

April 1st, 2025

LD 1079, An Act to Provide Comprehensive Perimenopause and Menopause Education

Good afternoon Senator Ingwersen, Representative Meyer and distinguished members of the Health and Human Services Committee.

My name is Morgan Miller, and I am a certified professional midwife licensed and practicing in Maine. I practice in Mid Coast Maine and am the director of the Perinatal Transitions Program.

For the last five years, I have had one fellow provider to send perimenopause and menopause referrals too. This sole provider was the only person who could say they had the training and expertise to manage this nuance of this care. When I first moved to Maine and made my networking calls, I had many polite declinations, as other providers asked me to let them know when I found someone who they could also refer to perimenopausal patients too.

As a provider and someone also living in Maine, I found this horrifying and began my own professional journey into expanding access to perimenopause care.

We've identified the cause of this issue. Systemic bias in medicine has limited the amount of research on menstruating bodies and physiologic experiences like perimenopause. Because of this, the curriculum and education of providers has also been limited, and Mainers have been left to fend for themselves. Providers have not had the tools to share with patients and Mainers have not been taught what to expect, what to look for, what is normal, or when to reach out for more support relating to hormonal shifts in life.

There are hormone receptive cells throughout the *entire* body and in response to the significant evolution of hormones in perimenopause, come many mental and physical evolutions as well. If Mainers are blindsided by these changes, there is the risk that they stay quiet and shameful about any bodily experience due to societal stigma around menopause. This is a dangerous silence. This consequence we've seen is that Mainers can have early signs of conditions like metabolic and cardiovascular illness that go untreated. If Mainers knew what was considered normal and not normal, they would be more engaged in accessing early and less costly healthcare. Formalized hormone and menopause education will save lives.

Provider education should include the effects of sex hormones on all body systems — including cardiovascular, musculoskeletal, mental, and cognitive health. This education should foster a deeper understanding of these hormonal physiological changes among physicians, a training that simply is not included in most medical curricula. Providing this information to Maine physicians will allow for more holistic, personalized, and comprehensive care to menopausal patients. This means, healthcare systems have an opportunity to treat and manage certain otherwise costly chronic illnesses, cardiac conditions, and associated illnesses like dementia that we know affect menopausal people at higher rates.

A taskforce should be created to identify new research on perimenopause recommendations of care. This evidence-based information should be disseminated amongst providers for easy integration into practice

and conversation with patients. This should encompass multidisciplinary perspectives and prioritize approaching perimenopause and menopause care from a public health lens for early identification of related comorbidities. The education offered should emphasize the importance of patient-centered care. Treatment and symptom management options should be individualized through shared decision-making with one's provider.

Over half of Mainers will experience menopause. As a provider offering perimenopause care, I wholeheartedly support moving forward with LD 1079 and hope the Committee agrees. Thank you for your time and consideration.

Sincerely,

Morgan Miller CPM, LM, IBCLC
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