

119TH CONGRESS
2D SESSION

H. R. 9090

To improve menopause care and mid-life women’s health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 2, 2026

Ms. CLARKE of New York introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To improve menopause care and mid-life women’s health,
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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Advancing Menopause Care and Mid-Life Women’s
6 Health Act”.

7 (b) TABLE OF CONTENTS.—The table of contents for
8 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Research with respect to menopause and mid-life women’s health.
- Sec. 3. Public health promotion and prevention.
- Sec. 4. Public health awareness, education, and outreach program on menopause and mid-life women’s health.

- Sec. 5. Training programs to improve care and treatment of menopausal symptoms.
- Sec. 6. Centers of excellence in menopause cause and mid-life women’s health.
- Sec. 7. Reporting requirement.
- Sec. 8. Coordination.

1 **SEC. 2. RESEARCH WITH RESPECT TO MENOPAUSE AND**
 2 **MID-LIFE WOMEN’S HEALTH.**

3 (a) NIH RESEARCH.—Part A of title IV of the Public
 4 Health Service Act (42 U.S.C. 281 et seq.) is amended
 5 by adding at the end the following:

6 **“SEC. 404P. RESEARCH WITH RESPECT TO MENOPAUSE**
 7 **AND MID-LIFE WOMEN’S HEALTH.**

8 “(a) RESEARCH AND INNOVATION.—

9 “(1) IN GENERAL.—The Director of NIH, act-
 10 ing through the Director of the Office of Research
 11 on Women’s Health, shall coordinate and expand re-
 12 search activities conducted by all institutes, centers,
 13 and offices of the National Institutes of Health to
 14 develop and implement Federal research programs
 15 with respect to—

16 “(A) the impact of the symptoms and tra-
 17 jectories of changes across perimenopause, the
 18 menopausal transition, and the postmenopausal
 19 period on women’s physical, oral, mental, be-
 20 havioral, and cognitive health;

21 “(B) the prevention of related adverse
 22 health outcomes among women during the men-

1 opausal transition and the postmenopausal pe-
2 riod;

3 “(C) the known health disparities that are
4 observed with the menopausal transition, in-
5 cluding between rural women and urban or sub-
6 urban women; and

7 “(D) the development of integrated, col-
8 laborative approaches to menopause care, which
9 may involve non-pharmacological and pharma-
10 cological treatments.

11 “(2) GRANTS.—In carrying out paragraph (1),
12 the Director of NIH shall award grants to eligible
13 entities to support—

14 “(A) biomedical and public health research
15 and innovation in the development of new treat-
16 ments, and diagnostic testing services for
17 perimenopause and acute and chronic meno-
18 pausal conditions;

19 “(B) researchers and clinicians engaged in
20 clinical and translational research on
21 perimenopause, menopause, and mid-life wom-
22 en’s health; and

23 “(C) researchers and clinicians developing
24 and testing the effectiveness and implementa-
25 tion of evidence-based integrated, collaborative

1 approaches for caring for mid-life women in the
2 perimenopausal, menopausal, and post-
3 menopausal periods of life.

4 “(3) ELIGIBLE ENTITIES.—To be eligible to re-
5 ceive a grant under subsection (b), an entity shall
6 meet such criteria as the Director of NIH may es-
7 tablish, and shall be—

8 “(A) an accredited entity that offers edu-
9 cation to students in various health professions,
10 such as__

11 “(i) a teaching hospital;

12 “(ii) an accredited school of medicine,
13 osteopathic medicine, dental medicine,
14 nursing, or pharmacy, or a physician as-
15 sistant training program, including a his-
16 torically Black college or university (as de-
17 fined by the term ‘part B institution’ in
18 section 322 of the Higher Education Act
19 of 1965 or described in section 326(e)(1)
20 of the Higher Education Act of 1965) or
21 other minority-serving institutions (as de-
22 scribed in section 371(a) of the Higher
23 Education Act of 1965));

1 “(iii) a certified behavioral health clin-
2 ic with an accredited medical or nursing
3 residency program;

4 “(iv) an accredited public or nonprofit
5 private hospital with an accredited medical,
6 dental, or nursing residency program;

7 “(v) an accredited nurse practitioner
8 residency program that includes and ac-
9 credited nursing residency program; or

10 “(vi) a related accredited program en-
11 gaged in the care, treatment, or manage-
12 ment of menopausal symptoms;

13 “(B) an academic research institution or
14 other nonprofit research institution;

15 “(C) a small business; or

16 “(D) such other entity as the Director of
17 NIH may determine appropriate.

18 “(b) RESEARCH, CONDITION, AND DISEASE CAT-
19 EGORIZATION.—The Director of NIH shall designate, in
20 the Research, Condition, and Disease Categorization, new
21 categories for chronic or debilitating conditions among
22 women, to analyze and coordinate current and future re-
23 search on perimenopause, menopause, menopausal symp-
24 toms, and postmenopausal short-term and long-term ef-

1 fects of such symptoms and conditions on mid-life wom-
2 en’s health.

3 “(c) COORDINATION.—The Director of the NIH shall
4 coordinate and expand Federal research programs and ac-
5 tivities to study acute and chronic menopausal symptoms
6 and new pharmacological or non-pharmacological treat-
7 ment approaches for such symptoms, including—

8 “(1) vasomotor symptoms;

9 “(2) osteoporosis;

10 “(3) sarcopenia;

11 “(4) temporomandibular disorders;

12 “(5) joint and nerve pain;

13 “(6) trauma, anxiety, depression, mood dis-
14 orders, and related mental and behavioral health
15 conditions;

16 “(7) cognitive problems and dementia;

17 “(8) heart disease and other cardiovascular con-
18 ditions;

19 “(9) genitourinary conditions;

20 “(10) alopecia;

21 “(11) vision or hearing impairments;

22 “(12) diabetes, digestive, and metabolic dis-
23 orders;

24 “(13) chronic sleep deficiency, insomnia, and
25 related sleep disorders;

1 “(14) pelvic floor disorders;
2 “(15) oral health management;
3 “(16) co-occurring chronic conditions;
4 “(17) co-occurring menopausal transition symp-
5 toms and cancer symptoms; and
6 “(18) other menopausal symptoms and related
7 conditions, as the Director of NIH determines ap-
8 propriate.

9 “(d) **TRANSLATIONAL RESEARCH.**—The Secretary
10 shall expand translational research activities to accelerate
11 translation and implementation of Federal research on
12 perimenopause and menopausal symptoms and facilitate
13 equitable, evidence-based delivery of integrated, collabo-
14 rative perimenopause, menopause, and postmenopause
15 care and related mid-life women’s health services.

16 “(e) **OUTREACH AND ENGAGEMENT.**—The Secretary
17 shall expand outreach and engagement activities with ac-
18 credited schools of medicine, institutions of higher edu-
19 cation, and research institutions to support Federal re-
20 search activities with respect to menopausal symptoms.”.

21 (b) **PUBLIC HEALTH RESEARCH AND DATA REPORT-**
22 **ING ACTIVITIES.**—Part A of title III of the Public Health
23 Service Act (42 U.S.C. 241 et seq.) is amended by adding
24 at the end the following:

1 **“SEC. 310C. RESEARCH RELATING TO MID-LIFE WOMEN’S**
2 **HEALTH.**

3 “(a) PUBLIC HEALTH RESEARCH.—The Secretary
4 shall expand research activities with respect to the severity
5 and duration of perimenopausal, menopausal, and post-
6 menopausal symptoms and related chronic conditions af-
7 fecting mid-life health outcomes among women, including
8 mental and behavioral health outcomes. In carrying out
9 activities under this section, the Secretary shall coordinate
10 with existing programs and activities of the Department
11 of Health and Human Services.

12 “(b) HEALTH CARE QUALITY RESEARCH.—The Sec-
13 retary shall expand research, program evaluation, quality
14 improvement and implementation activities to improve
15 health care delivery for the care, treatment, or manage-
16 ment of perimenopause and menopausal symptoms and re-
17 lated chronic conditions, including data collection with re-
18 spect to preventive services that support mid-life health
19 outcomes among women and address barriers to care and
20 the development and testing of evidence-based integrated,
21 collaborative approaches to care during the menopausal
22 transition.

23 “(c) DASHBOARD.—The Secretary shall establish and
24 maintain a dashboard for the reporting of data on meno-
25 pausal symptoms and mid-life health outcomes among
26 women gathered through public health surveillance activi-

1 ties and the testing of integrated, collaborative approaches
2 to care with respect to screening, testing, treatment, and
3 prevention services, and the impact of this section and sec-
4 tion 404P on such efforts.

5 “(d) OCCUPATIONAL HEALTH RESEARCH.—The Sec-
6 retary shall conduct research activities and expand data
7 collection with respect to workplace stressors related to se-
8 vere acute or chronic menopausal symptoms, physical in-
9 jury, or other adverse health outcomes among women, in-
10 cluding traumatic stress, anxiety, depression, and related
11 mental and behavioral health conditions. The Secretary
12 shall review existing evidence, identify gaps in services,
13 and develop evidence-informed recommendations for re-
14 lated public health interventions and support services.

15 “(e) INTERAGENCY COORDINATION.—The Secretary
16 shall develop and implement new interagency research ini-
17 tiatives or programs to address menopausal symptoms.”.

18 (c) AUTHORIZATION OF APPROPRIATIONS.—For the
19 purpose of carrying out sections 404P and 310C of the
20 Public Health Service Act, as added by subsections (a)
21 and (b), respectively, there are authorized to be appro-
22 priated \$25,000,000 for each of fiscal years 2027 through
23 2031.

1 **SEC. 3. PUBLIC HEALTH PROMOTION AND PREVENTION.**

2 Title III of the Public Health Service Act (42 U.S.C.
3 241 et seq.) is amended by adding at the end the fol-
4 lowing:

5 **“PART X—ACTIVITIES TO PROMOTE MID-LIFE**
6 **WOMEN’S HEALTH**

7 **“SEC. 399PP. PUBLIC HEALTH PROMOTION ACTIVITIES.**

8 “(a) CHRONIC CONDITIONS AND PUBLIC HEALTH
9 PROMOTION.—The Secretary shall expand public health
10 promotion and prevention activities with respect to
11 perimenopausal, menopausal, and postmenopausal mid-life
12 women’s health symptoms and chronic conditions de-
13 scribed in section 404P(c), and other related conditions
14 and adverse health outcomes, at the discretion of the Sec-
15 retary.

16 “(b) EARLY DETECTION, DIAGNOSIS, AND TREAT-
17 MENT.—

18 “(1) IN GENERAL.—The Secretary shall award
19 grants to eligible entities to improve the early detec-
20 tion, diagnosis, and treatment of perimenopausal,
21 menopausal, and postmenopausal symptoms and
22 support public health activities to expand access to
23 quality care services and improve mid-life health out-
24 comes among women.

25 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
26 ceive a grant under paragraph (1), an entity shall__

1 “(A) be—

2 “(i) a State, local, Tribal, or terri-
3 torial public health department;

4 “(ii) an accredited entity that offers
5 education to students in various health
6 professions; or

7 “(iii) such other type of entity, as the
8 Secretary determines appropriate; and

9 “(B) submit an application to the Sec-
10 retary at such time, in such manner, and con-
11 taining such information as the Secretary may
12 require.

13 “(c) CARE COORDINATION.—The Secretary shall
14 award grants to eligible entities described in subsection
15 (b)(2) to support care coordination and care planning ac-
16 tivities, including such activities otherwise supported
17 under this Act, and expand access to quality primary care
18 and specialty care services to improve symptoms and
19 chronic conditions described in section 404P(c).

20 “(d) MENTAL HEALTH AND SUBSTANCE USE PRE-
21 VENTION.—The Secretary shall develop recommendations
22 and best practices to—

23 “(1) increase access to mental and behavioral
24 health care services and substance use disorder pre-

1 vention services for women experiencing
2 perimenopause or menopausal symptoms; and

3 “(2) expand substance use disorder treatment,
4 recovery, and support services for women experi-
5 encing perimenopause, early menopause, menopause,
6 and postmenopause, and related symptoms and
7 chronic conditions.

8 “(e) HEALTH CARE DELIVERY.—The Secretary shall
9 develop recommendations and best practices for—

10 “(1) reducing health disparities in the manage-
11 ment of perimenopausal and menopausal symptoms
12 and conditions;

13 “(2) the prevention of adverse health outcomes
14 in the mid-life and menopausal transition;

15 “(3) improving mid-life women’s access to
16 perimenopause and menopause health care services
17 through integrated, collaborative approaches to care;
18 and

19 “(4) providing patient-centered perimenopause,
20 mid-life, and menopause counseling and treatment
21 through pharmacological and non-pharmacological
22 treatments.

23 “(f) SAFETY AND EFFECTIVENESS.—The Secretary
24 shall carry out and support—

1 **“SEC. 399PP-1. PUBLIC HEALTH AWARENESS, EDUCATION,**
2 **AND OUTREACH PROGRAM ON MENOPAUSE**
3 **AND MID-LIFE WOMEN’S HEALTH.**

4 “(a) IN GENERAL.—The Secretary shall develop and
5 carry out a national awareness, education, and outreach
6 program relating to menopausal symptoms, mid-life wom-
7 en’s health, and related care, treatment, and preventive
8 services directed at patients, health care providers, first
9 responders (such as emergency medical service providers),
10 and related stakeholders. Such awareness, education, and
11 outreach program shall—

12 “(1) disseminate educational materials and pro-
13 vide technical assistance for health care providers
14 and patients to support engagement about
15 perimenopause and menopause care and treatment
16 options for menopausal symptoms;

17 “(2) help such providers to identify risk factors
18 and prevent injury and adverse health outcomes
19 among mid-life women with menopausal symptoms;
20 and

21 “(3) address barriers to related care and treat-
22 ment services for mid-life women.

23 “(b) OUTREACH.—In carrying out this section, the
24 Secretary shall—

1 “(1) conduct outreach and education activities
2 related to perimenopause and menopause and mid-
3 life women’s health that—

4 “(A) include evidence-based information;
5 and

6 “(B) are culturally appropriate, in the case
7 of such outreach and education activities for In-
8 dian Tribes;

9 “(2) provide opportunities for State, local, Trib-
10 al, and territorial public health departments to cus-
11 tomize public health awareness, education, and out-
12 reach materials for their populations; and

13 “(3) prioritize populations in areas affected by
14 known health disparities and barriers to care, in-
15 cluding rural and underserved areas.

16 “(c) COORDINATION.—In carrying out this section,
17 the Secretary shall coordinate with existing awareness,
18 education, and outreach programs and activities of the De-
19 partment of Health and Human Services.

20 “(d) ONLINE RESOURCES.—The Secretary shall de-
21 velop, operate, and maintain a website to provide edu-
22 cational materials in accessible formats for health care
23 providers, patients, and caregivers, regarding
24 perimenopause, menopause, post-menopause, and mid-life
25 women’s health. Such educational materials may include—

1 “(1) webinars, continuing education modules,
2 videos, fact sheets, infographics, stakeholder toolkits,
3 or other materials in formats as appropriate and ap-
4 plicable; and

5 “(2) tailored for health care providers, patients,
6 caregivers, and other audiences, as the Secretary de-
7 termines appropriate.

8 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
9 carry out this section, there are authorized to be appro-
10 priated \$10,000,000 for each of fiscal years 2027 through
11 2031.”.

12 **SEC. 5. TRAINING PROGRAMS TO IMPROVE CARE AND**
13 **TREATMENT OF MENOPAUSAL SYMPTOMS.**

14 Part D of title VII of the Public Health Service Act
15 (42 U.S.C. 294 et seq.) is amended by inserting after sec-
16 tion 757 (42 U.S.C. 294f) the following:

17 **“SEC. 758. TRAINING PROGRAMS TO IMPROVE CARE AND**
18 **TREATMENT OF MENOPAUSAL SYMPTOMS.**

19 “(a) GRANTS TO TRAIN HEALTH PROFESSIONALS.—

20 “(1) IN GENERAL.—The Secretary shall award
21 grants to eligible entities for the purpose described
22 in paragraph (2).

23 “(2) USE OF FUNDS.—A grant awarded under
24 this subsection shall be used to develop, establish, or
25 expand training programs (including accredited resi-

1 dency programs, fellowships, or other related clinical
2 training) for physicians, dentists, registered nurses,
3 advanced practice registered nurses, physician assist-
4 ants, pharmacists, other health care providers, and
5 students and trainees to improve care, treatment, or
6 management services for perimenopause, menopausal
7 symptoms, and related chronic conditions affecting
8 women in mid-life.

9 “(3) ELIGIBILITY.—To be eligible to receive a
10 grant under this subsection, an entity shall—

11 “(A) be—

12 “(i) an accredited school of medicine
13 or osteopathic medicine;

14 “(ii) an accredited school of dental
15 medicine;

16 “(iii) an accredited school of nursing;

17 “(iv) an accredited school of phar-
18 macy;

19 “(v) an accredited public or nonprofit
20 private hospital;

21 “(vi) an accredited medical or dental
22 residency program;

23 “(vii) an accredited advanced practice
24 registered nurse residency program; or

1 “(viii) a related training program for
2 clinicians, allied health professionals, or so-
3 cial workers that interface with affected
4 populations, which may include hospitals
5 and research institutions, as determined by
6 the Secretary; and

7 “(B) submit an application to the Sec-
8 retary at such time, in such manner, and con-
9 taining such information as the Secretary may
10 require.

11 “(b) TRAINING OPPORTUNITIES.—The Secretary
12 shall expand outreach activities to support and expand
13 training programs, fellowships, and other opportunities for
14 students, faculty, and trainees (including continuing med-
15 ical education) or establish new training opportunities to
16 address barriers to access to—

17 “(1) primary and specialty care services to sup-
18 port mid-life women’s health; and

19 “(2) early detection, diagnosis, treatment, and
20 care services for perimenopause, menopausal symp-
21 toms, and related chronic conditions.

22 “(c) COORDINATION.—In carrying out this section,
23 the Secretary shall coordinate with existing awareness,
24 education, and outreach programs and activities of the De-
25 partment of Health and Human Services.

1 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
2 carry out this section there are authorized to be appro-
3 priated \$10,000,000 for each of fiscal years 2027 through
4 2031.”.

5 **SEC. 6. CENTERS OF EXCELLENCE IN MENOPAUSE CAUSE**
6 **AND MID-LIFE WOMEN’S HEALTH.**

7 Part X of title III of the Public Health Service Act
8 (42 U.S.C. 241 et seq.), as amended by section 4, is fur-
9 ther amended by adding at the end the following:

10 **“SEC. 399PP-2. CENTERS OF EXCELLENCE IN MENOPAUSE**
11 **CARE AND MID-LIFE WOMEN’S HEALTH.**

12 “(a) IN GENERAL.—The Secretary shall designate el-
13 igible entities as Centers of Excellence in Menopause and
14 Mid-Life Women’s Health, and award grants to such enti-
15 ties, for purposes of improving professional training re-
16 sources for health care providers on mid-life women’s
17 health with respect to the care, treatment, and manage-
18 ment of perimenopause and menopausal symptoms, and
19 related support services.

20 “(b) ELIGIBILITY.—To be eligible to receive a des-
21 ignation and grant under subsection (a), an entity shall—

22 “(1) be an accredited entity that offers edu-
23 cation to students in various health professions, or
24 such other type of entity, as the Secretary deter-
25 mines appropriate;

1 “(2) demonstrate community engagement and
2 partnerships with community stakeholders, including
3 entities that train health care providers, social work-
4 ers, or other health professionals, community health
5 centers, health systems administrators, certified be-
6 havioral health clinics, and research institutions; and

7 “(3) submit to the Secretary an application at
8 such time, in such manner, and containing such in-
9 formation as the Secretary may require.

10 “(c) ACTIVITIES.—An entity receiving an award
11 under subsection (a) shall develop and distribute evidence-
12 based resources to health care providers, patients, and
13 public health departments regarding the care, treatment,
14 and management of perimenopause and menopausal
15 symptoms during mid-life. Such resources may include in-
16 formation on—

17 “(1) advancements in the evidence-based treat-
18 ment or management of perimenopause and acute or
19 chronic menopausal symptoms;

20 “(2) the prevention and treatment of related
21 chronic conditions across different patient popu-
22 lations to support mid-life women’s health; and

23 “(3) other topic areas that are relevant to the
24 objectives described in subsection (a).

1 “(d) GEOGRAPHIC DISTRIBUTION.—In awarding
2 grants under subsection (a), the Secretary shall take into
3 account regional differences among eligible entities and
4 ensure equitable geographic distribution between rural and
5 urban areas.

6 “(e) PRIORITY.—In awarding grants under sub-
7 section (a), the Secretary shall prioritize eligible entities
8 that provide services in a health professional shortage area
9 designated under section 332 or to medically underserved
10 populations, as defined in section 330(b)(3).

11 “(f) EVALUATION.—Each entity receiving an award
12 under subsection (a) shall submit an annual report to the
13 Secretary on the activities carried out using such award.
14 The Secretary shall evaluate each project carried out by
15 an entity receiving an award under this section and shall
16 report the findings with respect to each such evaluation
17 to appropriate Federal agencies and public and private en-
18 tities.

19 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
20 carry out this section, there are authorized to be appro-
21 priated such sums as may be necessary for each of fiscal
22 years 2027 through 2031.”.

23 **SEC. 7. REPORTING REQUIREMENT.**

24 (a) REPORT ON ACTIVITIES CARRIED OUT UNDER
25 THIS ACT.—Not later than 2 years after the date of enact-

1 ment of this Act, and every year thereafter, the Secretary
2 of Health and Human Services shall submit to the Com-
3 mittee on Appropriations, the Committee on Health, Edu-
4 cation, Labor, and Pensions, the Committee on Finance,
5 and the Special Committee on Aging of the Senate and
6 the Committee on Appropriations, the Committee on En-
7 ergy and Commerce, and the Committee on Ways and
8 Means of the House of Representatives a report describing
9 the progress of activities carried out under this Act and
10 the amendments made by this Act. Each such report shall
11 contain—

12 (1) information with respect to Federal re-
13 search activities related to perimenopause and meno-
14 pause and mid-life women’s health, including infor-
15 mation related public health awareness, education,
16 and outreach activities, including—

17 (A) data and knowledge gaps, or other bar-
18 riers, related to research, diagnostic testing,
19 and pharmacological and non-pharmacological
20 treatments with respect to perimenopause,
21 menopause, menopausal symptoms, and related
22 health conditions and outcomes in women’s
23 mid-life;

24 (B) data or information related to barriers
25 to health care and support services among

1 women experiencing perimenopause or meno-
2 pausal symptoms and conditions and outcomes
3 in rural and underserved areas; and

4 (C) data or information related to barriers
5 to training opportunities and resources for
6 health care providers serving women experi-
7 encing perimenopause or menopausal symptoms
8 and related conditions and outcomes in rural
9 and underserved areas;

10 (2) recommendations and best practices for
11 health care providers and public health departments
12 to expand access to integrated, collaborative ap-
13 proaches to care and increase public awareness and
14 understanding of menopausal symptoms and related
15 chronic conditions; and

16 (3) information about related Federal activities,
17 as the Secretary determines appropriate.

18 (b) REPORT ON ACCESS TO CARE AND TREAT-
19 MENT.—Not later than 2 years after the date of enact-
20 ment of this Act, the Secretary shall release a report on
21 known health disparities, barriers to access to care, and
22 management and treatment services, with respect to
23 perimenopause and menopausal symptoms and related
24 conditions, and recommendations to reduce any such dis-
25 parities and barriers for women in mid-life.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there are authorized to be appropriated
3 such sums as may be necessary for each of fiscal years
4 2027 through 2031.

5 **SEC. 8. COORDINATION.**

6 The Secretary of Health and Human Services shall
7 coordinate activities carried out under this Act (including
8 the amendments made by this Act) with other existing
9 Federal efforts relating to menopausal symptoms, mid-life
10 women’s health, aging, or public health promotion carried
11 out by the Department of Veterans Affairs, the Depart-
12 ment of Defense, and other Federal departments and
13 agencies, as appropriate.

○