

**Testimony in Support of SB 353: An Act Concerning Reasonable Workplace
Accommodations in the Workplace for Conditions Related to Menopause**

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Labor and Public Employees Committee

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Dear Senator Kushner, Representative Sanchez, Senator Cabrera, Representative Wilson,
Senator Sampson, Representative Weir, and esteemed members of the Labor and Public
Employees Committee, thank you for the opportunity to submit testimony in support of SB
353: An Act Concerning Reasonable Workplace Accommodations in the Workplace for
Conditions Related to Menopause, on behalf of the [Health Disparities Institute \(HDI\)](#) at
UConn Health.

SB 353 would recognize menopause-related conditions as qualifying health conditions
eligible for reasonable workplace accommodations and would direct the Commission on
Human Rights and Opportunities to develop model workplace policies and educational
resources for employers. These provisions represent an important step toward supporting
the health and economic security of Connecticut's workforce.

Established in 2011 through Connecticut General Statutes Sections 10a-109b, HDI has a
legislative mandate to enhance research and the delivery of care to minoritized and
medically underserved populations of the state. To realize this charge, HDI's mission is to
advance systemic change by tackling root causes of health inequities and implementing
sustainable solutions through interdisciplinary community-based participatory research
partnerships, data-driven community action, and workforce development efforts with
communities disproportionately impacted by inequities. HDI's vision is equitable health,
education, and economic opportunity for all in Connecticut.

The interdisciplinary, multilingual HDI team, spanning public health, social work,
psychology, and medicine, brings deep expertise in participatory research and evaluation
approaches and community-driven program planning. We apply evidence-based,
participatory approaches to address structural inequities. We partner with agencies,
coalitions, resident groups, and researchers to design responsive projects, including
research, evaluation, and education, that reflect community priorities and produce
actionable solutions to advance health equity in CT.

Connecticut communities call for menopause being recognized as a public health and health equity issue and the need for workplace accommodations.

In our statewide work, a community priority that we have heard repeatedly as a top concern among CT residents is the need to address menopause as a public health and health equity issue. Menopause is a natural life stage that can have physical, psychological, and social impacts affecting women's ability to work and their overall quality of life. In the United States, [approximately 1.3 million women enter menopause each year](#), underscoring the scale of this issue for workers, families, and employers alike. Symptoms vary widely and may include sleep disturbances, cognitive challenges such as difficulty concentrating or "brain fog," hot flashes, and mood changes. For many women, these symptoms can influence productivity, attendance, and long-term workforce participation.

In 2025, HDI convened the Menopause Equity Collective to co-lead the [Menopause Equity Initiative](#) (MEI). Through MEI community activities, we have engaged over 500 people across the state in conversations about menopause and their experiences. One of the top needs that emerged was **workplace accommodations** – nearly half of the people we heard from raised questions about this. Specifically, community organizations, health professionals, advocates, and residents across Connecticut have highlighted the importance of workplace policies that both recognize menopause as a legitimate health and workforce issue, and support employees in navigating this life stage with dignity and stability.

Significant gaps in workplace protections exist, despite the prevalence and health impacts of menopause.

While Connecticut and federal law provide explicit protections and reasonable accommodations for pregnancy, childbirth, and lactation, menopause lacks comparable recognition. This leaves employees without clear guidance or protection when experiencing menopause-related health impacts in the workplace.

Despite its prevalence, menopause has historically been overlooked in workplace policy and practice. Research suggests that this gap is driven in part by societal stigma surrounding aging and gender, which has contributed to a lack of employer awareness and limited organizational support for women across the life course. As a result, many women continue to navigate menopause without adequate workplace accommodations, even though evidence shows supportive environments can improve retention, reduce absenteeism, and enhance overall well-being. A [study conducted by the Mayo Clinic](#) of employed women ages 45 to 60 found that 13% reported an adverse work outcome related

to menopause symptoms, and menopause-related missed workdays are estimated to cost \$1.8 billion annually nationwide.

Workplace accommodations for menopause is a health equity issue.

Of note, there are racial equity considerations related to the workplace impacts of menopause. Women of color are overrepresented in occupations with the least workplace flexibility—such as caregiving, education, and service industries. These sectors often have rigid schedules, limited autonomy, and fewer opportunities for remote work or modified duties. At the same time, research indicates that [women of color are more likely](#) to experience more severe menopausal symptoms, compounding the challenges they face, underscoring why workplace protections matter for those already facing inequities in health and employment. Another important consideration for policies involving accommodations is that health care inequities experienced by women of color are well documented and pervasive. It has been demonstrated that women of color are less likely to be offered hormone replacement treatments and more likely to have their symptoms dismissed by providers and to be subjected to invasive procedures including hysterectomy.

Feasible opportunities exist for the state to implement sustainable policies supporting its workforce.

Across the United States and internationally, policymakers and employers are increasingly recognizing menopause as a workforce issue and developing guidance and supports to address it. Regional momentum is also growing. In 2025, [Rhode Island enacted legislation](#) explicitly adding menopause and menopause-related conditions to its fair employment practices law, including requirements for reasonable workplace accommodations.

Consistent with emerging research literature, Connecticut residents called for:

- Increasing employer awareness of menopause and its impacts through management training, health education, and efforts to foster a culture of acceptance and flexibility.
- Ensuring flexible work and leave policies, including the ability to take time off for medical appointments related to menopause.
- Improving workplace conditions, such as access to water and restrooms, opportunities for breaks, and the ability to adjust temperature and ventilation.

Importantly, many of these accommodations—such as access to water, flexible scheduling, temperature adjustments, or brief breaks—are low-cost measures that align

with existing reasonable accommodation frameworks used for other health-related conditions. According to the [Job Accommodation Network](#), most workplace accommodations cost nothing, and the median one-time cost for those that do is \$300.

Supporting women has significant economic benefits for the state.

These approaches align with broader workforce development and gender equity goals and can help Connecticut remain competitive by supporting the well-being and productivity of a growing segment of its labor force.

Women make substantial contributions to Connecticut's economy and represent a significant share of the state's workforce. Labor market projections indicate that the number of women over age 55 participating in the workforce will continue to grow over the next decade, making the retention and support of mid- and late-career women increasingly important for the state's economic competitiveness. Creating inclusive workplaces that recognize and support women during menopause is essential not only for individual health and family stability but also for Connecticut's economic vitality. Retaining experienced women workers preserves institutional knowledge, strengthens leadership pipelines, and supports sectors that rely heavily on women's labor.

Without policies that recognize menopause-related needs in the workplace, many employees may continue to reduce hours, leave jobs prematurely, or struggle to manage symptoms without appropriate support.

We respectfully urge the Labor and Public Employees Committee to advance SB 353, which would recognize menopause related conditions as eligible for reasonable workplace accommodations and direct the Commission on Human Rights and Opportunities to develop a model workplace policies and educational materials regarding conditions related to menopause, in conjunction with subject matter experts and advocacy groups. By taking these actions, Connecticut can support the health, stability, and economic security of workers navigating midlife health transitions, while strengthening workplace equity across the state.

Connecticut has an opportunity to lead in recognizing menopause as both a public health and workforce issue and to create workplaces that support employees across the full life course.

Thank you for the opportunity to submit testimony in support of SB 353: An Act Concerning Reasonable Workplace Accommodations in the Workplace for Conditions Related to Menopause. We can be reached with any questions at spraguemartinez@uchc.edu. For further insights and learnings from HDI's statewide work on menopause, please see the appended files included in this testimony.



UCONN HEALTH DISPARITIES MENOPAUSE EQUITY INITIATIVE

The Menopause Equity Initiative (MEI) is a community-led effort to raise awareness about menopause as a public health and equity issue in Connecticut.

All women go through menopause, but many, especially women of color and those from historically excluded communities, navigate it with little support.

Menopause affects workforce participation, healthcare outcomes, and quality of life for women in midlife across Connecticut.

The Menopause Equity Initiative (MEI) is a community-led effort that supports women and advances systems and policy change across the lifespan. MEI hosts and supports community-led events, shares resources, and creates space for conversations on menopause and midlife.

MEI works to:

- Normalize menopause as a natural stage of life.
- Increase access to culturally responsive, evidence-based menopause resources.
- Inform workplace, medical, and community policies.
- Build community capacity to advocate for the health of aging women.

Scan the QR code to learn more or support menopause equity in Connecticut.



Or contact Trisha Pitter, Director of Community Learning & Engagement (HDI), at tpitter@uchc.edu

WORKING WITH COMMUNITY

HDI, a capacity builder, convened the **Menopause Equity Collective (MEC)**, an intergenerational and multisector group.

MEC co-designs and identifies MEI priorities through shared decision-making, guided by ongoing community feedback.

MEC members include:

- Commission on Women, Children, Seniors, Equity & Opportunity (CWSCEO)
- Indelible Impressions, Inc.
- Narrative Change
- The Farmington Valley Links, Incorporated
- UConn Center on Aging
- UConn Institute for Collaboration on Health, Intervention, and Policy (InCHIP)
- Unashamed
- YWCA Hartford Region



Creating Menopause Equity in Connecticut

THE SCALE IN CONNECTICUT

502,217

Women in midlife. Demographic (ages 45-64) in Connecticut.

400,000 +

~ 80% of CT women in midlife suffer from Vastor Motor Symptoms (VMS) like hot flashes and night sweats.

COMMUNITY INSIGHTS

Women's Top Needs

1. Hormonal Replacement Therapy
2. Physical Symptom Management
3. Workplace Accommodation

Scan to learn more about HDI's Menopause Equity Initiative (MEI).



545 unique participants across MEI community events.



"This was the first time I ever had a real conversation about menopause."

PROVIDER & PATIENT KNOWLEDGE



Less than 7%

of primary care providers feel prepared to manage menopause.



86% of community members know

"a little" to "nothing" about menopause management despite being in the menopausal age range.

MENOPAUSE INEQUITIES

Median VMS Symptom Duration (years)

Black/ African American:
10.1 Years

Hispanic/Latina:
8.9 Years

White (Non-Hispanic)
6.5 Years

Asian
4.8-5.4 Years



Although data is limited, the data show a disproportionate burden on Black and Hispanic women, who experience longer durations of symptoms but significantly lower rates of treatment compared to White women.

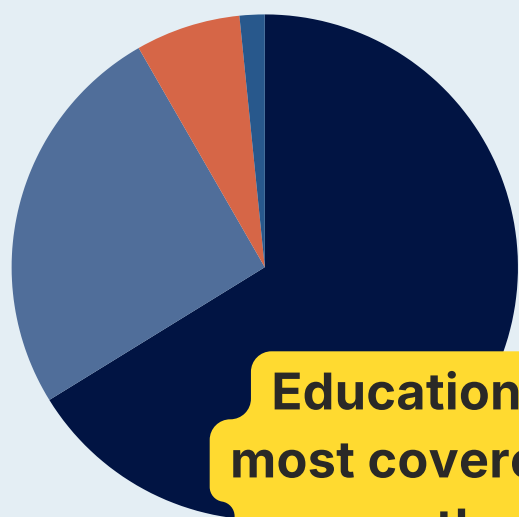
Treatment rates by race/ethnicity

Black/ African American:
2.5%

Hispanic/Latina:
2.7%

White (non-Hispanic):
6.3%

POLICY LANDSCAPE SNAPSHOT 2024-25



Education is the most covered topic across the nation

- 21 of 50 states (42%) introduced legislation
- 55 total policies: 7 (2024) | 48 (2025)
- Policies span four primary focus areas
 - **Education:** 66.2% of policies covered this topic
 - **Insurance:** 25.5% of policies covered this topic
 - **Workplace:** 6.7% of policies covered this topic
 - **Direct Care:** 1.6% of policies covered this topic

CT POLICY RECOMMENDATIONS

PUBLIC HEALTH BILL: Provider Education & Toolkit

Create a statewide screening pathway and free, equity-informed training for providers across types to reduce bias and improve access to care.

LABOR BILL: Workplace Accommodations

Recognize menopause as eligible for reasonable workplace accommodations without burdensome medical documentation.

The Menopause Care Gap in Connecticut

A critical look at the widespread impact, significant treatment shortfalls, and racial inequities affecting women in Connecticut.

The Scale in Connecticut

502,217

CT women ages 45-64

The population proxy for menopause transition.



75-80%

Estimated share of women experiencing VMS

Hot flashes/night sweats are highly prevalent.

376,663-401,774

Estimated CT women with VMS

Calculated as 75-60% of the 45-64 population.



The Gap in Care

~1 in 4

Share of symptomatic women receiving treatment



<7%

Primary care providers prepared to manage menopause

Feeling adequately trained in menopause care.



The Equity Crisis

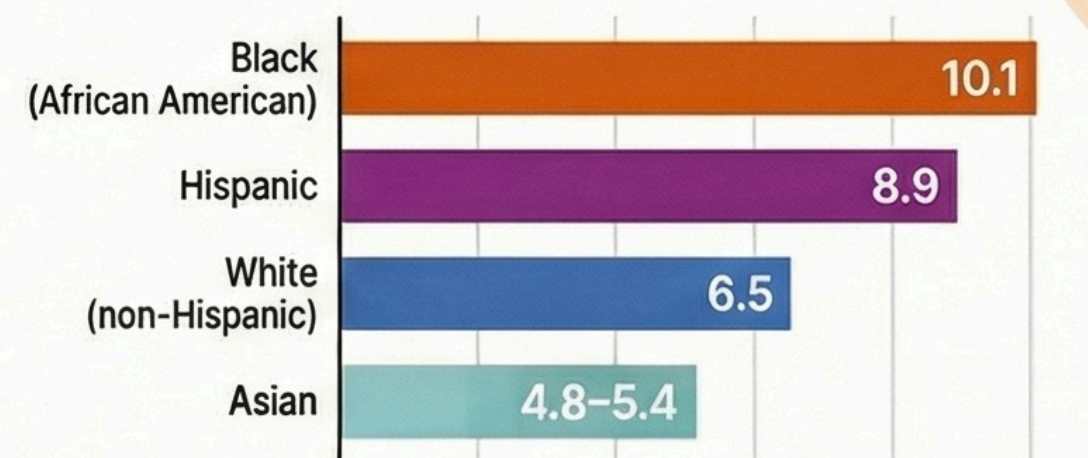
What is 'frequent VMS'?

Hot flashes or night sweats on ≥ 6 days in the prior 2 weeks.



Frequent VMS duration differs by race/ethnicity (median years)

Black (African American) Non-Hispanic
Hispanic White (non-Hispanic) Asian



Median years women experience frequent symptoms.

What Connecticut Women Are Telling Us About Menopause

Reported Community Insights from Participants Who Attended Menopause Equity Initiative (MEI) Events Across Connecticut

WHO WE HEARD FROM

PARTICIPANTS

~545

Unique participants across Menopause Equity Initiative community events.

AGE

73%

Of participants are ages 45–64, the core menopausal demographic.

RACE/ETHNICITY

62–77%

Of participants identify as Black or African American.

Also represented: White 18–22%; Latina/o/e 14–18%; Multiracial 5%; Native American/Alaska Native 2%; Asian/Asian American 2%; Middle Eastern/North African 6–5%; Prefer not to say 8%.

GENDER IDENTITY

95%

Of participants identify as women or female.

Men 1.5%; Other/write-ins 3%.

KNOWLEDGE LEVEL

76% + 10%

Know “a little” (76%) or nothing (10%) about menopause.

WHAT WE HEARD

Top needs we heard:

- Emotional wellness
- Physical symptom management
- Nutrition guidance
- Hormone Replacement Therapy (HRT) guidance

Menopause at work:

43% asked about workplace accommodations.

- Flexible conditions (temperature control, breaks, hybrid options)
- HR education to reduce stigma and support inclusion
- Leave/support policies and employer accommodations, including policy incentives/mandates

POLICY & PRACTICE NEEDS

What we're asking policymakers to address:

- Insurance reform and coverage expansion
- Provider education and training
- Cultural competence and culturally responsive care
- Treat menopause as a public health and equity issue

Voices from the community:

“

“This was the first time I ever had a real conversation about menopause.”
– Attendee, Rooted in Wisdom Garden Party

“We weren't just talking. We were learning, laughing, and loving ourselves and our bodies.”
– Attendee, Breaking the Silence event

”

Recommended citation:

Connecticut Provider Perspectives: Oral Health & Menopause

What Connecticut Oral Health Providers Told Us

Provider Backgrounds



44%
The largest group currently in clinical practice



35%
Identifying the need for interdisciplinary tools



17%
Highlighting the need for curriculum updates

The Current Knowledge Gap

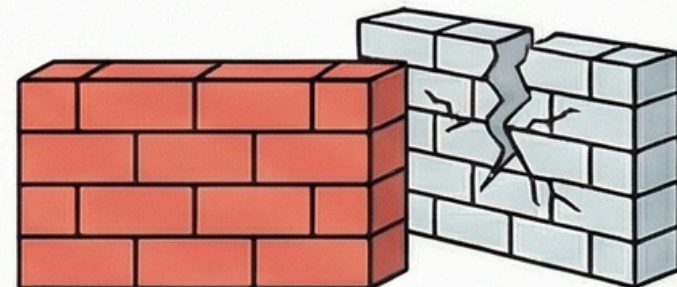


66%
have zero training
Two-thirds of surveyed dental providers received no menopause training during their education or career.

47%
never ask patients about menopause
Nearly half of providers do not screen for menopause during clinical visits.

Systemic Knowledge Barriers

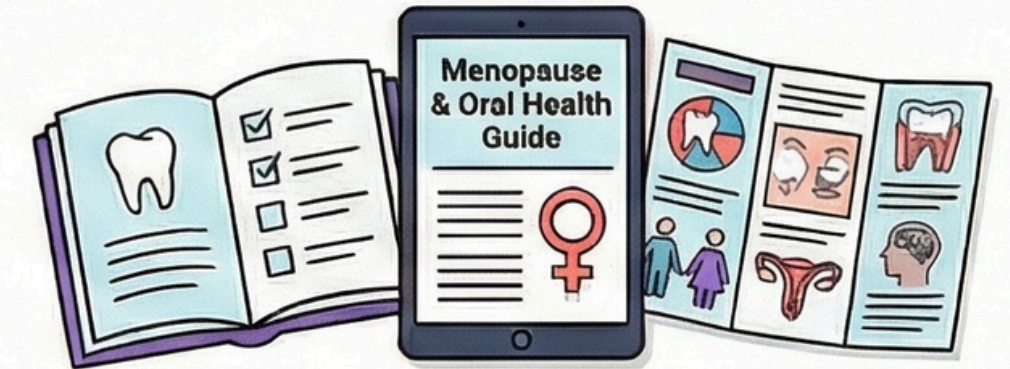
The primary obstacles to care are a lack of formal training and clinical guidelines.



Bridging the Gap to Clinical Care

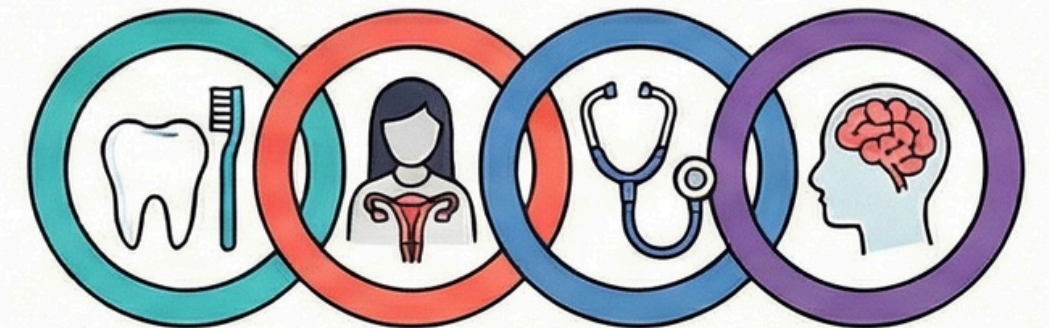
Clinical Guidelines & Patient Education Tools

High demand for resources to support evidence-based care and patient health literacy.



Interdisciplinary Collaboration

Connecting dental care with OB-GYN, primary care, and mental health perspectives.



Normalize the Conversation

Use evidence-based guidelines to support routine screening and clinical documentation.

