

Congress of the United States
Washington, DC 20515

July 31, 2026

Mr. Kyle Diamantas
Acting Commissioner
Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

Dear Acting Commissioner Diamantas:

This letter is to express concern regarding reports that women who are experiencing menopause are having trouble accessing hormone therapy, particularly estrogen patches, likely as a result of increased demand for the treatment method. According to medical record data from Epic Research, estrogen patch prescriptions increased 72 percent between 2021 and the fall of 2025. The scarcity that followed this surge in demand involves several manufacturers and is expected to continue through the end of the year. The American Society of Health-System Pharmacists has included 14 brands or dosages of the patches on its drug shortage list since January 2026.¹

As we discover more about the risks and benefits of hormone therapy and as women speak publicly about their experiences with menopause, more doctors and patients are considering hormone treatment, particularly estrogen patches that present a lower risk of blood clots than the alternative option of estrogen pills.²

Despite increased awareness and safety information, a recent survey found that 87 percent of women experiencing menopause symptoms did not seek treatment.³ This means that too many women are dealing with symptoms that disrupt their daily life and put them at higher risk for health complications later in life- when they could be working with their doctor to find care that

¹ [FDA Claims there's no estrogen patch shortage as women struggle to get prescriptions filled, NBC News, Kaitlin Sullivan](#). May 11, 2026.

² [Why the 'mad scramble' to fill hormone therapy prescriptions for menopause](#), NPR, Allison Aubrey. March 10, 2026.

³ [Hormones Don't Need to Make You Live Longer to Be Worth It](#), Dr. Gillian Goddard, New York Times. April 5, 2026. <https://www.nytimes.com/2026/04/05/opinion/estrogen-hormone-therapy-patches-shortage.html>

is right for them. Insufficient access to therapy as an additional barrier only exacerbates this problem.

While doctors and patients have reported difficulties getting estrogen patches, the FDA has not included any of these drugs on its Drug Shortage Database. Inclusion on the shortage list can help the FDA mitigate supply issues, such as taking action to seek alternative suppliers and extend expiration dates for drugs, as appropriate. The FDA relies on historic demand data to determine if drug manufacturers are keeping pace, and these data may be lagging given how quickly demand for the patches has spiked. It is also worth noting that the Center for Drug Evaluation and Research (CDER), which oversees the Drug Shortage Database, has been significantly impacted by reductions in force that have taken place at the FDA.

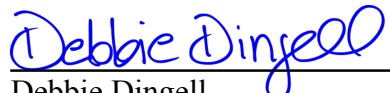
This shortage is straining the ability of doctors to provide resources that can be life changing for women battling the symptoms of menopause, including hot flashes, mood swings, urinary tract infections, vaginal dryness, difficulty sleeping, night sweats, brain fog, and decreased bone density, and more. Too often, women navigate these challenges without formal support in the workplace or from the government. While we are making positive progress to reduce stigma and increase awareness of treatment that is safe and effective for many, the FDA needs to do its part to ensure that the supply meets the growing demand.

For these reasons, we request written answers to the following questions:

1. What is the FDA's understanding of why providers and patients are having difficulty accessing estrogen patches? Beyond increased demand, are there other contributing factors to the lack of supply, such as supply chain issues, lack of ingredients, etc.?
2. What is the FDA doing to understand and address the challenge of meeting increased demand for estrogen patches?
3. How is the FDA currently working with manufacturers to mitigate the shortage of estrogen patches? What additional work is planned?
4. As doctors and patients turn to alternatives like topical creams, gels, or oral and vaginal rings, does the agency expect additional shortages for these alternatives?
5. What flexibilities can the FDA provide to help manufacturers increase their production of estrogen patches?
6. When does the FDA anticipate the shortage of estrogen patches will be resolved?
7. How have reductions in force impacted the ability of CDER staff to maintain the Drug Shortage Database?

Thank you, and we look forward to your response.

Sincerely,

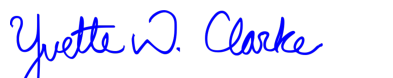

Debbie Dingell
Member of Congress


Deborah K. Ross
Member of Congress

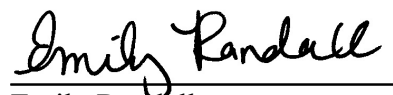

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