



# House of Representatives

General Assembly

**File No. 114**

February Session, 2026

Substitute House Bill No. 5389

*House of Representatives, March 23, 2026*

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2026*) (a) The Department of  
2 Public Health, in consultation with The University of Connecticut  
3 Health Center's Health Disparities Institute, persons who have  
4 experienced symptoms of perimenopause, menopause and  
5 postmenopause, and health care providers who treat persons with  
6 symptoms of perimenopause, menopause and postmenopause, shall  
7 develop a toolkit that provides practical, evidence-based and culturally  
8 appropriate guidance to health care providers in the state who are  
9 responsible for diagnosing or treating persons with symptoms of  
10 menopause, perimenopause or postmenopause, as determined by the  
11 commissioner, including, but not limited to, health care providers in the  
12 fields of obstetrics, gynecology, internal medicine, family medicine,  
13 emergency medicine, psychiatry, mental health, social work, dentistry,

14 dental hygiene and community health, regarding best practices for  
 15 screening, identification, clinical assessment, diagnosis and treatment of  
 16 symptoms of menopause, perimenopause and postmenopause. Such  
 17 guidance shall include, but need not be limited to, (1) a comprehensive  
 18 description of the symptoms of menopause, perimenopause and  
 19 postmenopause, (2) evidence-based guidelines regarding the  
 20 identification and treatment of such symptoms, including, but not  
 21 limited to, the use of hormones, such as hormone replacement therapy  
 22 and testosterone therapy, (3) the availability of insurance coverage for  
 23 such therapies, and (4) short education modules regarding such  
 24 guidance that would qualify as continuing education for such health  
 25 care providers.

26 (b) Not later than June 1, 2028, the Commissioner of Public Health  
 27 shall distribute the toolkit developed pursuant to subsection (a) of this  
 28 section to such health care providers. Not later than January 1, 2029, the  
 29 commissioner shall (1) evaluate any feedback received from such health  
 30 care providers regarding the effectiveness of the toolkit, (2) revise the  
 31 toolkit as necessary to address such feedback, and (3) distribute a  
 32 revised toolkit, if any, to such health care providers.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2026	New section

**PH** Joint Favorable Subst.

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
Public Health, Dept.	GF - Cost	Up to 140,000	25,000

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill requires the Department of Public Health (DPH) to develop a menopause toolkit, resulting in a General Fund cost of up to \$140,000 to the Other Expenses account in FY 27 and \$25,000 annually thereafter.

DPH currently lacks staff with the necessary subject matter expertise, requiring the services of a healthcare consultant for approximately \$110,000 in FY 27 to create toolkit and continuing education video content. The agency would also contract graphic design services, costing up to \$20,000 in FY 27, to aid in the design of the toolkit materials and an associated webpage. An additional one-time cost of up to \$10,000 is anticipated to produce the continuing education video training modules with interactive components.

Ongoing expenses include approximately \$22,000 in FY 28 and annually thereafter for a healthcare consultant to continually update the toolkit, as well as approximately \$3,000 to host the virtual education training modules into the out years.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

**OLR Bill Analysis****sHB 5389*****AN ACT CONCERNING A PROVIDER TOOLKIT FOR THE DIAGNOSIS AND TREATMENT OF MENOPAUSE, PERIMENOPAUSE AND POSTMENOPAUSE.*****SUMMARY**

This bill requires the Department of Public Health (DPH) to develop a menopause toolkit that provides practical, evidence-based, and culturally appropriate guidance on best practices for screening, identifying, clinically assessing, diagnosing, and treating symptoms of perimenopause, menopause, or postmenopause. Under the bill, the toolkit is for Connecticut health care providers who diagnose or treat people with symptoms of these conditions, as the DPH commissioner determines, including those in the fields of obstetrics, gynecology, family medicine, internal medicine, emergency medicine, psychiatry, mental health, social work, dentistry, dental hygiene, and community health.

DPH must develop the toolkit in consultation with UConn Health Center's Health Disparities Institute, people who have experienced symptoms of these conditions, and providers who treat them.

The guidance must at least include:

1. a comprehensive description of the symptoms of perimenopause, menopause, and postmenopause;
2. evidence-based guidelines for identifying and treating these symptoms, including hormone replacement therapy and testosterone therapy;
3. available insurance coverage for the therapies; and

4. short education models on the guidance that qualifies as continuing education for these providers.

Under the bill, the DPH commissioner must distribute the toolkit to providers by June 1, 2028. She must then evaluate any provider feedback she receives on the toolkit’s effectiveness, revise it to address this feedback, and distribute any revised toolkit to providers by January 1, 2029.

EFFECTIVE DATE: October 1, 2026

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 6 (03/09/2026)