COUNCIL OF THE CITY OF PHILADELPHIA

COMMITTEE ON PUBLIC HEALTH AND HUMAN SERVICES

City Hall, Room 400
Philadelphia, Pennsylvania
Monday, November 10, 2025
10:00 a.m.

PRESENT:

CHAIR NINA AHMAD
VICE CHAIR QUETCY M. LOZADA
COUNCILWOMAN RUE LANDAU
COUNCILWOMAN QUETCY M. LOZADA
COUNCILMAN NICOLAS O'ROURKE

JULIAN SHAM, THE CLERK

P R O C E E D I N G S

CHAIR AHMAD: Good morning, everyone. Welcome to Philadelphia City Council, Committee on Public Health and Service. I now note the hour has come.

Mr. Sham, would you please call the roll?

THE CLERK: Chair Ahmad.

CHAIR AHMAD: Present.

THE CLERK: Vice chair Lozada.

COUNCILMEMBER LOZADA: Present.

THE CLERK: Councilmember Thomas, Councilmember Driscoll, Councilmember Bass, Councilmember Landau.

COUNCILMEMBER LANDAU: Present.

THE CLERK: And Councilmember O'Rourke.

COUNCILMEMBER O'ROURKE: Present.

CHAIR AHMAD: I note for the record that a quorum of this committee is present and a hearing is now called to order.

This is a public hearing of the Committee on Public Health and Human services considering testimony on resolution No. 250849.

Mr. Sham, would you please read the title of the bill?

THE CLERK: Bill No. 250849, amending Chapter 9-1100 of Philadelphia code entitled Fair Practices Ordinance, protections against unlawful discrimination to explicitly protect employees from discrimination on the basis of menstruation, perimenopause and menopause, all under certain terms and conditions.

CHAIR AHMAD: Before we call up the first panel, I'll recognize myself for some opening remarks.

Good morning. As Chair of City Council of Public Health and Human Services Committee, I convene this hearing because menopause and years of perimenopause that often proceeded is a normal life transition that too many workplaces still treat as taboo. The result is stigma, silence and real barriers to dignity and economic security for thousands of Philadelphians.

Too many woman are working without proper accommodation, protection and support. That must change. We must end the stigma and taboo around menstruation, perimenopause and menopause.

The legislation before us makes it explicit in our code that workers are protected from discrimination based on menstruation, perimenopause and menopause, and that reasonable accommodations are part of doing

business in a modern city.

These supports are practical and low cost. Access to bathrooms and drinking water, brief flexible breaks, breathable uniforms, temperature control to manage hot flashes.

Let me be clear about equity. Symptoms and stigma don't fall evenly on our communities. Black and Latina workers, hourly and uniformed workers and people in temperature extremes or bathroom restricted jobs face the steepest barriers. Research also shows Black women are likely to experience earlier menopause and more intense vasomotor symptoms, so failing to act deepens those inequities. Our bill centers those realties.

We also need to connect the dots on the current law. There's no single Federal statute that comprehensively protects workers

from discrimination related to menstruation or menopause. Some safe guards may apply, Title 7, the ADA, Pregnant Workers Fairness Act and many others, but coverage is inconsistent and often unclear.

Local explicit protections close that gap and remove the guesswork for workers and employers alike.

And to our small business community. This is not about costly mandates. Federal guidance highlight straight forward steps, fans or ventilation, darker or breathable uniform options. The ability to layer clothing, stocked period products and brief scheduling flexibility. That keeps valued employees healthy and on-the-job.

Colleagues, no one should have to choose between their health and their paycheck, not in Philadelphia. With your partnership

we can set a standard of respect and practicality that matches our values.

I look forward to today's testimony and moving the protection forward. Thank you.

Are there any members who would like to offer opening remarks? Not seeing any, Clerk, will you please call the first panel to testify on this bill.

THE CLERK: Dr. Aasta Mehta, director of the division of reproductive adolescent and child health, Philadelphia Department of Public Health.

DIRECTOR MEHTA: Good morning, Chairperson Ahmad and the members of the Committee for Public Health and Human Services. My name is Dr. Aasta Mehta and I serve as the director of the Reproductive Adolescent Child Health at the Philadelphia Department of Public

Health.

Thank you for the opportunity to provide information on the medical and public health considerations related to menstruation, perimenopause and menopause in the work force.

I want to thank Councilmember Ahmad for there leadership in elevating this conversation and recognizing the importance of reproductive health across all stages of life. These are often undiscussed aspects of health that can affect peoples daily lives and comfort in the workplace.

Menstruation, perimenopause and menopause are normal physiological processes that occur across the reproductive life span. While not illnesses, they can be accompanied by symptoms that vary in frequency, intensity and duration among individuals.

Menstruation may involve abdominal or pelvic cramping, fatigue, mood changes and headaches. Perimenopause, the transitional period between menopause can last several years and may include irregular cycles, vasomotor symptoms, such as hot flashes, sleep disturbances and mood or cognitive changes.

Menopause defined as a susation of menstrual cycles for 12 consecutive months may also be associated with hot flashes, night sweats and changes of thermal regulations and sleep patterns.

For most individuals these stages do not significantly interfere with work. For others simple adjustments such as access to restrooms, appropriate climate control or scheduling flexibility may help maintain comfort and productivity.

From a public health perspective increased awareness and understanding of these reproductive life stages can reduce stigma, support open communication between employers and employees and contribute to inclusive and equitable workplace practices.

Thank again, Councilmember Ahmad and this committee for drawing attention to this important topic and for the opportunity to share this information. I would be happy to answer any questions you may have.

CHAIR AHMAD: Thank you so much, Dr. Mehta.

I'll start and I'll yield the floor to my colleagues. From your perspective, what guidance or training would help employers and HR professionals recognize when accommodations are appropriate and how to offer them respectfully?

DR. MEHTA: So I'm not an HR person, so I don't think I would have the best -- sort of practices in terms of that. But I would recognize that by naming these things, we can start an open dialog, and obviously the implementation would be really important to think about both from the employee and employer perspective to make a manageable workplace.

CHAIR AHMAD: Yes, I think one of our issues is normalizing this conversation and I think that starts the process. I serve on a body of 17 people, 10 of them men and 7 women. And I think this is the first time we're having conversation and using these terms, and I want to rest of Philadelphia to see that we are going to be a Philadelphia that makes the workplace equitable for all Philadelphians to do the work.

And those who menstruate and have perimenopause and menopause are important economic units in our city and part of this bill to do -- is to signal that, that we are doing that. So thank you for that.

Anybody have any questions?

Yes, I recognize Councilmember O'Rourke.

COUNCILMEMBER O'ROURKE:

Thank you for your testimony.

The amendment to the bill includes if symptoms substantially interfere with ones ability to complete their job functions.

Can you speak to the definition of "substantially interfere?" Who defines that, how is it defined, how will the administration enforce that definition?

DR. MEHTA: So from a medical perspective that's a

difficult thing to provide. It's really a patient and provider conversation. So we don't have any stage 1, stage 2, stage 3, there isn't that kind of definition in the medical realm. So it would be based on that individual and their conversation with their provider.

COUNCILMEMBER O'ROURKE: Thank you.

CHAIR AHMAD: Anybody else? All right. Thank you so much for your testimony. I appreciate that.

And would you call the next witness or the next panel, Mr. Sham?

THE CLERK: Dr. Robin Faye, gynecologist at Jefferson Health. The witness will be testifying virtually.

DR. FAYE: Women need to work in a supportive workplace at some of the most trying times in their lives. Most women menstruate from their preteen years until the

age of 51.

During those years a woman's relationship with their menstrual cycle can vary widely. Periods may come monthly or unpredictably and the flow can be light heavy. Cramps can be mild or debilitating enough to disrupt school, work and daily life.

For those who experience significant menorrhagia, which is heavy bleeding or dysmenorrhea which are severe cramps, every month becomes a physical and emotional hurdle. Without a supportive workplace and understanding colleagues and supervisors, many women feel compelled to push through their symptoms in silence often at the expense of their health, productivity and well-being.

Perimenopause introduces a new phase of complexity and its transition when periods become

irregular and symptoms begin is very difficult. Seventy to 80 percent of women experience perimenopause. And I am the co-director of the menopause program at Jefferson, and I can tell you that 23 percent of them find it severe enough to interfere with their daily functioning and work performance.

Hot flashes, nights sweats, sleep disruptions, mood changes and cognitive fog can even make those more routine tasks feel overwhelming. Yet despite the prevalence of these experiences workplaces are rarely structured to accommodate them it.

Without awareness, empathy or flexibility women are again left to endure quietly navigating a life stage that is profoundly physiologic, yet socially invisible. If they discuss their periods they often feel unprofessional.

For a young woman just beginning her career, it can be upsetting or humiliating to explain to a new employer or co-worker that she's physically struggling just because of her period.

This vulnerability can strain workplace relationships and contribute to absentism and unfairly create the impression that she lacks drive or commitment. In reality she's simply managing a medical condition that deserves understanding, not judgment.

And reasonable accommodations and a culture of empathy would not support her well-being, but also strengthen moral, productivity or retention for everyone involved.

We've spoken about workplace accommodations and this would fit for both ends of reproductive years and the post-

reproductive years.

Flexible scheduling, remote or hybrid work options, frequent breaks, temperature controls, access to private spaces, adjustment to work load or physical tasks. Supportive leave policies, improve work environment and uniform options for those specific jobs. Manager education and awareness trainings. And you asked the others about peer support and employee resource groups. Why this all matters? Because culture dictates whether women thrive or silently endure. This reduces isolation and increase retention.

For perimenopause or menopause woman which is who I deal with most, the impact can be just as significant, sometimes even greater. She's often at the peak of her career, carrying years of expertise, leadership and responsibility. She

may be up for a promotion or managing a team, yet suddenly she finds herself grappling with symptoms that can undermined her confidence and performance.

Cognitive changes such as brain fog or slower recall can reduce her productivity, not because she's less capable, but because her body is demanding more energy to maintain equilibrium. Some disruptive sleep, heighten stress and burnout can follow especially when she receives little support at work.

Stigma makes this even harder. Menopause becomes a taboo subject in many workplaces sometimes too personal to discuss openly. And women become afraid of acknowledging their symptoms will make them appear weak, emotional or past their professional prime.

Ensuring workplace

accommodations for women with menstrual, menopausal and perimenopausal symptoms should not be optional in this world. It is an urgent care matter of gender equity and workplace justice. For long women have been expected to perform at full capacity while managing menstrual and menopausal symptoms. These experiences are not weaknesses, they are not biologically normal, predictable and universal phases of a woman's life. What is not normal is a workplace culture that refuses to acknowledge that.

Women make up half of our workplace and our work force. They deserve an environment that recognizes their physiological realities with the same legitimacy granted to other health conditions. Certain accommodations are basic, evidence based supports enable women

to contribute fully and sustainably.

When workplaces fail to provide these accommodations they drive women out of the labor force, limit their advancement and re-enforce harmful stereotypes that penalize women for simply being women. But when employers step up, when they listen, adapt and eliminate stigma, women thrive.

Productivity rises, retention improves and the organization benefits from the experience, stability and leadership women bring throughout all stages of their career.

Advocacy for menstrual and menopausal equity is advocacy for every woman. It is about creating systems that no longer silence or sacrifice to appear competent. This is a call for action that I feel so strongly about. Workplaces must evolve, policies must change,

leaders must listen.

Supporting women's health is not the right thing to do, it's the smart thing to do and it's long past due. Yet these women are struggling because are failing. They're struggling because the workplace is failing them. Thank you.

CHAIR AHMAD: Thank you so much for that testimony, Dr. Faye. I really appreciate the details you have put in your written testimony. It really gives us a really good road map as we move on to making sure we normalize the lived experience of so many workers in Philadelphia.

I have a question even though you touched on it to just give us a brief -- describe a brief scenario of menopause symptoms flare-ups in the workplace and what type of accommodations one would

need just to serve as an example so we can break it down.

DR. FAYE: If someone is having a horrible night sleep where they were having their hot flashes, their night sweats, their sleep disturbances, it might be one of those nights in which they could work for home, where they could do their work instead of driving to work and God forbid having -- where they had a long drive that morning, they could Zoom and they could work from their computer from home that day.

And we have found through our pandemic that people worked more hours when they worked at home, when they didn't have to do that hour drive to and from, when they actually -- they take less time at lunch. So therefore they literally could work as hard or even harder working for home.

CHAIR AHMAD: Thank you.

Do we have any questions for this witness?

Yes, I recognize Vice Chair Councilmember Lozada.

COUNCILMEMBER LOZADA: Thank you for being with us this morning. You just mentioned some of the accommodations and in your testimony you acknowledged some of the issues especially for women who have physically demanding jobs Or those without control of their schedules.

From a health equity perspective, what strategies or protections are most critical for supporting these workers?

DR. FAYE: A private room where they can rest briefly, a clean bathroom close to their workplace. Making sure that they have paid leave if they needed it in order to assure the fact that they were able

to have a short term leave without penalty. They could have support groups at work where they were either mental -- there were mentorships, there was a women's health support team, there was stress management, there was HR where they would have either coverage for therapy or medication management.

There was the end of dismissing their attitudes of you're just hormonal, you're just getting your period, is it hot in here? You know, menopause support groups, things like that.

COUNCILMEMBER LOZADA: Thank you.

CHAIR AHMAD: Thank you, Councilmember. Anybody else? Okay.

Thank you very much, Dr. Faye, for your testimony, your detailed testimony that you've submitted and shared with us today.

And thank you for coming in remotely actually exemplifying exactly the scenario you told us.

Now, Mr. Sham, can you call the next witness, is it a next panel?

THE CLERK: Next witness on the same panel.

CHAIR AHMAD: Same panel. Okay.

THE CLERK: Ginny McGill co-founder of the Women's Well and director of public policy for International Child's Birth Association.

CHAIR AHMAD: Thank you. Please state your name and begin your testimony.

MS. MCGILL: Good morning. My name is Ginny McGill. Good morning, Councilmember Dr. Ahmad and members of City Council, my name is Ginny McGill and I am a West Philly native and Resident who is also a

registered nurse in the field of labor and delivery, a certified school nurse who has worked right here in Philadelphia and a certified child birth educator.

I'm also the co-founder and visionary of the Women's Well, LLC, a Philadelphia based health initiative that empowers, educates and uplifts women and girls across the life span.

It's an honor to speak today in support of Bill No. 250849, which recognizes menstruation, perimenopause and menopause as natural biological processes that should never the basis for discrimination or workplace disadvantage.

Women from a young age are often made to choose between their needs and the expectations placed upon them, to push through discomfort, to perform regardless of

pain and to minimize what their bodies are experiencing. Menstruation, perimenopause and menopause are all part of the same continuum of womanhood, yet they are rarely treated with the understanding or compassion in our institutions, schools or workplaces.

As a school nurse I have witnessed firsthand the impact of menstruation on adolescents. For many girls their first experience with menstruation comes not with celebration or education, but with fear, shame and confusion.

I've seen students quietly try to manage cramps or heavy bleeding during class because they are afraid to ask or speak up for a bathroom break. I've had students come to my office asking for supplies because they didn't have access to pads or tampons at home or were too embarrassed to ask for

help.

For some menstruation becomes not just a monthly biological event, but a recurring source of anxiety that affects attendance, focus and self-esteem. That same pattern of silence and suppression follows women into adulthood. The fear of not being able to step away from one's duties whether at school, work or home to tend to our physical and emotional needs become ingrained. Women learn early on to deal with it. Quietly to ignore pain and normalize discomfort.

In the workplace that same conditioning turns into stigma. Women may hesitate to request accommodations, fearing judgment or professional repercussions.

That's why Bill 250849 is so important. It acknowledges what women have known all along

menstruation, perimenopause and menopause are not inconveniences or weaknesses, they are part of the natural rhythm of life.

This bill offers not only protection, but also dignity. The right to restroom breaks, flexible scheduling or temperature adjustments without fear of being labeled difficult or less capable.

Supporting this legislation is not simply about equity for women, it's about cultivating a healthier more compassionate workplace for everyone.

When employees feel supported in their biological and emotional well-being, productivity increases, absentism decreases and organizational culture improves.

As a public health professional I see menstrual health an indicator of overall health. The same compassion we extend for our

other health conditions should apply here, just as we make accommodations for chronic illnesses or temporary disabilities, we must make space for the cyclical realities of women's bodies.

As a community advocate and newly appointed member of the Mayor's advisory community committee, I am committed to continuing conversations that bring women's health into policy, practice and public dialog. Today's hearing is a part of that necessary shift, one that honor's women's full humanity across all stages of life.

Menstrual equity is not just about products or policies. It's about permission, permission to rest, to care for one's self, to be seen and supported without shame.

Passing Bill No. 250849 sends a clear message that Philadelphia values the health,

dignity and equality of its women and all those who menstruate.

Thank you for the opportunity to testify today and for your leadership in making Philadelphia a city that truly supports women's well-being from menstruation to menopause and beyond.

CHAIR AHMAD: Thank you so much for that powerful testimony. What you said is exactly why we are doing this bill. It is about normalizing, it is about acknowledging. It is about me as a little girl going through exactly what you mentioned about how to manage this. There was no support, there was nothing in my environment told me this was fine, this is normal.

And we need a massive culture shift and I want Philadelphia to be at the forefront

messaging to the rest of the world that we acknowledge this reality and that this is normal. And just as you said, we look at many different accommodations we make for other conditions, and this should be just a matter of course.

So I deeply appreciate the fact that you're a school nurse and you see our youngest, you know, Philadelphians who start facing what their biology will look like.

So a quick question about -- you know, you described a scenario even though you've gone over it, describe a scenario where this accommodation will be needed during a school day for a young person. What would that look like? What do we need our school administration to also be acknowledging that, the school nurse, all of those things, what Could that look like in a best case

scenario?

MS. MCGILL: I was really hoping you would ask that question.

So, you know, I've seen it go wrong enough that I have my ideas about what would work. So when a young lady raises their hand to ask a question about going to the bathroom or such, it should never be ignored, it should never be looked passed, especially in the age range of third to eighth grade because we don't know what that child's need is.

She should access to go use the bathroom, she should have access to go see the certified school nurse. And also when she gets to those spaces, there should be access of supply with ease. I daily would be asked for products. I would have young girls who would ask for products. They didn't have any at home and didn't have access to them

except they would come to school.

Sometimes parents would call me ahead of time and say, listen, my daughter is starting her cycle today, I don't have any products at home; would you be able to supply them?

And the way that I supplied them was through a donor's choose. I personally had to advocate for resources to bring them to the school nurse office. There are some initiatives taking place now in the school health realm that's looking to supply menstrual products for young girls and that's important. But ideally a young woman would be able to raise her hand, go to the bathroom or the nurse's office and have access to supplies without having to ask. It should be freely available.

If she was to need anything that would help her with her cramps,

she would have access to that. supplies without having to ask, it should be freely available. So that would mean every school would need a school nurse to provide those medications. So that would be probably another meeting we would have to have.

And then with that, the teachers would need to be able to recognize that there's a certain accommodation that needs to be made. So that means in-service for teachers so that they understand early on in the beginning of the school teachers, these are expectations and ignoring this is really contributing to inequities in the schools.

And if there's any work that the child has missed due to her taking a nap or having to go home, because I send many kids home because they are really, really ill.

That work needs to be communicated to the parent or guardian or excused, so they can take care of themselves and return to school in their best condition possible.

CHAIR AHMAD: Thank you so much for that. You know, you mentioned in-service for teachers and also for the general public to know, this isn't something that you say, hold it, just like you hold urge to urinate. You don't know the flow and what is going to happen.

So it's critical, out of this comes training for our workplaces, for our schools, all of these spaces where we publicly go are aware. I can't expect someone who doesn't menstruate to know all this, so we have to do some education. So I would love for our School District to take a lead.

And this is a lead not just for teachers, for students who don't

menstruate. That is what we really want to change -- the culture shift is about everybody acknowledging this. Young men in the classrooms, everybody. So this is not a joke, this is not something that children have to be shameful about.

So I love your advocacy, I hope we can work together on making this happen. I'll yield the floor to Councilmember Lozada, our vice chair.

COUNCILMEMBER LOZADA: Thank you so much for being with us this morning. This is definitely an important conversation.

I am a proud mom of a son and daughter raised in a home where there were three females. And this is not a topic that we talked about ever. I don't think that in any of my family where there were females was the conversation of menstruation ever discussed.

And I see the difference in my children because there was open dialog about what this was, what is a menstrual cycle and how do you take care of it with my son and my daughter.

Because I needed my son to understand and become respectful, sensitive, understanding of when his sister was going through this process and when she wasn't being herself or when she didn't feel good, what did it mean, and what type of support did he need to give her. I see the difference in my children when I compare them to my nephew and my nieces, right.

Can you share with me if you have ever encountered a school that maybe is doing some proactive engagement around menstrual cycle and products and all that? Because we've talked a lot, this is not the first time in Council that we talk

about period poverty and the need to be able to collect items.

Has there been a school that has said we're not going to wait for the School District, we're going to take proactive approach and this is what we're going to do. We're going to do education, we're going to collect products, we're going to be flexible. Is there a school you have been able to work with? And if so, what have been the results?

MS. MCGILL: I'm so glad you asked that question also.

So I worked in a school in West Philadelphia, K through 8, middle school, on 46th and Girard. They currently don't have a school nurse because I left last year to pursue my masters in public health full-time, which I'm just about to complete.

One thing we did there that

was very powerful was when I saw the need of the young girls they would come to the office for different reasons. It wasn't always for a menstrual need, but sometimes it was because they were curious about the health care profession in general. And me being a young black woman from the area I created a safe space that made them interested so they would come and they would ask questions.

And so from them asking questions, what I did was decide to start a -- not a obligatory, but a middle school girls lunch group. It was called Lunch Bunch. And through that group I focused on healthy life styles, healthy relationships, and talked about menstrual cycle.

I took a pad that was unused, of course, and I showed them how to wrap it up and to toss it away. It's something that is soiled

so it wouldn't be out for everyone to see.

We talked about different foods you can eat to decrease some of the symptoms you may feel. We talked about some of the medications you can take. We talked about physical health and how that impacts.

So I carried on this program for about two years until I left. And even after I left I continued to volunteer and run the group once a week. The group consisted of sixth through eighth grade girls and there were maybe 12 to 15 girls week to week. I always cox them to come with snacks and a good time. Sometimes I would volunteer to do a TikTok I didn't know how to do, but I made myself available to them. So creating that safe space was paramount because there was trust established.

From there I was able to create a curriculum and also with the support of my leadership at the school, the school principal and assistant principal who allowed me to take that hour of time during their lunch, not my lunch, their lunch and have these lessons.

The girls looked forward to coming. They came week to week. We had celebrations throughout the year. We talked about when a young girl gets her menstrual cycle when it starts, we looked at different videos on YouTube that showed it as a celebration versus a fear.

And so we opened the conversation and I made it safe for them to participate in the conversation and learn and ask questions because they had questions. So I would like to say that that program that we started there, that is no longer in place,

unfortunately, because I'm not there anymore. But it is one of the initiatives of the Women's Well, which is my organization. It was -- it was impactful. It was powerful.

The teachers, I would all -- I would in-service them in the beginning of the year and throughout the year on different health topics that included menstruation. And we -- I also provided each teacher with a bag of menstrual products so that they didn't have to come to me and miss out on that time in class, but the teacher could give them. Male and female teachers. Every teacher in the building had access to menstrual products.

And so with the support of the leadership there, I was able to keep that program going. And the girls were more than excited to attend and participate, and they felt empowered more than anything to

ask the questions that they had, that someone was there to answer. I think school nurses are over -- the role is oversimplified and definitely -- thank you. There's a lot to the role, but this is one that if we advocate for it well, and you'll be surprised, you'll go into the school districts and there's a lot of women's health nurses who are now school nurses. So if you put the call out, you may be surprised to find out who has a particular expertise, who also has relationships with these students so that we can start the conversation early, make it comfortable, so that they know how to advocate for their needs as they grow up in the workplace.

COUNCILMEMBER LOZADA: Thank you for that. Thank you so much. And I agree. Part of the education process, have we ever thought about

including some of our young men in the conversation? Right? Again, I grew up in a house where we didn't have this conversation. We weren't even supposed to talk to the guys about what was happening or what we were experiencing, or why are we feeling the way that we were feeling?

And I think that we have to take that stigma away, you know, that fear of having a conversation with, you know, starting off in your home, where your siblings are understanding what your -- what his sister is going through. Just making it normal conversation, right, as opposed to something that has to be so secretive. And so have you all ever engaged our young men about, you know, we're talking to them about sex, right? We're talking to them about all these other things, but are we also

including them in the conversation about menstruation and how it impacts their sister, their mother, their auntie, their girlfriend, their wife?

MS. MCGILL: Again, thank you for that question. I think for me it was a capacity issue versus not wanting to engage the young men in the school, because I certainly see the need for our young men to participate in this conversation and be, you know, be active participants too. I think that including young men is -- it only works if young men are included too, because, you know, we are together in community. I personally have not engaged young men. I do see a space for it. I engage with male nurses who I often ask, "Hey, is this something that you would participate in?" Because I believe in, you know, having access to people who look like you, who you

share common characteristics with. And me as a young woman, having that conversation with young boys, I don't take it off the table, but they quickly write me off, right?

COUNCILMEMBER LOZADA: Right.

MS. MCGILL: For different reasons. And so there is a need there, there is a gap to be filled. I think that, again, if we put the call out for male healthcare professionals to have this conversation with young men, also, I do think it would be well received. Right now I'm working in other -- in a different capacity as an intern for my public health program in two different schools in Philadelphia. We teach health education there, but the topics are very regimented to what I'm supposed to talk about. How I would love to talk about menstrual -- the menstrual cycle. I

just have to stick to topic.

But there are spaces in the schools, but those spaces are gaps and people aren't necessarily filling those gaps, and school nurses are inundated with the other task. For me, it was just like, I am this child. I went to Philly Public Schools, this is me. So I have to do this. I have to find time. So I do hope to engage young men in the conversation as well. And if there's a space, I'm your girl.

COUNCILMEMBER LOZADA: Thank you. Thank you so much.

CHAIR AHMAD: And thank you. Before I go to Councilmember O'Rourke who has a question, I want to acknowledge that Councilmember Cindy Bass has joined us. Councilmember O'Rourke?

COUNCILMEMBER O'ROURKE: Thank you very much, Madam Chair.

And thank you, Ms. McGill, for your -- for your testimony, your expertise, and sharing it publicly, what so many experience in silence. It's helpful for me, as a man, to hear these things and to learn of them. I think we've already lost Dr. Faye, but she spoke about how menstruation and menopause symptoms can detrimentally affect a woman's work life. You spoke and talked about your experience as a school nurse supporting girls who were menstruating. Would you be able to share additional data when the cumulative effects a woman's biological cycle has over the course of her life, like at school or throughout her career or anything like that, that could be helpful for us?

MS. MCGILL: Did you say data?

COUNCILMEMBER O'ROURKE:

Uh-huh.

MS. MCGILL: Okay. I have lots of numbers in my head, but those numbers, I don't have.

COUNCILMEMBER O'ROURKE: Okay.

MS. MCGILL: What I will say is this stigma starts early. Okay? And I will -- I -- there were more young ladies at the school who were unaware of not only this process, but the effects it could have on their later, you know, educational attainment, financial attainment, hands down. There were more young ladies who had no idea of this than there were. So I can imagine that that cycle continues unless there's someone to interrupt it. And with us knowing that 50 percent of the workplace consists of women, I would argue that more than 50 percent of those women are women who continue to carry that stigma. Also, I don't

have the knowledge to understand that this is a natural process that isn't handled naturally in the workplace.

And so I think that it's a -- it's a huge issue. And one of the -- I remember sending a girl home to -- with explicit instructions to her parent to have her daughter checked out for endometriosis, because I was very concerned that she had a really more serious health condition. That every month I was sending her home. She was missing full days, with an S, of school because of her cycle, to the point where she would come to me in the morning and say, "I know my cycle is starting today, I know I'm going to see you later." And I said, "I'm here."

So while I don't have explicit numbers for how this affects women in the workplace and

beyond adolescents and the initiation of the menstrual cycle, I do see that based on the number of women, including myself, right? I'm a woman who grew up in Philly. My mom never had that conversation with me. So it was something I had to learn along the way. And has my women's health training helped? Absolutely. And has forced me to learn more about this process and how I can overcome it, so I can share it with others, for sure. I think it's a large enough issue that this legislation is not only relevant, but timely and needed. So I'll say -- I'll say that.

COUNCILMEMBER O'ROURKE: Thank you very much.

CHAIR AHMAD: Thank you. I'll go to Councilmember Rue Landau.

COUNCILMEMBER LANDAU: Thank you so much. I've more a statement than a question. I want to thank

you so much for your testimony. Also, I thank the doctor and really looking forward to the rest of the speakers. So I'll only take a moment.

This -- bringing light to the issues of menopause and menstruation, particularly in school, is so incredible. And I'm really, really appreciative of this conversation. Normalizing it is the answer, making sure we have enough period of products, absolutely the answer. It is -- it would take a weight off of all of the kids who are going through this. But I wanted to thank you in particular. I heard you talk about girls who are menstruating and others. And I want to just thank you for leaving that space open for the transgender and non-binary people as well, which might be confusing to some people, but not confusing to them. Like,

they very much could be menstruating and need the products and the support as well. So thank you.

MS. MCGILL: Yes. Thank you.

CHAIR AHMAD: Thank you for your testimony. Mr. Sham, do we have any more witnesses for this panel?

THE CLERK: None for this panel.

CHAIR AHMAD: So please call the next witness for the next panel. Thank you.

THE CLERK: Elizabeth Kukura, Associate Professor of Law, Drexel University, and Dr. Abigail Wolf, Professor of Clinical Obstetrics and Gynecology, University of Pennsylvania.

MS. KUKURA: I'm so excited to see you.

CHAIR AHMAD: Please state your name -- please state your name

and begin your testimony.

MS. KUKURA: Sure. Good morning, Chairperson Ahmad and members of the Committee on Public Health and Human Services. My name is Elizabeth Kukura. I'm Associate Professor of Law at Drexel University Kline School of Law, where my research focuses on health discrimination and health equity, particularly in the area of reproductive health. So I'm here to testify in support of Bill No. 250849.

Although most people have heard of menopause, as we've talked about already this morning, many do not understand what it is or how it is commonly experienced. Menopause is the complete cessation of menstruation for one year in someone who previously menstruated. Average age of menopause is 51 in the United States. Perimenopause, the

transitional period leading to menopause, can start in the mid to late 40s.

And these are, for many, a period of career achievement and advancement and earnings potential before older age. In biological terms, menopause reflects the declining production of two reproductive hormones that play essential roles in ovulation and reproductive processes, namely estrogen and progesterone. As the body produces less of these hormones, menstruation becomes increasingly unpredictable with some people experiencing shorter or longer menstrual cycles and lighter or heavier menstrual bleeding than in the past.

And this transition can produce a variety of symptoms, as we've heard. This includes hot flashes, night sweats, unexpected

heavy bleeding, and many others, including headaches, tingling extremities, itchy skin, joint pain, muscular stiffness, panic attacks. Thank you. And others.

Research suggests that up to 75 percent of North Americans going through perimenopause experience hot flashes, most commonly persisting for between six months and two years, with approximately 15 percent of women experiencing the most severe form of hot flashes, which can continue indefinitely. As many as 40 percent experience heart palpitations during perimenopause, and 60 percent report poor sleep.

Troublingly, and we heard about this a little bit already, research shows that the health impacts of menopause are not felt equally across different racial and ethnic groups. For example, Black

Americans tend to experience more symptoms for longer periods of time and with less relief than their white counterparts. In a 25-year longitudinal study called the Study of Women's Health Across the Nation, white women experienced hot flashes for an average of six-and-a-half years, Latinas for 8.9 years, and Black women for 10.1 years.

Both menstruation and menopause are marked by silence and stigma, stemming in part from what scholars refer to as the menstrual concealment imperative, or the idea that women and girls feel compelled to hide their menstruation to appear more competent or more attractive. The silence and stigma that applies to menopause are further compounded by ageism, including the perception that disclosing one's menopause will result in less respect. Silence and stigma keep people from getting the

help and support they need, both in and out of the workplace. Research suggests just barely a third of women discuss their symptoms with their healthcare providers.

In law, federal anti-discrimination law recognizes pregnancy discrimination as a form of sex discrimination and provides guidance on when employers must accommodate pregnant employees. But there's been much less attention to menopause-based discrimination. People have difficulty managing their symptoms at work. They face ridicule, hostility, a lack of privacy, demotion, and even termination.

And importantly, a 2023 Mayo Clinic study found that menopause causes an annual loss of workplace productivity in the U.S. of approximately $1.8 billion in missed days of work, reduced hours,

involuntary or voluntary terminations, and retirement. Overall, the research makes clear there is tremendous variation in the length and severity of symptoms across the population, which means that a one-size-fits-all approach that's inadequate. Instead, measures that account for individual-specific health needs are necessary, and this bill takes that approach by requiring reasonable accommodations for an employee's needs related to menstruation, but also temporary menopause or menopause. And this is a framework that employers are used to working with in other areas of anti-discrimination protection.

Finally, I'd like to acknowledge the important research conducted by my colleagues, Professors Bridget Crawford and Emily Gold Waldman, both of Pace

University School of Law, and Naomi Cahn of the University of Virginia School of Law, whose co-authored book called Hot Flash. I recommend to anyone looking to learn more about this topic, and particularly its legal dimensions.

The book analyzes the many ways that menopause affects individuals, workplaces, healthcare, and society. As the authors argue, "Understanding menopause's multiple intersections with everyday life and law is crucial to achieve a more robust economy and inclusive society." And that's a quote.

So given the historical silence around menopause and the stigma attached to menstruation, perimenopause, and menopause, there's a tremendous need for laws like the one under consideration today. In order to ensure that menopause doesn't prevent anyone

from living their lives fully as a productive, equal, and respected member of society. Thank you very much.

CHAIR AHMAD: Thank you for your testimony. We'll hear from Dr. Wolf, and then we'll ask questions once she's done. Thank you so much.

Please state your name and begin your testimony.

MS. WOLF: Hello. My name is Abigail Wolf. I am the Clinical Professor of Obstetrics and Gynecology at the University of Pennsylvania and the Chair of Obstetrics and Gynecology at Pennsylvania Hospital, Penn Medicine. Thank you very much for giving me the opportunity to be here. I'm very excited to have -- to have this opportunity to speak on Bill 250849.

I think many of my

colleagues have already talked about what menopause is and how it can affect the life in the workplace. I wanted to talk for a minute about opportunities to treat the symptoms of menopause. I think one of the challenges that we see is that as there is this menopause moment that we are hearing much, much more from people who have a lot of opportunity to make money off of women and take advantage of the -- of the silence that already exists around menstruation and around menopause.

And so the importance of employees having access to reproductive care to -- and to have the ability to take the time to go and to see a physician or an APP provider is really so important. When we talk about how do we treat menopause, we're talking about not changing the fact that menopause is happening, because everybody who is

born with ovaries will eventually reach menopause, whether it's from the natural aging process, from side effects of medication, or from surgery.

However -- and each person who experiences menopause experiences it differently. And so understanding that there are lots of ways to respond to the situation of low estrogen, I think is really important. And having employers understand that their employees don't need to talk to them about their menopause symptoms; they just need to receive compassionate and respectful care.

There has been, over the last 10 years, a real increase in our understanding about how to treat menopause, and to treat the vasomotor symptoms. There remains a significant amount of misinformation around the risks of menopausal

treatment. And so there are many women who go without treatment that would make their lives so much better, so much easier to manage, make them so much more productive, because of fears that are continually produced mostly through social media.

Of course, in order to get access to the FDA-approved medications that improve the life of people in menopause, these people have to have insurance coverage that will pay for these medications. One of the real challenges is that although my insurance may cover estrogen, that doesn't mean that it's going to cover the type of estrogen or the delivery mode that I need for my symptoms. And so attention to the insurance contracts and the medications that are covered is certainly an important part of understanding how menopause can be

managed.

We often hear, I think, about decreasing triggers. And some of my colleagues have said that. And absolutely, having the room be cooler, certainly addressing things like uniforms for people who -- for safety reasons, need to wear uniforms that cover their skin, but also really suffer with the sweating, and the overheat feeling that comes from wearing those uniforms and having hot flashes inside. There is more technology, and the more that the employers can identify what is the technology that works in our setting, the better that our -- all of our colleagues can live in a place where they feel comfortable and are able to safely wear the uniforms that they need to keep them safe in the workplace.

Along with insurance coverage, there is a component of HR

that I think is very important. When I had -- first had my children was the first time I knew that there was such a thing as care management, that my employer had a program that would help me find a daycare center, would help me organize when I had a sick day, what to do with my children.

And there are many employers who have these agreements with organizations through the lifespan. I think many women who are at the age when menopause happens don't feel that they can reach out to these organizations to ask for help, but they are a real resource for people who are at this age to find assistance with taking care of your parents, assistance with managing the challenges of having adult children, the challenges of the world as we see it. And so I think increasing the

information about what the resources are that the employer offers and making sure that those are available to everyone.

I certainly agree with what has been said, that the more we all talk about menopause, that we understand that it is natural. It is part of -- if we're so lucky, we will get to that -- half of us will get to that point. And the more that we provide education also to the healthcare providers, so school nurses, physicians, all the people who come into contact with people who reach menopause, can be helpful to provide empathetic, compassionate, and accurate information regarding menopause and its management. Thank you.

CHAIR AHMAD: Thank you for your testimony. We will now do a round of questions. I'll start with Dr. Kukura. Thank you again for

both your detailed testimony.

Quick question about the -- you mentioned widespread misunderstanding and silence surrounding menopause. What role should educational institutions, public health agencies, and other entities play in improving the awareness both for general public and for healthcare providers? If you could just speak to that.

MS. KUKURA: Yeah, I think there's -- I mean, there's a huge role, you know, whether we're talking about, you know, through human resources in, you know, a setting that has a human resources department that is interfacing with employees and providing education on other benefits and also support for, you know, work-life balance, for taking advantage of health and other benefits that are available. There's a huge role that employers

can play through those mechanisms in increasing the -- in the normalization process, right? This is just having conversations, hearing the language, understanding that this is normal just the way, you know, any other kind of preventive care, cancer care, having a baby, all of these things that are part of the lives that we live.

You know, there are -- menopause and menstruation are not alone as aspects of women's health that are misunderstood, poorly understood, and not talked about enough, right? So it is also part of a broader conversation around childbirth experiences and the kinds of challenges that people have there, right? The kinds of health complications that can result after a delivery, even a successful healthy delivery. And so I think it's important to understand, you

know, both when we're talking about discrimination on the basis of menopause, right? That it is a product of a number of things. There's that intersectional quality where we're talking about race -- we're talking race, we're talking about sex, we're talking about age. Sometimes for some people, disability, right? If it's, you know, if they're experiencing symptoms in a way that is impacting their lives like that. And these experiences intersect with so many other aspects of our health and daily life and should be part of the conversation in the same way.

CHAIR AHMAD: So I hear our HR training needs to go -- undergo some changes along with other spaces, but for a workplace, I think that we would look to lean on our medical personnel outside of this to hopefully assist workplaces to start

normalizing this. Clearly, that's an outcome we should look for in order to normalize this.

Finally, pregnancy is now -- there's conversation around it, even though there's some places where we don't completely look at the whole spectrum, but this would be a place we've done it and change the workplace conversation, so we know the path to do that, and maybe -- and that's where we'll lean on all of you to help us, at least in Philadelphia, how we can be a role model for the rest of the country. Thank you so much.

A question for Dr. Wolf. It's very nice to see you.

MS. WOLF: Nice to see you.

CHAIR AHMAD: So you mentioned, I think it was you or I can't remember who, that a third of the women discuss menopause symptoms with their healthcare providers.

What do we, in the medical field, outside of the, you know, HR and the workplace, what changes do we need in the -- in -- so that we can close that gap?

MS. WOLF: This is a very challenging question. I think certainly some of it is around education: educating providers about the -- what menopause is and how -- what different kinds of symptoms people experience, and also educating them about various different options for treatment. You know, last week a new medication that's a non-hormonal treatment for hot flashes came out. That's so exciting, but it's really hard for everybody, all the providers across the city, to stay up to date with every piece of information. So that's part of it.

I think part of it is also educating patients in advance that

their providers are safe placed to have this conversation. And I think there is a challenge in the way that insurance coverage works. I think one of the things that we can say is that people who can afford to pay for a private consultation can have an hour with a menopause provider. And that is really offers that opportunity to delve into your history and what the options are.

For many people, their insurance covers one GYN visit a year with no copay. And once they start to -- if they need to come back to talk about menopause, there's a copay. And honestly, we have very little time given the reimbursement for women's health in general. It's very challenging to a lot more than 15 minutes for each patient.

CHAIR AHMAD: So I hear insurance companies need to also

normalize this in how they pay for services. And it's, you know -- clearly there's a lot of information coming to us, but getting it from our medical establishment can really sort of counteract all the social media clips that we see. And people are -- so, I mean, I think, I'm not saying every medical personnel should be on social media, but we have to kind meet people where they are. So as a public health committee, we are looking to see how do we inform our communities to be aware and ask for this? And so this is where the insurance companies might change if we have enough people asking for this, and, you know, advocating for this for themselves, including all of you. So thank you so much. Anybody have a question? Councilmember Quetcy Lozada.

COUNCILMEMBER LOZADA: Thank

you for being with us today. You know, in today's world, we have women who are fierce participants of the workforce. You mentioned -- I think it was Dr. Wolf who mentioned that one in 10 women have left jobs due to menopause symptoms. I'm not really sure which one of you mentioned it, but can you expand on what types of workplace conditions or barriers most often lead to that decision, and have you seen their departure in one industry more than in another?

MS. WOLF: That's a great question. I'm going to -- I'm going to go to pregnancy for just a minute. I have a patient who just quit her job working at an unnamed fast food store --company -- restaurant, where she was -- as she got bigger, the uniform didn't fit. She had to stand, there was no option for seating. It's hot. And

just like in menopause, pregnant women, their temperature goes up, and they find all of those things really unbearable. And so she's a perfect example of someone who left the workforce because she didn't feel like she could negotiate through how to -- how to make it work. And it was easier to go. And I think I see that very commonly in patients who have -- who are hourly workers who work in places where there's things like heavy lifting, or other places where the work is very physical.

MS. KUKURA: Yeah. And I mean, I think where these cases sometimes do come to court under, you know, federal anti-discrimination claims, we see types of facts around uncontrolled bleeding, right? If there's a -- if there's an incident of flooding that becomes publicly known, because it's

impossible to control. There's one case, where, you know, somebody bled in a meeting, cleaned it up immediately, but then was written up and eventually, you know, effectively terminated, forced out, because there was no respect and no understanding for what -- how this experience was beyond her control and how she -- it wasn't a symptom -- it wasn't a feature of her poor hygiene, right, it was just the reality of this transitional period, right, of going through perimenopause and menopause. But I do think there are differences, right?

I don't -- I don't know that we have data on specific sectors, but certainly, jobs that are, you know, professional jobs where people maybe already are used to some flexible hours where they're working remotely part of the time,

they do a lot of their work on Zoom, right? There are more opportunities in one's own, you know, workday to self-accommodate needs that might come up related to menstruation or to perimenopause and menopause. And it really is service workers, retail workers, contingent workers, right, who are often, you know, have much stricter policies around bathroom breaks. Even the ability to go take a sip of water, to take some medication to aid with symptoms, uniform restrictions, which can be for safety, but can also be for the commercial presentation of the business, right, and very little flexibility there to accommodate somebody's vasomotor symptoms, you know, during menopause.

CHAIR AHMAD: Thank you. Councilmember -- Sorry. Councilmember Rue Landau.

COUNCILMEMBER LANDAU: Thank

you. Thank you both so much for this super helpful, both from the legal and the medical angles. First a comment that probably about six years ago, we amended the Fair Practices Ordinance to include reasonable accommodations for pregnant people. So under -- for, on a legal standard for the person at the fast-food place that was terminated, or felt that they had to go, they had to have -- their employer was obligated to accommodate their pregnancy, give them a larger uniform, a stool, water breaks, bathroom breaks, and if not, you're violating our law. So I just wanted to make sure that that was really clear. And, you know, maybe as Council we can do a better job also of reminding people of that along with this provision as well.

I wanted to go back to

menopause for a second and say, out of -- I'm still got a whole crew of friends from high school, and all of us have talked about menopause a lot. No one taught us about it. We didn't understand it. We've all had to help each other understand it. It's been pretty amazing to watch how people go through this at different times and in different ways without, like, we have no idea why. It's just bizarre. And -- but having that group that you can actually talk to has been really helpful and share information with. And I think knowing that what we keep hearing over and over again today, that people all menstruate differently. They go through menopause differently. Those two things might not go hand in hand. If you had very heavy periods, it doesn't mean your menopause is going to go be bad. If you had very light

periods, it doesn't mean you're going to have an easy way through menopause. It is really important to get that out there.

But Dr. Wolf, in particular, I wanted you to talk a little bit more about folks with early menopause. As somebody -- I know folks who've had cancer in their 30s. Can you talk a little bit about this? Because this would be something that employers could not understand?

MS. WOLF: Yes. I think that there are -- there are many reasons that people will go through menopause earlier than expected. And I do think that in even in places where the culture kind of understands that women in their 50s are going to go through menopause, can be very -- can be much more rigid around people who are younger, and sort of send the message that

they don't believe this person who is having symptoms, because how could they? They're not -- they don't look like us. So how could they possibly be having menopausal symptoms?

And I do think that that is a place where, again, this sort of being respectful, treating people respectfully and asking rather than assuming is something that is really so important. I do also think that those are patients, for me, patients, those are people who do need access to care because it's so important that they do have access to understanding some of the treatments that can, particularly, in people who have premature menopause, cause significant problems down the road like osteoporosis and heart disease that actually can be prevented by using estrogen earlier in the menopause

transition.

COUNCILMEMBER LANDAU: Thank you. I got two messages from both of you. One is to believe people, believe your employees, believe your colleagues, believe your family members when they're telling you what's going on with them or just even need a break, believe them. And the second thing is that we all need to lobby our insurance companies to make sure that our contracts include any kind of helpful accommodations for people both during menstruation and menopause. I say this to our unions, and just other employee groups around the city that this is a great place to advocate. Thank you so much.

CHAIR AHMAD: Thank you, Councilmember. I will go to Councilmember Cindy Bass.

COUNCILMEMBER BASS: Thank

you. Thank you, Madam Chair. Good morning, everyone. And my apologies for running a little -- a little behind schedule this morning. So I want to thank you all for being here on this very, very important topic. And I really am sad that I missed the earlier part of the program, because I wanted to make mention, Madam Chair, and I'm hoping that I know the administration has left the room, this space. But I'm hoping that if they did not address this matter that they would provide in writing to you and to the committee some information related to a bill that we passed in June of 2021, which mandated city facilities to provide feminine hygiene products, and district health centers, and libraries, and recreation centers, and other city facilities. And so this is a bill that, you know, I put forward. We had full support from

council, and we'd like to know that it actually is being implemented right now. And if not, we want to know why. So thank you so much for that.

I also wanted to, again, say thank you for being here on this powerful topic. You know, often we talk about -- we always talk about, you know, especially when, you know, when, you know, you first get your cycle, you know, young ladies, oh, you know, they, you know, they've crossed over, they, you know, gone into adulthood, you know, they're gone into womanhood, whatever. And it's interesting because there's no conversation like that that says you're going into menopause, or any of the steps that are happening that lead you to that eventual outcome. And so it's very, you know, I think, you know, if you're -- if you're not sort of dealing with it or connected

to it in any meaningful way, then you just are really perplexed as to what menopause is, what's the problem?

And it's so funny because I had a male friend of mine say recently, he was like, you know, people just need to just deal with the symptoms. And just -- and I was, I almost, you know, I -- listen, I didn't want to catch a case on it, right? So but it -- but it was just like, I really wanted to like choke him out. Like, "You have no idea what you're talking about." And I did say that. "You have no idea what you are talking about," because often, you know, men think that this is just something that, you know, you know, it's an inconvenience, it's a discomfort, and have no idea about the entire reproductive system and all of the challenges that we face through a lifetime. You know,

from the beginning to the end. It's -- you know, it's constant. You know, there's concerns, issues, you know, things that need to be addressed.

And so much of the time, you'll see, particularly in Washington, something that drops me insane, is you'll see, you know, some bill signing, whether it's, you know, saying that women don't have the right to access, you know, this type of care or that type of care, or, you know, abortion. But you'll often see, you know, a man signing it, and you'll see him surrounded by other men making the decision for women's bodies, which is just so incredibly outrageous. And the idea that they think that that picture of what they are presenting is okay. They think that the, you know, the photo op, it -- there's nothing wrong with it, and there's something

very, very wrong with it. So I just really wanted to thank you all for being here. You know, women are -- our bodies are so complicated, childbirth is so complicated.

But what happens, you know, throughout the entire term of our cycle, whether it's the beginning of mid -- or the beginning of getting a cycle, or menopause and, you know, eventually tweetering out, the question is, you know, why is this like a secret? Why can't we talk about it more openly? Why is it kind of like something unnatural, or something dirty, something, "Oh, you shouldn't talk about that, you shouldn't mention it." Yes, we should talk about it, and we should talk about it loudly. And we have to talk about it more and more with those who are going to be getting a cycle, and those who are on the opposite side, who are going to be

connected to someone who has a cycle in their life and needs to support to be able to manage and navigate and go through these times.

So I just want to thank you for all of your work, and I look forward to even doing more on this topic with Madam Chair. And the one thing I did want to lastly mention is a resolution that we in this council body pass this year in 2025 in February, in which we honor the work of Pan-African Sisterhood Health Initiative, which is founded by Maisha Sullivan-Ongoza. And so they do an incredible amount of work around healthiness, around period poverty, around those sorts of issues being -- women taking care of women. And so I just really wanted to give them a shout out as well. So thank you, Madam Chair.

CHAIR AHMAD: Thank you, Councilmember. And if there are no

more questions for this panel, I thank you for your information. And please look for us to be following up with you for further support and as we move forward on this. Thank you.

MS. WOLF: Thank you.

MS. KUKURA: Thank you very much.

CHAIR AHMAD: Clerk, would you call the next panel, please?

THE CLERK: Cathy Scott, former president of District Council 47, Dr. Deborah Roebuck, Founder and Chief Executive Officer of Going Thru The Change, and Monica Harmon, Southeastern Pennsylvania Black Nurses Association.

CHAIR AHMAD: Please, state your name and begin your testimony.

MS. SCOTT: Good morning, Chair Ahmad and members of the Public Health and Human Services Committee. My name is Catherine

Scott, and I am the retired president of AFSCME District Council 47. I am testifying in support of Bill No. 250849, which adds menstruation, perimenopause, and menopause to the list of reproductive health issues protected against employer discrimination, and for which employers are obligated to make reasonable accommodations if requested by the employee. I believe this is a big step forward to openly discuss women's reproductive health issues, which have been a taboo topic for too long, and to assist women in remaining in the workforce as productive employees. The Philadelphia Commission for Women is interested in these issues too.

As a retired union leader, I am always focused on the implementation of protective policies. Unfortunately, many

medical practitioners are not trained in identifying symptoms nor adequately equipped to counsel women who are going through the change, regarding resources available to them. This is mostly attributable to medical -- I believe, to medical schools not educating them on women's reproductive issues. As someone who has gone through the change myself and with an excellent healthcare benefit provided by my union, I didn't know that there was such a thing as perimenopause, much less what the symptoms were.

I had very severe symptoms of both perimenopause and menopause. So I did what all women did when during my time, and soldiered through it, just like we're told to do. Since the legislation requires the employee to request the accommodation, it is important that a mechanism be developed to truly

make these accommodations known to employees. I think that the role of the Department of Public Health in the promulgation of regulations related to the accommodations needs to be clear. Also, any regulations which are written to enforce the legislation should have clearly stated timelines to comply with a request. Since presently, some Americans with Disabilities Act requests by employees are delayed for many months or years without a response from the employer. The more discussion of reproductive issues in the public square, the better it is for everyone, since they will have been seen as natural stages of life. I commend Chair Ahmad for proposing these protections, and I would request that the committee support -- vote to support this bill. Thank you for the opportunity to testify.

CHAIR AHMAD: Thank you. We'll hear from the rest of the witnesses and then ask questions. Please state your name and begin your testimony.

MS. ROEBUCK: Good morning. My name is Dr. Deborah Roebuck. I just want to say I'm from West Philadelphia and a block captain, so I'm out there in the community.

I am the founder and also the CEO of Going Thru The Change, but I want you to know that I'm also known as the menopause whisper. I am a nurse by background and the former maternal and infant health administrator for the Department of Health for over 20 years. I'm retired now. Okay. But also, I am a lifelong advocate for women's wellness, especially workforce equity. I'm here today in strong support of Bill 250849, which explicitly protects employees from

discrimination based on menstruation, perimenopause, and menopause. And I also want to include postmenopausal for women.

Through my education and awareness work, I discover that many women are silently struggling, often experiencing symptoms they cannot name and have never connected to menopause. I'm going to tell you, in workshops and trainings I do within the community or in different workplaces, this is a really -- a concern, because I'll be honest with you, they tell me I thought I was going crazy. Okay?

I meet women who think they're simply tired or they're losing focus, when in reality they are navigating a hormonal journey, a transition, and they oftentimes don't even want to talk about it in the workplace, they don't even know if there's a way to get workforce

support when they're working every day, and then also, I -- I want you to understand that according to Forbes and also Stanford's Longevity Center, by 2030, over half of the women in the workforce will be at some stage of menopause.

These women are not only employees, but they're leaders, they're caregivers, they're mentors, they're community anchors. Many belong to what we would call the sandwich generation, caring for both aging parents, and also growing children. Okay? Maintaining their professional roles all at the same time. When workplaces do not acknowledge this stage of life, the impact ripples throughout the office. And I'm talking about inter generational. That discussion needs to be talked about too.

It affects the family, the community, public health. I often

write what I call tips and tricks series like in LinkedIn, where women will share stories, but people don't hear their stories. So I put it in social media, and where women are talking about, "Okay. I have a hot flash. I'm in the boardroom," "I'm in a meeting," "I'm experiencing brain fog," "I'm doing a presentation." Or they quietly step away from their jobs they love because no one understands them. I mean, really silently they have resigned. Okay? Legislation, well, this legislation will change that.

Bill 250849, doesn't just create accommodations, it creates awareness, dignity, equity. It assures that women don't have to choose between their health and their livelihood. Philadelphia has the opportunity to lead the nation by affirming that menopause is not a taboo, it's a transition, and that

the transition deserves understanding, compassion, and workplace support. I just want to thank Councilmember Ahmad for your vision, and to the committee overall to ensure that every woman's journey through be administration, or all the way through menopause, is met with fairness and respect. And I thank you for allowing me to share my testimony.

CHAIR AHMAD: Thank you so much. We'll hear from our final witness and then ask questions. Please state your name and begin your testimony.

MS. HARMON: Sure. Hello, everyone. My name is Monica Harmon. First, let me thank Councilmember Ahmad and the esteemed members of the Committee on Public Health and Human Services of the Philadelphia City Council for the opportunity to speak on behalf of menstruating,

perimenopausal, and menopausal women in support of Bill No. 250849. I'm a West Philadelphia native as well, born and raised, went through the Philadelphia school system, and I am a proud professional public health nurse of over 25 years.

My specialties in public health and nursing education, and I'm the current president-elect of the Pennsylvania Public Health Association, and the co-chair of the Pennsylvania Nursing Workforce Coalition Nurse Diversity Council, as well as holding memberships and other professional and community-based organizations and boards, such as the Southeastern Pennsylvania Area Black Nurses Association, where we are aimed at advancing population health, healthcare delivery, and the nursing discipline.

Through all of my professional accomplishments, I have

been a menstruating, perimenopausal, and a menopausal woman. Those facts, in and of themselves, are not remarkable because they are the regular life changes of women. However, since age 10, I suffered through monthly painful menstruation or dysmenorrhea, the severe abdominal cramping, nausea, vomiting, and other symptoms experienced on one to two days per month, limited my activities, causing me to miss school days, and ultimately led to secondary dysmenorrhea exhibited by fibroids and endometriosis. Perimenopause, the period of transition between menstruation and menopause was compounded for me with fibroids and endometriosis requiring two myomectomies, that is the surgery to remove fibroid tumors from the uterus and heavy bleeding and fatigue.

Ultimately, after consultations with the fibroid center and multiple diagnostic tests, I elected to undergo a hysterectomy just five weeks ago to treat 39 years of dysmenorrhea, limited activity, and fatigue. I am now in menopause, or as my mentor, friend, and colleague says, this stage in my life is "Me No Pause." Thank you, Dr. Roebuck.

MS. ROEBUCK: Okay.

MS. HARMON: This is my menopause whisperer. So why am I sharing my story of menstruation, perimenopause, and menopause with you today? You are probably thinking that she has accomplished a lot despite these challenges. And you're right. The issue is that I had to manage and often in silence. Policies and bills such as Bill No. 250849, regarding menstruation, perimenopause, and menopause are

needed to support individuals throughout their reproductive and hormonal life cycles. These policies focused on workplace accommodations, healthcare access, and education. And they also recognize that symptoms of irregular bleeding, heavy flows, and other perimenopausal and menopausal symptoms can impact daily life and work, necessitating tailored support structures and improve the quality of life for these individuals, and ultimately, increase productivity across all sectors.

So I'm asking for considerations for awareness, education, paid sick leave, flexible work options, diagnosis, hormonal and other treatments, routine women's healthcare, menopause diagnosis, lifespan, and systemic support must be included in these policies, excuse me, to address the

full spectrum of experiences from menstruation, to perimenopause, to menopause. I applaud you, the members of the Committee on Public Health and Human Services of Philadelphia City Council to make a difference in the lives of girls and women by supporting Bill No. 250849 today. Thank you.

CHAIR AHMAD: Thank you so much to all of you for your very impactful, excuse me, testimonies. I want to just tell Dr. Roebuck that I was in that -- I was a sandwich-generation person, taking care of my parents and my young children, working full time, and having to deal with my normal biology. That gave me a lot of angst as I lived through it. So that is a reality for many of us, right? And to Cathy Scott's point, it's not just putting this bill out, it is about accountability around it.

And I think talking to different segments who would be implementing this, and keep -- and having the awareness and education. We can't just ask for implementation, we actually need education. That's going to be really critical, and I -- this is where we have to lean on all of you because you have learned how to tell those stories. Telling those stories, and I -- getting on social media, that is critical to give examples when I'm having a brain fog, what do I do? Do I have already, you know, sorts of measures put in place to support me when that happens? So does my workforce know that and prepare -- and are prepared to step in when I need it in a boardroom? That means all the boardroom members also need to know this, right? And as we know, most of corporate boardrooms are white

men. That's still the case. And so we want to start this initiative to really reach from, you know, from the fast-food workplace all the way to the boardroom off that fast food workplace that is making money off of our workers without giving them the benefits that they need to be fully functional regardless of what they are -- which stage of life they're in.

So I appreciate all of you. A question about the silent -- so this is about educating the employers, but we also have to educate employees and just the general public why women are suffering in silence. Why we don't know these stages of change, which means education much early on, our health education, our awareness, which needs doctors to be talking about this when they see their young patients, to know this is when

you're coming up, having these conversations, and us demanding that these conversations are interspersed along the way.

So we don't have people thinking something's wrong with me, I'm not strong enough, I'm feeling weak, or this is my fault, instead of, this is my biology, right? So that's what I'm hoping we can all collectively work to make sure that we talk about implementation in many fronts. And education starting very early on, you know, Councilmember Lozada had to leave for another meeting, but she mentioned how she raised her son.

We need -- that's what we need to do. We need families, parents, everybody to have this awareness. So no woman ever, at any point in her reproductive cycle thinks there's -- she's doing something wrong. And so I thank you

all for your testimony. Any questions for our panel? We have a question from Councilmember O'Rourke.

COUNCILMEMBER O'ROURKE: First of all, good morning to all. Ms. Cathy Scott, it's always good to see you.

MS. SCOTT: Good to see you.

COUNCILMEMBER O'ROURKE: Thank you so much Dr. Roebuck and Ms. Harmon for your testimonies this morning. A quick question, Dr. Roebuck, any kin to the late Great Jim Roebuck, you said West Philadelphia? Not at all? So I apologize for presuming.

Thank you for your testimony and for your work. Your -- what you explained was very enlightening for myself and something that my staff actually noted particularly around the sandwich generation, caring for both

parents and children. I feel like that's even happening younger and younger now. And so it's growing. In addition to passing this important bill, I am curious how else the Council can actually support the caretaking responsibilities of this growing generation.

MS. ROEBUCK: Let me just say, it doesn't -- it doesn't even matter. Let me go back to this. During COVID I learned how to use social media, and I started talking about menopause. I had so many people say to me, I'm here at the computer teaching my grandchild and doing education, but I'm trying to get an appointment to also take care of my parent. It gave them the flexibility to be able to do that. Working at home, being able to do Zoom meetings and what have you.

But now, people are back in

the office. People are not aware of their benefits, how to make use of that, because I'll be honest with you, no matter what you say to me, and I was at a meeting talking with a judge, and she, all of a sudden, I got to go home, I got to take care of the grandkids, I got to do this. I got -- it doesn't matter. There needs to be, number one, awareness that this woman whose menopausal is in essence the navigator in that family, and that you need to give her compassion. If I need to go home, I know that woman's going to feel as though I might lose my job.

But if I have so many hours that I can be flexible working with my family, doing these different things, even in the fact of educating the community and even the family, because oftentimes when you talk about menopause, people just think that woman alone. It is the

family that needs to work together. And many husbands, I just got finished doing something at my church for married couples, because the pastor said, you know, there's problems in the family.

Deborah, can you teach a Sunday school class? I winded up teaching three weeks and giving a voice to a opportunity that demands issues. How can I help her? So we're talking in the workplace, it's talking about within the family, and also gathering women coming together, sharing their stories, not feeling as though my story is only mine.

No, you find out it is many women, and what are the solutions? How can I help? What did you do? What did you do? How can I help? Because I'll be totally honest with you, I talked to too many women that said they cannot get GYN

appointments. And if they do get a GYN, it's six months to a year away. So what are they supposed to do in the meantime?

So it is a community issue, a public health issue, and that we all need to be aware, but we all need to work together.

COUNCILMEMBER O'ROURKE: Thank you. It sounds like what could have been beneficial is if we had retained some of the learnings that we got from COVID, that working from home probably actually was a benefit, at least for a certain subset of folks.

And it seems like we may have missed that window, but thank you for raising that point. If there's ever anything in particular that we can do beyond this wonderful piece of legislation that will be passed, please feel free to share with the Council. Some member, I'm

sure, would be very excited to help take this up and then push it forward. We do need to create not just alongside the culture, we also need to create legislation that allows for a different sort of reality for folks who are dealing with this transition, with the change as the -- as the -- as the saints call it.

Ms. Harmon, I wanted to say, first of all, I heard you say that you were just recently had a procedure, so praying for total recovery.

MS. HARMON: Thank you.

COUNCILMEMBER O'ROURKE: Yes, ma'am. In that -- as you -- as you continue to proceed. Thank you for sharing your experience with us today. What would it have meant for you if this bill had been law as you were building your career?

MS. HARMON: Wow. Well,

first thank you for the well wishes for recovery. I can say that after I've hurt -- had my surgery, I actually feel like Monica again, and I haven't felt like her in a long time. So thank you.

COUNCILMEMBER O'ROURKE: Yes, ma'am.

MS. HARMON: And it was due to this whole perimenopausal experience. So I recently left a job that I loved. It was my -- it was meant for me, but the brain fog and the demands that were put on me, and even when I was vocal about this is what I'm going through, it didn't matter. So what it would have meant for me is that I would've been able to say there's legal backing for this. I would've been empowered to go to HR, maybe use my employee assistance program.

I also would've been empowered that instead of powering

through my day, which is what I often did, and even the evenings, when you work in a community, it's not Monday through Friday, 9:00-5:00, you have to meet the community where they are, right?

And so it's also being able to say, push back on my workload. Can someone else do this, right? I had a -- I led a very small team. I was over two different health centers, right? So if someone else was absent, I was that employer, right? If you're going through something, handle your business, take care of your family, because I understood that if employees were allowed to take care of their families, they would also take care of the work that needed to be done.

COUNCILMEMBER O'ROURKE: Right.

MS. HARMON: For me. But I didn't have that person that I --

that looked out for me. So having a bill like this would bring the awareness. I think it would encourage employers to think about the whole person that works for them, right? Because if your people feel whole, and they feel that they're heard, they're going to do their very best for you. And I think we all win if we do that. Thank you.

COUNCILMEMBER O'ROURKE: Thank you for sharing your story. I much appreciate it. Thank you very much.

CHAIR AHMAD: Thank you. Do we have any other questions?

COUNCILMEMBER LANDAU: I just -- I don't have a question, but I just -- Oh, I'm sorry. Go ahead, Cathy.

MS. SCOTT: Oh, I'm sorry. If I could add.

COUNCILMEMBER LANDAU:

You're good.

MS. SCOTT: Okay. I think also the decision to add to what Monica just said, the decision of whether a reasonable accommodation can be made is left to people in the employer's employee that are not necessarily competent to make those decisions, which is one of the reasons why I asked or stated in my testimony, that I think it needs to be clear what the role of the Department of Public Health or some advisory role from a medical practitioner would be helpful in assisting people who are requesting those accommodations, who might not necessarily be able to communicate as clearly as they need to in that kind of a circumstance, what a reasonable accommodation is.

I know under the ADA, there's supposed to be an interactive meeting, you know, where

the manager, I guess, and the employee sit down and discuss what the doctor is recommending would be an accommodation.

And again, if you don't have a practitioner who is necessarily clear on what the availability is for different types of accommodations, and you have an employee left to your devices of trying to negotiate what might be an accommodation, it sort of sets things up for perhaps outcomes that are not the best outcomes.

So I think that one of the things that the -- that the committee can consider is what types of -- beyond the legislation, what types of additional education of HR people, managers, and when they need to get advisory information from people that they realize maybe they don't have the expertise to make that decision to make sure that the

request for an accommodation has been really vetted to see whether the employer can accommodate the person.

COUNCILMEMBER O'ROURKE: So more training amongst those who are employers or what have you?

MS. SCOTT: Well, that, but also determining who's the best person to be making this decision. As Monica said, because of her background, when her employees came to her, she understood and was able to make reasonable accommodations for them, but did not get that support from her own administration.

So too much of it, I think, is in -- is up to the individual who has the determination as to what's a reasonable accommodation, and that might not be the best person to be making that decision.

COUNCILMEMBER O'ROURKE: Okay.

CHAIR AHMAD: Yes. Are we -- oh, sorry. Go ahead.

COUNCILMEMBER O'ROURKE: No, thank you. No. Yes. Thank you.

CHAIR AHMAD: I -- yeah, we hear you loud and clear and to have a role for either public health with a panel who they can go to for advice and HR should have that. So the implementation phase of this, we are going to work with the administration to see why, which is why you'll hear we are doing an amendment to this bill later when we go into our public part of the hearing is about giving enough time for this to actually be properly executed.

So we hear you loud and clear, and I'm sorry that Monica didn't get the kind of support she needed, but Monica's back, so that's good.

But the -- what the -- what

all of your testimony has spoken to is the resilience we need to muster up every time, whether it's dealing with menstruation, perimenopause, or menopause, or even post menopause.

And I think this speaks to that we have been silently just taking this burden. Silent no more is the answer right now for all of us, that we are going to be loud and proud and ask for what is the norm, so that the norm changes.

And we challenge every part of society to get on board about understanding these different phases in our -- in our reproductive life that everybody should know. So I come from --

THE CLERK: Everybody, excuse me.

CHAIR AHMAD: Okay. We need to evacuate. Suspend the meeting and we'll come back.

(Off the record.)

CHAIR AHMAD: The committee will now come to order.

Thank you everyone for bearing with us during this disruption. Everybody's safe. It was a toaster. It was a bagel in a toaster that got too fried. Everybody's safe.

So, Clerk, would you please call the next panel to testify on this bill?

THE CLERK: There are no additional panels.

CHAIR AHMAD: Okay. Hearing none, we will now go into transition to our public comment section -- session. Please note that the time limit for each speaker is three minutes.

Mr. Sham, would you call the first speaker for public comment?

THE CLERK: There are no speakers on the public comment list,

Madam Chair.

CHAIR AHMAD: Well, thank you. We lost our public testimony witness but she provided her testimony in writing, so we'll put that in our record. Okay. There are no speakers on this panel -- on this public testimony section, so I want to thank all our witnesses for joining us today. Now we will temporarily end the public hearing and go into public meeting.

I will note, for the record, that a quorum of the committee is present. Hold on.

The Chair recognizes Councilmember Cindy Bass for a motion on the amendment to Bill No. 250849.

COUNCILMEMBER BASS: Thank you, Madam Chair.

I offer an amendment to Bill No. 250849. A copy of the amendment has been circulated to all

members of the committee. I move that the amendment to Bill No. 250849 be adopted.

COUNCILMEMBER LANDAU: Second.

CHAIR AHMAD: It has been moved and -- it has been moved and properly seconded that the amendment to the Bill No. 250849 be adopted. All those in favor of the motion will signify by saying aye.

COUNCILMEMBERS: Aye.

CHAIR AHMAD: Aye. All those opposed? In the opinion of the chair, the ayes have it. The motion carries, and the amendment to Bill No. 250849 has been adopted. The chair recognizes Councilmember Cindy Bass for a motion on Bill No. 250849 as amended.

COUNCILMEMBER BASS: Thank you, Madam Chair. I move that Bill No. 250849 as amended be reported from this committee with a favorable

recommendation and further move that the rules of Council be suspended to permit first reading of this bill at the next session of Council.

COUNCILMEMBER LANDAU: Second.

CHAIR AHMAD: It has been moved and properly seconded that Bill No. 250849 as amended be reported from this committee with a favorable recommendation and further move that the rules of Council be suspended to permit first reading of this bill at the next session of Council. All those in favor of the motion will signify by saying aye.

COUNCILMEMBERS: Aye.

CHAIR AHMAD: Aye. All those opposed? In the opinion of the chair, the ayes have it. The motion carries. Bill No. 250849 as amended will be reported from this committee with a favorable recommendation with the request that

the rules of Council be suspended to permit first reading at the next session of Council.

This concludes the business before the Committee of Public Health and Human Services today. Thank you very much for all who attended and testified and sat through our hearing. Thank you.

(Public meeting for the Committee of Public Health and Human Services concluded at 12:25 p.m.)

C E R T I F I C A T I O N

I hereby certify that the proceedings and evidence are contained fully and accurately in the notes taken by me of the above case, and this copy is a correct transcript of the same.

Samanda J. Rios

Samanda J. Rios
Court Reporter
Notary Public of PA & DE

(The foregoing certification of this transcript does not apply to any reproduction of the same by any means unless under the direct control and/or supervision of the certifying reporter.)

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