Proskauer

RI Menopause Law Brings New Considerations For Employers

Law360 on **September 10, 2025**

As companies continue to seek new ways to remain at the forefront of attracting and retaining top talent, the latest addition to the employer toolbox may well be one that has historically been overlooked when it comes to the workplace: menopause-related support.

At the forefront of this issue in the U.S. is Rhode Island, which recently became the first state to provide express antidiscrimination and reasonable accommodation protections for employees in connection with menopause and related conditions.

Rhode Island codified these protections by amending its Fair Employment Practices Act, effective June 24.[1]

Other states have enacted bills addressing healthcare benefits related to menopause, and pending bills in several other jurisdictions would expand workplace protections for employees experiencing menopause.

While it remains to be seen whether other states or the federal government will follow Rhode Island's lead, there seems to be a new light shining on menopause — and its precursor, perimenopause — when it comes to workplace protections and support.

Some employers may choose not to wait for legislatures to act, and may add tailored workplace benefits for employees who are experiencing menopause and perimenopause.

That said, employers should be mindful of the potential complications that may arise from extending menopause benefits absent a legal requirement to do so.

And all employers must also consider the existing leave of absence and other statutory protections that may apply in the case of menopause-related symptoms, depending on the needs of the employee.

The Basics of Menopause and Perimenopause

Menopause, the point in time when a person's menstrual period stops, typically occurs in their 40s or 50s, with the average age in the U.S. being 51.[2]

Perimenopause, the period leading up to menopause during which hormonal changes start to occur, may begin as early as someone's 30s or as late as their 50s.[3]

Individuals who are in perimenopause may experience a range of symptoms, including hot flashes; changes in sleep patterns or difficulty sleeping; vaginal and bladder problems; loss of bone density; difficulty finding words and remembering, known as brain fog; and mood changes, including increased risk of depression.[4]

Perimenopause may last two to eight years before reaching menopause, with four years being the average.[5]

Menopause and the U.S. Workforce

The U.S. Department of Labor reported that, as of this May, women ages 35 to 54 have a labor force participation rate of between 78.1% and 77.2%, and women ages 55 or older have a labor force participation rate of 33.4%.[6]

Therefore, menopause and perimenopause affect a significant segment of the workforce.

Notwithstanding the prevalence of individuals in the workforce who are experiencing perimenopause and menopause, workplace protections and support for menopause-related symptoms have historically been derived through a patchwork of federal, state and local laws related to leave, accommodation and antidiscrimination.

Long-standing cultural stigmas and the lack of robust public discourse surrounding menopause has also contributed to the impact of menopause on the workplace not being directly addressed by laws and workplace policies.

However, recent legislative focus on workplace protections and benefits related to pregnancy and reproductive health has opened the door to considering the benefits of expanding workplace support to all stages of the reproductive cycle.

These efforts include the 2023 enactment of the federal Pregnant Workers Fairness Act, or PWFA, which addresses reasonable accommodation concerning pregnancy, childbirth or related medical conditions;[7] and state-level developments, such as New York's landmark paid prenatal leave law, which took effect Jan. 1.[8]

Rhode Island's Menopause Protections

In a first-of-its-kind move, Rhode Island's Fair Employment Practices Act, which applies to employers with four or more employees, was amended to require covered employers to provide reasonable accommodation for an applicant's or employee's menopause or related condition.[9]

This may include, but is not limited to, managing the effects of vasomotor symptoms, i.e., hot flashes and night sweats.

The amendment also prohibits employers from denying employment opportunities based on a refusal to reasonably accommodate an employee's or applicant's menopause-related condition.

The amendment further requires Rhode Island employers to display and distribute an updated written notice of employee rights addressing the new menopause-related protections, including providing a copy of the notice to employees within 10 days of an employee notifying the employer of their menopause.[10]

Rhode Island is now the first state to require employers to extend workplace accommodation protections to employees experiencing perimenopause and menopause that are equivalent to those that have long been available to pregnant and post-childbirth employees.[11]

This landmark move is significant in that it recognizes menopause as an important workforce issue, and it may pave the way for other states and localities to advance similar menopause-related additions to their workplace discrimination and accommodation laws.

Other Related Legislation

Several other states have introduced or advanced legislation that addresses menopause and related conditions, with most focusing on healthcare, education and training, and insurance coverage.

For example, Illinois[12] and Louisiana[13] are among the states that now mandate health insurance coverage for menopause treatments, while New York is one of the states leading the charge for increased menopause awareness and protection, including in the workplace.

The proposed New York Menopause Awareness Improvement Act, introduced on April 17, would direct the state's commissioner of labor to:

[C]onduct a study on the impact of menopause on the workforce and the breadth of menopause related workforce policies, including, but not limited to, health insurance coverage of therapeutics for menopause symptoms, access to menopause health care professionals, menopause awareness policies, healthcare spending accounts that can be used for menopause related services, and cooling rooms.[14]

According to the act's legislative findings, "as many as 40 percent of menopausal people say their symptoms interfered with their work performance or productivity weekly, and nearly one in five say they have left or considered leaving the workforce because of their symptoms."[15]

A second New York bill that was introduced in February, A.B. 5436, would amend the state's human rights law to make it an unlawful discriminatory practice for employers to refuse to provide reasonable accommodation for an employee's or applicant's menstrual-related or menopausal-related conditions.[16]

It would also amend the New York Labor Law to require employers to provide informational materials related to employees' rights for menstrual-related and menopausal-related conditions, including the employer's duty to provide reasonable accommodation for such conditions.[17]

These efforts may indeed signify an increased appetite on the part of legislatures to consider express protections in the workplace for menopause and related conditions.

Existing Legal Protections for Menopause-Related Conditions

To date, when considering the extent to which menopause may be protected under federal law, courts have taken the position that because menopause is a normal consequence of aging, it therefore is not considered to be a covered disability under the Americans with Disabilities Act.[18]

Nonetheless, certain menopause-related symptoms — such as severe hot flashes, migraines or depression — that substantially limit one or more of the employee's major life activities may qualify for ADA coverage, including triggering the need for employers to consider requests by applicants and employees for reasonable accommodation related to the same.[19]

Further, state and local disability discrimination and reasonable accommodation laws may define "disability" more broadly than under the ADA, and therefore may more likely be found to cover menopause and its related symptoms.

The Family and Medical Leave Act also might apply to employees who are experiencing menopause-related symptoms if they rise to the level of a serious health condition, as defined under the law.

Specifically, symptoms that constitute an impairment or a physical or mental condition that involves inpatient care or continuing treatment by a healthcare provider may meet the FMLA's definition of a "serious health condition," and therefore afford covered employees job-protected leave to seek treatment for, or recover from, such symptoms.[20]

State family and medical leave laws, or so-called mini-FMLA laws, may similarly entitle employees with menopause-related symptoms to leave for their own qualifying serious health condition.

The federal PWFA, which requires workplace accommodations for pregnancy and related medical conditions, as noted above, may also cover menopause-related conditions, though it remains an unresolved question at this time.

Under the final regulations issued by the U.S. Equal Employment Opportunity Commission in April 2024, menstruation falls under the definition of "pregnancy, childbirth, or related medical conditions" that are protected under the PWFA.[21]

Whether menopause and perimenopause relate to menstruation, and therefore constitute related medical conditions under the PWFA, may be decided by courts or in future guidance from the EEOC, which advised in its final rule that determining whether a medical condition falls under the PWFA is on a case-by-case basis.[22]

State and local sick leave laws may also afford an avenue of support to employees who are experiencing menopause-related symptoms, as these laws typically allow employees to take paid leave for their own illness, injury or health condition.

The scope of covered reasons for leave under such laws are generally less stringent than the definition under federal law of a covered disability or health condition.

Some states have gone a step further in addressing reproductive health in the context of sick leave.

For example, last year, Massachusetts amended its sick leave law, which already provided for leave for an employee's own health condition, to specifically cover leave to address an employee's pregnancy loss or failed assisted reproduction, adoption or surrogacy.[23]

Further, several jurisdictions — including California,[24] New York[25] and Washington, D.C.[26] — include express protection against discrimination in the workplace due to an employee's reproductive health decisions, which could potentially cover discrimination related to perimenopause and menopause.

Menopause-Related Harassment in the Workplace

Menopausal status is not expressly protected, at least presently, under federal law or most local and state antidiscrimination laws.

However, derogatory, hostile, teasing or stereotype-driven comments, remarks or other conduct that is related to menopause nevertheless have the potential to trigger legal risk for employers by giving rise to harassment claims on the basis of expressly protected categories, such as sex and age.

Indeed, the EEOC included a menopause-related scenario in its 2024 enforcement guidance on workplace harassment. It explained that comments about an employee's hot flashes, referring to an employee's mistake as a "menopausal moment," and asking an employee if they could take medication for hormones were examples of intersectional harassment based on sex and age.[27]

Conclusion

Rhode Island's enactment of express menopause-related accommodation protections may well be a bellwether for similar legal protections to follow in other jurisdictions.

Indeed, numerous states have already enacted bills addressing health insurance coverage for menopause treatments. Bills that would extend antidiscrimination and reasonable accommodation protections at the state level are also under consideration.

Rhode Island's legislation is further significant for drawing attention to a historically stigmatized topic, raising awareness about women's health conditions and recognizing menopause as an imperative workforce issue.

As societal and cultural attitudes toward menopause and other reproductive health issues continue to shift toward more frank and open discussion, employers are well advised to be thoughtful about how existing employment protections and obligations may apply in the context of employees experiencing perimenopause and menopause, while also keeping a close eye on future legislative developments on these issues.

Employers may also consider weighing the potential perks and costs of implementing benefits that are tailored to menopause and perimenopause — such as time off or scheduling flexibility for menopause-related needs, access to menopause-specific resources, or other medical, financial or in-workplace supports — even in the absence of a legal requirement to do so.

Adding such benefits may provide value by increasing opportunities to recruit and retain top talent, reducing the stigma around aging in the workplace, and supporting an employer's focus on overall employee well-being at all stages of life.

That said, employers that are considering adding menopause benefits should be mindful of the potential implications and considerations under tax and employee benefits laws, including the Employee Retirement Income Security Act, and ensure appropriate compliance.

Further, extending menopause protections and benefits beyond what the law requires can inadvertently open the door to claims of unfair treatment by employees who are not otherwise eligible for such benefits.

Reproduced with permission. Originally published September 8, 2025, "RI Menopause Law Brings New Considerations For Employers," *Law360*.

[1] "An Act Relating to Labor and Labor Relations – Fair Employment Practices," B. 6161, 2025 Gen. Assem. (R.I. 2025).

[2] Mayo Clinic – Menopause, available at https://mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397 (last accessed Aug. 26, 2025). Menopause is defined as being reached after 12 months without a menstrual period, vaginal bleeding or spotting. Id.

[3] Mayo Clinic – Perimenopause, available at https://mayoclinic.org/diseases-conditions/perimenopause/symptoms-causes/syc-20354666 (last accessed Aug. 26, 2025).

[4] Id.

[5] Mayo Clinic – Menopause, available at https://mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397 (last accessed Aug. 26, 2025).

[6] The U.S. Department of Labor calculates the labor force participation rate by dividing the number of people in a given category who are "employed or actively looking for work" by the total number of "non-institutionalized, civilian" population within that category.

[7] 42 S. Code Chapter 21G.

[8] N.Y.L.L. § 196-b. Other state laws related to reproductive health include California's reproductive loss leave law, (California Government Code § 2945.6), and Illinois' Family Bereavement Leave Act (820 ILCS 154), both of which provide for unpaid leave for certain reproductive loss events, including failed adoption or surrogacy, miscarriage, stillbirth, or unsuccessful assisted reproduction.

[9] "An Act Relating to Labor and Labor Relations – Fair Employment Practices," B. 6161, 2025 Gen. Assem. (R.I. 2025). The R.I. Fair Employment Practices Act previously required covered employers, among other things, to provide reasonable accommodation related to pregnancy, childbirth, or a related medical condition, including lactation or the need to express breast milk for a nursing child.

[10] Notice of Right to be Free from Discrimination because of Pregnancy, Childbirth, Menopause and Related Conditions, available at http://www.richr.ri.gov/documents/pregnancy.pdf (last accessed Aug. 26, 2025).

[11] Rhode Island first began requiring workplace accommodations for conditions related to pregnancy, childbirth, or related medical issues in 2015, when Section 28-5-7.4 was added to the Rhode Island Fair Employment Practices Act.

[12] The Illinois Insurance Code requires that health insurance plans amended, delivered, issued, or renewed on or after January 1, 2026 provide coverage for "medically necessary hormonal and non-hormonal therapy to treat menopausal symptoms if the therapy is recommended by a qualified healthcare provider who is licensed, accredited, or certified under Illinois law and the therapy has been proven safe and effective in peer-reviewed scientific studies." 2023-2024R Ill. H.B. 5295 (Public Act 103-0703).

[13] 2024R La. H.B. 392. Among other things, the law requires: (i) health insurance insurers offering health coverage plans in the state to provide coverage for "any medically necessary care or treatment" for menopause and perimenopause; and (ii) that Medicaid benefits be made available to Medicaid-eligible employees experiencing menopausal or perimenopausal symptoms, including but not limited to, irregular menstrual periods, hot flashes, vaginal or bladder problems, decrease in fertility, loss of bone, increase in low- density lipoprotein cholesterol levels and sleep disruption, which includes night sweats.

[14] 2025-2026R Introduced Y. S. 7495. The Assembly version of this bill was introduced on May 20, 2025. 2025-2026R Introduced N.Y. A. 8542.

[15] Id.

[16] 2025-2026R Introduced Y.A. 5436.

[17] Id.

[18] See e.g., McGraw v. Sears, Roebuck & Co., 21 F. Supp. 2d 1017, 1021 (D. Minn. 1998); Klein Dep't of Children and Families Servs, 34 F. Supp. 2d 1367, 1371 (S.D. Fla. 1998).

[19] A Maine district court in Mullen v. New Balance Athleticsdeclined to dismiss an employee's ADA claim in the context of early menopause, concluding that an issue of fact existed as to whether the employee's early menopause symptoms rendered them covered under the ADA. 2019 WL 958370 (D. Me. Feb. 27, 2019).

[20] 29 S.C. 2601, et. seq.

[21] 29 CFR Part 825.

[22] Id.

[23] M.G.L. c. 149, § 148c, as amended by "An Act Promoting Access to Midwifery Care and Out-of-Hospital Birth Options", 2024 Acts Ch. 186.

[24] California Fair Employment and Housing Act, California Government Code § 12900 et seq. (prohibiting discrimination against employees because of their reproductive health decision making, which includes but is not limited to, a decision to use or access a particular drug, device, product, or medical service for reproductive health).

[25] N.Y.L.L. § 203-E (prohibiting discrimination and retaliation against employees because of their or their dependent's reproductive health decision making, including but not limited to, a decision to use or access a particular drug, device or medical service).

[26] D.C. Code § 2–1402.11 (prohibiting employers from failing to treat employees affected by a reproductive health decision the same for all-employment related purposes as a similarly-situated employee not so affected by the decision).

[27] EEOC Enforcement Guidance on Harassment in the Workplace, 29, 2024, available at https://www.eeoc.gov/laws/guidance/enforcement-guidance-harassment-workplace (last accessed Aug. 26, 2025).

Related Professionals

- **Jurate Schwartz**
  Senior Counsel
- **Laura M. Fant**
  Special Employment Law Counsel
- **Arielle E. Kobetz**
  Associate