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U.S. Senate Special Committee on Aging Regarding
"Half the Country, Zero Hearings: Meeting the Moment to End the Menopause Care Gap in America"
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Good afternoon. My name is Dr. Lynne Coslett-Charlton. I am a private practice gynecologist who has been serving my community in Northeastern Pennsylvania for the last 27 years. I'm a Fellow of the American College of Obstetricians & Gynecologists, or "ACOG," which has a membership of more than 60,000 physicians and partners specializing in and dedicated to advancing women's health. Thank you to Senator Gillibrand, Senator Scott, and the Senate Special Committee on Aging for holding the first hearing on menopause and your efforts to close the gap in menopause care and improve the quality of health for midlife women.

OBGYNs like myself care for women throughout the entire lifecycle—from adolescence, through pregnancy, the perimenopausal and menopause transition, and the postmenopausal years. Over the years, my patients have entrusted me through their surgeries, delivering their children, screenings for cancer, and contraception counseling. Like my colleagues, I cherish the relationships with these patients, and I have the privilege of navigating menopause with many of them.

Menopause is a normal, expected stage of life marked by the permanent end of menstrual periods, typically occurring around age 50. Women may spend nearly half of their lives in the perimenopausal and postmenopausal years. The menopausal transition, or perimenopause, typically begins in the mid-40s and brings significant hormonal changes that can affect women's health and well-being. My patients experience a wide range of symptoms during this transition, including hot flashes, vaginal dryness and atrophy, difficulty sleeping, altered mood and metabolism, and other effects of hormonal change. For some women, these symptoms can be debilitating, interfering with daily routine, work, and overall quality of life.

Yet, many women face substantial barriers in obtaining timely and effective menopause care for their symptoms. Underinvestment in women's health research, physician shortages, especially in rural areas, and inadequate health insurance coverage can create significant barriers to care, which are even more burdensome for underserved and low-resourced communities.

Despite the challenges, there are some reasons to be optimistic. The FDA's removal of the boxed warning on estrogen therapies was a huge step in the right direction for improving access to care. For years, that boxed warning did not reflect the accumulating scientific evidence and discouraged patients and clinicians from using an effective treatment. I have seen this in my own practice. While this move was long overdue, especially for low-dose vaginal estrogen treatment with an overall high safety profile, it does have some nuances. Menopause care is not one-size-fits-all. For some patients, systemic hormone therapy may come with an increased risk, emphasizing the importance of access to an individualized, thoughtful approach to menopause management, based on each patient's unique risk factors.

Moving forward from this seismic change, further research into effective treatment options will lead to better, more individualized care. By nature, scientific discovery is fluid, and so is medical

training. I was fortunate to train and learn from excellent leaders in menopause care and left residency equipped with the tools to provide comprehensive care to midlife women. More research leads to a better-prepared physician workforce. In response to new evidence and discoveries, medical education, residency training, and continuing education programs for practicing physicians evolve.

Increased public awareness and efforts to destigmatize menopause will lead to better outcomes. I am encouraged by the positive improvements in public perception of menopause treatment. Celebrity voices and social media have helped normalize menopause and empowered women to recognize that their symptoms are common and treatable. Unfortunately, however, social media has also become a vehicle for misinformation. Menopause has become big business, and many women are turning to influencers rather than trained clinicians for advice. Much of my time is spent counseling patients about supplements and unregulated products marketed online on different platforms. This is why ACOG and other organizations have invested in education to direct patients to safe, evidence-based, and medically appropriate care.

Fortunately, there is a path forward. ACOG supports Senator Murray's Advancing Menopause Care and Mid-Life Women's Health Act to strengthen and expand federal research, health care workforce training, awareness and education efforts, and public health promotion and prevention activities. Alongside advocacy and opportunities like this hearing, together we can make serious progress for my patients and all mid-life women. Thank you for having me here today. I look forward to your questions.