

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:

1 Section 1. This act shall be known and may be cited as the "menopause
2 awareness improvement act".
3 § 2. Legislative findings. Whereas, by 2030, the world population of
4 menopausal and postmenopausal people is projected to increase to 1.2
5 billion, with 27 million new entrants each year;
6 Whereas, each year people in the United States enter the menopausal
7 transition with little clinical guidance on what to expect during and
8 after this transition;
9 Whereas, according to the United States Department of Health and Human
10 Services, at least three out of four people experience hot flashes, the
11 most common menopause symptom; and other symptoms including memory loss,
12 urinary problems, sleep disturbances, depression, and anxiety;
13 Whereas, menopausal symptoms can be severe and affect daily activities
14 and quality of life for an extended period, with hot flashes lasting an
15 average of seven to nine years, and a third of people experiencing vaso-
16 motor symptoms for a decade or longer;
17 Whereas, studies show that Black and Hispanic people may experience
18 menopause earlier, with more intense menopausal symptoms, and for a
19 longer period of time;
20 Whereas, as many as 40 percent of menopausal people say their symptoms
21 interfered with their work performance or productivity weekly, and near-
22 ly one in five say they have left or considered leaving the workforce
23 because of their symptoms;

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

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

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

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

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

13 Whereas, there is a need for additional clinical research and treat-
14 ment options to manage menopause symptoms;

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

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

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

24 § 267-c. Menopause education program. 1. The commissioner, in consul-
25 tation with clinical practitioners and nonprofit organizations that
26 promote the health of people during menopause, shall, on or before July
27 first, two thousand twenty-eight, establish a menopause education
28 program to improve patient and clinician awareness of the menopause
29 transition. The department shall create informational materials about
30 menopause and shall periodically distribute throughout the state public
31 service announcements using newspapers, television, radio stations, the
32 internet, and social media as well as in-person and interactive virtual
33 public communications. Such informational material about menopause shall
34 include, but not be limited to, symptoms and trajectories of changes
35 across the menopausal transition and the post-menopause transition,
36 related chronic conditions, and the entire range of treatment options
37 that may be prescribed by a health care provider for those symptoms,
38 changes, and conditions, as well as available screening tools. Such
39 materials shall include, but not be limited to, detailed information on
40 the differential impacts of the menopause transition across diverse
41 demographic groups, including, but not limited to, variations based on
42 race, ethnicity, and socioeconomic status.

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

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

50 § 267-d. Course work or training in menopausal health. 1. (a) The
51 department, in consultation with clinical practitioners and nonprofit
52 organizations that promote the health of people during menopause, may
53 create guidelines regarding course work or training in menopausal
54 health. Such guidelines shall be created if the department, in consul-
55 tation with clinical practitioners and nonprofit organizations that
56 promote the health of people during menopause, determines that physi-

1 cians practicing in the state are not adequately trained on menopausal
2 health issues and course work or training in menopausal health is need-
3 ed.

4 (b) Every physician practicing in the state shall, within one year of
5 the creation of guidelines regarding course work or training in menopau-
6 sal health under paragraph (a) of this subdivision and every four years
7 thereafter, complete course work or training, appropriate to the profes-
8 sional's practice, approved by the department regarding menopausal
9 health. Such course work or training shall also be completed by every
10 medical student and medical resident in the state as part of the orien-
11 tation programs conducted by medical schools and medical residency
12 programs.

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

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

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

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

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

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

38 § 5. The commissioner of labor, in conjunction with the commissioner
39 of health, shall conduct a study on the impact of menopause on the work-
40 force and the breadth of menopause related workforce policies, includ-
41 ing, but not limited to, health insurance coverage of therapeutics for
42 menopause symptoms, access to menopause health care professionals, men-
43opause awareness policies, healthcare spending accounts that can be used
44 for menopause related services, and cooling rooms. Such commissioners
45 shall also develop best practices for workplaces regarding menopause.
46 Such commissioners shall, within two years of the effective date of this
47 act, submit a report including such best practices to the governor, the
48 temporary president of the senate, and the speaker of the assembly on
49 the findings of such study and shall publish such report on the depart-
50 ment of labor's website.

51 § 6. This act shall take effect immediately.