BLACK WOMEN'S HEALTH IMPERATIVE

Menopause and the Change Ahead

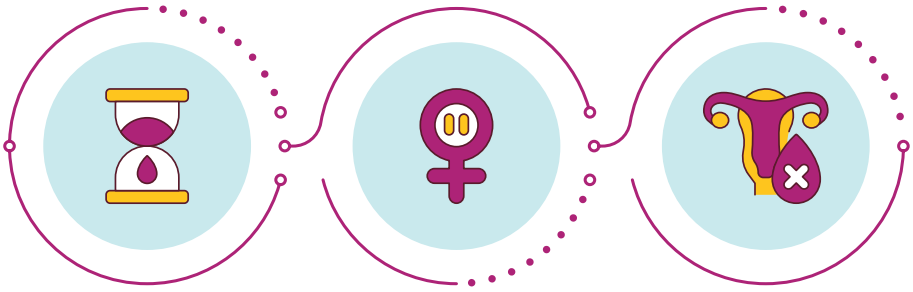
Menopause Policy Brief

What is Menopause?

Menopause is a natural biological and physiological transition marking the end of menstrual periods and reproductive capacity.[1] It is diagnosed when a woman has gone twelve consecutive months without a menstrual period.[2] Menopause primarily occurs due to the decreased production of estrogen and progesterone in the ovaries.[3]

Stages of Menopause

The menopausal transition can be divided into three stages: perimenopause, menopause, and postmenopause.



Perimenopause

(40s; 4-10 years)

The transition to menopause. Hormone levels begin to decline, and symptoms such as irregular periods, hot flashes, and mood changes begin.[4]

Menopause

(average age: 52)

The point when menstrual periods permanently stop. Menopause is diagnosed after 12 consecutive months without a period.[5]

Postmenopause

(rest of life)

The years after menopause. Symptoms may continue, and the risk of conditions such as osteoporosis and heart disease increases.[6]

Common Menopause Symptoms

Physical[7,8]

- Hot flashes & night sweats
- Sleep disturbances
- Fatigue
- Headaches
- Joint pain
- Weight gain
- Vaginal dryness
- Reduced sex drive

Emotional & Cognitive[9]

- Mood swings
- Anxiety & depression
- Irritability
- Brain fog & memory changes

The Impact of Menopause

The experience of menopause varies widely. Some women report minimal disruption to daily life, while others experience symptoms that significantly affect physical health, emotional well-being, relationships, and quality of life.[10] Symptoms such as hot flashes, sleep disruption, mood changes, and cognitive difficulties can range from manageable to severe.

Limited education, social stigma, and gaps in provider communication often contribute to women feeling unprepared for the menopause transition.[11] These factors can make it more difficult to recognize symptoms early, seek care, or understand available treatment options.

Beyond Health: Workplace and Economic Impacts

Menopause can also affect women's participation in the workforce and their ability to manage household responsibilities. In the workplace, symptoms such as fatigue, sleep disruption, and hot flashes have been linked to absenteeism, reduced productivity, and broader work-related challenges.[12]

Research estimates that women experiencing menopause symptoms miss an average of **three workdays per year**, resulting in approximately **$1.8 billion** in annual productivity losses in the US.[13] These impacts extend beyond the workplace, affecting household well-being and economic stability.

WHAT THE EVIDENCE SHOWS

Black Women Experience Menopause Differently

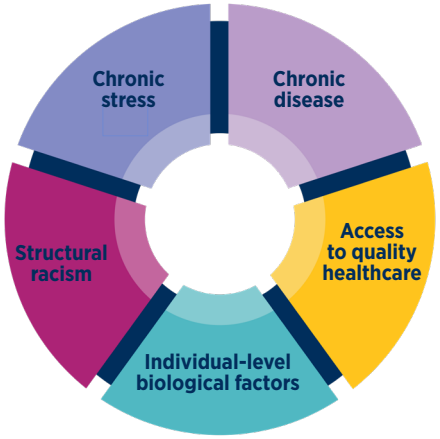
Although menopause is a universal biological transition, its symptoms, experiences, and outcomes are not the same for all women. Black women are more likely to begin menopause earlier and experience it for a longer duration.

- Black women reach menopause at an average age of **49**, compared to the national average of **52**.
- The average duration of symptoms is **10 years for Black women**, compared to **6.5 years for White women**.
- Symptoms are often **more frequent** and **more severe**, particularly vasomotor symptoms such as hot flashes and night sweats.
- Black women are more likely to report substantial limitations in physical function during midlife.
- Early menopause is associated with **increased risk of chronic conditions**, including cardiovascular disease and hypertension, and **higher risk of mortality from cancer and cardiovascular disease**.

The Drivers of Menopause Disparities

The disparities in Black women's menopausal experiences cannot be explained by biology alone. Chronic stress, structural racism, socioeconomic inequality, and higher rates of chronic health conditions all contribute to these differences.

Many Black women enter midlife with a greater overall health burden due to social determinants of health and limited access to affordable, high-quality care throughout the life course. As a result, hormonal changes during menopause can further worsen physical health, mental health, and quality of life.



Gaps in Care and Research

Over **80% of women experiencing menopause symptoms do not seek medical care**, often due to being too busy or lacking awareness of treatment options. Among those who do seek care, most report receiving reassurance from providers, but nearly **one-fourth feel they are not adequately informed or involved in treatment decisions**.

Comparable menopause-specific data with substantial participation from Black women remains limited due to underrepresentation in research. However, broader health care patterns highlight important concerns. More than **30% of Black women report feeling their symptoms were not taken seriously**, and about **40% report needing to advocate strongly to receive appropriate care**.

What BWHI's 2025 Menopause Study Found

The BWHI 2025 Black Women's Menopause Survey was developed to address gaps in evidence on Black women's experiences stemming from their underrepresentation in menopause and women's health research.

Among respondents (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
Many respondents reported experiencing symptoms for longer than expected, at about **9 or more years**
Many respondents described **night sweats, brain fog, and fatigue** as more disruptive
52% expressed uncertainty about which menopause recommendations to follow
55% reported struggling with weight gain
42% reported experiencing depression than hot flashes

Respondents also noted limited attention to menopause concerns and insufficient clinician knowledge to provide the care and guidance they desired. While awareness of menopause definitions and treatment options was relatively high, 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.

For more information about BWHI's 2025 Black Women's Menopause Survey, *Exploring the Lived Experiences of Black Women During the Menopausal Transition*, visit https://powerinthepause.bwhi.org/.

The Legislative Landscape

Menopause and the Change Ahead: State and Federal Legislative Trends and Policy Insights (2021–2026) analyzed menopause-related legislation introduced between January 2021 and March 2026.[14] The goal was to assess how policymakers are responding to growing demand for improved menopause care, education, research, workplace protections, and awareness, with attention to implications for Black women's health and equity.

How We Defined Menopause Legislation

This analysis includes legislation where menopause care, education, research, or support is a primary policy focus. Each bill was coded based on the presence of the following mechanisms (not mutually exclusive):

Insurance Coverage:	Requires public or private insurers to cover menopause-related services and treatment
Provider Education & Training:	Requires or explores clinical training or continuing education on menopause
Public & Patient Education:	Establishes menopause awareness campaigns or educational efforts for patients and public
Research & Study Initiatives:	Creates or funds studies, task forces, advisory groups, or data collection
Protections & Accommodations:	Establishes legal protections or workplace accommodations related to menopause symptoms
Health Disparities Focus:	Explicitly addresses inequities in menopause care, access, or outcomes

Bills may be classified in more than one category.

What Legislation Was Included

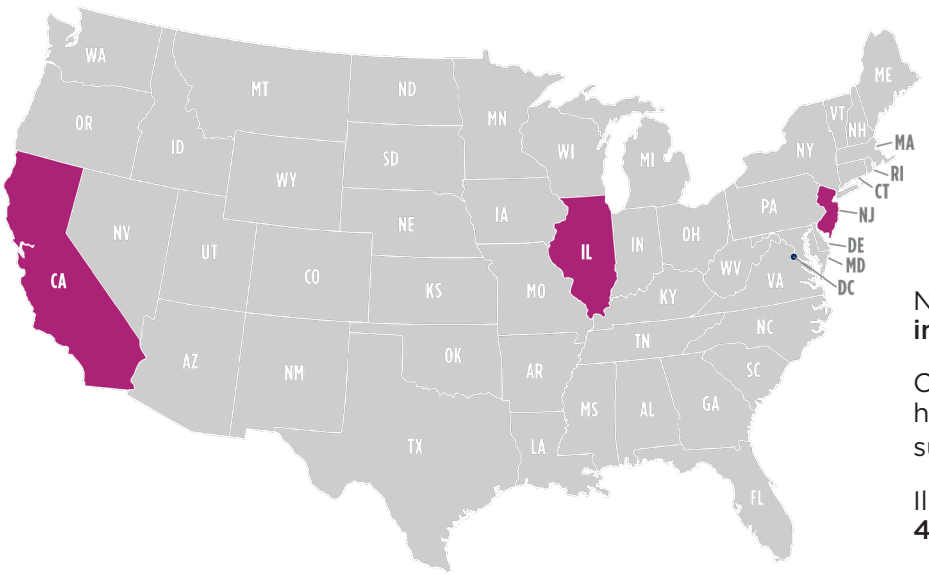
This analysis includes:

- State and federal bills introduced between January 1, 2021 and March 31, 2026
- Standard bills, resolutions, interim studies, and select budget measures with explicit menopause funding

This analysis excludes:

- Bills where menopause is only incidentally referenced
- Broad women's health or reproductive health legislation without menopause-specific mechanisms
- General menstrual health or contraceptive policy not directly tied to menopause

STATES WITH HIGHEST ACTIVITY



New Jersey: **45 bills introduced**

California: highest number of successful bills (**5 passed**)[15]

Illinois: **4 passed State**

Overall Legislative Activity (2021–2026)

Across state and federal levels

171
MENOPAUSE-FOCUSED BILLS INTRODUCED

26
PASSED

70
FAILED

75
ACTIVE

Overall, **15.2%** of introduced menopause-focused legislation has been enacted.

State vs Federal Legislative Activity

From 2021–March 2026

STATE	FEDERAL
159 Bills	12 Bills
26 Passed	0 Passed
71 Active	4 Active
62 Failed	6 Failed

State: broad activity across education, insurance and workplace policy.
Federal: emphasis on research and evidence generation.

State vs Federal Legislation by Policy Focus (Total Bills)

From 2021–March 2026

POLICY FOCUS	STATE	FEDERAL
Insurance Coverage	39 Bills	0 Bills
Provider Training	33 Bills	3 Bills
Public & Patient Education	81 Bills	3 Bills
Research & Task Forces	28 Bills	9 Bills
Workplace Protections & Accommodations	23 Bills	0 Bills
Health Disparities Focus	21 Bills	3 Bills

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 Growing Momentum

We are encouraged by the growing momentum to recognize menopause as a public health, workforce, and health equity issue. Across the country, states are introducing legislation that expands insurance coverage, strengthens healthcare provider education, improves workplace protections, increases public awareness, and invests in menopause research. Several states have also proposed innovative approaches, including expanding access to specialized menopause care, establishing dedicated commissions and task forces, and supporting coordinated, system-wide strategies to improve care for midlife women. At the federal level, proposed legislation reflects similar progress by prioritizing provider education, public awareness, and long-term investment in menopause research. Together, these efforts represent an important shift toward recognizing menopause as a normal, but significant, stage of life that deserves sustained policy attention.

Turning Progress into Meaningful Access

While this progress is important, awareness alone will not improve health outcomes—particularly for Black women, who continue to experience significant disparities in menopause care. Expanding access to specialized, evidence-based menopause education for healthcare providers is essential to ensure women receive timely, accurate, and culturally responsive care throughout the menopausal transition. Insurance coverage must also translate into meaningful access by reducing barriers such as high out-of-pocket costs, prior authorization requirements, and shortages of menopause-trained providers.

Centering Equity in Policy Implementation

Equity must extend beyond legislative language into implementation and accountability. This includes strengthening race-specific data collection and research, expanding access to menopause-trained providers through telehealth and other innovative care models, and ensuring provider education addresses racial bias and culturally responsive care. Policies should also recognize that menopause intersects with broader health conditions—including cardiovascular disease, diabetes, osteoporosis, uterine fibroids, and reproductive health—and should be addressed within a comprehensive approach to women's health across the lifespan.

Supporting Women Beyond the Healthcare System

Meaningful menopause policy must also acknowledge the realities women face outside the clinical setting. Workplace accommodations and protections can help women balance employment, caregiving responsibilities, and their own health during the menopausal transition. We also support community-based and peer-led education and support models that reduce stigma and help women navigate menopause in culturally affirming spaces.

Looking Ahead

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.

Endnotes

1 National Institute on Aging. (2024, October 16). *What is menopause?* https://www.nia.nih.gov/health/menopause/what-menopause

2 Mayo Clinic. (2024, August 7). Menopause. https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397

3 Mayo Clinic. (2024, August 7). Menopause. https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397

4 Mayo Clinic. (2024, August 7). Menopause. https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397

5 National Institute on Aging. (2024, October 16). *What is menopause?* https://www.nia.nih.gov/health/menopause/what-menopause

6 Mayo Clinic. (2024, August 7). Menopause. https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397

7 National Institute on Aging. (2024, October 16). *What is menopause?* https://www.nia.nih.gov/health/menopause/what-menopause

8 Cleveland Clinic. (2024, June 24). *Menopause*. https://my.clevelandclinic.org/health/diseases/21841-menopause

9 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

10 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

11 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

12 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

13 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

14 This report was released in August 2026. The legislative analysis includes bills introduced through March 2026 and tracks legislative activity and outcomes for those bills through April 2026. Subsequent bill introductions or actions occurring after this period are not reflected in this analysis.

15 California has the highest number of "successful" bills based on the study's methodology (i.e., enacted or funded provisions). However, some of these are Budget Act items within the same budget cycle that appear as separate bills or item numbers in legislative records due to the structure of California's budget process. This may overstate the number of distinct policy enactments.

BLACK WOMEN'S HEALTH IMPERATIVE

Black Women's Health Imperative | 384 Northyards Blvd NW, Bldg 100 | Atlanta, GA 30313 | BWHI.org