

119TH CONGRESS
1ST SESSION

H. R. 219

To direct the Comptroller General of the United States to conduct a study on menopause care furnished by the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 7, 2025

Ms. BROWNLEY (for herself, Ms. NORTON, Ms. TLAIB, Mr. LANDSMAN, Mrs. RAMIREZ, and Ms. SCANLON) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To direct the Comptroller General of the United States to conduct a study on menopause care furnished by the Department of Veterans Affairs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Improving Menopause
5 Care for Veterans Act of 2025”.

1 **SEC. 2. COMPTROLLER GENERAL STUDY AND REPORT ON**
2 **MENOPAUSE CARE FURNISHED BY DEPART-**
3 **MENT OF VETERANS AFFAIRS.**

4 (a) STUDY.—The Comptroller General of the United
5 States shall carry out a study on the medical services fur-
6 nished by the Secretary of Veterans Affairs under sections
7 1703 and 1710 of title 38, United States Code, for vet-
8 erans experiencing perimenopause, genitourinary syn-
9 drome of menopause, and menopause stages.

10 (b) REPORT.—

11 (1) IN GENERAL.—Not later than 18 months
12 after the date of the enactment of this Act, the
13 Comptroller General shall make publicly available a
14 report on the study carried out under subsection (a).

15 (2) ELEMENTS.—The report required under
16 paragraph (1) shall include each of the following:

17 (A) A description of the menopause care
18 furnished by the Department of Veterans Af-
19 fairs, as of the date of the enactment of this
20 Act.

21 (B) A review of the established guidelines
22 and protocols of the Department of for—

23 (i) the training of medical providers of
24 the Department;

25 (ii) the diagnosis and treatment of
26 perimenopause, genitourinary syndrome of

1 menopause, and menopause in women vet-
2 erans; and

3 (iii) the referral of veterans seeking
4 menopause care to non-Department med-
5 ical providers.

6 (C) An evaluation of the adequacy of the
7 access of veterans to interdisciplinary care to
8 treat the effects of perimenopause, genito-
9 urinary syndrome of menopause, and meno-
10 pause.

11 (D) A review of the educational initiatives
12 and outreach of the Department to ensure that
13 veterans are aware of the perimenopause, geni-
14 tourinary syndrome of menopause, and meno-
15 pause care available under sections 1703 and
16 1710 of title 38, United States Code, including
17 treatment options and potential benefits and
18 risks.

19 (E) An evaluation of the quality of meno-
20 pause care provided under sections 1703 and
21 1710 of title 38, United States Code, includ-
22 ing—

23 (i) a review of feedback about meno-
24 pause care collected from veterans;

1 (ii) an examination of the efficacy of
2 the menopause care furnished by the De-
3 partment; and

4 (iii) an evaluation of the extent to
5 which the Department has established
6 mechanisms for veterans to address and
7 resolve any concerns or issues regarding
8 menopause care.

9 (F) A review of how, if at all, the Sec-
10 retary is leveraging research, conducted within
11 the Department or by other entities, to improve
12 menopause care for veterans, including through
13 the development of new treatments or protocols.

14 (G) Recommendations for the improvement
15 of the menopause care furnished by the Depart-
16 ment.

17 (c) PLAN TO IMPLEMENT RECOMMENDATIONS.—Not
18 later than 6 months after the date on which the Comp-
19 troller General makes the report required under subsection
20 (b) publicly available, the Secretary shall submit to the
21 Committees on Veterans' Affairs of the Senate and House
22 of Representatives a strategic plan to—

23 (1) implement the recommendations contained
24 in the report;

1 (2) improve the quality of menopause care fur-
2 nished under sections 1703 and 1710 of title 38,
3 United States Code; and

4 (3) improve the access of veterans to meno-
5 pause care.

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