

HOUSE No. 2499

The Commonwealth of Massachusetts

PRESENTED BY:

Joan Meschino

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act pertaining to women’s health at midlife and public, medical and workplace awareness of the transitional stage of menopause and related chronic conditions.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Joan Meschino</i>	<i>3rd Plymouth</i>	<i>1/8/2025</i>
<i>Patrick Joseph Kearney</i>	<i>4th Plymouth</i>	<i>1/8/2025</i>
<i>Michael D. Brady</i>	<i>Second Plymouth and Norfolk</i>	<i>3/27/2025</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>	<i>4/1/2025</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>8/6/2025</i>
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>4/3/2025</i>
<i>Hadley Luddy</i>	<i>4th Barnstable</i>	<i>7/7/2025</i>
<i>Margaret R. Scarsdale</i>	<i>1st Middlesex</i>	<i>1/9/2026</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>	<i>4/2/2025</i>

HOUSE No. 2499

By Representative Meschino of Hull, a petition (accompanied by bill, House, No. 2499) of Joan Meschino and Patrick Joseph Kearney relative to public, medical and workplace awareness of the transitional stage of menopause and related chronic conditions. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

An Act pertaining to women’s health at midlife and public, medical and workplace awareness of the transitional stage of menopause and related chronic conditions.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. The General Court hereby declares and finds that:

2 (i) by 2030, the world population of menopausal and postmenopausal women is
3 projected to increase to 1.2 billion, with 27 million new entrants each year;

4 (ii) each year, women in the United States enter the menopausal transition with little
5 clinical guidance on what to expect during and after this transition;

6 (iii) according to the United States Department of Health and Human Services, at least 3
7 out of 4 women experience hot flashes, the most common menopause symptom, and other
8 symptoms including memory loss, urinary problems, sleep disturbances, depression and anxiety;

9 (iv) menopausal symptoms can be severe and affect daily activities and quality of life
10 for an extended period, with hot flashes lasting an average of 7 to 9 years, and a third of women
11 experiencing vasomotor symptoms for a decade or longer;

12 (v) studies show that Black and Hispanic women may experience menopause earlier,
13 with more intense menopausal symptoms, and for a longer period of time;

14 (vi) as many as 40 per cent of menopausal women say their symptoms interfered with
15 their work performance or productivity weekly, and nearly 1 in 5 say they have left or considered
16 leaving the workforce because of their symptoms;

17 (vii) many women are unsure what accommodations their employers offer for
18 menopause and are unsure about workplace culture regarding menopause;

19 (viii) menopause symptoms cost American women an estimated \$1.8 billion in lost
20 working time per year;

21 (ix) due to medical innovation, a variety of effective treatments for symptoms are
22 available to help address symptoms during perimenopause and menopause, including, but not
23 limited to, hormone therapy and nonhormone medication;

24 (x) according to the United States Department of Health and Human Services,
25 menopause may increase the risk of osteoporosis, heart disease and stroke;

26 (xi) there is a need for additional clinical research and treatment options to manage
27 menopause symptoms;

28 (xii) many physicians, including obstetricians and gynecologists, have limited time to
29 assess menopause symptoms during visits with patients; and

30 (xiii) many physicians have limited training on menopause, and only approximately 30
31 per cent of obstetrician and gynecology residency program directors report that menopause
32 curriculum is part of resident training.

33 SECTION 2. For the purposes of this act, the following terms shall, unless the context
34 clearly requires otherwise, have the following meanings:

35 “Board”, the board of registration in medicine, established in section 10 of chapter 13 of
36 the General Laws.

37 “CME”, a continuing medical education requirement for physicians, as required by the
38 board pursuant section 2 of chapter 112 of the General Laws and any regulations promulgated
39 thereunder.

40 “Department”, the department of public health.

41 “Executive office”, the executive office of labor and workforce development.

42 SECTION 3. (a)(1) Not later than 270 days following the passage of this act, the
43 commissioner of the department, in consultation with clinical practitioners and nonprofit
44 organizations that promote the health of women during menopause, shall develop and carry out a
45 program to improve patient and clinician awareness of the menopause transition.

46 (2) The program shall provide for the development, publication and dissemination of
47 materials appropriate for the education of patients and clinicians that describe:

48 (i) symptoms and trajectories of changes across the menopausal transition and the post-
49 menopause transition;

50 (ii) related chronic conditions; and

51 (iii) the entire range of treatment options that may be prescribed by a health care provider
52 for those symptoms, changes and conditions, as well as available screening tools.

53 (3) A menopause education program may include:

54 (i) the use of social media, television, radio, print, the internet and other media; and

55 (ii) public service announcements and in-person or interactive virtual public

56 communications.

57 (b) Not later than 18 months following the passage of this act, the department shall

58 submit to the general court a qualitative assessment of the education program described in this

59 section and a description of the activities conducted thereunder.

60 SECTION 4. (a)(1) Not later than 270 days following the passage of this act, the board

61 shall assess whether the CMEs currently available to physicians practicing in the commonwealth

62 are adequate to train providers on women's midlife health.

63 (2) If the board finds that CME programs available to physicians practicing in the

64 commonwealth do not provide adequate training and education regarding women's midlife

65 health, the board shall take appropriate steps to ensure the adequacy of programs available to

66 physicians on these subjects.

67 (b) The board may, subject to appropriation, award grants to accredited CME providers

68 located in the commonwealth to be used for any of the following purposes:

69 (i) training, including for individuals completing a residency, fellowship or other clinical

70 training for licensure, for physicians in order to improve communication and provider

71 preparedness in the management of menopausal symptoms and related chronic conditions;

72 (ii) establishing, maintaining or improving academic units or programs that provide
73 training for students of faculty, including clinical experience and research, to improve the ability
74 to recognize, diagnose and treat menopause symptoms and related chronic conditions; or

75 (iii) developing evidence-based practices or recommendations for the design of programs
76 for education on menopause symptoms and related chronic conditions.

77 SECTION 5. (a) Not later than 270 days following the passage of this act, the executive
78 office shall, in consultation with the department, conduct a study to assess the impact of
79 menopause on the workforce and the breadth of menopause-related workplace policies offered
80 by employers in the commonwealth, including, but not limited to, health insurance coverage of
81 therapeutics for menopause symptoms, access to menopause health care professionals,
82 menopause awareness policies, healthcare spending accounts that can be used for menopause
83 related services and cooling rooms.

84 (b) Not later than 60 days following the conclusion of the study required in subsection
85 (a), the executive office shall publish the results of its study on its website.

86 (c) Based on the results of the study described in this section, and within 60 days of the
87 study's publication, the executive office shall develop and publish on its website best workplace
88 practices that include the following elements:

89 (i) employee benefits for peri- and post-menopausal employees;

90 (ii) appropriate company culture for peri- and post- menopausal employees;

91 (iii) programs that increase awareness in the workplace of the menopause transition and
92 related symptoms and chronic conditions.