act which would require the Department of Defense in coordination with the Department of Veterans Affairs to research and study the effects of menopause on women servicemembers and women veterans. This research would, for the first time ever, analyze any gaps in treatment and research for women servicemembers and veterans experiencing perimenopause or menopause, with a focus on the effect of combat roles, toxic exposure, and on overall mental health.

Now is the time for each and every one of us to make our voices heard.

To tell our state leaders that we deserve to make informed choices about our health and have access to affordable, competent care. We have every right and reason to demand states invest in menopause and ensure our well-being. We owe it to ourselves – and to generations to come – to not back away from this cause.

Copy the sample message below, enter the name of the bill you support from the list, and send it to your state legislators. For a national directory, click **here**.

Dear Sen./Rep. NAME:

Briefly, state who you are and the county you live in.

I am writing to thank you for supporting [OR ask that you support] BILL NAME AND NUMBER. This bill is important because perimenopause and menopause are a universal and inevitable experience — affecting every woman eventually for a third or more of her life — and we've gone far too long ignoring the crucial need for affordable, competent care and treatment.

This year a dozen other states and U.S. Congress are poised to take bipartisan action for menopause. NAME STATE has the opportunity to lead by example and set the standard for the rest of the nation. Please get BILL NAME AND NUMBER over the finish line.

Sincerely,

Your Name

Your Address

City, State Zipcode

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FOREWORD
by Maria Shriver

I am a journalist and a storyteller, often telling stories that are hiding in plain sight. It's my job, I believe, to search out the stories that aren't being told and then report them in a way that moves hearts, minds, and American policy. That's why I'm writing this foreword and joining forces with these incredible doctors, researchers and activists around an issue that is a big part of every woman's health journey — Menopause!

I'm also a women's health advocate and activist, and here to report that the status quo is failing all of us. But we are determined to change that. This *Citizen's Guide* is a great step towards empowering every woman who needs facts, figures, answers, and guidelines — and who wants to know how to join in this critical undertaking.

Women need support. We need research. And we need to know we are not alone as we navigate the ever-changing health journey that has so many twists and turns. American women deserve better, and that is what this guide is catalyzing.

I've been covering women's stories for over 35 years, as an NBC News correspondent, as the First Lady of California, as an author of numerous books, and the founder of **The Sunday Paper**. Much of my work has drawn on personal experiences as a daughter of Alzheimer's, a deadly disease that took the life of my father, Sargent Shriver. Now that work has culminated in a focus around an issue I never foresaw when I first started out: the near scandalous lack of research into women's health. It turns out, it isn't — nor has ever been — a national priority to study women's bodies and what makes us uniquely different from men, both in how we present with disease and how we respond to treatment. No wonder we never understood that menopause is a medically critical stage for women's long-term health. We weren't even looking!

The good news is, we are on the road to change.

My way of shining a light on injustice has always been as a journalist and filmmaker, investigating and exposing issues that impact women in this country and galvanizing citizens, leaders, and communities to come together in search of solutions. This passion is what fueled the **three Shriver Reports** I produced over the years, the **second of which** broke the original story that two out of three people who develop Alzheimer's disease are women. I was stunned by that statistic, and sensing a larger narrative, began meeting with researchers and experts asking about why and what was going on with women to put them at twice the risk for Alzheimer's as men. When no definitive answers were offered, I founded the **Women's Alzheimer's Movement (WAM)**, which is now part of the esteemed Cleveland Clinic. I'm proud that WAM has been a trailblazer in women's research. It has funded 48 studies to date looking at women and Alzheimer's. A common and critical theme that's emerged from our work points to a correlation between a woman's journey through menopause and her risk for developing all sorts of health conditions down the road, including Alzheimer's. Wow!

FOREWORD
by Maria Shriver

That shocker spiked my interest in menopause almost more than my personal journey through this phase of life. The more I reported on the complexities of women at mid-life and tried to help break the stigma for women to share stories about this inevitable, but little understood phase of life, the more dire I found to be the consequences of inaction. Menopause was simply the tip of the iceberg, revealing the nation's lack of funding into almost all areas of women's health.

American women make up just over 50 percent of the population and we live with many more chronic diseases than men, but women's health research has historically been allocated a mere 10.8 percent of the national health research budget. Now that's an outrage! This past year, I proudly worked with the Biden administration, which formally recognized this injustice and created the very first White House Initiative on Women's Health Research. This quickly changed the way the government allocates funds for women and led to an **Executive Order** calling on Congress for an additional $12 billion to help bridge the divide. This critical work must continue into the next administration.

At Cleveland Clinic, our desire to better understand women's health precipitated WAM co-founding the **first Alzheimer's prevention center designed just for women in Las Vegas**, where over half the patients who come for treatment have eagerly signed up to be part of research. And after years of discussion about how to find better and more innovative approaches to treating women's health, the **Women's Comprehensive Health and Research Center** opened in April 2024, again with research as a prime motivation. I'm honored to serve as the Strategic Advisor to the Center, and my vision is to make it the preeminent place for women's health in the world.

The drumbeat towards progress keeps building, and this *Citizen's Guide* is an example of that. I hope you will read it and use it, reach out to your community, state and national leaders to demand greater funding for — and policy and education around — menopause and women's health in general. Without working together across medical silos and generational, political and gender divides, we will not make the gains in health equity women need and deserve.

I believe deeply that if you want sea change in the world, you must muster up the courage to get in the water and swim. So I hope you will get in and swim with the rest of us working towards progress in women's health. More than half the nation's population is counting on you. It will be hard, but we women of all ages can come together and do this. Let's go!

About Maria Shriver

Maria Shriver is an Emmy, Gracie, and Peabody award-winning journalist, seven-time New York Times best-selling author, and founder of Shriver Media and the Women's Alzheimer's Movement (WAM) at Cleveland Clinic. Her advocacy has led to the first White House Initiative on Women's Health Research and historic federal funding for women's health, while WAM continues to lead in gender-based Alzheimer's research and education. Shriver also serves as Chief Visionary and Strategic Advisor for the Cleveland Clinic Comprehensive Women's Health and Research Center, aiming to make it the nation's leading center for women's health.

Read her full author bio on page 36

"Menopause is not just having a moment ... it is fueling a movement." How many times have you seen *that* headline?

Well, it happens to be true! And one of the most important, most impactful ways this movement can make waves is via mobilization around public policy: laws and reforms that fund a modern research agenda, improve public education and training of healthcare providers and help ensure access to the treatments and care we deserve.

This booklet is for everyday people who want to be part of the solution.

The timing is unusually ripe. With global attention to menopause on the rise, the United States has begun to make strides at all levels of government, federally and in the states, with notable bipartisan buy-in. Over the next two years, menopause may well be the issue that can transcend political gridlock. We owe it to ourselves — and to generations to come — not to back down from that demand.

Read on to learn more about the policies that would most benefit from public support, and how and where to raise your voice. And learn from experts who offer their insights about the menopause policy landscape.

We often think of activism as a "choose your own adventure story" — one in which everyone has a skill to contribute, a role to play — and that is exponentially so for menopause.

Our collective voice and commitment can truly make a difference.

Let's get started!

EXPERT INSIGHT
by Dr. Sharon Malone

How Menopause is Driving Policy and Cultural Change

Change happens the way it always does, slowly at first and then all at once. We are now at a watershed moment. There has never been as much conversation about menopause as there is today. With the advent of social media, the flow of information has been democratized.

Simultaneously, the advent of telehealth — which allows people to access information and medication directly, perhaps one of the few positive outcomes of the pandemic — has also created new opportunities for the provision of health care.

Public figures like Michelle Obama and Oprah Winfrey have brought menopause out of the shadows and served as role models for the vibrancy and vitality of this life chapter.

Menopause, and menopausal women, have taken their rightful place center stage.

All of this rapid change requires a thoughtful approach to public policy — what we need and demanding what we need from the government, especially when it comes to federally funded research; ensuring that menopause care is administered in ways that are equitable, accessible, and accurate; and protecting ourselves from misinformation.

As a physician, I have been thrilled to join forces with lawyer and women's health advocate, Jennifer Weiss-Wolf, and combine our distinct areas of expertise. Through numerous co-authored op-eds and articles, we have alerted Congress to the urgent health needs of menopausal women. We have pointed out the deficiencies in the interpretation of menopausal studies and the lack of funding for menopause research, and asked the White House and Congress to task the NIH with creating more research opportunities for women's health in mid-life. This has already begun to happen.

Women are 51 percent of the population and yet we have been underserved by industry, academia, and government alike when it comes to our healthcare. This is not a "nice if you can get it." It is a must have. The price is too high both in its personal and financial toll for women in America. We demand and deserve better.

I hope you see yourself in the pages of this booklet — whether as a discerning consumer or patient, and/or as a menopause activist and change maker — and that you will join us in advocating for the reforms proposed in these pages. All of us deserve a dignified, healthy life at every stage.

About Dr. Sharon Malone

Dr. Sharon Malone is a renowned OB/GYN, Certified Menopause Practitioner, and Chief Medical Advisor at Alloy Women's Health, a telehealth platform focusing on empowering women over 40. A New York Times bestselling author and advocate for reproductive rights, she is dedicated to addressing healthcare disparities and promoting preventative care, a passion shaped by personal experiences and her commitment to women's health.

POLICY GOAL #1

Reset The Record About Menopausal Hormone Treatment

When it comes to menopause care, so much of what is broken stems from the decades-old Women's Health Initiative (WHI).

Designed to assess whether hormone therapy decreased the risk of cardiovascular disease, to this day the WHI remains not only the most expansive study of health outcomes for menopausal women, but also the largest randomized clinical trial in history to involve only women.

Recruitment for the WHI began in 1993. Less than a decade later, in July 2002, one arm of the initiative — women assigned to the estrogen-plus-progestin formulation — was shut down suddenly by way of a splashy press conference and startling headline about slightly elevated risks of breast cancer, heart disease and stroke.

The impact was swift. Millions of women were scared off from using any form of hormone treatment, not just those used in the study, and many doctors stopped prescribing it altogether.

Although we have since learned that the WHI data was dramatically misinterpreted and miscommunicated — today the official position of **leading experts** is that the benefits of hormone therapy typically outweigh the overall risks for most healthy, symptomatic women — the damage caused by the 2002 announcement continues to reverberate.

Among the casualties, in years that followed, federally funded research and medical education grinded to a halt. Today we are still digging our way out of the morass the WHI fallout caused.

Who is in charge of what?

The WHI was established by the National Institutes of Health (NIH), which remains the leading public funder of medical research. The agency needs to initiate a major nationwide public education campaign to reset the record. Simply stated: hold another press conference, make it go viral!

Other federal health agencies play a role — among them, the U.S. Department of Health and Human Services (HHS), which oversees the NIH along with the U.S. Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) — as do consumer protection agencies like the Federal Trade Commission (FTC). They all need to update their educational information. Health agencies can go a step further and offer "patient-centered knowledge hubs" — in other words, one-stop information shops as recommended by the **National Menopause Foundation**.

Contact the NIH's Office of Research on Women's Health — orwhinfo@nih.gov or 301-402-1770 — and tell them you want them to publicly, unequivocally reset the record with current data that clarifies the efficacy, safety, and scope of risk of menopausal hormone treatment.

POLICY GOAL #2

Catalyze A Modern, Equitable Menopause Research Agenda

Women's health research has never been treated as an equal priority. Did you know that before 1993, there were no laws requiring that women be included in clinical trials?

Today, the NIH spends the vast majority (80 percent) of its $47 billion budget on research grants yet only around ten percent is dedicated to women's health (the proposed 2025 budget is $50 billion). In 2023, the first year the NIH tracked menopause-related spending, the total amount dedicated to menopause research was **$53 million** , or just over one percent.

What must we demand when it comes to federally funded research? We need equitable investment in gold-standard studies - clinical trials to deepen knowledge about the short and long-term health implications of menopause and the potential preventive benefits of hormone treatment.

At the same time, researchers need a mechanism to make better use of the collective trove of data that already exists from previously under-funded and smaller-scale studies. That way more patients can get answers today — while we amass and assess new data over time.

Given **long-documented** racial disparities in menopause symptoms and care — among these, Black women reach menopause earlier and experience certain symptoms, like hot flashes, with more severity — medical research must include, account for, and address these risks and realities. It also **must focus** on identifying, understanding, ameliorating, and solving disparities in health diagnoses, treatment opportunities, and outcomes, as well as eliminating biases that create barriers to care. To that end, research must include trans and non-binary people, whose experiences and needs are distinct and findings about which may have **potential broad impact**.

Who is in charge of what?

Much of the responsibility belongs to the federal government. The good news? There is already a path charted.

The 2024 **White House *Women's Health Research Initiative*** and corresponding Executive Order call upon Congress to direct $12 billion in funding to women's midlife and menopausal health and formulate a crosscutting approach among key federal agencies.

That commitment resulted in nearly **one billion dollars** in investments as of December 2024. This includes a round of federal research grants totaling $113 million awarded by the **Advanced Research Projects Agency for Health** in October 2024. The **Department of Defense** committed $500 million in September 2024 to support the health of women Service members, veterans, and beneficiaries by advancing midlife and menopause health research. The NIH, through its ***Pathways to Prevention*** Program, announced a 2025 Menopause Workshop to identify gaps in existing research and develop a roadmap forward; it also created a centralized resource for information from NIH, **Discover Women's Health Research**, dedicated to menopause.

Congress plays a key role too. Last term, a bipartisan group of lawmakers introduced the ***Advancing Menopause and Mid-Life Women's Health Act*** in the Senate and the ***Menopause Research and Equity Act*** in the House, which together would: reinforce federal agency directives; create new categories for chronic or debilitating conditions for the purpose of analyzing and fueling current and future research on menopause; and direct research funds accordingly, infusing $275 million into these and other initiatives. (The Senate bill has additional provisions related to education and medical training, discussed later in this booklet.)

State and municipal leaders can contribute to this effort as well: in **New Jersey**, a recently introduced pair of bills would establish an interagency council on menopause tasked to direct research, disseminate evidence-based knowledge, and develop state-supported treatment services.

A note about the political process. *While it can take years for bills to pass, having legislative language on record can be highly influential in regulatory and budgetary matters. Snippets of provisions, even full text, can find its way into other mandates; congressional hearings can yield compelling testimony. It is important that we urge our representatives to keep up the pressure and reflect our demands back to the NIH especially.*

This happened twice with regard to legislation aimed at making menstrual products more affordable and/or accessible. Related clauses appeared in two bills that became law — the First Step Act of 2018 (menstrual products provided in federal prisons) and the CARES Act of 2020 (menstrual products eligible for pre-tax allowances under Flexible Savings Accounts and Health Savings Accounts). These are the only federal mandates regarding menstrual products in the nation's history, both signed by then-President Trump.

TAKE ACTION!

Members of Congress and your state representatives need to hear from you that continued funding for menopause research is an urgent priority. Here is how to contact them:

- **U.S. Senate — call or write your Senators to express support for the *Advancing Menopause and Mid-Life Women's Health Act***
- **U.S. House of Representatives — call or write your Representatives to express support for the *Menopause Research and Equity Act***
- **State Leadership — call or write to urge your state representative and governor to establish an interagency council on menopause and designate and/or direct resources toward public university research (see New Jersey AB 3804, SB 2693)**

From Menopause to Memory: *The Critical Need for Groundbreaking Research*

I am a neuroscientist specializing in the early prevention and detection of Alzheimer's disease. Today, nearly two-thirds of all Alzheimer's patients are postmenopausal women. We have known since the 1990s that being a woman is the second strongest risk factor for Alzheimer's, after age. We also know that women's brains age differently than men's, and menopause plays a role.

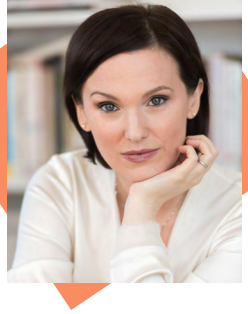
Why? Menopause affects the brain as much as it affects the ovaries. "Sex hormones" like estrogen are brain hormones too, providing neuroprotection against aging and disease.

Yet while all women experience menopause, not all develop Alzheimer's. It is crucial to understand what factors keep some women healthy while making others vulnerable.

Among the research needs: a better understanding of the connection between brain health and hormone therapy. More than 130 million American women use some form of hormone treatment, whether that be for menopause, birth control, or reproductive cancer care — and yet we have never directly measured the effects on the brain. Never. This needs to change.

Menopause remains one of the most under-diagnosed, under-researched, under-treated, and under-funded fields in medicine. We owe women centuries of research.

It is crucial to understand what factors keep some women healthy while making others vulnerable.



About Dr. Lisa Mosconi

Lisa Mosconi, PhD, Director of the Weill Cornell Alzheimer's Prevention Program and Women's Brain Initiative, Program Director at Wellcome Leap, and NYT bestselling author of "The Menopause Brain" and "The XX Brain."

POLICY GOAL #3

Update — And Mandate — Menopause Education For Providers

Thanks to the WHI, education for the next generation of physicians also took a cataclysmic hit. As a result, today 75 million menopausal women across the United States face a crisis in care. With six thousand more entering menopause every day — more than 2 million yearly — there are less than 3,000 certified menopause providers nationwide serving this growing population.

How did it get so dire? A decade after the 2002 press conference, **researchers at Johns Hopkins University found** that only one in five U.S.-based medical school OB-GYN residency programs had a formal menopause curriculum. Nearly two-thirds of residents in the study reported not feeling knowledgeable about the connection between menopause and cardiovascular disease; less than half said they felt well-versed in osteoporosis treatment and prevention.

These findings remained nearly identical in 2019. **The Mayo Clinic reported** 20.3 percent of residents never had a single formal lecture about menopause while in medical school — 58 percent had received only one lecture on menopause in their training — and a mere 6.8 percent of those surveyed said they felt adequately prepared to treat menopausal patients. A third of the participating residents said they would not prescribe hormone therapy to a symptomatic, newly menopausal woman who presented without any contraindications.

More recently, a **2022 survey** of OB-GYN residency program directors showed minimal progress: while most (92.9 percent) strongly agreed that residents should participate in a standardized menopause curriculum, less than a third (31.3 percent) reported such training in their own program. Of those who did experience a dedicated curriculum, it amounted to less than five lectures and/or assigned readings on the topic.

Few if any studies tackle if, how, and how well menopause training is handled for areas of practice outside of OB-GYN. Given that symptoms fall within myriad specialties — cardiology, endocrinology, internal medicine, neurology, orthopedics, psychology, urology, among them — let's be clear that menopause education belongs everywhere.

Who is in charge of what?

Private and non-profit medical associations are responsible for updating and upgrading standards for accreditation and developing resources for instruction and clinical experience.

- An organization called the Liaison Committee on Medical Education (LCME), sponsored in part by the American Medical Association, serves as an accrediting body for medical schools; the U.S. Department of Education recognizes it for that role.
- Residency and fellowship programs are overseen by a national nonprofit organization called the Accreditation Council for Graduate Medical Education (ACGME), which sets and monitors standards.

A joint patient- and physician-led advocacy campaign could bring relevant decision makers together with LCME, ACGME, and menopause specialists to advise on medical updates and curriculum additions related to menopause.

Federal and state lawmakers can also create incentives to help move the needle.

The ***We're Addressing the Realities of Menopause (WARM) Act***, introduced in the House in December 2023 with bipartisan support, together with the *Advancing Menopause and Mid-Life Women's Health Act* in the Senate, would incentivize robust instruction and accreditation standards, as well as increase investment in university menopause clinics. The WARM Act's mandates include:

- investment in menopause medical education, including regional centers of excellence, in order to establish, improve, and enhance training programs and develop evidence-informed practices, with a focus on equitable distribution across the country and partnerships with educational institutions.
- creation of a national menopause public awareness program to increase awareness of menopause symptoms, related chronic conditions, and treatment options; promote the collaboration of various health agencies and organizations for evidence-informed policy and program development; and create evidence-informed educational materials and resources, tailored for groups and communities most impacted.

State legislatures can also recommend or require that programs update and upgrade standards for accreditation: California passed a law enabling the state's various medical boards — including for doctors, nurses, and physicians assistants — to include coursework in menopausal health for continuing professional education requirements.

Members of Congress, and your state and local leaders need to hear from you that they must be a driver for improving menopause educational standards. Here is how to contact them:

- **U.S. Senate — call or write your Senator to express support for the *Advancing Menopause and Mid-Life Women's Health Act***
- **U.S. House of Representatives — call or write your Representative to express support for the *We're Addressing the Realities of Menopause (WARM) Act***
- **State Leadership — call or write to urge your state representative and governor to support legislation that requires providers to receive training and continuing professional education in menopause care (see California AB 2270)**

Other reforms to help improve the delivery of menopause care:

- Federal, state, local, and private funding sources to support *university-based specialty menopause clinics* — which spur hands-on learning for practitioners as well as expand direct services available to patients.
- *Public service announcements* — included under the Senate's *Advancing Menopause and Mid-Life Women's Health Act*, and could be sponsored by state and municipal agencies as well — are a prime medium for Gen X. Raised on mass messaging campaigns, who else but us can spontaneously belt out the preamble to the U.S. Constitution or know that our "brain on drugs" sizzles like a fried egg? Let's take a page out of the 1980s and bring on the menopause PSA (an extraordinary opportunity for public-private partnerships, too).
- Policies to incentivize *telehealth* — which is an optimal fit for menopause care — are part of the educational agenda. With easy-to-access online practices and networks, menopause-trained practitioners can reach exponentially more patients no matter their zip code. During the COVID-19 pandemic, Congress temporarily relaxed regulations on telemedicine, enabling more people to partake in and receive prescription medication via virtual care. These reforms need to be permanent. At the close of 2024, as part of the spending bill to fund the federal government, Congress considered a two-year extension for expanded Medicare coverage for telemedicine – but ended up approving a far narrower version, **a three-month extension** until March 31, 2025. Corresponding bipartisan legislation, the **Preserving Telehealth, Hospital, and Ambulance Act**, would also extend provisions for Medicare patients.

EXPERT INSIGHT
by Dr. Mary Claire Haver

Why Medical Training Must Include Menopause Care

As a graduate of medical school and an OB-GYN residency, I can attest firsthand to the inadequacies in training regarding menopause. (Read more about my experience at ***The Daily Beast***.) The ongoing dearth of education on its symptoms, management, and the treatment of related conditions using hormone therapy leaves most physicians ill-equipped to address the unique needs of menopausal patients.

My "dream" menopause curriculum — mandated by accrediting bodies like the Accreditation Council for Graduate Medical Education and the Liaison Committee on Medical Education — encompasses multidisciplinary perspectives and incorporates lectures, case studies, and hands-on clinical experience. It should prioritize evidence-based approaches to managing menopause symptoms and related comorbidities, emphasizing the importance of patient-centered care and shared decision-making.

Such a curriculum would extend beyond OB-GYN programs and be integrated into all specialties and medical schools. Delving into the effects of sex hormone deprivation on each organ system — including cardiovascular, musculoskeletal, mental, and cognitive health, among others — would foster a deeper understanding of these physiological changes among physicians and enable them to provide more holistic, personalized, and comprehensive care to menopausal patients.

Further, I would call for uniform guidelines and resources to ensure consistency across medical education programs. By establishing a singular standard of care, physicians can deliver quality menopause care regardless of their specialty. This applies to ongoing professional development opportunities, as well — to ensure that practicing physicians stay abreast of advancements in menopause medicine.

By establishing a singular standard of care, physicians can deliver quality menopause care regardless of their specialty.

About Dr. Mary Claire Haver

After seeing a growing need for better menopause care, Dr. Haver shifted her life's work to focus on helping women access better menopause education, tools, and resources. She founded The 'Pause Life, a website providing education, support, and lifestyle changes that empower women to thrive through menopause. As the author of the New York Times bestseller The New Menopause, Dr. Haver works tirelessly to improve the menopause experience and ensure every woman has the tools she needs to thrive.

EXPERT INSIGHT
by Dr. Judith Joseph

Empowering Doctors to Competently Treat Menopause

I work closely with current medical students and alumni/ae to lead a community of women supporting women in medicine. One of my areas of focus in this role is to address the lack of comprehensive medical education in menopause. We have heard the statistics — very few resident physicians feel adequately prepared to manage the treatment of women in menopause and most have little to no formal education about menopause during residency training. This gap of knowledge plays a large role in the lack of menopause competency in healthcare.

I am also a specialist in mental health. Many patients going through perimenopause and menopause are misdiagnosed with major depressive disorders because of the similarity of the symptoms. They present to their doctors with cognitive concerns, identity loss, sadness, moodiness, anxiety and insomnia — symptoms that may occur in both major depressive disorder and in perimenopause. Often, they are not having a primary major depressive episode at all, but rather experiencing mood symptoms related to hormonal fluctuations.

Changes in the basic medical education curriculum are desperately needed to ensure that more doctors are skilled to treat perimenopausal women.

Education matters. Changes in the basic medical education curriculum are desperately needed to ensure that more doctors are skilled to treat perimenopausal women. For the long term, The Accreditation Council for Graduate Medical Education needs to make drastic and comprehensive changes in medical education today in order to produce the next generation of competent menopause practitioners.

More doctors are needed online to keep challenging misinformation about menopause. Social media has vast potential as an educational tool, and I use it to directly educate patients and providers about mental health symptoms in perimenopause. I teach young doctors this through a course I developed called "Meet The Press." I also create courses and partner with large digital platforms, used by a variety of workplaces and institutions, to provide direct education.

About Dr. Judith Joseph

Dr. Judith Joseph MD MBA is a psychiatrist, researcher, and award-winning content creator specializing in mental health and trauma. She is a clinical assistant professor at NYU and chairs the Women in Medicine Initiative at Columbia University. Named a 2024 NAACP Mental Health Champion, she has been featured in Oprah Daily's menopause special and teaches doctors how to use media to educate the public. Her book, High Functioning, is based on her groundbreaking study on high-functioning depression. She trains doctors at NYU about how to use media to educate the public about mental health issues.

POLICY GOAL #4

Make Menopause Treatments Affordable

The "pink tax," also known as gender-based price gouging, jacks up prices on products marketed to women — and is a widespread phenomenon according to the **New York City Department of Consumer and Worker Protection** and **U.S. Government Accountability Office**.

The pink tax is applied to many products used in midlife health. Whereas prescriptions for erectile dysfunction have been engineered to be inexpensive with or without insurance — a one-month supply of generic Viagra can run as little as two dollars — menopause hormone treatments can be costly and are not consistently covered by health plans.

Getting a menopause prescription filled at all can be unnecessarily expensive and frustrating:

- Patients are often denied treatment due to a clinician's lack of knowledge. Certain symptoms, such as vaginal discomfort, are more likely to be deemed 'elective' versus 'medically necessary' and therefore excluded from coverage.
- Some prescriptions come with self-imposed limitations on the number of renewals allowed, requiring an extra doctor visit and thus making them inconvenient and expensive to refill.
- There are documented racial disparities around prescription rates, with women of color, Black women in particular, **less likely** than white women to be prescribed hormone therapy for their symptoms.
- Private insurance and public health programs like Medicaid and Medicare do not have a definitive coverage rule, so for many, access and affordability are a state-by-state or provider-specific determination.

Who is in charge of what?

States and the federal government have the ability to make change:

- Thus far, two state legislatures have stepped up. In 2024, **Louisiana** became the first to pass a law requiring Medicaid and private health insurance plans to cover perimenopause and menopause treatments. In 2023, **Illinois** mandated that private insurance plans and public state and municipal employee plans, as well as Medicaid, are required by state law to cover menopause hormone treatment for women who have undergone hysterectomy; a 2024 **amendment** would cover it under all circumstances, going into effect January 2026.
- A decade ago, Congress introduced the ***Menopausal Hormone Replacement Therapies and Alternative Treatments and Fairness Act of 2011***; it would have mandated coverage of treatments for menopausal symptoms under Medicare and Medicaid, as well as other federal health insurance programs and private group health plans and individual health insurance coverage. The bill never passed — it is due time to get it back on the agenda!

On the bright(er) side:
Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) — plans offered by employers to enable participants to set aside pre-tax dollars for health-related expenses, including prescription medications — do include menopause treatments as a qualified category. But these benefits, by definition, do not extend to those who are not or no longer employed or are not salaried employees eligible for FSA and HSA accounts.

Members of Congress, and your state and local leaders need to hear from you that they must support new legislation to make menopause treatments affordable and accessible. Here is how to contact them:

- **U.S. Senate — call or write your Senator to urge them to introduce a modern version of the *Menopausal Hormone Replacement Therapies and Alternative Treatments and Fairness Act of 2011***
- **U.S. House of Representatives — call or write your Representative to urge them to reintroduce a modern version of the *Menopausal Hormone Replacement Therapies and Alternative Treatments and Fairness Act of 2011***
- **State Leadership — call or write to urge your state representative and governor to support legislation that requires public and private health insurance plans to cover perimenopause and menopause treatments (see Louisiana HB 392 and Illinois amended HB 5295)**

EXPERT INSIGHT
by Jannine Versi

Ensuring Equitable Menopause Care for Medicaid Patients

For those who rely on Medicaid — approximately 20 percent of all the U.S. population — access to quality healthcare is historically and abysmally low. When it comes to menopause care, *Medicaid health plans often administer services as though their population is not interested in receiving care for menopausal symptoms.*

Medicaid health plans often administer services as though their population is not interested in receiving care for menopausal symptoms.

Among the legislative interventions proposed here, a companion reform would be to incorporate midlife care standards into health plan quality measures (called Healthcare Effectiveness Data and Information Set or "HEDIS"). These are the official standards by which clinicians and health plan reimbursements are assessed. At one point, HEDIS included a requirement for menopause counseling but abandoned it decades ago. Reinstating it would help ensure the majority of women, no matter their income level, have access to comprehensive menopause care.

Menopause is not optional. It doesn't discriminate, and the U.S. healthcare system shouldn't either.

About Jannine Versi

Jannine Versi is the CEO and Co-Founder of Elektra Health, a company providing virtual medical care and peer support for midlife women. Jannine's career spans healthcare, technology, and government, including executive roles at Google and in the Obama Administration.

POLICY GOAL #5

Make Menopause Treatments Free of Outdated Warning Labels

New York Times health and wellness reporter **Jancee Dunn** shared a colorful and all too common reaction to her first foray with topical vaginal estrogen.

> *"When I brought the tube home from the pharmacy, I was alarmed by the all-caps warning emblazoned on the box, alerting users of the risks of ENDOMETRIAL CANCER, CARDIOVASCULAR DISORDERS, BREAST CANCER, AND PROBABLE DEMENTIA. (Probable dementia?)."*

She is hardly alone in her all-out, ALL-CAPS panic. Among the WHI's lingering damage is a labeling problem. Continued reliance on its misinterpreted data has led to the inappropriate labeling of topical vaginal estrogen which is used to treat the symptoms of Genitourinary Syndrome of Menopause (GSM) — these include increased and frequent urinary tract infections, incontinence, vaginal dryness, and pain with intercourse.

The labeling requirement for all estrogen products was instituted back in the 1970s, then loosened in the 1990s — but because of the WHI, by 2005, the pendulum swung to an even more stringent presentation.

Today, the outdated, inaccurate warning label — lumping local estrogen in with systemic — not only discourages patients from using vaginal estrogen, but discourages doctors not fluent in menopause care from prescribing it. As it is, less than 25 percent of women impacted by GSM seek treatment at all, in part due to the stigmas of talking about the related symptoms; the warning label only adds to the fear.

Who is in charge of what?

This is something the U.S. Food and Drug Administration (FDA) has the sole power to fix by removing the labeling requirement (called a 'boxed warning' and often referred to as a 'black box' warning or label).

***To put it in further perspective,** after conducting a safety review in 2022, the U.K. equivalent agency to the FDA, the Medicines and Healthcare Regulatory Agency, reclassified vaginal estrogen from a prescription to an over the counter medication - a widely celebrated move.*

- ***Unboxing Menopause*** **is the national citizens campaign directed at the FDA. It is coordinated by the nonprofit, Let's Talk Menopause and includes a physician's sign-on letter of support.**
- **You can send your own letter to the FDA urging them to remove the outdated, misleading "boxed warning" on local vaginal estrogen products by clicking here.**

How Accurate Warnings on Vaginal Estrogen Could Save Lives and Billions

Among the reforms I think are most urgent, changing the "boxed warning" on local vaginal estrogen would not only save lives, but also save our healthcare system billions of dollars.

Let me explain. As women get older, they become more susceptible to urinary tract infections due to the hormonal changes of the genital and urinary tracts. We have excellent data, spanning many decades, that shows vaginal estrogen products reduce the risk of future urinary tract infections by more than 50 percent — which means less pain, fewer urgent care visits and hospitalizations, and even reduced risk of death.

Because vaginal hormone treatment is not systemically absorbed in the bloodstream, unlike those used for menopausal symptoms like hot flashes and osteoporosis prevention, it is safe even for women with a history of breast cancer, blood clots, and really for the use at any age, even for women in nursing homes.

The devastating problem is that all hormone therapy products are labeled the same way. So the box of local vaginal estrogen has an identical warning label to an oral systemic synthetic hormone product. But these products are not the same; they are not the same hormone nor do they have the same side effect profiles. However, the FDA-mandated label requires the warning that any and all estrogen products cause stroke, blood clots, cancer, probable dementia and must be used with progesterone therapy. This is simply untrue.

This "boxed warning" harms women who are either afraid to use safe and effective prevention strategies or whose doctors don't offer it because they too were never taught the difference between these products. As a result, too many women are suffering recurrent urinary tract infections — and even dying from sepsis as a result.

I am part of a team that published data in 2024 showing that if Medicare patients were offered local vaginal hormone therapy at the prices that they can get for cash today, Medicare could save between $6 and $22 billion per year. So in addition to improving and saving lives — which, of course, is paramount — this reform also saves our healthcare dollars.

About Dr. Rachel Rubin

Dr. Rachel Rubin is a board-certified urologist and sexual medicine specialist. She is an assistant clinical professor of Urology at Georgetown University and owns her private practice in the Washington DC region. She is one of only a handful of physicians fellowship trained in male and female sexual medicine. Dr. Rubin is a clinician, researcher, and vocal educator in the field of sexual medicine.

EXPERT INSIGHT
by Dr. Kelly Casperson

Hormone Equality: *Breaking Barriers in Women's Access to Testosterone Treatment*

My perspective as a urologist is unique: I am a physician who is comfortable with sexual medicine and hormones and treats all genders. I see every day how healthcare options are not equal — and will never be equal until we treat all genders the same. When a man comes in with a condition caused by low hormones, we don't ask "are you sure you want treatment?" or even "is it bad enough yet?" in the same way that women have to overcome these barriers to health care. We simply treat men when they ask for help. For women, we make them beg.

As for policy, I say focus on hormones — and that includes testosterone. Testosterone has the potential to treat menopause-related symptoms and works differently than estrogen for effects like changes in libido, muscle mass, physical energy, and even bladder health. But the only FDA-approved indications and dosing is for men, making it not only harder to prescribe testosterone for women — especially for OB-GYNs who have less experience with it — but also for women to afford or access it. So first, we need FDA-approved testosterone products for women. It is a tricky calculus though: testosterone is generic, and therefore cheap; drug companies will be hard-pressed to invest in a women-dosed version unless they slap a pink tax on it to dramatically jack up the price.

I see every day how healthcare options are not equal — and will never be equal until we treat all genders the same.

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But, wait, there is more. The U.S. Drug Enforcement Agency (DEA) currently classifies testosterone in the same category as addictive and often dangerous drugs such as ketamine and Tylenol with codeine (Schedule III). The rationale goes back to the Olympic doping scandals of the 1980s, after which Congress passed the Anabolic Steroids Act of 1990 to lump testosterone in with other synthetic anabolics, rather than naturally occurring steroids like estrogen and progesterone, which are still prescription but not restricted.

As a result, any patient who receives testosterone therapeutically is required to have their name on a list of people prescribed controlled substances. The privacy risks are enormous. In California, for example, the U.S. Department of Justice maintains the list, meaning law enforcement and regulatory agencies can view the information — which includes patient name, date of birth,

Continued →

Hormone Equality: Breaking Barriers in Women's Access to Testosterone Treatment continued

address, prescriber name, pharmacy name, license number, date the prescription was dispensed, prescription number, drug name, quantity and strength and the number of refills remaining. This is also a personal safety issue, especially for vulnerable individuals afraid of being discovered about use of hormones. And as telemedicine rules are currently in a state of flux regarding both payments and allowed practices, there is a high concern that all scheduled medications will be banned from being prescribed by telemedicine; women access telemedicine more than men, increasing their burden of accessing healthcare.

Which means we must also reclassify testosterone like any other physiologic hormone, such as insulin, thyroid — and estrogen — to bring it in line with what it actually is: a biological hormone with therapeutic properties in humans with conditions that create a low hormone status in their body deserving of treatment.

Reclassification would ameliorate unnecessary practical hurdles as well. For example, as a restricted medication, patients must have a doctor visit every six months to receive a refill, not the standard one year, creating undue burden. Physicians are also required to maintain a DEA license for each state in which they prescribe testosterone, which results in increased operational costs and logistics.

As for policy, I say focus on hormones — and that includes testosterone.

About Dr. Kelly Casperson

Dr. Kelly Casperson is a board-certified urologic surgeon, acclaimed sex educator, and host of the top-ranking podcast You Are Not Broken, where she empowers women through humor, candor, and science to demystify sexual health and intimacy. With a holistic and evidence-based approach, she provides essential education on hormones, midlife health, and sexual wellness to empower women to lead confident, fulfilling lives.

Addressing the Silent Crisis: *Menopause Care for Breast Cancer Survivors*

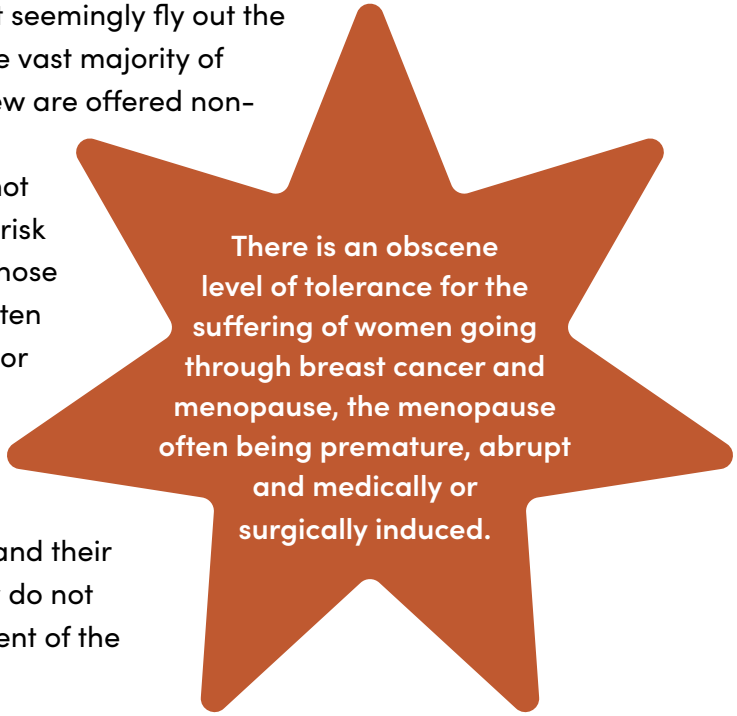
There is a large cohort of women we cannot exclude from this full agenda and for whom every policy goal applies and matters exponentially: breast cancer survivors.

While most doctors are not educated about general menopause care, it is an especially devastating experience for a breast cancer survivor. My own formal medical training did not equip me to help even myself when the diagnosis came — at age 28 — let alone my patients.

There is an obscene level of tolerance for the suffering of women going through breast cancer and menopause simultaneously. These women often experience menopause that is premature, abrupt and medically or surgically induced. In the U.S., more than 4 million breast cancer survivors — and thrivers — face menopause and survivorship with little support from doctors. Every year, another 360,000 more join the ranks.

The results of substandard care can be deadly. A study by the **Mayo Clinic** showed that mortality increased by more than two-thirds in women who experienced surgical menopause before age 45 and who were not prescribed menopausal hormone therapy. In the **Nurses' Health Study**, women who experienced early menopause and did not receive estrogen therapy faced massive health risks — an 85 percent higher risk of stroke and a 98 percent increased risk of cardiovascular disease.

Clear practice guidelines for menopause treatment seemingly fly out the door when a breast cancer diagnosis coincides. The vast majority of patients get no help with sexual health concerns, few are offered non-hormonal options for vasomotor symptoms, even fewer are offered vaginal estrogen, and most are not informed of the need for bone density and cardiac risk assessments. Once cancer treatment is complete, those who would like to consider hormone therapy are often dismissed — refused even a discussion on the data or the option of shared decision making.



Imagine if we routinely castrated millions of men, chemically or surgically, and ignored the dramatic impact it had on their quality of life, their sex lives, and their lifespan. This is hard to imagine because we simply do not treat men that way! Yet this is the reality for treatment of the most common cancer women face.

Continued →

Addressing the Silent Crisis: Menopause Care for Breast Cancer Survivors continued

My life's mission is to advocate for policy reforms that address the pink elephant in the room — menopause and cancer. Here are some reforms that can be implemented across all the policy priorities spelled out in this booklet:

- Among the research questions we need to address is how to better individualize breast cancer treatment without severe estrogen deprivation. Today we have a sledgehammer approach when what we need is precision. For example, devastating radical mastectomy was the norm until medical treatments evolved and research proved we could safely offer lumpectomy or modified mastectomy instead. We need to dedicate the same energy to personalizing adjuvant therapy.
- Medical societies and government should work together to urgently provide continuing medical education to clinicians on how to manage menopause and sexual health in cancer survivors.
- Due to the dearth of qualified menopause practitioners, we must leverage telehealth to deliver patient education and menopause and sexual health care for cancer survivors.
- We need insurance mandates that compensate clinicians for the less lucrative aspects of care — cancer survivorship, menopause management, and sexual medicine. Mandates must also include payment for referrals to the array of health specialists that are essential to quality cancer and menopause care, including mental health professionals, sex therapists, and physical and pelvic floor therapists.

Breast cancer survivors are grown women who endure and navigate so much, but are treated in a paternalistic manner when it comes to menopause care. Because of my experience as a physician, an advocate, and patient myself, I will no longer accept the level of suffering we expect women to tolerate.

About Dr. Corinne Menn, DO, FACOG, MSCP

Dr. Corinne Menn is a board-certified OB-GYN, Certified Menopause Practitioner, Medical Advisor and physician for Alloy Women's Health. She is a 23-year survivor of breast cancer and premature menopause and a BRCA carrier who uses her experience to help women navigate their own health challenges. Dr. Menn serves on the Council of Advisors for the Young Survival Coalition and is a leading voice in advocating for and advancing the care of the most vulnerable menopausal women.

POLICY GOAL #6

Ensure Meaningful Workplace Interventions

The "menopause-friendly" workplace is an idea that is gaining traction these days, with women CEOs speaking up and forging change within their own companies. According to the healthcare consultancy firm **Mercer**, 18 percent of large U.S. employers say they offer or plan to offer some kind of menopause support in 2025, up from 4 percent in 2023.

For good reason! One in five women in the U.S. workforce is now in or on the brink of menopause. For those afflicted by the most debilitating symptoms, there is a measurable drain on productivity: the **Mayo Clinic** estimated that missed work due to menopause symptoms results in $1.8 billion in lost wages annually; a 2023 **Bank of America report** found that more than half of the women surveyed said menopause had a negative impact on their work life.

Who is in charge of what?

Primarily this is a business decision, up to individual employers. The role of Congress and federal agencies, including the U.S. Department of Labor (DOL) and the Equal Employment Opportunity Commission (EEOC), is to codify appropriate accommodations for menopause and protections against workplace discrimination. One law, the 2022 *Pregnant Workers Fairness Act*, is **interpreted** by the EEOC to include menstruation among required workplace accommodations; menopause is specifically addressed in the EEOC's ***2024 Enforcement Guidance on Harassment in the Workplace***.

When public and private sector employers offer benefits, they ideally should include:

- **Access to menopause-specific healthcare professionals and medical benefits** — coverage of memberships to digital resources and telehealth menopause specialists and ensuring inclusion of menopausal hormone therapy and other prescription options by health insurance and flexible spending account allowances. Other essential related menopause coverage includes preventive care and treatments for bone and heart health, as well as a full range of mental health services.
- **Abundant educational resources** — for all employees about the mechanics of menopause, as well as targeted materials that address the demands of particular professions; what matters to retail workers might look different for round-the-clock direct-service providers, or for those who sit at a desk versus those who stand in front of a boardroom or classroom.
- **Ample opportunities for open-door discussion** — expert support via a dedicated human resources professional and/or staff advocate, as well as a health consultant. Companies should cultivate an overall environment that fosters open, respectful discourse while maintaining personal privacy.

- **Accommodations that underscore accessibility** — if we've learned anything from the pandemic, it is that the ways we work can be far more elastic and inclusive, something that disability advocates have asserted for years. For menopause, the recommendations are simple and concrete: provision of paid health-first (not just "sick") days and consideration of the physical conditions and cadence of the workday (tweaked as needed for things like temperature controls, dress codes, and timing and frequency of bathroom, meal, and beverage breaks).
- **Assurance of anti-discrimination and intergenerational engagement** — hiring and retention policies must address potential bias with regard to sex, pregnancy, age and/or disability. With four full generations in the workforce, it is imperative to confront casual age bias and the knowledge gap across genders. Connectivity goes beyond cartoonish rivalries: Boomers, Gen X, and Millennials can bridge a meaningful divide and bring along Gen Z entrants.

CEOs should leverage their influence to speak out about menopause, advocate for federal and state policies that fuel research, and make financial investments in these areas.

- **Share the Menopause Society's bundle of resources, Making Menopause Work, with your employer**
- **Same for the U.S. Department of Labor, Women's Bureau materials (Let's Talk About It: Menstruation and Menopause At Work)**
- **Other recommended reading: How Companies Can Support Employees Experiencing Menopause, *Harvard Business Review* and What All Bosses Should Do About Menopause, *Oprah Daily***

EXPERT INSIGHT
by Tamsen Fadal

Rewriting the Workplace Narrative: *Supporting Women Through Menopause*

Perimenopause simply was not on my radar. I lost my mother from breast cancer when I was twenty, so I never realized she went through a medical menopause due to chemotherapy and radiation.

Over the years, in my forties, symptoms impacted me at work — tearing down my self-confidence. I later came to understand this was due to brain fog and lack of memory recall, although at the time I didn't know what was wrong. I just knew I was having a difficult time. I was a prime-time news anchor at the time and one night in 2019 I had to leave the news desk before the newscast ended due to heart palpitations and a hot flash that made me feel out of sorts and too afraid to get on camera for the remainder of the evening.

Studies show that nearly half of all women going through menopause have symptoms that interfere with their work performance or their productivity.

Given my own experience on the job, I am driven to ensure workplace policies that are meaningful and inclusive. Studies show that nearly half of all women going through menopause have symptoms that interfere with their work performance or their productivity each week.

Along with listening and providing support, we must ensure that employers know how important it is that they offer comprehensive benefits that include visits to menopause specialists and the costs associated with hormone therapy so that we can address our symptoms head on. We also have to demand that women be protected against workplace discrimination. What cannot happen is for women to feel further stigmatized and unable to perform — much the way I felt a few years ago. This is why rewriting the narrative is so important too. It starts with education and awareness — normalizing the conversation so it becomes accessible for everyone.

About Tamsen Fadal

Tamsen Fadal is an Emmy award-winning journalist, documentary filmmaker, and menopause advocate, known for creating and producing The M Factor: Shredding the Silence on Menopause, a groundbreaking PBS documentary addressing the menopause crisis and advocating for improved women's health policies. After three decades as a TV news anchor, she transitioned to focusing on women's midlife health, earning a certificate in holistic health coaching and serving as a leading voice on issues like menopause and breast cancer advocacy. She is the author of the forthcoming book How To Menopause: Take Charge of Your Life, Reclaim Your Health, and Fell Better Than Before.

Demanding The Change *We Deserve*

It is 2025 — and time to make menopause the catalyst for better, more representative, more equitable public policy.

There is extraordinary power in each one of us — and all of us, collectively. Together we can and will change the course of menopause history and bring this policy agenda to life.

AUTHOR BIOS

Jennifer Weiss-Wolf

Attorney and author Jennifer Weiss-Wolf serves as executive director of the Birnbaum Women's Leadership Center at NYU School of Law. She also leads partnerships and strategy at *Ms.*, the feminist movement-making magazine. A prolific writer and policy advocate, she was dubbed the "architect of the U.S. campaign to squash the tampon tax" by *Newsweek*. She has presented on issues related to her areas of expertise – menstruation, menopause, and the law – at the White House and before Congress, as well as in state legislatures and major city governmental bodies; she works closely with domestic and global leaders, advocates, and innovators in pursuing policy reforms. Her 2017 book *Periods Gone Public: Taking a Stand for Menstrual Equity* was lauded by Gloria Steinem as "the beginning of liberation for us all." Weiss-Wolf's writing and work have been featured in the *New York Times, Washington Post, Los Angeles Times, TIME, Cosmopolitan, Harper's Bazaar, Teen Vogue*, Oprah Daily, NPR, and PBS, among others.

Dr. Mary Claire Haver

After witnessing significant gaps in menopause care, Dr. Mary Claire Haver transformed her career to focus on empowering women with the education, tools, and resources they need to navigate this life stage with confidence. She founded The 'Pause Life, a website dedicated to reshaping the menopause experience by offering science-backed education, supportive communities, and practical lifestyle solutions. With her unique perspective as a board-certified OB-GYN and someone who has personally faced the challenges of menopause, Dr. Haver combines expertise and empathy to create accessible, empowering content designed to help women thrive.

As the author of *The New Menopause*, a *New York Times* bestseller, Dr. Haver sheds light on the physical, emotional, and social challenges of menopause while providing actionable guidance for every stage of the journey. Through her work with The 'Pause Life and her writing, Dr. Haver is on a mission to improve how menopause is understood and managed, ensuring every woman has the tools and support she needs to flourish.

AUTHOR BIOS

Maria Shriver

Maria Shriver stands as an icon in the realms of journalism, advocacy, media, and publishing with a distinguished career spanning over 40 years. As an Emmy, Gracie, and Peabody award-winning journalist, her groundbreaking reporting has not only informed, but also inspired audiences across the globe.

In addition to her impressive journalistic career and literary accomplishments as a seven-time New York Times best-selling author, Shriver is an NBC News Special Anchor, founder of *Shriver Media*, and co-founder of the mission-driven brain health and wellness brand, MOSH. In her capacity as founder of the *Women's Alzheimer's Movement (WAM)* at Cleveland Clinic, Shriver has played a pivotal role in advancing some of the most critical conversations and research concerning women's health today.

Recognizing the pressing need for more research addressing the unique health challenges faced by women, Shriver is at the forefront of a movement to bring parity in women's health to the federal government and millions of women nationwide. In 2023, Shriver's advocacy led to the establishment of the first-ever White House Initiative on Women's Health Research and an historic Executive Order calling on new federal funding for women's health research.

Today, the *Women's Alzheimer's Movement at Cleveland Clinic* is the preeminent organization funding gender-based Alzheimer's research in the country—with a mission to educate women and their families. T*he WAM Prevention and Research Center at Cleveland Clinic*, the first of its kind in the U.S., was established in 2020. Shriver was also instrumental in the formation of the new *Cleveland Clinic Comprehensive Women's Health and Research Center*, where she serves at Chief Visionary and Strategic Advisor and whose mission is to become the leading center for women's health in the United States.

Click here for a sample letter to your representative

TAKE ACTION QUICK GUIDE

Scan to visit our website or share with a friend!

POLICY GOAL #1:

Reset The Record About Menopausal Hormone Treatment

Contact the NIH's Office of Research on Women's Health — orwhinfo@nih.gov or 301-402-1770 — and tell them you want them to publicly, unequivocally reset the record with current data that clarifies the efficacy, safety, and scope of risk of menopausal hormone treatment.

POLICY GOAL #2:

Catalyze A Modern, Equitable Menopause Research Agenda

Members of Congress and your state representatives need to hear from you that continued funding for menopause research is an urgent priority. Here is how to contact them:

- U.S. Senate — call or write your Senators to express support for the *Advancing Menopause and Mid-Life Women's Health Act*
- U.S. House of Representatives — call or write your Representatives to express support for the *Menopause Research and Equity Act*
- State Leadership — call or write to urge your state representative and governor to establish an interagency council on menopause and designate and/or direct resources toward public university research (see New Jersey AB 3804 and SB 2693)

POLICY GOAL #3:

Update – And Mandate – Menopause Education For Providers

Members of Congress, and your state and local leaders need to hear from you that they must be a driver for improving menopause educational standards. Here is how to contact them:

- U.S. Senate — call or write your Senator to express support for the *Advancing Menopause and Mid-Life Women's Health Act*
- U.S. House of Representatives — call or write your Representative to express support for the *We're Addressing the Realities of Menopause (WARM) Act*
- State Leadership — call or write to urge your state representative and governor to support legislation that requires providers to receive training and continuing professional education in menopause care (see California AB 2270)

POLICY GOAL #4:

Make Menopause Treatments Affordable

Members of Congress, and your state and local leaders need to hear from you that they must support new legislation to make menopause treatments affordable and accessible. Here is how to contact them:

- U.S. Senate — call or write your Senator to urge them to introduce a modern version of the *Menopausal Hormone Replacement Therapies and Alternative Treatments and Fairness Act of 2011*
- U.S. House of Representatives — call or write your Representative to urge them to reintroduce a modern version of the *Menopausal Hormone Replacement Therapies and Alternative Treatments and Fairness Act of 2011*
- State Leadership — call or write to urge your state representative and governor to support legislation that requires public and private health insurance plans to cover perimenopause and menopause treatments (see Louisiana HB 392 and Illinois amended HB 5295)

POLICY GOAL #5:

Make Menopause Treatments Free of Outdated Warning Labels

- Unboxing Menopause is the national citizens campaign directed at the FDA, coordinated by the nonprofit Let's Talk Menopause, and joined by a physician's sign-on letter initiative
- You can send your own letter to the FDA urging them to remove the outdated, misleading "boxed warning" on local vaginal estrogen products by clicking here

POLICY GOAL #6:

Ensure Meaningful Workplace Interventions

- Share the Menopause Society's bundle of resources, Making Menopause Work, with your employer
- Same for the U.S. Department of Labor, Women's Bureau materials (Let's Talk About It: Menstruation and Menopause At Work)
- Other recommended reading: How Companies Can Support Employees Experiencing Menopause, Harvard Business Review and What All Bosses Should Do About Menopause, Oprah Daily

***Together** we can and will change the course of menopause history!*