STATE OF NEW YORK

8542--A

2025-2026 Regular Sessions

IN ASSEMBLY

May 20, 2025

Introduced by M. of A. HYNDMAN -- read once and referred to the Committee on Health -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to enacting the menopause awareness improvement act

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. This act shall be known and may be cited as the "menopause awareness improvement act".

§ 2. Legislative findings. Whereas, by 2030, the world population of menopausal and postmenopausal people is projected to increase to 1.2 billion, with 27 million new entrants each year;

Whereas, each year people in the United States enter the menopausal transition with little clinical guidance on what to expect during and after this transition;

Whereas, according to the United States Department of Health and Human Services, at least three out of four people experience hot flashes, the most common menopause symptom; and other symptoms including memory loss, urinary problems, sleep disturbances, depression, and anxiety;

Whereas, menopausal symptoms can be severe and affect daily activities and quality of life for an extended period, with hot flashes lasting an average of seven to nine years, and a third of people experiencing vasomotor symptoms for a decade or longer;

Whereas, studies show that Black and Hispanic people may experience menopause earlier, with more intense menopausal symptoms, and for a longer period of time;

Whereas, as many as 40 percent of menopausal people say their symptoms interfered with their work performance or productivity weekly, and nearly one in five say they have left or considered leaving the workforce because of their symptoms;

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

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Whereas, many people are unsure what accommodations their employers offer for menopause and are unsure about workplace culture regarding menopause;

Whereas, menopause symptoms cost American people an estimated $1.8 billion in lost working time per year;

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

Whereas, according to the United States Department of Health and Human Services, menopause may increase the risk of osteoporosis, heart disease, and stroke;

Whereas, there is a need for additional clinical research and treatment options to manage menopause symptoms;

Whereas, many physicians, including obstetricians and gynecologists, have limited time to assess menopause symptoms during visits with patients; and

Whereas, many physicians have limited training on menopause, and only approximately 30 percent of obstetrician and gynecology residency program directors report that menopause curriculum is part of resident training.

§ 3. The public health law is amended by adding a new section 267-c to read as follows:

§ 267-c. Menopause education program. 1. The commissioner, in consultation with clinical practitioners and nonprofit organizations that promote the health of people during menopause, shall, on or before July first, two thousand twenty-eight, establish a menopause education program to improve patient and clinician awareness of the menopause transition. The department shall create informational materials about menopause and shall periodically distribute throughout the state public service announcements using newspapers, television, radio stations, the internet, and social media as well as in-person and interactive virtual public communications. Such informational material about menopause shall include, but not be limited to, symptoms and trajectories of changes across the menopausal transition and the post-menopause transition, related chronic conditions, and the entire range of treatment options that may be prescribed by a health care provider for those symptoms, changes, and conditions, as well as available screening tools. Such materials shall include, but not be limited to, detailed information on the differential impacts of the menopause transition across diverse demographic groups, including, but not limited to, variations based on race, ethnicity, and socioeconomic status.

2. The commissioner shall, on or before January first, two thousand twenty-nine and every year thereafter, submit a report to the governor, the temporary president of the senate, and the speaker of the assembly a qualitative assessment of the menopause education program and a description of the activities conducted thereunder.

§ 4. The public health law is amended by adding a new section 267-d to read as follows:

§ 267-d. Course work or training in menopausal health. 1. (a) The department, in consultation with clinical practitioners and nonprofit organizations that promote the health of people during menopause, may create guidelines regarding course work or training in menopausal health. Such guidelines shall be created if the department, in consultation with clinical practitioners and nonprofit organizations that promote the health of people during menopause, determines that physi-

cians practicing in the state are not adequately trained on menopausal health issues and course work or training in menopausal health is needed.

(b) Every physician practicing in the state shall, within one year of the creation of guidelines regarding course work or training in menopausal health under paragraph (a) of this subdivision and every four years thereafter, complete course work or training, appropriate to the professional's practice, approved by the department regarding menopausal health. Such course work or training shall also be completed by every medical student and medical resident in the state as part of the orientation programs conducted by medical schools and medical residency programs.

(c) Every physician shall provide to the department documentation demonstrating the completion of and competence in the course work or training required under paragraph (b) of this subdivision.

(d) The department shall provide an exemption from the requirements imposed by paragraph (b) of this subdivision to anyone who requests such an exemption and who: (i) clearly demonstrates to the department's satisfaction that there would be no need for such person to complete such course work or training because of the nature of their practice; or (ii) that such person has completed course work or training deemed by the department to be equivalent to the standards for course work or training approved by the department pursuant to this section. An individual granted an exemption must reapply to continue such exemption every four years.

2. The department may, subject to appropriation, provide grants to entities providing course work or training in menopausal health under subdivision one of this section for:

(a) training on communication and management of menopausal symptoms and related chronic conditions;

(b) establishing, maintaining, or improving academic units or programs that provide menopausal health training, including clinical experience and research, to improve the ability to recognize, diagnose, and treat menopause symptoms and related chronic conditions; and

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

§ 5. The commissioner of labor, in conjunction with the commissioner of health, shall conduct a study on the impact of menopause on the workforce and the breadth of menopause related workforce policies, including, but not limited to, health insurance coverage of therapeutics for menopause symptoms, access to menopause health care professionals, menopause awareness policies, healthcare spending accounts that can be used for menopause related services, and cooling rooms. Such commissioners shall also develop best practices for workplaces regarding menopause. Such commissioners shall, within two years of the effective date of this act, submit a report including such best practices to the governor, the temporary president of the senate, and the speaker of the assembly on the findings of such study and shall publish such report on the department of labor's website.

§ 6. This act shall take effect immediately.