

Policy At A Glance:

Servicewomen and Veterans Menopause Research Act (S.1320 and H.R.2717)

Menopause impacts millions of American women every year, yet significant knowledge and treatment gaps exist. This brief looks at the Servicewomen and Veterans Menopause Research Act, which aims to address these research needs and improve menopause-related healthcare for servicewomen and female veterans.

Introduction

Menopause—the natural end of a woman's reproductive years—marks a significant life change. Along with the cessation of monthly cycles, women may experience substantial physical and psychological changes. Hot flashes and night sweats affect over 70% of women, can last for 7-10 years and interfere with sleep, mood, work and relationships.¹

Menopause is also associated with a host of other challenges that can significantly reduce quality of life. Women commonly report fatigue, low energy, weight gain, mood disturbances and "brain fog." Symptoms disrupt responsibilities, social interactions and overall wellbeing.^{1,2}

Despite the prevalence of menopause symptoms, however, treatment remains strikingly inadequate. Many providers lack up-to-date training in menopause care, and persistent fears surrounding hormone therapy (stemming from controversial studies recently challenged by the Food and Drug Administration) continue to deter physicians and patients alike.³ As a result, most women remain untreated or turn to over-the-counter remedies.¹

This brief provides an overview of menopause challenges for women in military and outlines efforts to expand research and improve care through the Servicewomen and Veterans Menopause Research Act.

Key Statistics

- 1.3 Million** The number of American women entering menopause every year.⁴
- 87** The percentage of women reporting bothersome menopause symptoms.⁵
- 40-70** The percentage of women experiencing memory, concentration or sleep issues.²
- 75** The percentage of women who do not seek treatment for their symptoms.⁵

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Menopause in Servicewomen and Veterans

Nearly 1 in 5 people in the U.S. military are women, and women now represent the fastest-growing group receiving care through the Veterans Health Administration.⁶ Yet research on menopause in both active-duty and veteran populations remains extremely limited.

Menopause is significant for all women, but the transition can be especially complex for those who serve. Military women face distinct stressors that can translate into unique health challenges. Combat deployments, environmental hazards, family strain and high rates of military sexual trauma can intensify symptoms and complicate care. Evidence suggests that veterans experience more severe hot flashes and night sweats than civilians.^{6,7} Such severe symptoms may threaten work performance. For example, research of servicewomen in the U.K. revealed that menopause impairs job effectiveness and confidence, sometimes even prompting separation from service.⁶

For its part, the VA has acknowledged that major gaps remain in both menopause research and clinical care. A 2023 survey found that 88% of VA sites had at least one provider able to assist with menopause-related concerns. However, respondents cited a need for more educational materials, support groups, specialty providers and clinician training.⁸ In 2024, the VA launched the Menopause Research Work Group, a network of 30 researchers across the U.S., with the goal of accelerating menopause research and improving care for women veterans. The VA also funds studies on cognitive behavioral therapy for menopausal symptoms, pain management, and the intersection of menopause and mental health.⁷

Legislative Setbacks for Menopause Care in California

In 2024, Governor Newsom vetoed AB 2457, a bill that would have required health plans and insurers to cover treatment for perimenopause and menopause. He directed the legislature to develop a more tailored approach.⁹ In response, lawmakers introduced AB 432, which sought to expand insurance coverage for menopause evaluation and treatment and incentivized menopause education for providers.¹⁰ Despite near unanimous support from the California Legislature, Governor Newsom again vetoed the bill in October 2025. He stated that while he supported the authors' goals, the coverage requirements were overly broad and ran the risk of increasing costs and insurance premiums.¹¹ A separate bill, AB 360, aimed to identify gaps in physician training on menopause, but it was tabled in May 2025.¹²



Understanding S.1320 and H.R.2717

Driving Force Behind S.1320/H.R.2717

Recent years have seen some states take steps to address menopause health gaps, but progress is slow, underscoring the need for federal action.

Illinois, Louisiana and Oregon have expanded insurance coverage for treatment, and Maine has directed the development of educational resources. Rhode Island just became the first state to mandate workplace accommodations for menopause. Yet similar bills in Arizona, Connecticut, California, Nevada, New Jersey and Texas failed to advance.¹³ Without a national framework, access to care will depend on geography, not need.

Federal menopause legislation has also faced barriers. Two bills from the 118th Congress—the Menopause Research and Equity Act (H.R.6749) and the Advancing Menopause Care and Mid-Life Women’s Health Act (S.4246)—stalled in committee, likely due in part to their broad civilian scope.¹³ Nevertheless, these measures helped pave the path for menopause to be addressed at the national level, specifically with legislation like the Servicewomen and Veterans Menopause Research Act that focuses in on a key demographic.

Background Information

The Servicewomen and Veterans Menopause Research Act was introduced in the 119th Congress to strengthen menopause research and healthcare for servicewomen and women veterans. The Senate version (S.1320) was introduced by Senator Patty Murray (D-WA), and the House companion bill (H.R.2717) was introduced by Representative Chrissy Houlahan (D-PA).^{14,15} Both have gained

bipartisan cosponsors in recognition of the need for greater attention to menopause-related healthcare.

S.1320, specifically, has progressed more than previous bills. Following hearings in the Senate Committee on Veterans’ Affairs, the bill was reported out with amendments to the full Senate, marking advancement in the legislative process.¹⁴

Key Provisions

S.1320/H.R.2717 directs the Department of Defense and the Department of Veterans Affairs to review research on menopause and perimenopause among servicewomen and veterans. Specific areas of concern include the safety and effectiveness of treatments; whether military service, combat, or occupational exposures affect symptoms; and how menopause potentially impacts the mental health of armed forces.

The agencies are also tasked with identifying gaps in knowledge and assessing provider training and the availability of treatment. Findings will be reported to Congress, along with recommendations for improving provider training and resolving research gaps.^{14,15}

Limitations

The bills call for evaluation of existing research and training, as well as a report outlining strategies to address gaps. Notably, however, it does not allocate funding for research or expand benefits. As such, it may be viewed as a valuable first step toward improving menopause care but falls short of directing meaningful change.

Conclusion

Menopause affects millions of women annually and can significantly disrupt quality of life, work performance and long-term health. For servicewomen and veterans, these challenges and symptoms can be intensified by military-related stressors and exposures. The Servicewomen and Veterans Menopause Research Act represents an important step towards addressing these needs at the federal level. By directing the Department of Defense and the Department of Veterans Affairs to evaluate existing research, identify knowledge gaps and recommend improvements in provider training and treatment access, this legislation lays a foundation for more equitable and evidence-based menopause care. While it stops short of funding new research or expanding benefits, its passage would mark meaningful federal recognition of a long-overlooked women's health priority.



Did you know?

A startling report published by the World Economic Forum in 2024 found that women experience poor health for 25% more of their lives than men. Menopause is one key driver of this and must be addressed to help close the gap.¹⁶

References

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