Congress of the United States
Washington, DC 20510

September 16, 2026

The Honorable Orice Williams Brown
Acting Comptroller General of the United States
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Acting Comptroller General Brown:

We write to request that the Government Accountability Office (GAO) examine menopause care and midlife women's health care in the United States. Ranging from about 35 to 65 years of age,[1] women in midlife represent an estimated 20 percent of the U.S. population.[2] The health of this cohort is important because healthy women contribute to healthy families, healthy communities, and healthy economies. Additionally, women in this age group are most likely to be affected by the hormonal, biological, and psychosocial changes of menopause, which is characterized by changing health risks and unique health care needs.[3] Among women, there are wide variations in symptom severity as well as management of these symptoms and engagement with treatment.[4]

Women's health needs have historically been underrepresented in research supported by the U.S. government, including those of women in midlife and those who are transitioning to menopause.[5] Additionally, studies have pointed to demographic disparities in menopause symptom experience and engagement with treatment.[6] This, in turn, may affect how health care providers manage menopause.

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[1] According to the Society for Women's Health Research, "midlife is typically defined for women as the time starting around age 35 and going through age 65." *See* "Midlife Health," Society for Women's Health Research, last accessed August 3, 2026, https://swhr.org/health_focus_area/midlife_health/.

[2] "U.S. and World Population Clock," U.S. Census Bureau, last accessed August 3, 2026, https://www.census.gov/popclock/data_tables.php?component=pyramid.

[3] "What is Menopause," National Institute on Aging, last updated October 16, 2024, (hereinafter "NIA Menopause Page), https://www.nia.nih.gov/health/menopause/what-menopause.

[4] *Id*.

[5] Alana Serota, "Women's Health is Chronically Understudied and Underfunded. It's Time for a Change," *U.S. News and World Report*, December 4, 2025, https://www.usnews.com/opinion/articles/2025-12-04/women-health-tiktok-research-opinion; Linda Nordling, "The Missing Pieces of Menopause Science," *Nature*, March 6, 2026, https://www.nature.com/articles/d41586-026-00692-9; Irene O. Aninye et al., "Menopause Preparedness: Perspectives for Patient, Provider, and Policymaker Consideration," *Menopause* 28, no 10, October 2021, https://journals.lww.com/menopausejournal/fulltext/2021/10000/menopause_preparedness__perspectives_for_patient,.17.aspx.

[6] *Supra*, note 3, NIA Menopause Page; Anna Blanken et al., "Racial/Ethnic Disparities in the Diagnosis and Management of Menopause Symptoms Among Midlife Women Veterans," *Menopause* 29, no 7, July 2022, https://pubmed.ncbi.nlm.nih.gov/35796560/; Endara-Mina J et al., "Experience of Menopause Across Ethnic Groups: Mapping the Evidence through a Scoping Review," *Frontiers in Reproductive Health* 7, December 16, 2025, https://www.frontiersin.org/journals/reproductive-health/articles/10.3389/frph.2025.1732836/full.

Considering the importance of a rigorous health research agenda for women, we are interested in a GAO report related to menopause, with a focus on the federal government's role in advancing research, ensuring access to evidence-based treatments, and strengthening oversight of existing programs. To better understand progress made and remaining gaps in menopause-related research and coverage, we ask GAO to examine the following questions:

1. What does available information show about menopause and perimenopause-related treatments, including the use of hormone therapy and other medications and any long-term health impacts and risks, and any challenges to providing these treatments?

2. What menopause and perimenopause-related health programs and initiatives have been implemented across the Department of Health and Human Services (HHS) and its component agencies, including the types of menopause and perimenopause-related research and funding amounts?

    a) Specifically, has federal research funding supported research on how menopause affects the aging process, what health conditions can contribute to early menopause, hormone therapy for use in menopause management, the long-term health conditions associated with menopause, and additional treatment options?

    b) What efforts, if any, has the National Institutes of Health undertaken to coordinate menopause-related research? Please provide an accounting of any current initiatives to support the full spectrum of women's health.

3. What does available information show about the extent to which health care providers are prepared to diagnose and treat menopause and perimenopause? What kind of guidance and training do students pursuing degrees or continuing education at medical schools, nursing schools, and other institutions of learning for allied health professionals receive about diagnosing and treating menopause and perimenopause?

    a) Which health care professionals provide women with the majority of menopause and perimenopause care?
        i) How well do select health care professionals feel their education and training prepared them to provide menopause and perimenopause care?
        ii) What are the views of select patients regarding the preparedness of their health care professionals to provide menopause and perimenopause care?

    b) What requirements, guidance, or recommendations does HHS provide health care providers, nursing schools, and other institutions of learning for allied health professionals about menopause and perimenopause care?

    c) How does U.S. medical education compare to other nations regarding the teaching of menopause care, including training for physicians, specialists, nurses, and other allied health professionals?

We appreciate your attention to this request. Should you have questions or need additional information, please contact Ranking Member Gillibrand's staff with the Senate Special Committee on Aging at 202-224-0185 or Chairman Scott's Aging Committee staff at 202-224-5364.

Sincerely,

Kirsten Gillibrand
United States Senator
Ranking Member, Special Committee on Aging

Rick Scott
United States Senator
Chairman, Special Committee on Aging

Kelly Morrison
Member of Congress

Angela D. Alsobrooks
United States Senator

Yvette D. Clarke
Member of Congress

Debbie Dingell
Member of Congress

Andrea Salinas
Member of Congress