

Congress of the United States

Washington, DC 20515

March 27, 2026

Chair Robert Aderholt
Labor, Health and Human Services, Education and
Related Agencies Subcommittee
2358-B Rayburn House Office Building
Washington, DC 20515

Ranking Member Rosa DeLauro
Labor, Health and Human Services, Education and
Related Agencies Subcommittee
1036 Longworth House Office Building
Washington, DC 20515

Dear Chair Aderholt and Ranking Member DeLauro,

As Co-Chairs and Vice-Chairs of the Bipartisan Women's Caucus, we are committed to expanding women's access to health care, including menopause-related care. As you consider the funding in FY27 Labor, Health, and Human Services legislation, we encourage you to invest in research on menopause and improving education for providers.

Nearly every woman will go through menopause, which is when a woman's menstrual periods stop permanently as part of the aging process for women in their forties and fifties. While menopause itself is an entirely normal process, menopausal symptoms can cause serious disruption in a woman's life. These symptoms include hot flashes, mood swings, vaginal discomfort, and memory loss, and three out of four women report experiencing menopause symptoms.¹ We know that women going through menopause are also a key part of our workforce, and disruptions in their health and livelihood also mean disruptions to our economy. In fact, studies show that menopause-related work disruptions lead to about \$1.8 billion in annual lost productivity in the United States.² However, despite the availability of effective treatments, most women do not seek care for a range of reasons, including lack of awareness of these treatments.³

For patients to receive the care they need for menopausal systems, health care providers must be knowledgeable about menopause and existing treatments to manage symptoms. According to a study of OBGYN residency programs, only 31 percent of program directors reported having menopause in their curriculum despite menopause impacting nearly all women.⁴ This study did not include other residencies that regularly encounter women who are undergoing or will undergo menopause, including primary care and internal medicine. Increasing menopause education requirements for residencies will lead to more informed health care providers, patients, and potentially an increased interest in developing new treatments as a result of this education.

Programmatic Request:

We request at least \$5 million in funding for the Menopause Research to Action Network to support expanding access to treatment and management of menopausal and perimenopause symptoms.

Report Language Request:

"The Committee is aware that about 1.3 million women in the United States reach menopause every year, yet less than half of women report that a health provider has told them what to expect during this transition, including how to manage symptoms. Moreover, menopausal hormone therapy (MHT or HRT), the primary treatment for menopause symptoms, has declined among postmenopausal women in the U.S. from 1999 to 2020

¹ <https://newsnetwork.mayoclinic.org/discussion/mayo-clinic-study-finds-majority-of-midlife-women-with-menopause-symptoms-do-not-seek-care/>

² <https://pubmed.ncbi.nlm.nih.gov/37115119/>

³ <https://www.mayoclinicproceedings.org/pb-assets/Health%20Advance/journals/jmcp/JMCP4762.pdf>

⁴ <https://pubmed.ncbi.nlm.nih.gov/37738034/>

from 26.9% to 4.7% over two decades. The Committee recognizes that nearly every woman will go through menopause and the majority of these women report experiencing menopause symptoms which can cause serious impacts on their broader health and daily life. Despite the prevalence of menopause and this need for care, only 31.3 percent of OB-GYN residents report having menopause curriculum in their residency program. Therefore, the Committee encourages the Department to pursue all opportunities to support medical accrediting and education bodies such as the Accreditation Council for Graduate Medical Education, the Association of American Medical Colleges, the American Association of Continuing Medical Education (CME), and State CME organizations, in their efforts to enhance and strengthen evidence-based content on menopause. The Committee requests an update on this topic in the fiscal year 2028 congressional justification.”

We commend ongoing efforts to improve menopause awareness and increase access to treatment, including the Food and Drug Administration’s removal of “black box” warnings that distorted risks associated with hormone replacement therapy (HRT), a common treatment for menopause symptoms. However, more must be done to ensure that women have access to the care they need. We urge the Committee to invest in increased access to menopause-related care in the FY27 Labor, Health, and Human Services legislation and urge the Committee to include these requests.

Sincerely,



Emilia Strong Sykes
Member of Congress



Monica De La Cruz
Member of Congress



Janelle S. Bynum
Member of Congress



Nicole Malliotakis
Member of Congress