

Public Health Committee

JOINT FAVORABLE REPORT

Bill No: HB-5389 / [Bill Status](#) / [Public Hearing Testimony](#)

Title: AN ACT CONCERNING A PROVIDER TOOLKIT FOR THE DIAGNOSIS AND TREATMENT OF MENOPAUSE, PERIMENOPAUSE AND POSTMENOPAUSE.

Vote Date: 3/9/2026

Vote Action: Joint Favorable Substitute

PH Date: 3/4/2026

File No.: 114

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

For too long menopause has been under recognized in health care settings. As a result, many patients experience years of symptoms before receiving accurate information regarding diagnosis and treatment. This bill would require the Department of Public Health (DPH) to create and distribute a statewide provider toolkit that provides practical, evidence-based and culturally appropriate guidance to aid health care professionals to better diagnose and treat menopause, perimenopause and postmenopausal symptoms. This includes providers in most health care disciplines as well as emergency medicine and community health. The toolkit must be developed in consultation with UConn Health Center's Health Disparities Institute, including people who have experienced these symptoms and providers who treat them. At a minimum, the toolkit must include the following:

- A comprehensive description of each phase of menopause.
- Guidelines based in evidence to identify and treat these symptoms including hormone replacement therapy.
- Available insurance coverage for these therapies.
- Short education models that would qualify as continuing education for the providers.

The toolkit must be distributed by DPH by January 1, 2028.

SUBSTITUTE LANGUAGE (IF APPLICABLE):

Requires DPH when developing the toolkit to consult with providers who treat these conditions as well as the people who have experienced these symptoms. The Commissioner must then evaluate any feedback on the effectiveness of the toolkit, apply any revision suggestions, and distribute any revised toolkit by January 1, 2029.

RESPONSE FROM ADMINISTRATION/AGENCY:

Manisha Juthani, MD, Commissioner, Department of Public Health:

The staff of DPH does not possess the expertise or resources needed to develop a toolkit as outlined in the bill. As such, the department would need to hire a consultant for this purpose. In addition, the time required to hire a consultant and develop the toolkit would make meeting the deadline of January 1, 2027 difficult to achieve. Finally, given that the cost of hiring a consultant is not included in the Governor's budget, the department cannot support the bill in its present form.

The Commission of Women, Children, Seniors, Equity and Opportunity (CWCEO):

CWCEO urges the committee to recognize that to ensure the toolkit is comprehensive, sufficient time must be given for an effective collaboration among health and medical experts, advocates and individuals with lived experience. For this reason, CWSCEO recommends an adjustment to the timeline in the bill.

NATURE AND SOURCES OF SUPPORT:

The Connecticut Hospital Association (CHA):

Menopause-related symptoms are often under recognized or treated inconsistently due to a lack of standardized, evidence-based guidance. The toolkit described in this bill could provide practical, culturally appropriate and clinically supported resources to improve screening, assessment, diagnosis and treatment of the symptoms of the various stages of menopause. This bill would support Connecticut hospitals and health care systems to provide more consistent, high-quality care and advance efforts to reduce racial disparities and improve women's health.

Katie Hickie, Master of Social Work (MSW) student at UConn:

Many women who are experiencing the symptoms associated with the various phases of menopause are unaware of the causes. Not only does this have a negative impact on the health of the individual, but on society at large. This can result in increased use of emergency services, higher health care spending and reduced workforce participation. There is a significant gap in education surrounding menopause. This bill could address this gap.

Malia Hunt, Fellow at UConn Health Disparities Institute:

Provider education in menopause has not kept pace with patient need. Limited medical school curricula and lack of confidence in treating the symptoms of menopause highlights the need for more training opportunities for healthcare providers. A recent "survey of 500 participants in Menopause Equity events reported that 86% of women knew little or nothing about menopause". Without the support of trained professionals, menopausal individuals may seek help in unregulated markets. It is important to note that menopause is not experienced uniformly. Race ethnicity, gender identity and socioeconomic status all impact symptoms. This bill provides an opportunity to address these issues.

The following individuals submitted testimony in support of this bill reflecting the similar views as expressed above:

- Jade Thomas, Community Engagement and Public Policy Specialist at the YWCA Hartford.

- Sophie Tulchinsky, Graduate Health Equity Fellow at the UConn Health Disparities Institute.
- DeLita Rose -Daniels, Member, Menopause Equity Collective

Cassandra Esposito, RN, APRN in CT:

Ms. Esposito urges that registered nurses (RNs) and advance practice registered nurses (APRN's) be included in the development and implementation of the proposed toolkit. APRNs provide a substantial amount of primary healthcare for women in Connecticut and are often the first clinicians to recognize the symptoms related to the phases of menopause.

The following individuals submitted testimony sharing personal experiences in support of this bill:

- Trisha Pitter, West Hartford CT.
- Sara Cotton, Founder& CEO, Unashamed Inc., Middletown, CT.
- Erica Roggeveen, Development Director of She Leads Justice (SLJ).
- Dr. Cara Delaney, Obstetrician/Gynecologist sharing a patient experience.

NATURE AND SOURCES OF OPPOSITION:

Dr. Iyanna Liles, MD Vice-Chair of the American College of Obstetricians & Gynecologists (ACOG):

Dr. Liles appreciates the intent of the bill, however, believes the role of creating medical resources should be the purview of experts and should not be influenced by the legislative process. The patient-doctor relationship should be protected from unnecessary governmental intrusion. The creation of state-mandated materials interferes with this relationship. In some cases, physicians may be required to give guidance to their patients that may not be responsive to the patient's individual needs. ACOG welcomes the opportunity to work with the committee to determine if these concerns can be addressed.

Reported by: Kathleen Panazza

Date: March 10, 2026