

118TH CONGRESS
1ST SESSION

H. R. 6743

To amend the Public Health Service Act to include public awareness about menopause and related chronic conditions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 13, 2023

Ms. BLUNT ROCHESTER (for herself and Mrs. HARSHBARGER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to include public awareness about menopause and related chronic conditions, 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 “We’re Addressing the
5 Realities of Menopause Act of 2023” or the “WARM Act
6 of 2023”.

7 **SEC. 2. MENOPAUSE PUBLIC AWARENESS PROGRAM.**

8 (a) IN GENERAL.—Section 317 of the Public Health
9 Service Act (42 U.S.C. 247b) is amended by adding at
10 the end the following new subsection:

1 “(o) MENOPAUSE PUBLIC AWARENESS PROGRAM.—

2 “(1) IN GENERAL.—The Secretary, acting
3 through the Director of the Centers for Disease
4 Control and Prevention, shall carry out a national
5 program to increase awareness of—

6 “(A) symptoms and trajectories of changes
7 across the menopausal transition and the post-
8 menopausal transition;

9 “(B) related chronic conditions; and

10 “(C) the entire range of treatment and
11 therapy options that may, consistent with Fed-
12 eral law, be prescribed by a health care provider
13 for those symptoms, changes, and conditions.

14 “(2) CONSULTATION.—In carrying out the na-
15 tional campaign required by paragraph (1), the Sec-
16 retary shall consult with the Director of the Na-
17 tional Institutes of Health, the Director of the Na-
18 tional Institute on Aging, the Administrator of the
19 Health Resources and Services Administration, the
20 Director of the Agency for Healthcare Research and
21 Quality, the Under Secretary for Health of the De-
22 partment of Veterans Affairs, the Director of the
23 Defense Health Agency, the Director of the Indian
24 Health Service, health care providers, public health
25 associations, nonprofit organizations that promote

1 the health and quality of life of women during mid-
2 life and beyond, and nonprofit organizations with ex-
3 pertise in menopause research and advocacy, to so-
4 licit input on evidence-informed information for pol-
5 icy development and program development, imple-
6 mentation, and evaluation.

7 “(3) REQUIREMENTS.—The national campaign
8 required by paragraph (1) may—

9 “(A) include the use of evidence-informed
10 media and public engagement;

11 “(B) include the development of edu-
12 cational programs, materials, and public service
13 announcements;

14 “(C) include the development of culturally
15 and linguistically competent resources tailored
16 for—

17 “(i) communities or groups with more
18 severe or frequent symptoms of menopause
19 or lower rates of treatment for symptoms
20 of menopause;

21 “(ii) rural communities; and

22 “(iii) other communities as the Sec-
23 retary determines appropriate;

1 “(D) include the dissemination of educational programs, materials, and public service
2 announcements to—

3 “(i) health care providers, health care facilities (including primary care providers, community health centers, rural health clinics, obstetricians, and gynecologists), and State and local public health departments; and

4 “(ii) other entities as the Secretary determines appropriate to increase awareness as described in paragraph (1);

5 “(E) be complementary to, and coordinated with, any other Federal efforts with respect to menopause education and treatment;
6 and

7 “(F) include message testing to identify culturally competent and effective messages for behavioral change.

8 “(4) OPTIONS FOR DISSEMINATION OF INFORMATION.—The national campaign required by paragraph (1) may—

9 “(A) include the use of—

10 “(i) social media, television, radio, print, the internet, and other media;

1 “(ii) in-person or virtual public com-
2 munications; and

3 “(iii) licensed health care providers
4 and members of target communities or
5 groups specified in paragraph (3)(C);

6 “(B) be targeted to specific groups and
7 communities specified in paragraph (3)(C); and

8 “(C) be carried out through grants or co-
9 operative agreements to private nonprofit enti-
10 ties with a history of developing and imple-
11 menting similar campaigns.

12 “(5) AUTHORIZATION OF APPROPRIATIONS.—Of
13 amounts made available to the Secretary for other
14 purposes, the Secretary may use up to \$70,000,000
15 of such amounts for the period of fiscal years 2025
16 through 2028 for the purpose of carrying out the
17 program under this section.”.

18 (b) REPORT TO CONGRESS.—Not later than the end
19 of calendar year 2025, the Secretary of Health and
20 Human Services shall submit to the Committee on Energy
21 and Commerce, the Committee on Ways and Means, the
22 Committee on Veterans’ Affairs, and the Committee on
23 Oversight and Reform of the House of Representatives
24 and the Committee on Health, Education, Labor, and
25 Pensions, the Committee on Finance, the Committee on

1 Homeland Security and Governmental Affairs, and the
2 Committee on Veterans' Affairs of the Senate a report
3 that contains—

4 (1) a qualitative assessment of the public
5 awareness program under section 317(o) of the Pub-
6 lic Health Service Act, as added by subsection (a);
7 and

8 (2) a description of the activities conducted
9 under such campaign.

10 **SEC. 3. MENOPAUSE EDUCATION AND TRAINING GRANTS.**

11 Part D of title VII of the Public Health Service Act
12 (42 U.S.C. 294 et seq.) is amended by inserting after sec-
13 tion 757 (42 U.S.C. 294f) the following:

14 **“SEC. 758. MENOPAUSE EDUCATION AND TRAINING
15 GRANTS.**

16 “(a) IN GENERAL.—The Secretary, acting through
17 the Administrator of the Health Resources and Services
18 Administration, in consultation with the Director of the
19 National Institute on Aging, the directors of other insti-
20 tutes, centers, and offices of the National Institutes of
21 Health as determined appropriate by the Secretary, the
22 Director of the Agency for Healthcare Research and Qual-
23 ity, the Under Secretary for Health of the Department
24 of Veterans Affairs, the Director of the Defense Health
25 Agency, and the Director of the Indian Health Service,

1 shall award grants to eligible entities for the purposes de-
2 scribed in subsection (b).

3 “(b) USE OF FUNDS.—A grant received under this
4 section shall be used for any of the following:

5 “(1) Training (including for individuals com-
6 pleting a residency, fellowship, or other clinical
7 training for licensure) for physicians, nurse practi-
8 tioners, physician assistants, registered nurses, and
9 pharmacists to improve communication and provider
10 preparedness in the management of menopausal
11 symptoms and related chronic conditions.

12 “(2) Establishing, maintaining, or improving
13 academic units or programs that provide training for
14 students or faculty, including through clinical experi-
15 ences and research, to improve the ability to be able
16 to recognize, diagnose, and treat menopause symp-
17 toms and related chronic conditions.

18 “(3) Developing evidence-informed practices or
19 recommendations for the design of units or pro-
20 grams referred to in paragraph (2), including cur-
21 riculum content standards.

22 “(c) ELIGIBILITY.—To be eligible to receive a grant
23 under this section, an entity shall be located in the United
24 States and—

1 “(1) a school of medicine or osteopathic medi-
2 cine, a school of nursing (as defined in section 801),
3 a physician assistant training program, a school of
4 pharmacy, an accredited public or nonprofit private
5 hospital, or an accredited medical residency pro-
6 gram; or

7 “(2) a public or private nonprofit entity which
8 the Secretary has determined is capable of carrying
9 out the program or activities to be funded through
10 the grant.

11 “(d) EQUITABLE DISTRIBUTION.—In awarding
12 grants under this section, the Secretary shall ensure, to
13 the greatest extent possible, that such grants are equitably
14 distributed among the geographical regions of the United
15 States.

16 “(e) PARTNERSHIP REQUIRED.—As a condition on
17 receipt of a grant under this section, an eligible entity
18 shall agree to carry out the program or activities to be
19 funded through the grant in partnership with one or more
20 organizations such as an education accrediting organiza-
21 tion (such as the Liaison Committee on Medical Edu-
22 cation, the Accreditation Council for Graduate Medical
23 Education, the Commission on Osteopathic College Ac-
24 creditation, the Accreditation Commission for Education
25 in Nursing, the Commission on Collegiate Nursing Edu-

1 cation, the Accreditation Council for Pharmacy Education,
2 or the Accreditation Review Commission on Education for
3 the Physician Assistant).

4 “(f) APPLICATION.—

5 “(1) IN GENERAL.—To seek a grant under this
6 section, an eligible entity shall submit an application
7 to the Secretary, at such time, in such manner, and
8 containing such information as may be specified by
9 the Secretary.

10 “(2) MINIMUM CONTENTS.—At a minimum, an
11 application under paragraph (1) shall include—

12 “(A) a description of how the eligible enti-
13 ty intends to implement the activities required
14 by subsection (b); and

15 “(B) a description of benchmarks to be
16 used to measure the success of the implemen-
17 tation of such activities.

18 “(g) ADMINISTRATIVE PROVISIONS.—

19 “(1) PERIOD OF GRANTS.—A grant awarded to
20 an eligible entity under this section shall be for the
21 period beginning on the date of the award and end-
22 ing on the date that is 5 years after the establish-
23 ment of the grant program under this section.

1 “(2) PRIORITY.—In awarding grants under this
2 section, the Secretary shall give priority to eligible
3 entities that—

4 “(A) demonstrate sufficient size, scope,
5 and capacity to carry out the training described
6 in subsection (b) with respect to an appropriate
7 number of physicians, nurse practitioners, phy-
8 sician assistants, registered nurses, and phar-
9 macists each year to meet the needs of the area
10 to be served;

11 “(B) demonstrate experience in training
12 providers to practice team-based care that inte-
13 grates menopause training and treatment proto-
14 cols with primary care in community-based set-
15 tings; and

16 “(C) have the capacity to expand access to
17 menopause training and treatment services in
18 areas with demonstrated need, as determined by
19 the Secretary, such as Tribal, rural, or other
20 underserved communities.

21 “(h) DATA SUBMISSION; REPORTING.—

22 “(1) DATA SUBMISSION BY GRANTEES.—Not
23 later than 90 days after the first year of a training
24 program funded through a grant under this section,
25 and not later than 90 days after each subsequent

1 year of such training program during which such
2 funding continues, the recipient of the grant shall
3 submit to the Secretary such data as the Secretary
4 may require for purposes of preparing the report
5 under paragraph (2).

6 “(2) REPORT TO CONGRESS.— Not later than
7 1 year after receipt under paragraph (1) of data
8 from grantees for a year, the Secretary shall submit
9 to the Committee on Energy and Commerce, the
10 Committee on Ways and Means, the Committee on
11 Veterans’ Affairs, and the Committee on Oversight
12 and Reform of the House of Representatives and the
13 Committee on Health, Education, Labor, and Pen-
14 sions, the Committee on Finance, the Committee on
15 Homeland Security and Governmental Affairs, and
16 the Committee on Veterans’ Affairs of the Senate a
17 report that includes—

18 “(A) the findings and conclusions of the
19 Secretary with respect to menopause curricula
20 in schools and training programs receiving
21 funding through a grant under this section;

22 “(B) an assessment of the benefits of the
23 grant program under this section for—

1 “(i) establishing best practices for
2 health care providers to treat patients in
3 the clinical setting;

4 “(ii) providing greater awareness of
5 menopause and related chronic conditions
6 to—

7 “(I) physicians and other health
8 care professionals; and

9 “(II) patients of such physicians
10 and professionals; and

11 “(iii) improving the quality, quantity,
12 and distribution of menopause treatment
13 and training; and

14 “(C) a description of the benefits of, and
15 barriers to, integrating menopause curricula at
16 health professions schools and training pro-
17 grams.

18 “(i) AUTHORIZATION OF APPROPRIATIONS.—Of
19 amounts made available to the Secretary for other pur-
20 poses, the Secretary may use up to \$31,700,000 of such
21 amounts for the period of fiscal years 2025 through 2028
22 for the purpose of carrying out the program under this
23 section.”.

1 **SEC. 4. REGIONAL CENTERS OF EXCELLENCE IN MENO-**2 **PAUSE EDUCATION.**

3 Part D of title VII of the Public Health Service Act

4 (42 U.S.C. 294 et seq.) is amended by inserting after sec-

5 tion 758 (as added by section 3) the following:

6 **“SEC. 758A. REGIONAL CENTERS OF EXCELLENCE IN MENO-**7 **PAUSE EDUCATION.**

8 “(a) IN GENERAL.—The Secretary, in consultation

9 with such other officials as the Secretary determines ap-

10 propriate, shall award cooperative agreements to eligible

11 entities for—

12 “(1) the designation of such entities as Re-

13 gional Centers of Excellence in Menopause Edu-

14 cation; and

15 “(2) the support of such Regional Centers of

16 Excellence to enhance and improve how health pro-

17 fessionals are educated in menopause through devel-

18 opment, evaluation, and distribution of evidence-

19 based curricula for health professions schools.

20 “(b) SELECTION OF REGIONAL CENTERS OF EXCEL-

21 LENCE.—

22 “(1) ELIGIBLE ENTITIES.—To be eligible to re-

23 ceive a cooperative agreement under subsection (a),

24 an entity shall—

25 “(A) be an entity offering education to stu-

26 dents in various health professions, such as—

1 “(i) a health system;

2 “(ii) a teaching hospital;

3 “(iii) a medical school, a school of

4 nursing (as defined in section 801), a

5 school offering a physician assistant edu-

6 cation program, or a school of pharmacy;

7 and

8 “(iv) any other health profession

9 school, school of public health, or institu-

10 tion of higher education engaged in an as-

11 pect of the management of menopause;

12 “(B) be accredited by the appropriate edu-

13 cational accreditation body;

14 “(C) demonstrate an existing strategy, and

15 have in place a plan for continuing such strat-

16 egy, or have a proposed strategy, to implement

17 a curriculum based on best practices for meno-

18 pause treatment and education; and

19 “(D) provide to the Secretary such infor-

20 mation, at such time, and in such manner, as

21 the Secretary may require.

22 “(2) DIVERSITY.—In awarding cooperative

23 agreements under subsection (a), the Secretary

24 shall—

1 “(A) take into account regional differences
2 among eligible entities; and
3 “(B) make an effort to ensure geographic
4 diversity.

5 “(c) DISSEMINATION OF INFORMATION.—

6 “(1) PUBLIC POSTING.—The Secretary shall
7 make information provided to the Secretary under
8 subsection (b)(1)(D) publicly available on the
9 website of the Department of Health and Human
10 Services.

11 “(2) EVALUATION.—The Secretary shall—

12 “(A) evaluate each project carried out by a
13 Regional Center of Excellence in Menopause
14 Education through funding received under this
15 section; and

16 “(B) disseminate the results of each such
17 evaluation to appropriate public and private en-
18 tities.

19 “(d) AUTHORIZATION OF APPROPRIATIONS.—Of
20 amounts made available to the Secretary for other pur-
21 poses, the Secretary may use such sums as may be nec-
22 essary for the period of fiscal years 2025 through 2028
23 for the purpose of carrying out the program under this
24 section.”.

