

HB1435_WS_Support (written testimonial for submission)

Good afternoon Chair Bagnall, Vice Chair Cullison and members of the Committee, I am Dr Wen Shen.

I am an Associate Professor at the Johns Hopkins School of Medicine, and I am the Director of the Women's Wellness and Healthy Aging program. The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University/Johns Hopkins Health System.

Thank you very much for the opportunity to give testimonial in support of HB 1435. Which if passed, creates easier access to important care for women experiencing menopause.

I have been specializing in menopause health for over 20 years, and I am very gratified that the importance of health care for women in midlife is now recognized.

Women are the primary caretakers of the family, and healthy women means healthy family. I see patients daily who come to me because their symptoms are severely affecting their quality of life, and their relationships with their loved ones. They have severe sleep disturbance with or without night sweats, which cause severe fatigue, irritability, brain fog and weight gain, increasing their risk for cardiovascular disease (CVD) and dementia. Common pleas are "I don't feel myself", "this is not who I am". They have daytime hot flashes which can cause embarrassment, anxiety, and palpitations affecting their performance at work. They tell me "I'm worried I am going to lose my job". I had patients tell me they were up for "glass ceiling" jobs only to withdraw from consideration due to severe menopause symptoms. Many women also suffer with Genitourinary Symptoms of Menopause which results in vaginal dryness, painful sex, urinary incontinence and increased risk for UTIs. Just this week, I consulted on a patient who was hospitalized for 2 weeks due to resistant strain of E Coli. Who never had an UTI prior to menopause. For many of these women, who medically qualify for menopause hormone therapy (MHT), only to be stymied by lack of insurance coverage and exorbitant out of pocket costs.

Midlife health is more than bikini medicine and hot flashes, it is an opportunity to evaluate women's health and risk factors caused by low estrogen levels and ageing, such as: CVD Osteoporosis, Dementia, Autoimmune diseases, Cancer, to name a few.

Every person born with ovaries will experience menopause

After reviewing newer evidence, particularly for women who begin MHT within 10 years of menopause onset or before age 60, providers and professional societies recognize menopause hormone therapies as the gold standard for treatment of menopause

symptoms, which may have beneficial effects beyond the immediate menopause symptoms.

By 2030, half of all women in the United States will be in menopause or in perimenopause. That is 75 million women at the rate of 2 million transitioning into menopause annually.

Average life expectancy for American women is in the 80's, with average menopause age of 51-52 years, thus women are now spend a third to half of their lives in menopause.

70-80% of women will experience menopause symptoms which can affect body, brain and emotional wellbeing.

A study on women aged 45 – 60 found that women with the most severe symptoms were over 15 times more likely to report missed work or reduced productivity. These findings indicate a substantial economic burden, underscoring the potential value of improved management and treatment strategies.

To quote Dr Joseph Coughlin, Director of the AgeLab at MIT, “one of the greatest under-appreciated sources of innovation and new business may in fact be women over 50 with new ideas, lots of life ahead of them and with the verve to get it done. Older women are changing workplaces as entrepreneurs and engines for innovation”

Thank you very much for your attention and I urge a favorable report on HB1435.