



**BLACK WOMEN'S
HEALTH IMPERATIVE**

Menopause and the Change Ahead: State and Federal Legislative Trends and Policy Insights (2021-2026)

**Black Women's Health Imperative
Menopause Policy Report
August 2026**



Contents

ACKNOWLEDGMENTS

WRITTEN BY:

Christiana Verdelus, MPP
Policy Analyst

Candace Bond-Therault, Esq., LL.M.
Senior Director, Policy

DeBran Tarver, PhD, MPH
Senior Director, Research

Isabel Morgan, PhD, MSPH
Senior Advisor, Maternal Health

Ifeoma Udoh, PhD
*Executive Vice President, Policy
and Research*

Joy D. Calloway
President & CEO

PREPARED BY:

Lisa Cunningham
*Executive Vice President,
Marketing and Communications*

President's Letter	3
About Menopause	4
Understanding the Stages of Menopause	4
Common Menopause Symptoms and Challenges	4
Menopause Disparities Among Black Women	5
Menopause Care Perceptions and Experiences	6
BWHI's 2025 Menopause Study	7
Purpose and Rationale for the Black Women's Menopause Study ...	7
Study Objectives	7
Findings	7
Analysis of Menopause Legislation from 2021 Through 2026	8
Purpose and Scope of Analysis	8
Methodology	8
State Bills	10
Analysis of State Menopause Legislation	11
State-Level Introduced Menopause Legislation by Policy Category ...	12
State-Level Passed Menopause Legislation by Policy Category	13
Federal Bills	16
Analysis of Federal Menopause Legislation	17
Trends Across State and Federal Menopause Legislation	18
BWHI's Recommendations for Future Menopause Legislation	19
Building on Policy Momentum	19
Gaps in Current Legislative Approaches	20
What an Equity-Forward Approach Requires	21
Endnotes	22

AUTHOR'S NOTE

We acknowledge the extensive history of scientific racism that erases, disregards, and misrepresents Black women, and queer, transgender, and gender-expansive individuals.¹ While we use the term “women” throughout this report, we do so intentionally to remain consistent with the methodologies used in the underlying scientific research and data analysis. We also recognize that the data presented throughout this report may include queer, transgender, and gender expansive individuals whose identities were not captured by the measures used to collect demographic information, while other studies may not have included these populations at all. We advocate for more intentional data collection that includes all people who can experience menopause symptoms, as to improve menopausal experiences across the spectrum and include cis women, transgender, and gender-expansive individuals more fully.

DISCLAIMER

This report is intended solely for educational and informational purposes. The analysis presented herein is designed to describe and evaluate legislative approaches and policy trends and should not be construed as an endorsement of, or opposition to, any specific bill, legislative proposal, policymaker, or political position.

Black Women's Health Imperative

384 Northyards Blvd NW, Bldg 100 | Atlanta, GA 30313 | [BWHI.org](https://www.bwhi.org)



**BLACK WOMEN'S
HEALTH IMPERATIVE**

President's Letter

Dear Stakeholders,

For far too long, menopause has been treated solely as a personal health experience, but that framing does not capture the full reality. Some women are told to expect menopause as a natural transition in life, something routine and manageable with the right knowledge. Others enter menopause without having those conversations at all. The bottom line is simple: too many of us reach menopause without the information, support, or preparation we need and deserve.

Black women face gaps in menopause knowledge and care more acutely, with greater barriers to healthcare access, a higher likelihood of not being heard by providers in clinical settings, and earlier and longer menopause than women of other racial and ethnic groups.^{2,3,4,5}

We must acknowledge that while menopause is an established stage of life, it is one that our systems of care, research, and support have not been designed to meet.

At the Black Women's Health Imperative, we have joined women across the nation who are saying: enough is enough. No woman should have to navigate years of discomfort, disruption, or uncertainty during a stage of life in which we should be able to move through with care and dignity.

We are shaping a national conversation about menopause. To that end, we have taken *Power in the Pause* across the nation to host intimate, powerful conversations about thriving in midlife, reshaping how Black women experience and talk about perimenopause and menopause. We also conducted the largest ever online survey on menopause experiences of Black women ages 30+, bringing evidence and lived experience into a space that has too often been under-researched and underprioritized.

Now, through this report, we are setting out what it will take for *policy* to respond more directly to what Black women have long experienced while navigating menopause.

Our aim is not only to document where change is happening, but to clarify where it is still needed. While this legislative analysis speaks to menopause broadly, our recommendations center the experiences of Black women—whose outcomes reflect some of the most pronounced gaps, and whose realities often reveal what the system has not yet been designed to see. We believe that when we build for those most impacted by these gaps, we build systems that are stronger for everyone.

Know that this is just the beginning. We will not stop until Black women can move through menopause informed, prepared, and supported at every stage. We offer *Menopause and the Change Ahead: State and Federal Legislative Trends and Policy Insights (2021–2026)* in the spirit of advancing that goal.

With hope and expectation for the future,



Joy D. Calloway, MBA, MHSA
President & CEO
Black Women's Health Imperative



Joy D. Calloway, MBA, MHSA
President & CEO
Black Women's Health Imperative

About Menopause

Understanding the Stages of Menopause

Menopause is a natural biological and physiological transition marking the end of menstrual periods and reproductive capacity.⁶ It is diagnosed when a woman has gone twelve consecutive months without a menstrual period.⁷ Menopause primarily occurs due to the decreased production of estrogen and progesterone in the ovaries.⁸

The menopausal transition can be divided into three stages: perimenopause, menopause, and postmenopause. Perimenopause is the phase that leads up to menopause, usually beginning in a

woman's 40s.⁹ It is typically characterized by hormonal fluctuations, irregular menstrual cycles, hot flashes, mood swings, and sleep disturbances. Menopause occurs between ages 45 and 55, with an average age of 52 in the United States.¹⁰ After menopause, the postmenopause stage begins and lasts for the rest of a woman's life.¹¹ Ongoing menopausal symptoms can increase the long-term risk of conditions like osteoporosis, a disease resulting in bone loss, and cardiovascular disease caused by the loss of estrogen.¹²

Common Menopause Symptoms and Challenges

Menopause symptoms can affect a woman's physical and emotional health, as well as her quality of life. Hot flashes are one of the most common symptoms of the menopausal transition.¹³ These sudden sensations of intense heat lead to sweating, skin flushing, and night sweats, which can interrupt sleep and cause fatigue and irritability.¹⁴ Other physical symptoms may include headaches, weight gain, joint pain, vaginal dryness, and reduced desire for sexual activity.¹⁵

Hormonal fluctuations and decline associated with menopause may also contribute to changes in emotional health and cognitive function. These symptoms may include mood swings, anxiety, depression, irritability, and difficulty with concentration and remembering information.¹⁶ Lack of sleep caused by insomnia or night sweats, as described above, can also worsen feelings of fatigue and stress.¹⁷

The combination and severity of symptoms a woman faces during menopause can differ greatly. Some women report that their menopause symptoms had little to no impact on daily function, while others report severe

symptoms that they feel the need to seek relief from, as well as negative impacts on employment, interpersonal relationships, and intimacy.¹⁸ Limited education, social stigma, and lack of provider communication can spur feelings of unpreparedness among women approaching menopause, which can make the transition all the more challenging.¹⁹

Menopause symptoms may also have implications for employment and household well-being. Working women, particularly Black women who are more likely to be primary breadwinners, often must manage these symptoms alongside work and household responsibilities.²⁰ Research links menopause symptoms to absenteeism, reduced productivity, and other adverse work outcomes, with affected women missing an average of three workdays per year and menopause-related absenteeism costing the United States approximately \$1.8 billion annually.²¹ These extended impacts highlight that menopause symptoms present meaningful challenges for women and have broader effects on families and society.



Menopause Disparities Among Black Women

Although menopause is a universal biological transition, its symptoms, experiences, and outcomes are not the same for all women. Black women are more likely to start menopause earlier and experience it for a longer time.²² Specifically, Black women reach menopause at an average age of 49, about three years earlier than the national average of 52 years old.^{23,24} The average duration of symptoms for Black women is 10 years, compared to about 6.5 years for white women.²⁵ Black women's symptoms are also often more frequent and more severe, particularly vasomotor symptoms such as hot flashes and night sweats.²⁶ Research has also shown that Black women are more likely to report substantial limitations in physical function during midlife.²⁷ As a result of both the severity and duration of their symptoms, Black women may face an increased risk of chronic health conditions during midlife, including cardiovascular disease and hypertension.²⁸ Further, research indicates that Black women who experience early onset menopause, experience increased risk for death, including cancer and cardiovascular disease, relative to those who reach menopause between 50-54 years.²⁹

The disparities in Black women's menopausal experiences can not be explained by biology alone. Chronic stress, structural racism, socioeconomic inequality, and higher rates of chronic health conditions all contribute to these differences.³⁰ Many Black women begin midlife with a greater overall health burden due to the impact of social determinants of health and lack of access to affordable, high-quality care throughout their life course.³¹ Because of this, the hormonal changes associated with menopause can further worsen Black women's physical health, mental health, and quality of life.

The lack of research exploring Black women's experiences with menopause also contributes to the disparities that exist today. Black women have historically been underrepresented in women's health research, which limits understanding of how menopause uniquely affects them and reduces opportunities for targeted interventions and treatment.^{32,33} Without adequate advocacy, resources, and research, many of the challenges Black women experience during menopause will remain insufficiently addressed.

Menopause Care Perceptions and Experiences

Many women describe the menopause transition as challenging and view menopause care as difficult to navigate.³⁴ Menopause care can involve medical and non-medical treatments and therapies to manage common and complex menopause symptoms.³⁵ Examples of treatments offered by medical providers include hormonal therapies (e.g., estrogen), mental health counseling, and prescription medications for bone loss.³⁶ Some view menopause as a natural transition that they prefer to manage without medical intervention.³⁷ Over 80% of women experiencing menopause symptoms do not seek medical care for them, for reasons including “being too busy” or “lacking awareness about effective treatment options.”³⁸ Of those who did visit their healthcare providers, about 80% reported that their providers were reassuring, but nearly one-fourth felt that they were not adequately informed about their treatment choices or involved in decision-making regarding their care.³⁹

Comparable menopause-specific data with substantial participation from Black women

does not exist, in part because Black women are underrepresented in women’s health research. However, these patterns are especially concerning when considering Black women’s experiences with medical mistrust and patient advocacy. More than 30% of Black women report feeling like their health concerns or symptoms were not taken seriously by providers, and about 40% report that they have had to speak up to get proper care.⁴⁰ This is particularly troubling given that Black women often enter menopause earlier and experience more severe symptoms, which may create additional pressure to justify or prove the seriousness of their symptoms in clinical settings.

Despite reporting more severe symptoms, Black women are also less likely to receive hormone therapy, medical services, and mental health services.⁴¹ These differences in treatment rates highlight broader issues of healthcare access, provider communication, and medical mistrust, all of which shape how menopause symptoms are recognized, treated, and managed among Black women.



More than 30%

of Black women report feeling like their health concerns or symptoms were not taken seriously by providers, and about

40% report

that they have had to speak up to get proper care.

BWHI's 2025 Menopause Study

Purpose and Rationale for the Black Women's Menopause Study

To address longstanding gaps in knowledge about Black women's menopause experiences, BWHI launched programmatic and research initiatives designed to elevate their voices and generate evidence to inform action. *Power in the Pause: Our Power Before, After, and During Menopause* was BWHI's first initiative to explore the impact of perimenopause and menopause on Black women. This virtual experience was an intergenerational conversation about how women can reclaim their health and wellness throughout every phase of life, particularly during menopause. Following the success of *Power in the Pause* in early 2025, researchers at BWHI, with the support of external funding, launched a cross-sectional survey to explore the lived experiences of Black women during the menopause transition. The study findings add to the evidence base to inform culturally-tailored and contextually-relevant policy and intervention efforts.

Study Objectives

- To examine Black women's knowledge, awareness, and perceptions of menopause
- To identify challenges faced by Black women in recognizing, reporting, and managing menopause-related symptoms, including cultural, social, and healthcare system barriers
- To examine the perceived resource needs of Black women for supporting menopause symptom management and promoting healthy aging, including educational, social, and healthcare resources

Findings

Among respondents who completed the survey (N=1,574), **41% reported that their healthcare provider did not discuss menopause symptoms with them; 54% indicated they did not have enough information to effectively manage their symptoms; and 52% expressed uncertainty**

about which menopause recommendations to follow. Regarding the burden of symptoms, many respondents reported experiencing symptoms for longer than expected, at about nine or more years; many respondents described night sweats, brain fog, and fatigue as more disruptive than hot flashes; **55% reported struggling with weight gain; and 42% reported experiencing depression.**

Respondents also noted limited attention to menopause concerns and insufficient clinician knowledge to provide the care and guidance they desired. Findings indicate a high overall awareness of menopause definitions and treatment options; however, important gaps remain in knowledge related to early menopause and the full range of symptoms. Although healthcare providers were the most frequently cited source of information, they were rarely viewed as the most useful. Many women reported limited or no conversations with clinicians about menopause symptoms and treatment options. Respondents expressed a strong interest in healthcare provider support, online resources, workshops, support groups, and counseling services.

Preliminary findings reinforce existing literature identifying menopause as a critical public health and health equity issue for Black women, who often experience longer durations of menopause, greater symptom burden, and ongoing barriers to information, support, and affirming clinical care. Addressing gaps in education, clinical engagement, and culturally responsive care is essential to improving menopause-related outcomes and experiences. These results highlight opportunities for data-driven programming, clinician training, and policies that center Black women and promote equitable access to menopause-related information, support, and care.

For more information about BWHI's *Power in the Pause: Our Power Before, After, and During Menopause* initiative and BWHI's 2025 Black Women's Menopause Survey, *Exploring the Lived Experiences of Black Women During the Menopausal Transition*, visit <https://powerinthepause.bwhi.org/>.

Analysis of Menopause Legislation from 2021 Through 2026

Purpose and Scope of Analysis

Menopause and the Change Ahead: State and Federal Legislative Trends and Policy Insights (2021–2026) is an analysis of state and federal legislation introduced from January 2021 through March 2026. The goal of this analysis is to explore how state and federal legislatures are responding to growing demands for better menopause care, treatment access, workplace protections, education, and awareness. Findings from this report are intended to inform more responsive, comprehensive, and evidence-based policies that support healthy, dignified menopause experiences for Black women.

Methodology

This legislative landscape analysis examined bills where menopause care, education, research, or support is the primary focus. The specific legislative mechanisms of interest for this analysis include (1) healthcare coverage mandates, (2) provider education and training requirements, (3) public awareness and patient education obligations, (4) research or study agreements, and (5) protections and

accommodations. All cases where legislation included (6) a demonstrated interest in health equity and disparities have also been identified. More specific definitions of these mechanisms are provided below. It is important to note that these areas of interest are not mutually exclusive – many bills included combinations of the mechanisms listed above in their approaches to address menopause outcomes.

Healthcare coverage mandates: Require public or private health insurers, Medicaid programs, employee health plans to cover menopause-related services, treatments, medications, diagnostics, and counseling.

Provider education and training requirements: Explore or require continuing education, training, or certification in menopause care for healthcare professionals, medical schools, and licensing boards.

Public awareness and patient education obligations: Require public education, informational materials, awareness campaigns, or awareness days related to menopause symptoms, treatments, and resources.

Research or study agreements: Direct or fund menopause-related studies, data collection, advisory councils, task forces, pilot programs, or reporting requirements.

Protections and accommodations: Establish legal protections or workplace accommodations related to menopause symptoms, including anti-discrimination, leave, or disability-related needs.

Focus on health disparities: Address disparities in menopause care, treatment access, outcomes, or education based on factors such as race, language access, and geography.

To provide a comprehensive analysis of legislative momentum, this report analyzed standard legislation, as well as resolutions and an interim study proposal. State budget bills were also included when they contained specific line items and funding allocations for menopause-focused initiatives.

Because menopause, perimenopause, and postmenopause are important stages of women's health, they are often referenced in broader women's health legislation. This analysis only includes bills with explicit mechanisms that directly impact menopause care, education, research, or support. Legislation in which menopause is mentioned incidentally, such as in a list of health conditions or broader women's health initiatives, were excluded from this analysis. Other examples of excluded bills are those related to general contraceptive access or school-based, general menstrual health education.

The legislation included in this report was introduced between January 1, 2021, and March 31, 2026, a period marked by increased public, clinical, and policy attention on menopause and midlife women's health. Legislative progress was tracked through the end of April 2026. Bills that had not received a final recorded status by that date were therefore classified as active. Bills that were voted on favorably, but were ultimately vetoed are considered to have failed.

Each bill introduced in a legislative chamber was analyzed separately, including companion House and Senate versions of the same proposals. Companion bills that independently passed their respective chambers were each classified as successful, although final enactment typically requires reconciliation between both legislative chambers into a single enrolled bill. If a bill's progression ended because it was merged into another measure, it was classified as unsuccessful on its own, regardless of the final status of the merged legislation. That is, even if the resulting merged bill was enacted, the original component bill was still not counted as successful for the purposes of this analysis because it did not continue through the legislative process under its original bill number.



The legislation analyzed in this report was also categorized by sponsor party composition based on all listed sponsors and co-sponsors. Legislation sponsored exclusively by members of one party was classified as partisan. Legislation with sponsors from both major parties was classified as bipartisan, then further categorized based on distribution. Bipartisan bills were considered Democrat-led when more than 60% of sponsors were Democrats, Republican-led when more than 60% of sponsors were Republicans, and balanced bipartisan when neither party represented more than 60% of sponsors.

State Bills



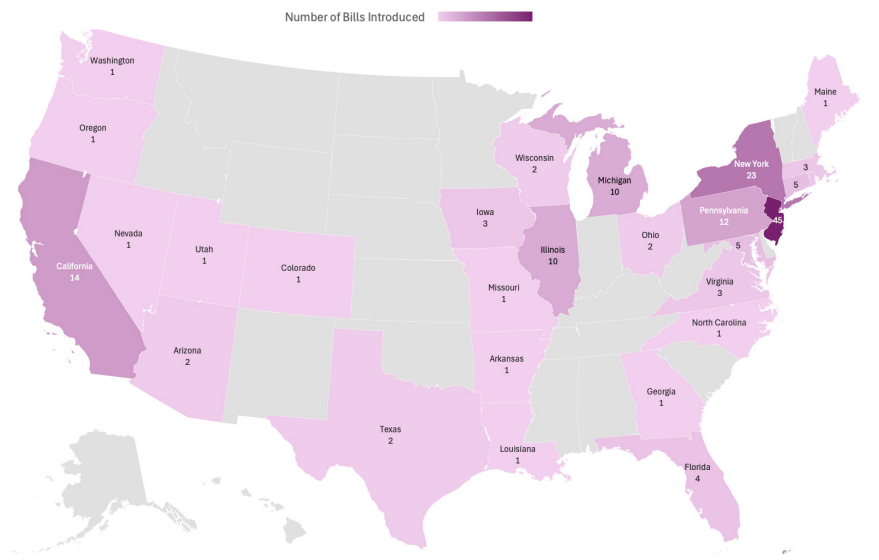
Analysis of State Menopause Legislation

From January 2021 through March 2026, 28 states introduced menopause-focused legislation. Of these states, 16 have successfully passed menopause-focused legislation. Many states introduced multiple pieces of menopause-focused legislation during the analysis period. **New Jersey introduced the greatest number of bills (45), while California and Illinois had the most successful bills, with 5 and 4 respectively.** In total, 159 state-level bills were introduced from January 2021 through March 2026 and of those 159, 26 were successful, 62 failed, and 71 are currently active.

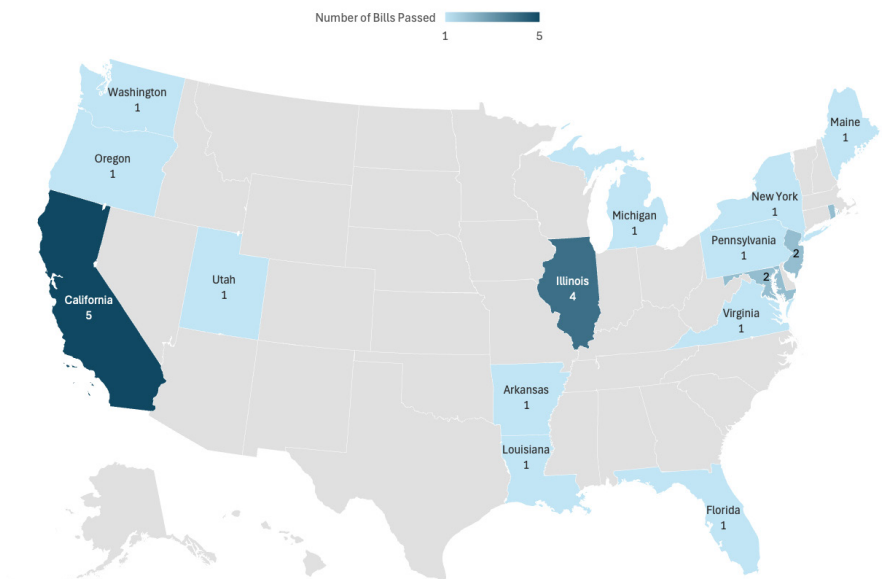
Across state menopause-focused legislation introduced during the analysis period, 39 bills included language requiring health insurance coverage of menopause-related benefits. Thirty-three (33) bills included language exploring, creating, or requiring provider training and continuing education on menopause. Eighty-one (81) bills included language requiring creation of educational or awareness materials for patients or the public regarding menopause. Twenty-eight (28) bills established research collaborations or task forces committed to studying menopause care or policy. Twenty-three (23) bills included language establishing or exploring workplace or legal protections and accommodations for women experiencing menopause. Finally, 21 bills included language addressing or expressing interest in tackling racial or geographic menopause-related health disparities.

To further illustrate the variation in legislative activity across states and bill domains, the table below presents a state-by-policy matrix indicating the presence of menopause-related bills within each category. Boxes are checked if the state has introduced at least one bill in the corresponding area of interest. As shown, most states have introduced insurance-related legislation, while bills providing protections and accommodations appear in the fewest states.

State-by-State Landscape: Where Menopause Bills Were Introduced



State-by-State Landscape: Where Menopause Bills Were Successful



Note: California has the most successful bills based on the study's methodology; however, some of these successful bills are Budget Act items within the same funding process that are listed under separate bills or item numbers in legislative records. This may overstate the number of distinct policy enactments.

State-Level Introduced Menopause Legislation by Policy Category

State	Insurance Coverage	Provider Training	Public and Patient Education	Research	Protections and Accommodations	Health Disparities
Arizona			✓	✓		
Arkansas				✓		
California	✓	✓	✓	✓	✓	✓
Colorado	✓					
Connecticut		✓	✓		✓	✓
Florida		✓	✓			✓
Georgia	✓					
Illinois	✓	✓	✓		✓	✓
Iowa	✓					✓
Louisiana	✓					
Maine			✓			
Maryland	✓	✓		✓	✓	✓
Massachusetts	✓	✓	✓	✓		✓
Michigan	✓	✓	✓			✓
Missouri	✓					
Nevada			✓			
New Jersey	✓	✓	✓	✓	✓	
New York	✓	✓	✓	✓	✓	✓
North Carolina	✓	✓	✓	✓		✓
Ohio	✓	✓	✓	✓		
Oregon	✓					
Pennsylvania	✓	✓	✓	✓	✓	
Rhode Island	✓				✓	
Texas	✓		✓			
Utah	✓					
Virginia	✓			✓		
Washington			✓			✓
Wisconsin			✓			

Note: These areas of interest are not mutually exclusive – many bills included combinations of the mechanisms listed above in their approaches to address menopause outcomes.

State-Level Passed Menopause Legislation by Policy Category

State	Insurance Coverage	Provider Training	Public and Patient Education	Research	Protections and Accommodations	Health Disparities
Arkansas				✓		
California		✓	✓	✓		✓
Florida		✓	✓			
Illinois	✓		✓			
Louisiana	✓					
Maine			✓			
Maryland	✓	✓		✓		✓
Michigan			✓			✓
New Jersey	✓	✓				
New York			✓			✓
Oregon	✓					
Pennsylvania			✓			
Rhode Island					✓	
Utah	✓					
Virginia	✓					
Washington			✓			✓

Note: These areas of interest are not mutually exclusive – many bills included combinations of the mechanisms listed above in their approaches to address menopause outcomes.

Among these, 10 of the 39 insurance coverage bills (25.6%) were successful; 7 of the 33 provider training bills (21.2%) were successful; 10 of the 81 public and patient education bills (12.3%) were successful; 6 of the 28 research bills (21.4%) were successful; 2 of the 23 protections and accommodations bills (8.7%) were successful; and 6 of the 21 health disparities bills (28.6%) were successful.

As several legislative sessions are still ongoing, active bills are also included in the total counts, with 16 active insurance coverage bills, 13 active

provider training bills, 33 active public and patient education bills, 9 active research bills, 18 active protections and accommodations bills, and 6 active health disparities bills.

Many insurance coverage bills focused on requiring private insurers or Medicaid programs to cover menopause-related healthcare services and therapies, including hormone therapy, often without cost-sharing requirements. Provider training bills commonly required physicians and other healthcare professionals to complete continuing education on menopause care.

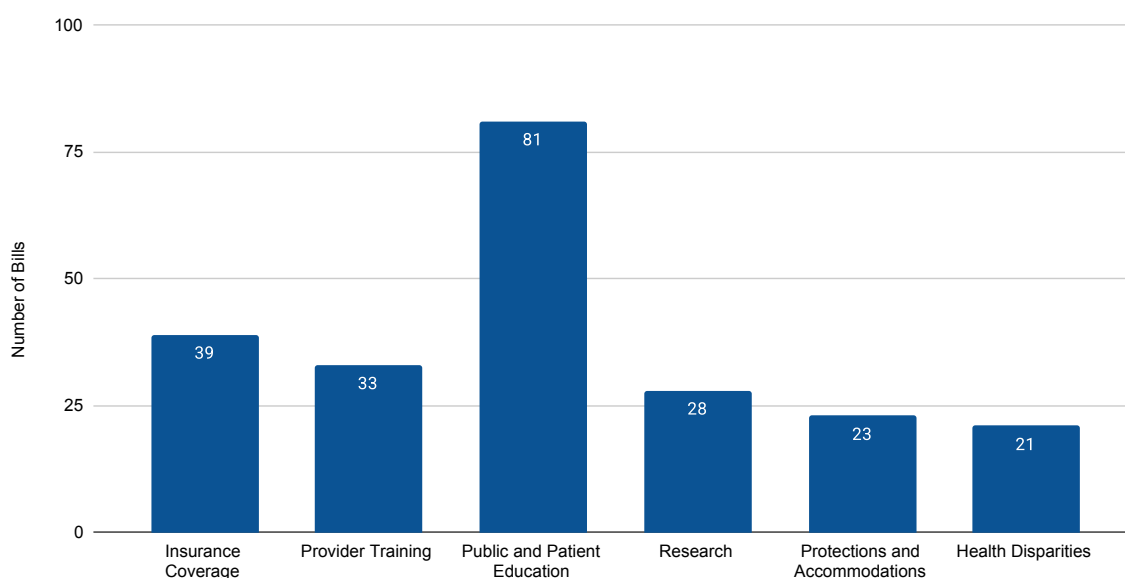
Some bills increased the credit weight for menopause-related coursework, and another proposal allowed menopause continuing education to count towards required implicit bias training hours.

Many public awareness and patient education bills sought to establish menopause awareness days, weeks, or months, allocate funding for provider-community partnerships to develop and distribute educational materials, or require providers to share educational resources with patients who may be approaching or experiencing menopause. Research and task

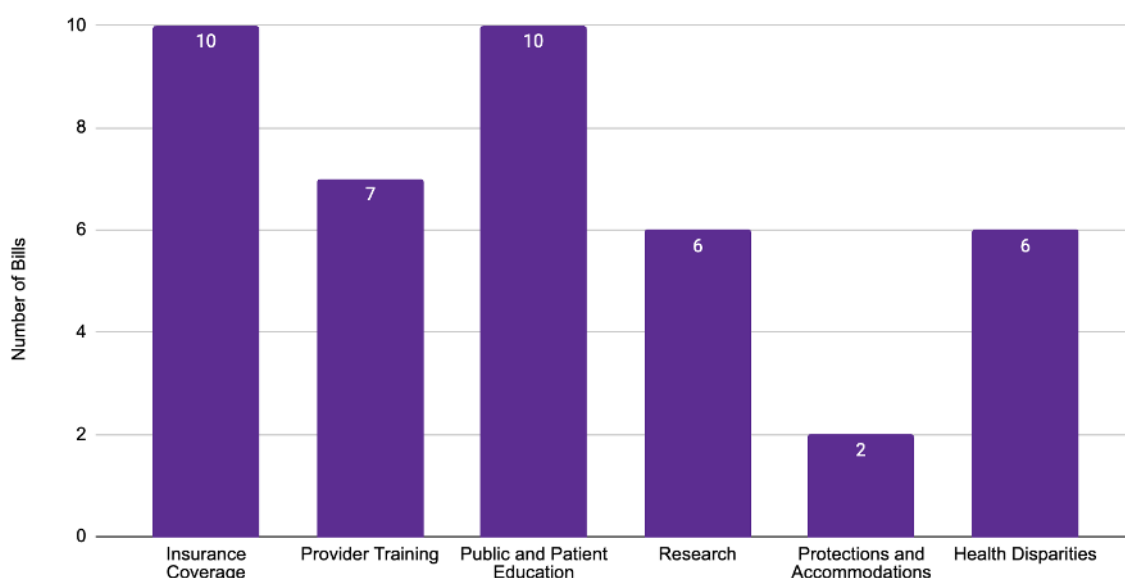
force bills often establish partnerships, advisory councils, or studies to examine the effects of menopause on women's health, employment, and quality of life, with the goal of providing recommendations to improve care delivery or future policy.

Legal and workplace protections and accommodations bills typically focused on strengthening anti-discrimination protections, requiring reasonable workplace accommodations for menopause-related symptoms, including flexible scheduling, temperature control access, remote work

Introduced State Bills by Category



Passed State Bills by Category



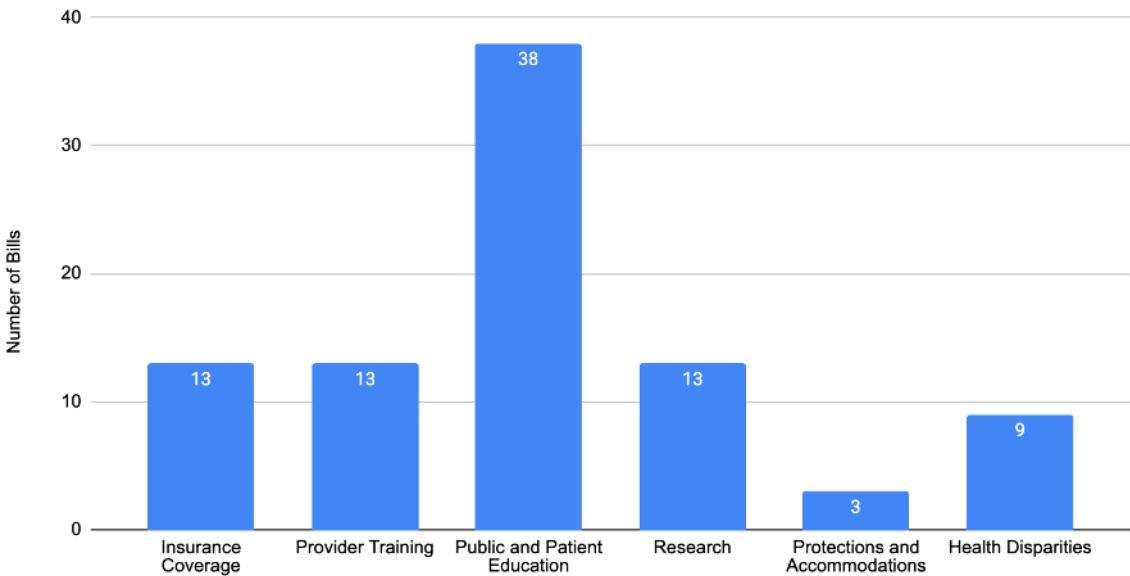
Note: These areas of interest are not mutually exclusive – many bills included combinations of the mechanisms listed above in their approaches to address menopause outcomes.

options, and protection against retaliation for requesting accommodations. Across these policy categories, attention to health disparities appeared through acknowledgment of disparities affecting women of color, targeted outreach and distribution strategies for diverse communities, and efforts to improve equitable access to menopause education, care, and treatment.

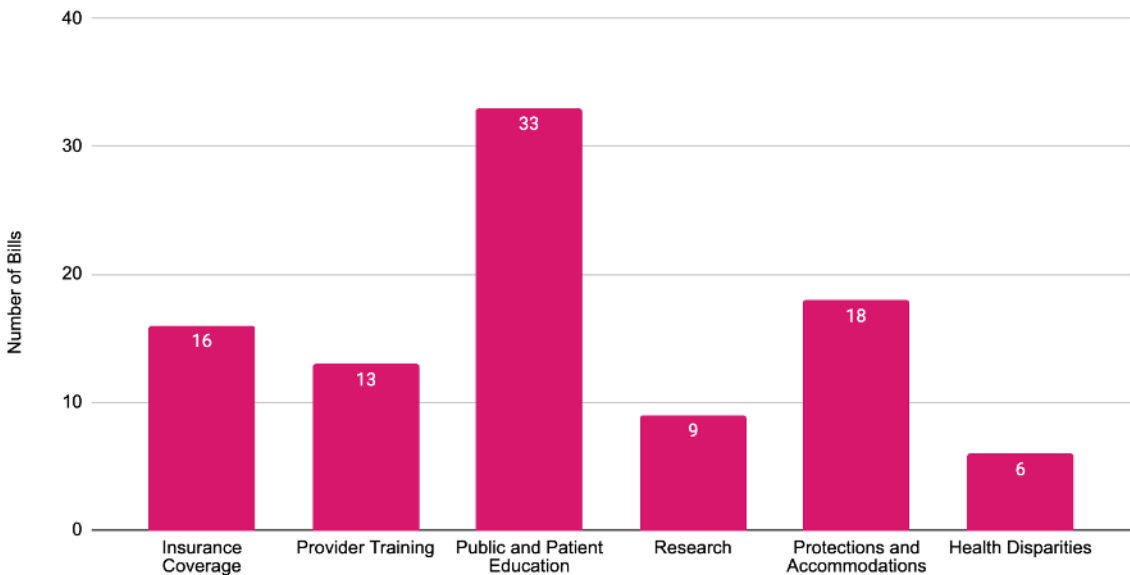
Overall, the largest share of legislative activity addressed public and patient educational initiatives. Bills focused on insurance coverage, provider training, and research were moderately represented, whereas protections and

accommodations and health disparities-focused provisions appeared less frequently. Among the state-level bills that successfully passed, the largest number came from public and patient education initiatives and insurance coverage provisions. However, when examining success relative to legislative activity in each category, health disparities-focused bills had the highest success rate, followed by insurance coverage and research-related provisions. Provider training, public and patient education, and protections and accommodations had comparatively lower success rates by category.

Failed State Bills by Category



Active State Bills by Category



Note: These areas of interest are not mutually exclusive – many bills included combinations of the mechanisms listed above in their approaches to address menopause outcomes.

Federal Bills

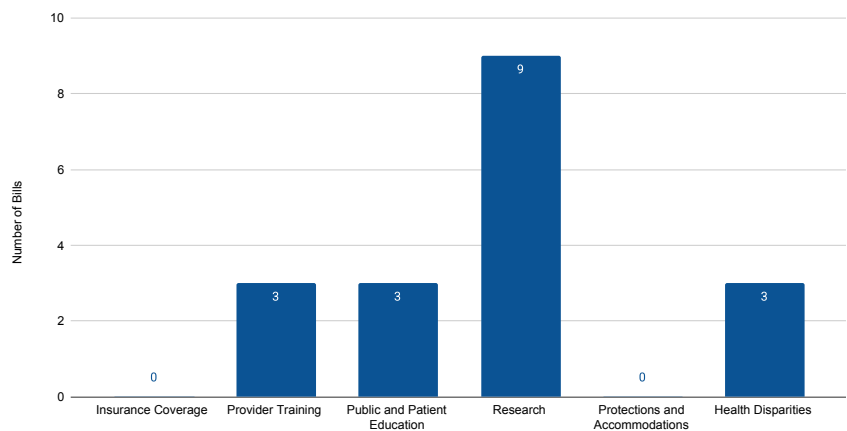


Analysis of Federal Menopause Legislation

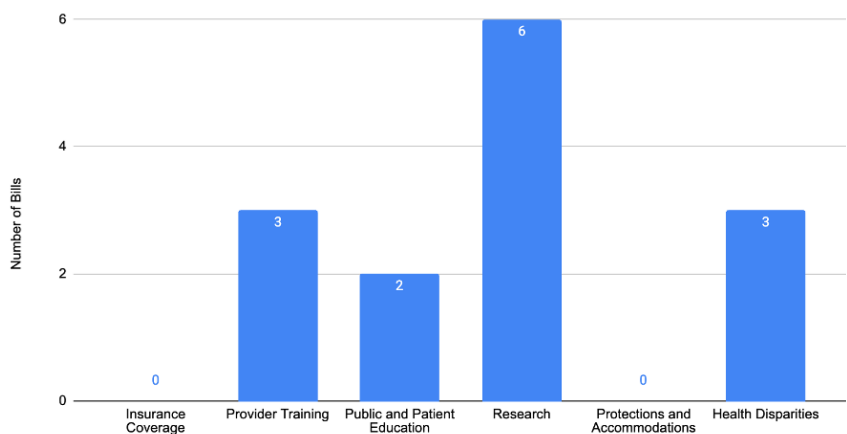
From January 2021 through March 2026, 12 federal bills focused on menopause were introduced. **Of those 12 bills, none have successfully passed, 8 have failed, and 4 are currently active.**

Among federal menopause-focused legislation introduced during the analysis period, no bills included language requiring health insurance coverage of menopause-related benefits. Three (3) bills included language exploring, creating, or requiring provider training and continuing education on menopause. Three (3) bills included language requiring creation of educational or awareness materials for patients or the public regarding menopause. Nine (9) bills established research collaborations or task forces committed to studying menopause care or policy. No bills included language establishing or exploring workplace or legal protections and accommodations for women experiencing menopause. Finally, 3 bills included language addressing or expressing interest in tackling racial or geographic menopause-related health disparities.

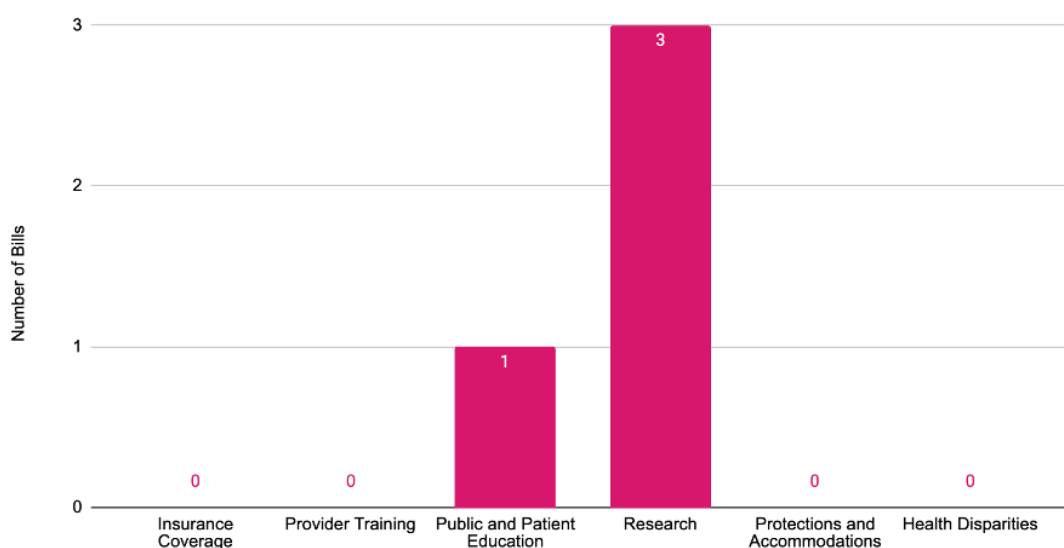
Introduced Federal Bills by Category



Failed Federal Bills by Category



Active Federal Bills by Category



Note: These areas of interest are not mutually exclusive – many bills included combinations of the mechanisms listed above in their approaches to address menopause outcomes.

Trends Across State and Federal Menopause Legislation

Combining the results of the analysis, a total of **171 menopause-focused bills** were introduced at the state and federal levels. Of these, **26 passed, 70 failed, and 75 are currently active.** Overall, **15.2% of menopause-focused bills introduced from January 2021 through March 2026 have been successful.**

The increased discourse surrounding menopause experiences and care is mirrored by a corresponding rise in legislative activity, as evidenced by year-over-year analysis. In 2021, 2 bills were introduced and 1 was passed. In 2022, 9 bills were introduced and 1 was passed. In 2023, 14 bills were introduced and none were passed. In 2024, 23 bills were introduced and 5 were passed. In 2025, the year with the greatest number of bills, 63 bills were introduced and 14 were passed. In early 2026, with many legislative sessions still ongoing, 60 bills were introduced and, as of April 2026, 5 have passed.

Across the full analysis period, **menopause-focused legislation was more than 30 times higher in 2025 than in 2021**, with the largest year-over-year increase occurring between 2024 and 2025.

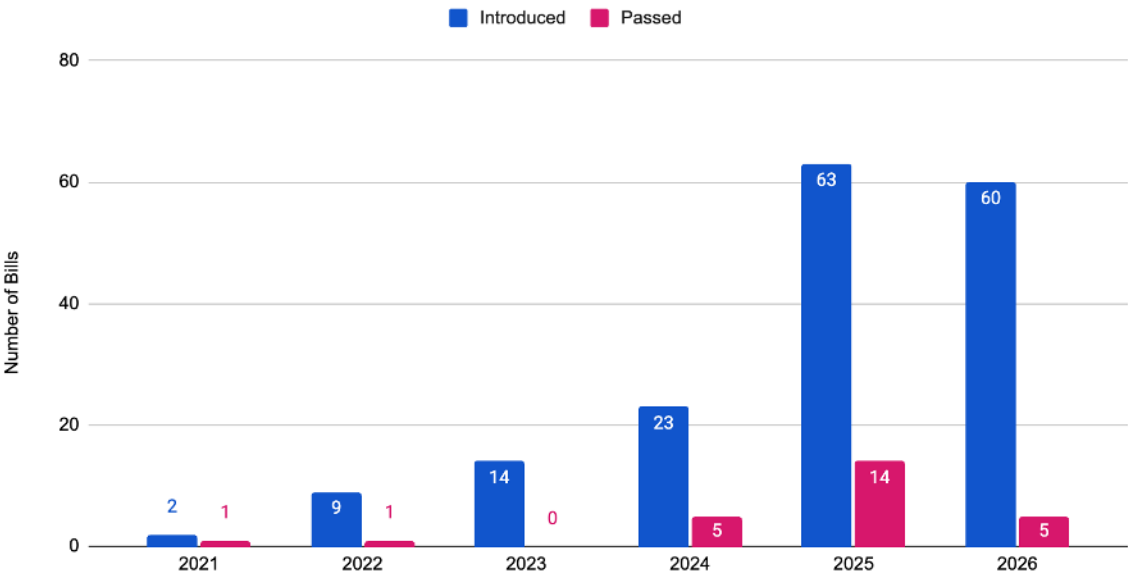
Most menopause-focused legislation introduced during the analysis period was Democrat-sponsored. The most successful bills were also Democrat-sponsored; however, they also accounted for the largest number of failed and

currently active bills, reflecting their overall higher volume of bill introduction. Democrats led, either solely or primarily, 154 bills, of which 22 were passed. There were a total of 7 balanced, bipartisan bills, of which 1 passed. Republicans led, either solely or primarily, 8 bills, of which 2 were passed. There were 2 committee bills that were not assigned a party sponsorship classification because they were introduced by a committee rather than an individual legislator, and 1 of these was passed.

Differences also emerged in the types of legislation introduced across party affiliation. Democrat-sponsored bills generally reflected a broader approach to menopause care, spanning all major policy categories included in this report. In contrast, Republican-sponsored bills were more narrowly concentrated on health insurance coverage, provider and patient education efforts with direct appropriations, and veterans' experiences with menopause. Balanced bipartisan bills most frequently focused on health insurance-related measures, and secondarily, on menopause awareness initiatives, suggesting broader cross-party consensus in these areas.

While Democrats sponsored the majority of menopause-focused legislation, success rates are broadly similar across parties when accounting for differences in legislative activity.

Yearly Counts of Menopause-Focused Legislation, Federal & State



Legislation by Category

Bill Number	State	Year	Status	Insurance Coverage	Provider Education & Training	Public & Patient Education	Research & Study Initiatives	Protections & Accommodations	Health Disparities Focus
HB2734	Arizona	2025	Failed			X			
HB2929	Arizona	2026	Active				X		
2025-086	Arkansas	2025	Passed				X		
HB1122	Colorado	2026	Failed	X					
AB2467	California	2024	Failed	X					
AB2270	California	2024	Passed		X				
AR83	California	2024	Passed			X			X
AB432	California	2025	Failed	X	X				
AB105	California	2025	Failed		X		X		
SB102	California	2025	Failed		X	X	X		
SB104	California	2025	Failed				X		
AB360	California	2025	Failed		X		X		X
SB105	California	2025	Passed		X		X		
AB102	California	2025	Passed		X	X	X		
AB104	California	2025	Passed				X		
AB1563	California	2026	Active			X			
SB879	California	2026	Active			X			
AB1940	California	2026	Active					X	
HB6593	Connecticut	2025	Failed		X	X			
HB5389	Connecticut	2026	Active		X				X
SB353	Connecticut	2026	Active			X		X	
HB5003	Connecticut	2026	Active			X		X	
HB5514	Connecticut	2026	Active		X				X
SB2500	Florida	2025	Passed		X	X			
HB161	Florida	2025	Failed		X	X			X
SB190	Florida	2025	Failed		X	X			X
HB5001	Florida	2026	Failed		X	X			
HB988	Georgia	2026	Failed	X					
HR533	Illinois	2021	Passed			X			
HB5254	Illinois	2022	Passed	X					
HB3347	Illinois	2023	Failed	X					
HB5295	Illinois	2024	Passed	X					
HB3006	Illinois	2025	Active	X					
SJR25	Illinois	2025	Passed			X			
SJR52	Illinois	2026	Active			X			

Bill Number	State	Year	Status	Insurance Coverage	Provider Education & Training	Public & Patient Education	Research & Study Initiatives	Protections & Accommodations	Health Disparities Focus
SB3688	Illinois	2026	Active		X				
HB5284	Illinois	2026	Active	X		X		X	
SB3325	Illinois	2026	Active		X				X
SF2069	Iowa	2022	Failed	X					X
SF65	Iowa	2023	Failed	X					X
SF85	Iowa	2025	Failed	X					X
HB392	Louisiana	2024	Passed	X					
LD1079	Maine	2025	Passed			X			
HB1435	Maryland	2026	Failed	X					
HB1121	Maryland	2026	Failed		X		X		X
HB536	Maryland	2026	Failed					X	
SB892	Maryland	2026	Passed	X	X		X		X
HB1365	Maryland	2026	Passed	X	X		X		X
H4838	Massachusetts	2025	Failed				X		X
H2499	Massachusetts	2025	Failed		X	X	X		
H5303	Massachusetts	2026	Active	X	X	X	X		X
HR303	Michigan	2024	Passed			X			X
SB180	Michigan	2025	Active		X	X			
HB4814	Michigan	2025	Active	X					
HB4815	Michigan	2025	Active	X					
SR78	Michigan	2025	Active			X			
SB718	Michigan	2025	Active	X					
SB717	Michigan	2025	Active	X					
SB765	Michigan	2026	Active			X			
HB4790	Michigan	2026	Active		X				
HB4791	Michigan	2026	Active		X	X			
SB1569	Missouri	2026	Active	X					
SB297	Nevada	2025	Failed			X			
A4622	New Jersey	2022	Failed			X			
A4623	New Jersey	2022	Failed			X			
AJR187	New Jersey	2022	Failed			X			
A4624	New Jersey	2022	Failed				X		
AJR188	New Jersey	2022	Failed			X			
AJR189	New Jersey	2022	Failed			X			
SJR115	New Jersey	2023	Failed			X			
S3527	New Jersey	2023	Failed			X			
S3526	New Jersey	2023	Failed			X			

Bill Number	State	Year	Status	Insurance Coverage	Provider Education & Training	Public & Patient Education	Research & Study Initiatives	Protections & Accommodations	Health Disparities Focus
SJR114	New Jersey	2023	Failed			X			
SJR116	New Jersey	2023	Failed			X			
S3525	New Jersey	2023	Failed				X		
AJR123	New Jersey	2024	Failed			X			
AJR125	New Jersey	2024	Failed			X			
A3576	New Jersey	2024	Failed			X			
A3569	New Jersey	2024	Failed			X			
AJR124	New Jersey	2024	Failed			X			
SJR87	New Jersey	2024	Failed			X			
S2694	New Jersey	2024	Failed			X			
S2695	New Jersey	2024	Failed			X			
SJR86	New Jersey	2024	Failed			X			
A3804	New Jersey	2024	Failed				X		
S2693	New Jersey	2024	Failed			X	X		
SJR85	New Jersey	2024	Failed			X			
S4147	New Jersey	2025	Failed		X				
S4148	New Jersey	2025	Failed	X					
A5309	New Jersey	2025	Passed		X				
A5278	New Jersey	2025	Passed	X					
S2826	New Jersey	2026	Active			X			
S2827	New Jersey	2026	Active			X			
S271	New Jersey	2026	Active		X				
S2825	New Jersey	2026	Active			X	X		
AJR143	New Jersey	2026	Active			X			
A4336	New Jersey	2026	Active			X			
A4325	New Jersey	2026	Active			X			
AJR142	New Jersey	2026	Active			X			
AJR148	New Jersey	2026	Active			X			
A4487	New Jersey	2026	Active					X	
S3779	New Jersey	2026	Active					X	
A4642	New Jersey	2026	Active	X					
SJR109	New Jersey	2026	Active			X			
S4054	New Jersey	2026	Active	X					
SJR62	New Jersey	2026	Active			X			
AR135	New Jersey	2026	Active			X			
S722	New Jersey	2026	Active	X					
S202	New York	2023	Failed					X	

Bill Number	State	Year	Status	Insurance Coverage	Provider Education & Training	Public & Patient Education	Research & Study Initiatives	Protections & Accommodations	Health Disparities Focus
A5857	New York	2023	Failed					X	
A9170	New York	2025	Active		X				
A1940	New York	2025	Active					X	
S3908	New York	2025	Active					X	
S8543	New York	2025	Active			X			
A5444	New York	2025	Active	X					
A5436	New York	2025	Active					X	
A9000	New York	2025	Active			X			
A9304	New York	2025	Active			X			
S7495	New York	2025	Active		X	X	X	X	X
A8542	New York	2025	Active		X	X	X	X	X
A2698	New York	2025	Failed			X			
S1720	New York	2025	Failed			X			
S8894	New York	2026	Active			X			
S9230	New York	2026	Active	X					
S9247	New York	2026	Active					X	
S9244	New York	2026	Active					X	
A10296	New York	2026	Active					X	
A10270	New York	2026	Active					X	
A10045	New York	2026	Active			X			
S10265	New York	2026	Active					X	
J1443	New York	2026	Passed			X			X
S522	North Carolina	2025	Failed	X	X	X	X		X
SR445	Ohio	2024	Failed		X	X	X		
HB767	Ohio	2026	Active	X					
HB3064	Oregon	2025	Passed	X					
HB2007	Pennsylvania	2021	Failed			X			
HB807	Pennsylvania	2023	Failed			X			
HB1345	Pennsylvania	2025	Active	X					
HB1346	Pennsylvania	2025	Active	X					
HB1411	Pennsylvania	2025	Active			X			
HR292	Pennsylvania	2025	Active		X		X		
HR282	Pennsylvania	2025	Active			X			
SB1118	Pennsylvania	2025	Active			X			
SB1122	Pennsylvania	2025	Active	X					
HR287	Pennsylvania	2025	Active				X	X	
HR262	Pennsylvania	2025	Passed			X			

Bill Number	State	Year	Status	Insurance Coverage	Provider Education & Training	Public & Patient Education	Research & Study Initiatives	Protections & Accommodations	Health Disparities Focus
HB2135	Pennsylvania	2026	Active					X	
S361	Rhode Island	2025	Passed					X	
H6161	Rhode Island	2025	Passed					X	
S2890	Rhode Island	2026	Active	X					
HB3814	Texas	2025	Failed	X					
HB3961	Texas	2025	Failed			X			
HCR10	Utah	2026	Passed	X					
SB790	Virginia	2026	Passed	X					
SB258	Virginia	2026	Active				X		
HB1173	Virginia	2026	Active				X		
SR8657	Washington	2025	Passed			X			X
SB356	Wisconsin	2026	Failed			X			
AB381	Wisconsin	2026	Failed			X			
HB8774	Federal	2022	Failed				X		
HR806	Federal	2023	Failed			X			X
HB6749	Federal	2023	Failed				X		
HB6743	Federal	2023	Failed		X	X			
HB7596	Federal	2024	Failed				X		
SB4246	Federal	2024	Failed		X		X		X
HB8223	Federal	2024	Failed		X		X		X
HB8347	Federal	2024	Failed				X		
SB1320	Federal	2025	Active				X		
HB2717	Federal	2025	Active				X		
HB219	Federal	2025	Active				X		
SR480	Federal	2025	Active			X			

BWHI's Recommendations for Future Menopause Legislation

Building on Policy Momentum

We are encouraged by the growing national momentum around menopause policy and grateful to see states beginning to treat menopause as a serious public health and workforce issue, rather than a private burden women are expected to manage alone. Recent legislative activity across the country demonstrates promising movement toward improving insurance coverage, expanding provider education, improving public awareness around menopause and midlife health, supporting workplace accommodations, and increasing research investments.

Some state efforts stood out for the breadth or uniqueness of their approaches. California proposed funding to expand specialized menopause programs across the University of California health system, modeled after the UCLA Comprehensive Menopause Program, with the goal of improving access to coordinated expert care. Rhode Island became the first state to explicitly require workplace accommodations for employees experiencing menopause and menopause-related conditions, recognizing menopause as an issue that can affect women's economic stability and participation in the workforce. North Carolina introduced a particularly comprehensive framework that combined insurance coverage requirements, workforce training, grant funding, public awareness initiatives, data collection, and system-level infrastructure focused on midlife women's health. Massachusetts also introduced a broad approach through legislation that paired expanded treatment coverage with a dedicated commission focused on studying gaps in menopause care, provider education, workplace impacts, and disparities.

On the federal level, proposed legislation similarly reflected growing recognition of menopause as an important public health issue. Several bills focused on expanding healthcare provider education, improving public awareness and access to evidence-based information, and

strengthening clinical expertise in menopause care. There was also a strong emphasis on research through the National Institutes of Health, including efforts to evaluate existing menopause and midlife women's health research, identify gaps in knowledge around symptoms and treatments, increase federal investment in this area, and develop a long-term strategic plan to guide future menopause research priorities. Continued investment and legislative momentum will be important to ensure that progress in menopause research and care can continue to advance at a time when many areas of women's health research remain underfunded.

Together, these efforts represent meaningful progress toward recognizing menopause as a normal, but significant, stage of life that deserves coordinated policy attention. At the same time, momentum alone is not enough to guarantee meaningful change. Policymakers now have the responsibility to build durable systems that ensure women — and particularly Black women — can access informed, affordable, and culturally responsive menopause care.





Gaps in Current Legislative Approaches

The rise in awareness campaigns and public conversation around menopause is an important step forward. But Black women know deeply that awareness alone has never been enough to improve our health outcomes. Increased visibility does not automatically translate into the quality care, equitable access, or improved outcomes our communities need.

In BWHI's 2025 Black Women's Menopause Survey, many respondents identified healthcare providers as their primary source of menopause information, but not the most useful.⁴² The sheer number of provider training bills introduced across states underscores an ongoing reality: many clinicians still lack sufficient training to recognize symptoms, counsel patients appropriately, and provide evidence-based menopause care. Black women need policies that expand continuing education requirements and that improve provider competency in menopause care such as those that ensure patients approaching or experiencing menopause receive proactive education from clinicians such as physicians, nurses, and pharmacists.

At the same time, policymakers must develop menopause coverage policies that are sustainable and meaningfully accessible

in practice. Coverage alone is not enough if women continue to face barriers such as cost-sharing requirements, prior authorization, or provider shortages that delay or restrict care. Coverage policies should be implemented in ways that minimize administrative burdens, prioritize continuity of care, and avoid creating additional financial strain that may contribute to poorer long-term health outcomes. Some health coverage bills included in this analysis ultimately faced challenges due to concerns about healthcare costs, highlighting the importance of developing implementation strategies that are both equitable and sustainable.

Current policy conversations must also acknowledge that menopause does not occur in isolation. Black women disproportionately experience chronic conditions such as cardiovascular disease, diabetes, osteoporosis, and uterine fibroids — conditions that may intersect with or be exacerbated during the menopausal transition. Though this analysis focused specifically on menopause legislation, future policy development should reflect a more integrated approach to women's health that recognizes menopause as connected to broader health outcomes, including maternal and reproductive health experiences, across midlife and aging.

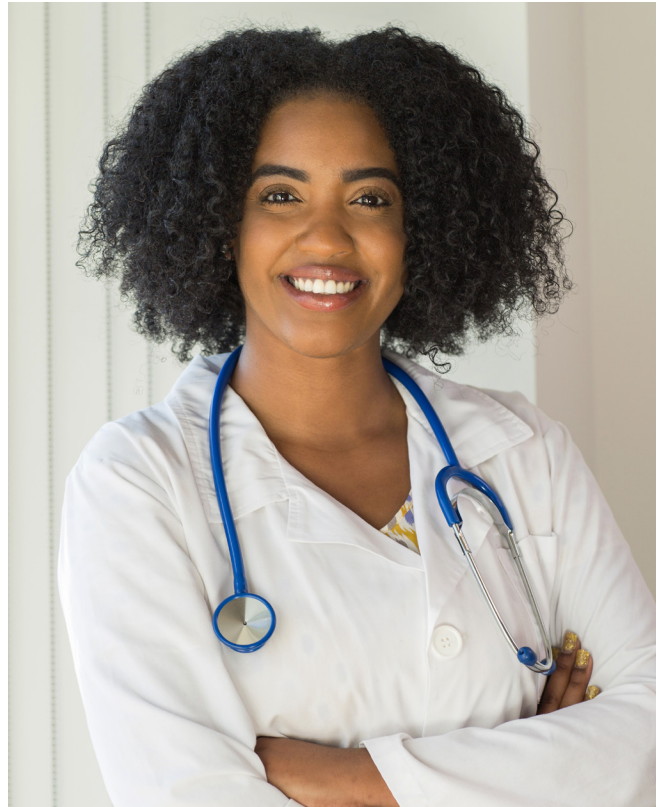
What an Equity-Forward Approach Requires

An equity-forward menopause policy agenda must go beyond symbolic references to disparities and instead operationalize accountability. This begins with stronger data collection and reporting practices, including race-specific measure tracking and more comprehensive research on Black women's experiences and outcomes with menopause. There must be clearer data on how menopause experiences and outcomes differ across communities so that implementation strategies can be appropriately targeted and responsive. Additionally, evidence on the effects of menopause care, including medical and non-medical treatments, to address symptoms, and improve quality of life is desperately needed. Without measurable data, inequities will remain invisible and difficult to address effectively.

Equity also requires meaningful access to menopause-trained clinicians. Women should not face geographic, financial, or logistical barriers when seeking menopause care. Policymakers should consider strategies such as expanding telehealth access, supporting tech-enabled care models, and creating incentives for menopause-trained providers to practice in low-access or underserved communities.

In addition, provider education should explicitly address racial bias and disparities in symptom recognition and treatment. Research suggests Black women experience menopause symptoms earlier, longer, and more severely, yet many report that their concerns are often minimized or dismissed within clinical settings.^{43,44} Continuing education requirements and clinical guidance should therefore also include anti-bias training and culturally-responsive approaches to menopause care.

Access to care also extends beyond insurance coverage. Women must be able to reasonably access nearby providers and healthcare facilities while balancing work, caregiving responsibilities, and financial obligations. Because Black women are often the primary earners and caregivers within their households, menopause symptoms can create significant strain without adequate workplace support. We therefore support workplace accommodation and protection policies that allow women to take leave, receive



reasonable adjustments, and maintain economic stability throughout the menopausal transition.

Finally, menopause can be isolating and difficult to navigate, particularly in communities where conversations about midlife health have historically been stigmatized or overlooked. We support peer-led and community-based models that help women share information, build support networks, and navigate menopause together in affirming and culturally grounded spaces.

Our takeaway is clear: these policies are an important beginning toward building a healthcare system and society where women can age with dignity, but we are still only at the beginning. For Black women specifically, equity cannot simply be mentioned in legislation — it must be operationalized through implementation, measurement, accountability, and enforcement. We deserve systems of care that are responsive, accessible, evidence-based, and accountable to the women they are intended to serve. ■

[Subscribe to the BWHI Newsletter](#)

Endnotes

- 1 Chatters, L. M., Taylor, R. J., & Schulz, A. J. (2022). The return of race science and why it matters for family science. *Journal of Family Theory & Review*, 14(3), 442–462. <https://doi.org/10.1111/jftr.12472>
- 2 National Institute on Aging. (2024, October 16). *What is menopause?* <https://www.nia.nih.gov/health/menopause/what-menopause>
- 3 Simons, R. L., Lei, M. K., Klopach, E., Zhang, Y., Gibbons, F. X., & Beach, S. R. H. (2021). Racial Discrimination, Inflammation, and Chronic Illness Among African American Women at Midlife: Support for the Weathering Perspective. *Journal of racial and ethnic health disparities*, 8(2), 339–349. <https://doi.org/10.1007/s40615-020-00786-8>
- 4 Chinn, J. J., Martin, I. K., & Redmond, N. (2021). Health Equity Among Black Women in the United States. *Journal of women's health* (2002), 30(2), 212–219. <https://doi.org/10.1089/jwh.2020.8868>
- 5 Funk, C. (2022, April 7). *Black Americans' views about health disparities, experiences with health care*. J. <https://www.pewresearch.org/science/2022/04/07/black-americans-views-about-health-disparities-experiences-with-health-care/>
- 6 National Institute on Aging. (2024, October 16). *What is menopause?* <https://www.nia.nih.gov/health/menopause/what-menopause>
- 7 Mayo Clinic. (2024, August 7). Menopause. <https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397>
- 8 Mayo Clinic. (2024, August 7). Menopause. <https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397>
- 9 Cleveland Clinic. (2024, June 24). Menopause. <https://my.clevelandclinic.org/health/diseases/21841-menopause>
- 10 National Institute on Aging. (2024, October 16). *What is menopause?* <https://www.nia.nih.gov/health/menopause/what-menopause>
- 11 Cleveland Clinic. (2024, June 24). Menopause. <https://my.clevelandclinic.org/health/diseases/21841-menopause>
- 12 Cleveland Clinic. (2024, June 24). Menopause. <https://my.clevelandclinic.org/health/diseases/21841-menopause>
- 13 National Institute on Aging. (2024, October 16). *What is menopause?* <https://www.nia.nih.gov/health/menopause/what-menopause>
- 14 Cleveland Clinic. (2024, June 24). Menopause. <https://my.clevelandclinic.org/health/diseases/21841-menopause>
- 15 Cleveland Clinic. (2024, June 24). Menopause. <https://my.clevelandclinic.org/health/diseases/21841-menopause>
- 16 Santoro, N., Epperson, C. N., & Mathews, S. B. (2015). Menopausal Symptoms and Their Management. *Endocrinology and metabolism clinics of North America*, 44(3), 497–515. <https://doi.org/10.1016/j.ecl.2015.05.001>
- 17 Santoro, N., Epperson, C. N., & Mathews, S. B. (2015). Menopausal Symptoms and Their Management. *Endocrinology and metabolism clinics of North America*, 44(3), 497–515. <https://doi.org/10.1016/j.ecl.2015.05.001>
- 18 Richard-Davis, G., Singer, A., King, D. D., & Mattle, L. (2022). Understanding Attitudes, Beliefs, and Behaviors Surrounding Menopause Transition: Results from Three Surveys. *Patient related outcome measures*, 13, 273–286. <https://doi.org/10.2147/PROM.S375144>
- 19 Tariq, B., Phillips, S., Biswakarma, R., Talaulikar, V., & Harper, J. C. (2023). Women's knowledge and attitudes to the menopause: a comparison of women over 40 who were in the perimenopause, post menopause and those not in the peri or post menopause. *BMC women's health*, 23(1), 460. <https://doi.org/10.1186/s12905-023-02424-x>
- 20 *Breadwinner mothers by race/ethnicity and state*. Institute for Women's Policy Research. (2016, September). <https://iwpr.org/wp-content/uploads/2020/08/Q054.pdf>
- 21 Faubion, S. S., Enders, F., Hedges, M. S., Chaudhry, R., Kling, J. M., Shufelt, C. L., Saadedine, M., Mara, K., Griffin, J. M., & Kapoor, E. (2023). Impact of Menopause Symptoms on Women in the Workplace. *Mayo Clinic proceedings*, 98(6), 833–845. <https://doi.org/10.1016/j.mayocp.2023.02.025>
- 22 National Institute on Aging. (2024, October 16). *What is menopause?* <https://www.nia.nih.gov/health/menopause/what-menopause>
- 23 Fischer, K. (2026, May 14). Women of color experience menopause differently. <https://www.aarp.org/health/healthy-living/menopause-perimenopause-women-of-color/>
- 24 National Institute on Aging. (2024, October 16). *What is menopause?* <https://www.nia.nih.gov/health/menopause/what-menopause>
- 25 Harlow, S. D., Burnett-Bowie, S. M., Greendale, G. A., Avis, N. E., Reeves, A. N., Richards, T. R., & Lewis, T. T. (2022). Disparities in Reproductive Aging and Midlife Health between Black and White women: The Study of Women's Health Across the Nation (SWAN). *Women's midlife health*, 8(1), 3. <https://doi.org/10.1186/s40695-022-00073-y>
- 26 Harlow, S. D., Burnett-Bowie, S. M., Greendale, G. A., Avis, N. E., Reeves, A. N., Richards, T. R., & Lewis, T. T. (2022). Disparities in Reproductive Aging and Midlife Health between Black and White women: The Study of Women's Health Across the Nation (SWAN). *Women's midlife health*, 8(1), 3. <https://doi.org/10.1186/s40695-022-00073-y>
- 27 Harlow, S. D., Burnett-Bowie, S. M., Greendale, G. A., Avis, N. E., Reeves, A. N., Richards, T. R., & Lewis, T. T. (2022). Disparities in Reproductive Aging and Midlife Health between Black and White women: The Study of Women's Health Across the Nation (SWAN). *Women's midlife health*, 8(1), 3. <https://doi.org/10.1186/s40695-022-00073-y>
- 28 Harlow, S. D., Burnett-Bowie, S. M., Greendale, G. A., Avis, N. E., Reeves, A. N., Richards, T. R., & Lewis, T. T. (2022). Disparities in Reproductive Aging and Midlife Health between Black and White women: The Study of Women's Health Across the Nation (SWAN). *Women's midlife health*, 8(1), 3. <https://doi.org/10.1186/s40695-022-00073-y>
- 29 Li, S., Rosenberg, L., Wise, L. A., Boggs, D. A., LaValley, M., & Palmer, J. R. (2013). Age at natural menopause in relation to all-cause and cause-specific mortality in a follow-up study of US black women. *Maturitas*, 75(3),

- 246–252. <https://doi.org/10.1016/j.maturitas.2013.04.003>
- 30 Simons, R. L., Lei, M. K., Klopach, E., Zhang, Y., Gibbons, F. X., & Beach, S. R. H. (2021). Racial Discrimination, Inflammation, and Chronic Illness Among African American Women at Midlife: Support for the Weathering Perspective. *Journal of racial and ethnic health disparities*, 8(2), 339–349. <https://doi.org/10.1007/s40615-020-00786-8>
- 31 Chinn, J. J., Martin, I. K., & Redmond, N. (2021). Health Equity Among Black Women in the United States. *Journal of women's health* (2002), 30(2), 212–219. <https://doi.org/10.1089/jwh.2020.8868>
- 32 Le, D., Ozbeki, H., Salazar, S., Berl, M., Turner, M. M., & Price, O. A. (2022). Improving African American women's engagement in clinical research: A systematic review of barriers to participation in clinical trials. *Journal of the National Medical Association*, 114(3), 324–339. <https://doi.org/10.1016/j.jnma.2022.02.004>
- 33 Campbell, D. M., & Stockman, J. K. (2024). Black women in HIV research: Intersectionality, positionality and our commitment to build a just research enterprise. *Women's Health*, 20, 17455057241305071. <https://doi.org/10.1177/17455057241305071>
- 34 Tariq, B., Phillips, S., Biswakarma, R., Talaulikar, V., & Harper, J. C. (2023). Women's knowledge and attitudes to the menopause: a comparison of women over 40 who were in the perimenopause, post menopause and those not in the peri or post menopause. *BMC women's health*, 23(1), 460. <https://doi.org/10.1186/s12905-023-02424-x>
- 35 Mayo Clinic. (2024, August 7). Menopause. <https://www.mayoclinic.org/diseases-conditions/menopause/diagnosis-treatment/drc-20353401>
- 36 Mayo Clinic. (2024d, August 7). Menopause. <https://www.mayoclinic.org/diseases-conditions/menopause/diagnosis-treatment/drc-20353401>
- 37 Kapoor, E., Safwan, N., Chaudhry, R., Griffin, J. M., Kling, J. M., Shufelt, C. L., Cole, K. C., Enders, F. T., & Faubion, S. S. (2025). Addressing menopause symptoms: Barriers and opportunities for improvement. *Mayo Clinic Proceedings*, 100(11), 1897–1907. <https://www.mayoclinicproceedings.org/pb-assets/Health%20Advance/journals/jmcp/JMCP4762.pdf>
- 38 Kapoor, E., Safwan, N., Chaudhry, R., Griffin, J. M., Kling, J. M., Shufelt, C. L., Cole, K. C., Enders, F. T., & Faubion, S. S. (2025). Addressing menopause symptoms: Barriers and opportunities for improvement. *Mayo Clinic Proceedings*, 100(11), 1897–1907. <https://www.mayoclinicproceedings.org/pb-assets/Health%20Advance/journals/jmcp/JMCP4762.pdf>
- 39 Kapoor, E., Safwan, N., Chaudhry, R., Griffin, J. M., Kling, J. M., Shufelt, C. L., Cole, K. C., Enders, F. T., & Faubion, S. S. (2025). Addressing menopause symptoms: Barriers and opportunities for improvement. *Mayo Clinic Proceedings*, 100(11), 1897–1907. <https://www.mayoclinicproceedings.org/pb-assets/Health%20Advance/journals/jmcp/JMCP4762.pdf>
- 40 Funk, C. (2022, April 7). *Black Americans' views about health disparities, experiences with health care*.]. <https://www.pewresearch.org/science/2022/04/07/black-americans-views-about-health-disparities-experiences-with-health-care/>
- 41 University of Michigan School of Public Health. (2022, February 23). 25 years of research shows insidious effect of racism on Black women's menopausal transition, health. <https://sph.umich.edu/news/2022posts/insidious-effect-of-racism-on-black-womens-menopausal-transition.html>
- 42 *Exploring the lived experiences of Black women during the menopausal transition*. BWHI. (2025, November). <https://powerinthepause.bwhi.org/hubfs/PowerInThePause/BWHI-2025-Menopause-Survey-Preliminary-Findings.pdf>
- 43 National Institute on Aging. (2024, October 16). *What is menopause?* <https://www.nia.nih.gov/health/menopause/what-menopause>
- 44 *Exploring the lived experiences of Black women during the menopausal transition*. BWHI. (2025, November). <https://powerinthepause.bwhi.org/hubfs/PowerInThePause/BWHI-2025-Menopause-Survey-Preliminary-Findings.pdf>



**BLACK WOMEN'S
HEALTH IMPERATIVE**

Black Women's Health Imperative | 384 Northyards Blvd NW, Bldg 100 | Atlanta, GA 30313 | [**BWHI.org**](https://www.bwhi.org)