



February 12, 2025

Chair, Senate Committee on Health Care  
Oregon State Legislature  
900 Court Street NE  
Salem, OR 97301

Chair Nosse, Vice Chairs Nelson & Javadi, and Members of the Committee,

My name is Dr. Paula Amato. I am a Professor of OB/GYN, Director of the Division of Reproductive Endocrinology and Infertility at OHSU, and immediate past president of the American Society for Reproductive Medicine. I am writing in support of HB3064, which would require certain insurers, including OEBC and PEBB, to cover treatment for perimenopause and menopause.

Menopause is a natural life transition experienced by half the world's population. Women aged 50 years and older are the fastest-growing demographic group in many countries, making essential contributions to society, families, communities, and the paid and unpaid workforces. Maintaining good health during midlife is a key determinant of wellness later in life.

Although menopause is a universal and natural life transition, the symptom experience is highly variable among women. One in every 5 people in the workforce are experiencing perimenopause or menopause. In that group, 20% will have symptoms severe enough to interfere with work and life. Bothersome symptoms such as hot flashes, night sweats, mood changes, cognitive changes, and insomnia can negatively affect productivity and performance in the workplace. Studies have demonstrated that these adverse work outcomes related to menopause symptoms include a compromised ability to work, reduced work productivity, absenteeism, and even loss of employment or an early exit from the workforce. Bothersome menopause symptoms also have the potential to affect women adversely in terms of career opportunities, trajectories, and satisfaction, as well as long-term financial stability.

Several publications have noted the economic effect of menopause, with an estimated annual US cost of \$1.8 billion because of workdays lost. The economic impact of menopause for employers goes beyond lost work productivity and includes the cost of greater healthcare use, the loss of seasoned, experienced workers, and the associated cost of replacing those who leave the workforce prematurely.

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Employers can provide support by ensuring that their healthcare plans provide adequate and affordable coverage for menopause. Menopause-responsive workplaces align with multiple employer priorities such as continuous growth as workers age, boosting productivity, employee recruitment and retention, supporting mental health and well-being, and gender equity and inclusion

While much of health care during midlife tends to focus on ovarian aging, midlife is a critical intervention point to mitigate chronic health conditions and promote longevity. Among adults aged 50-64 in the U.S., women experience disproportionate barriers to accessing to health care, often due to high costs. The financial burden is even more taxing for women living in rural communities or from racial and ethnic minority populations. Further, women who are uninsured are significantly less likely to seek medical care, whether due to cost or limited access to specialists.

By addressing heart health, mental health, metabolic health, cancer risk, and chronic health conditions via preventive care strategies, enhanced shared decision-making, and increased coverage and access, including for menopause care, healthcare providers and policymakers can better support women throughout their midlife years and promote longer health spans and well-being as they age.

For these reasons, I urge you to support HB 3064. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Paula Amato". The signature is fluid and cursive, with a large initial "P" and "A".

Paula Amato, MD  
Professor, Obstetrics & Gynecology