



September 22, 2026

The Honorable Rick Scott
Chairman
Senate Special Committee on Aging
United States Senate
Washington, DC 20510

The Honorable Kirsten Gillibrand
Ranking Member
Senate Special Committee on Aging
United States Senate
Washington, DC 20510

Dear Chairman Scott and Ranking Member Gillibrand:

On behalf of the American Academy of Family Physicians (AAFP), representing 124,500 physicians and medical students nationwide, I am writing this submission for the record for the Committee's recent hearing, *Half the Country, Zero Hearings: Meeting the Moment to End the Menopause Care Gap in America*. The AAFP appreciates the Committee's attention to the health needs of women experiencing perimenopause and menopause.

Family physicians provide comprehensive, longitudinal care across the lifespan and are often the first point of contact for patients seeking guidance on menopausal symptoms and treatment options. We encourage the Committee to support continued research on women's health and evidence-based approaches that will improve access to high-quality menopause care in every community, and [believe](#) the family physician workforce is essential to adequately meeting women's health care needs.

Menopause can significantly affect quality of life, sleep, mental health, sexual health, work productivity, and overall well-being. Beyond its health effects, menopause has a significant economic impact. Researchers estimate that menopause-related symptoms cost the United States approximately \$1.8 billion annually in lost productivity, with the total burden rising to more than \$26 billion each year when associated health care costs are included.ⁱ The AAFP strongly supports the Committee's conclusion that further investment in women's health research is critical. However, generating new scientific evidence is only the first step. Given the prevalence of menopausal symptoms, it is essential that patients have access to clinicians who are equipped to provide evidence-based, patient-centered counseling and treatment. Further investment is needed not only to identify new treatments but also to accelerate their adoption into clinical practice.

Menopause guidelines have evolved in recent years. For many years, use of hormone therapy was influenced by the results of the 2002 Women's Health Initiative. However, newer therapies have improved safety profiles. As recent [AAFP clinical guidance](#) notes, hormone therapy can be a safe and effective treatment option for appropriately selected patients, while nonhormonal therapies also play an important role in care. Treatment decisions should be individualized through shared decision-making that reflects each patient's needs, preferences, and risk factors.

Physicians should be prepared to counsel patients on the safest and most effective treatment options. Each year, an estimated 1 million to 2.5 million women use unregulated compounded bioidentical hormones and pellets.ⁱⁱ The North American Menopause Society advises against these products because they are not approved by the U.S. Food and Drug Administration and may have inconsistent dosing and purity.^{iii,iv} Patients may seek these products when they feel their concerns have been dismissed, highlighting the importance of supportive, evidence-based counseling.

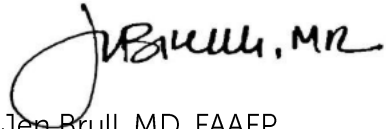
The AAFP strongly supports continued investment in women's health research as well as clinician education, including efforts to translate emerging evidence into clinical practice. Improving menopause care is an area of growing focus for the AAFP, which has expanded [educational programming](#), clinical resources, and physician training to ensure family physicians are equipped to deliver evidence-based care for patients experiencing perimenopause and menopause. The AAFP's investments include efforts to help family physicians remain current on evolving evidence and treatment options.

We strongly encourage the Committee to support investment in implementation research and resources that will accelerate adoption of new menopause research and treatment guidelines. Research in implementation science has found that it takes roughly 15 years for evidence-based practices to become routinely adopted in clinical care.^v Ensuring that physicians have access to current education and practical tools is critical to improving care for women experiencing menopause and perimenopause. Sustained investment in implementation and dissemination research can help accelerate the adoption of evidence-based menopause care and improve outcomes for millions of women nationwide.

This includes ensuring continued investment in federal agencies that support dissemination, quality improvement, and practice implementation research. The Agency for Healthcare Research and Quality (AHRQ) plays an important role in closing this evidence-to-practice gap. AHRQ helps ensure that scientific discoveries are translated into real-world improvements in patient care, including in primary care settings where many women first raise menopause-related concerns. The AAFP is concerned by [recent reports](#) that AHRQ is redirecting funds to other agencies and initiatives including \$5 million Congress directed to evidence-based research of menopause care. We strongly encourage Committee members to not only support research funding for menopause but also support oversight activities to ensure agencies complete the research and activities Congress has directed regarding women's health and menopause care.

Thank you for the opportunity to provide these comments. We look forward to working with the Committee to improve access to high-quality menopause care in every community. Should you have any questions, please contact Julie Riley, Manager, Legislative Affairs at jriley@aaafp.org.

Sincerely,



Jen Brull, MD, FAAFP

American Academy of Family Physicians, Board Chair

ⁱ Kelsey Butler, "How Does Menopause Affect Women in the Workplace?," *TIME*, April 26, 2023, <https://time.com/6274622/menopause-us-economy-women-work/>

ⁱⁱ National Institute for Health and Care Excellence. Menopause: identification and management. NICE guideline NG23. November 12, 2015. Updated November 7, 2024. Accessed October 20, 2025. <https://www.nice.org.uk/guidance/ng23>

ⁱⁱⁱ Gass MLS, Stuenkel CA, Utian WH, et al. Use of compounded hormone therapy in the United States: report of the North American Menopause Society Survey. *Menopause*. 2015;22(12):1276-1284.

^{iv} Santoro N, Braunstein GD, Butts CL, et al. Compounded bioidentical hormones in endocrinology practice: an Endocrine Society scientific statement. *J Clin Endocrinol Metab*. 2016;101(4):1318-1343.

^v Khan S, Chambers D, Neta G. Revisiting time to translation: implementation of evidence-based practices (EBPs) in cancer control. *Cancer Causes & Control*. 2021;32(3):221-230.