

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 6878



Introduced by: Kababaihan Kabalikatan para sa Kapakanan at Kaunlaran ng Bayan (4K) Party-list
Representative Iris Marie D. Montes

AN ACT

MANDATING THE ESTABLISHMENT AND IMPLEMENTATION OF MENOPAUSE CARE, ESTABLISHING A NATIONAL INFORMATION PROGRAM, INSTITUTING SUPPORT MEASURES IN THE WORKPLACE, AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

"In a survey of 500 Filipino women aged 40-50 years, of various professions and residing mostly in Metropolitan Manila, the average age of menopause was estimated at 48 years. The climacteric symptoms were seen to affect 83% of the respondents. Sixty-three percent reported menopause-related circulatory or vasomotor disorders and 79% mentioned psychological disorders. The incidence and frequency of climacteric symptoms were highest among the perimenopausals. Headache was the most common climacteric symptom, while the hot flush was the least prevalent. Only 31% consulted a physician for menopause-related ailments. Eighty-six percent of those who consulted were prescribed medication, however, only 52% of these followed the prescription. Eleven percent reported dyspareunia and only 36% consulted a doctor. Thirty-one percent suffered from urinary stress incontinence and only 16% consulted a doctor. The findings of this study suggest that the average Filipino woman has an attitude of forbearance towards the climacteric syndrome. This attitude is shaped by her Asian culture and Third World circumstances."¹

Menopause -- that one point in a continuum of life stages for women and marks the end of their reproductive years -- can affect physical, emotional, mental and social well-being of women. Although symptoms experienced during and after the menopausal transition vary, they can be severe and affect daily activities of women and their quality of life. For some, symptoms like hot flushes and night sweats; changes in the regularity and flow of the menstrual cycle; vaginal dryness, pain during sexual intercourse and incontinence; difficulty sleeping/insomnia; and changes in mood, depression and anxiety can last for several years.

¹ Ramoso-Jalbuena J. Climacteric Filipino women: a preliminary survey in the Philippines. *Maturitas*. 1994 Oct;19(3):183-90. doi: 10.1016/0378-5122(94)90070-1. PMID: 7799824.

Yet, at least eighty percent (80%) of Filipino women or an estimated eight (8) out of ten (10) Juanas are suffering in silence -- fighting this inevitable transition alone.

Because the very idea of menopause is perceived negatively in our culture, it being associated with the loss of youth, vitality, and fertility, discussions about this stage of a woman's life often become uncomfortable, a taboo to say the least.

As a result, supporting women's health through midlife lack institutional support. Consequently, "studies show a vast knowledge deficit among women: 70 percent of respondents were unaware of the increased susceptibility to osteoporosis, and 88 percent were unaware of the elevated risk of heart disease associated with menopause. Experts confirm that for many Filipinas, the cessation of menses is often the only information generally familiar or known regarding menopause."²

Moreover, psychological disorders (affecting 79 percent in one survey) and easy fatigability (89%) are common. Hospital-based studies show that joint and muscular discomfort is the most prevalent issue, and the most common reason for absence from work. These symptoms, coupled with emotional impacts like brain fog and anxiety, severely strain relationships. Critically, the sustained drop in estrogen significantly impacts long-term health, elevating the risk for cardiovascular disease-- the leading cause of death for women and contributing to metabolic changes.³

This bill seeks to address these issues by making available and accessible crucial preventative health care towards early, proactive, and holistic wellness intervention for women.

In particular, the bill aims to provide access to menopause care services in public health facilities; establish specialized menopause clinics; include menopause care in PhilHealth benefit package; institute context-appropriate and evidence-based clinical practice guidelines for menopause; establish a national menopause awareness and information program; and adopt menopause-friendly workplace policies.

Hence, in view of protecting and promoting the right to health of Filipino women and instilling health consciousness among them and in recognition of their indispensable role in nation-building, approval of this measure is earnestly sought.


IRIS MARIE D. MONTES

Kababaihan Kabalikatan para sa Kapakanan
at Kaunlaran ng Bayan (4K) Party-list

² The silent battle: 80% of Filipino women are fighting alone, October 26, 2025, GMA Lifestyle (<https://www.gmanetwork.com/lifestyle/health-fitness/127198/the-silent-battle-80-of-filipino-women-are-fighting-alone/story>) Accessed on 07 December 2025

³ Ibid.

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Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.* - This Act shall be known as the "Menopause Health Care and Support Act."

SEC. 2. *Declaration of Policy.* - It is the policy of the State to protect and promote the right to health of all Filipinos, and instill health consciousness among them. It is likewise the policy of the State to protect and promote the right of every woman experiencing menopause to the enjoyment of the highest attainable standard of health.

Towards this end, the State recognizes menopause as a significant health transition that can affect physical, emotional, and economic well-being and shall therefore ensure access to comprehensive menopausal care, strengthen public awareness, and promote inclusive and supportive workplaces.

SEC. 3. *Definition of Terms.* - As used in this Act:

(a) Employee refers to any individual hired under regular, probationary, contractual, project-based, seasonal, or temporary employment;

(b) Employer refers to any natural or juridical person employing workers, including government agencies, government-owned and -controlled corporations (GOCCs), private corporations, partnerships, cooperatives, and other entities;

(c) Menopause Care refers to medical consultations, laboratory tests, hormone and non-hormone therapies, mental health support, lifestyle counseling, and other health services related to menopause;

(d) Menopause refers to the natural cessation of menstruation for twelve (12) consecutive months; and

(e) Perimenopause refers to the transitional phase leading to menopause characterized by fluctuating hormone levels and related symptoms;

SEC. 4. *Access to Menopause Care Services in Public Health Facilities.* - All government hospitals and women's health clinics are hereby mandated to provide:

(1) Free or subsidized menopause-related consultations;

(2) Access to basic laboratory tests such as follicle-stimulating hormone (FSH), lipid profile, and bone density scans, among others, in compliance to the Department of Health (DOH) guidelines;

(3) Medically appropriate hormone replacement therapy (HRT) and non-HRT options;

(4) Mental health and counseling support in accordance with Republic Act No. 11036, otherwise known as the "Mental Health Act"; and

(5) Referral pathways for cases requiring specialized care.

SEC. 5. *Inclusion of Menopause Care in the Benefit Package of the Philippine Health Insurance Corporation (PhilHealth).* - The PhilHealth shall develop exclusive packages for menopause care that will address the specific health and development needs of women, subject to actuarial evaluation.

SEC. 6. *Standards of Menopause Care.* - The DOH shall work with various medical professional organizations in developing context-appropriate, evidence-based clinical practice guidelines to guide clinical decision to support women who go through menopause.

SEC. 7. *Establishment of Specialized Menopause Clinics.* - The DOH shall establish specialized menopause clinics in DOH hospitals and in government-owned and -controlled corporations (GOCCs) specialty hospitals pursuant to their respective mandates.

The DOH shall provide appropriate specialist equipment and prioritize funding for capital outlay investment for specialized menopause clinics through the Health Facilities Enhancement Program and other fund sources.

The DOH, in collaboration with the DOH hospitals, the Professional Regulation Commission (PRC), the Department of Budget and Management (DBM), the Civil Service Commission (CSC), the concerned accredited professional organization and specialty and subspecialty associations, and other relevant government agencies and stakeholders, shall ensure the sustainability of the staffing of the specialized menopause clinics by developing and implementing plans, policies, strategies, and programs concerning the production, recruitment, training, and retention of medical specialists and expert personnel.

The DOH shall determine the organizational structure and staffing pattern of specialized menopause clinics, subject to evaluation and approval of the DBM and in accordance with civil service laws, rules and regulations.

SEC. 8. *Capacity Development.* - The DOH, in collaboration with the climacteric medicine, obstetrics, and gynecological societies, local government units (LGUs) leagues, and LGU-based associations, academic institutions, civil society organizations, and the private sector, shall formulate, implement and update capacity development program for all health care workers providing menopause health services/care and support at all levels of the health care system. The capability of public health systems and facilities in the provision of oral health services shall also be strengthened through the following activities:

(a) Allocation of adequate resources to ensure the provision of menopause health services;

(b) Provision of relevant, timely, and accurate information management system for menopause; and

(c) Build up highly motivated health professionals and trained auxiliaries to manage and provide quality menopause care.

SEC. 9. *Menopause Services in LGUs.* - All provinces, cities, municipalities, and barangays shall implement their respective menopause health services in accordance with this Act. LGUs shall ensure the delivery of quality, affordable, accessible, and available menopause health services in their respective health facilities.

SEC. 10. *Establishment of Menopause Awareness and Information Program.* - The DOH shall establish a National Menopause Awareness and Information Program. It shall aim to:

(1) Provide evidence-based information on menopause and perimenopause;

(2) Promote early health consultations and preventive care;

(3) Address stigma, discrimination, and misinformation; and

(4) Conduct community seminars, online campaigns, and developing informational materials in English, Filipino, and major regional languages.

The DOH, in consultation with the (PRC), Department of Interior and Local Government (DILG), Accredited Integrated Professional Organization (AIPO) for physicians, and other relevant agencies and organizations, shall ensure that health care workers, and community health volunteers receive training on menopause awareness and management.

SEC. 11. *Menopause Awareness Month.* - The month of October of each year is hereby declared the "National Menopause Awareness Month" to raise public awareness about menopause and the challenges facing women during the transition and highlight improvements in research, education and support.

SEC. 12. *Annual Program of Activities.* - In observance of the "National Menopause Awareness Month," an annual program of activities shall be prepared and implemented by the DOH, in collaboration with the DILG and Philippine

Commission on Women (PCW). The DILG and PCW are authorized to request assistance from other government departments, bureaus, offices, agencies, or instrumentalities, including GOCCs, as necessary to effectively carry out the objectives of this Act.

The Philippine Information Agency (PIA), in collaboration with the DOH and PCW, shall ensure the effective dissemination of information regarding this Act.

All LGUs, private organizations, civil society groups, non-governmental organizations, and people's organizations are encouraged to observe the "National Menopause Awareness Month" through simple ceremonies and actively participate in related activities.

SEC. 13. *Menopause-Friendly Workplace Policies.* - All employers shall adopt reasonable workplace measures to support employees experiencing menopausal symptoms, which may include:

(a) Flexible work arrangements in line with Republic Act No. 11165, otherwise known as the "Telecommuting Act", and other labor issuances;

(b) Access to rest areas, cooling mechanisms, ventilation options, and hydration stations;

(c) Additional short breaks when symptoms are severe;

(d) Anti-discrimination protections ensuring that no employee shall be denied promotion, benefits, or opportunities due to menopause.

The Department of Labor and Employment (DOLE) shall issue detailed implementing guidelines within ninety (90) days after the effectivity of this Act.

SEC. 14. *Menopause Leave.* -

(a) All female employees and individuals who menstruate, experiencing acute menopausal symptoms, shall be entitled to three (3) days of paid Menopause Leave per calendar year.

(b) It shall be separate from existing leave benefits such as sick leave, service incentive leave, special leave for women under the Magna Carta of Women, or menstrual leave.

(d) It shall require a simple medical certificate from a licensed physician.

SEC. 15. *Research, Data Collection, and Surveillance.* - The Philippine Council for Health Research and Development (PCHRD), in coordination with the DOH, Philippine Statistics Authority (PSA), Food and Drug Administration (FDA), and relevant medical associations, shall conduct regular research on:

(1) Prevalence and symptom patterns of menopause among Filipinos;

(2) Accessibility and outcomes of menopausal care; and

(3) Safety and efficacy of available therapies.

SEC. 16. *Submission of Annual Report.* - The DOH, in coordination with the relevant agencies, shall submit an annual report to both Houses of Congress on or before the end of December of every year.

SEC. 17. *Appropriations.* - The amount necessary for the initial implementation of this Act shall be taken from existing allocations of the agencies concerned. Thereafter such sums as shall be necessary to carry out the provisions of this Act shall be included in the annual General Appropriations Act.

SEC. 18. *Implementing Rules and Regulations.* - The DOH, in coordination with the DILG, DOLE, PhilHealth, PCW, PIA, among other government agencies, shall issue implementing rules and regulations, within six (6) months after the effectivity of this Act. Failure to issue rules and regulations shall not in any manner affect the executory provisions of the law.

SEC. 19. *Separability Clause.* - If any provision of this Act is declared unconstitutional, the remaining provisions shall remain in full force and effect.

SEC. 20. *Repealing Clause.* - All laws, decrees, executive orders, and regulations inconsistent with this Act are hereby amended or repealed accordingly.

SEC. 21. *Effectivity Clause.* - This Act shall take effect fifteen (15) days after publication in the Official Gazette or in a newspaper of general circulation.

Approved,