
Hiring to Firing Podcast — Hot Flashes, Cold Policies: Legal and Benefit Strategies for Menopause

Hosts: Tracey Diamond and Emily Schifter

Guests: Lydia Parker and Lauren Tetenbaum

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Tracey Diamond (00:00):

So, Emily, for this episode, we've taken on a topic that's very, very interesting and cutting-edge, but also seems to have a lot of stigma attached to it, which is the topic of menopause affecting workers and menopause benefits that are provided by employers in the workplace.

Emily Schifter (00:15):

That's right. And it's one of those topics that seems like everybody knows about it. We don't always talk about it. But I was amazed in preparing for this episode just how many clips we were able to find and how much it comes up on TV shows. Even if it is sometimes a little bit at the expense of the woman who's being portrayed. But we're excited to cover this topic with two really interesting guests.

[BEGIN EPISODE]

Tracey Diamond (00:42):

Welcome to, Hiring to Firing, the podcast. I'm Tracey Diamond, a labor and employment partner at Troutman Pepper Locke, and I'm here with my partner and co-host, Emily Schifter. Together we tackle all employment issues from hiring to firing.

Emily Schifter (00:55):

Today we have two special guests, Lydia Parker and Lauren Tetenbaum. Lydia is our partner here at Troutman Pepper Locke in the Employee Benefits and Executive Compensation practice group, and she assists clients with designing and implementing employee benefits plans, and advises clients on plan administration issues, and helps with all sorts of benefits questions that come up in my practice, so, grateful to have her here. Lauren is a social worker who specializes in perinatal mental health, gender equity, working parenthood, and reproductive healthcare. She recently authored the book "Millennial Menopause: Preparing for Perimenopause, Menopause, and Life's Next Period." So welcome, Lydia, and welcome, Lauren. We're glad to have you here.

Lydia Parker (01:34):

Yeah, thanks for having us.

Tracey Diamond (01:35):

So, Lydia, let's start with you. Can you give us some more details about your practice and how you assist our clients? I know I call on you also, so I'm very grateful to have you here.

Lydia Parker (01:44):

Yeah, absolutely. And I'm so happy to be here. And as a millennial lady, I thought this is perfect for me. Great timing. My friends and I talk about perimenopause more than you would think. But in terms of my practice, I focus on employee benefit plan compliance. So particularly qualified retirement plans like 401k and pension plans and health and welfare plans. So your medical, dental, vision plans and the legally driven plans that sit on top of those. So, just for our HR professional folks, the Section 125 Cafeteria Plan and ERISA Wrap Plan. So, I help employers with all aspects of those plans, drafting, amending, participant notices, legally required filings, and relevant for today, implementing new benefit plans. That's always a fun and rewarding aspect of the practice.

Tracey Diamond (02:35):

Now let's turn to you, Lauren. Why don't you tell us a bit more about your book and also why you wrote it and how it can help women?

Lauren Tetenbaum (02:42):

Absolutely. So I am likewise a millennial, and as you mentioned, I've always been passionate about supporting women. I was a practicing attorney. I am also a psychotherapist. I have been focusing on reproductive health in a variety of ways throughout my career. But as I was approaching 40, I realized I knew nothing about menopause and this next chapter of life.

Lauren Tetenbaum (03:05):

Once I started asking questions and doing research, I realized that perimenopause, which is the phase of time leading up to menopause, can last for several years, if not a decade. It involves a variety of symptoms that impact our psychological and physical health, and that women who had been through it without knowledge and resources really were angry that they didn't have that support. And I set out to help my generation be proactive. So, I wrote this book. It features the expertise of four dozen mental health and physical health clinicians, experts in the field, and it's been really a joy to implement this research in both my everyday life as a millennial woman and in my practice helping clients through this phase of life.

Emily Schifter (03:51):

Such a great resource. So we asked you both to join us today for our topic, which is, "Menopause and wellness benefits in the workplace." And we thought it might be good to start with just some basic definitions. So, Lauren, can you give us a quick definition of what is menopause and what are its symptoms?

Lauren Tetenbaum (04:08):

Yes. So I'm curious what your reaction will be, because you're obviously a very well-educated group, but people always are surprised when I say that menopause is technically one day. It's one day that marks one year of no periods, absent any other health reason. And when I say that, I'm talking about natural or spontaneous menopause, not induced menopause, which can come about from chemotherapy or an oophorectomy, the removal of the ovaries, et cetera. The average age of menopause in the US is 51 and a half. And perimenopause, like I said, is the phase of time leading up to it, but it is really marked by hormones that are fluctuating, primarily estrogen and progesterone.

Lauren Tetenbaum (04:49):

And when I say fluctuating, I mean fluctuating. They're like a roller coaster. And that roller coaster causes a lot of the symptoms that we see. The hot flashes, the mood swings, the joint pain, and ultimately, estrogen and progesterone decline, and that's why women at menopause are at higher risk of health issues like osteoporosis, Alzheimer's, a variety of other issues. So, we have a lot ahead of us. Once you're at menopause, you are always postmenopause, and this is a phase of life that shouldn't be ignored or brushed off.

Tracey Diamond (05:24):

So, menopause is a topic that really is sort of considered taboo still, unfortunately. Men don't like to talk about it at all. And women usually don't like to talk about it either. So, Lauren, why do you think that is?

Lauren Tetenbaum (05:37):

Short answer, misogyny.

Tracey Diamond (05:40):

Call a spade a spade here.

Lauren Tetenbaum (05:43):

I think American culture in particular, is a bit prudish when it comes to sexual health, reproductive health. I certainly think we have inherent misogyny, inherent ageism. When you look at other cultures, for example, in the Japanese culture, the elderly are more revered and aging is seen as an opportunity, and it's really respected. And we actually know for a variety of reasons, both ethnic, biological reasons, and cultural, that Japanese women have less severe symptoms of menopause. So there is a mindset and an attitude factor at play here. But in America, we are afraid of aging. Think about the drugstore, all the anti-aging products, and the Hollywood scenes that we see of older men with younger women. We constantly see that, and I know you talk about that a lot on this podcast, and it's something that I think is past due for a change. Women do not lose their value just because they lose their fertility. It's okay to be older. And I think the more we talk about menopause and aging, the better off we are.

Tracey Diamond (06:51):

You know, I have to say what you just said really resonated with me because I was at a dinner last night and for some reason the topic of age came up and someone asked me point blank how old I was, and my stomach turned over. I was like, "How dare you ask me that question?" So, yeah. I do think that there's a stigma there that we as a society need to get around to remember the value of women at all ages and stages of their lives, and men for that matter as well.

Lydia Parker (07:16):

Yeah.

Lauren Tetenbaum (07:16):

And aging is a privilege.

Emily Schifter (07:17):

You're right. You're right. And it is so true in Hollywood, I feel like it's always a stereotypical. Men just get more distinguished. You think of like the George Clooneys and and it's been totally different for women, at least historically. So that's a perfect segue to our first clip, the concern that women have about being perceived as old when going through menopause. And we've got a clip from the iconic TV show, "All in the Family." To start off, we always have a pop culture tie-in and that's what we're going to start today. So, as many of our listeners likely know, this show aired in the 1970s and starred the late, great Carroll O'Connor, Jean Stapleton, and Rob Reiner, as well as the legendary Sally Struthers. The show centers around Archie Bunker, a working-class, narrow-minded man living in Astoria, Queens, and his relationship with his wife Edith and family. So in this first clip, Archie tries to manage Edith's menopause symptoms by tiptoeing around her to hilarious results. Let's take a listen.

[BEGIN CLIP]

Archie Bunker (08:10):

Where the hell is the sports section of this paper, huh?

Edith (08:14):

I used it to line the garbage pail.

Archie Bunker (08:17):

The garbage pail? Oh, you done that... That's all right, Edith. That's a good thing.

Edith (08:31):

Gloria, will you help me set the table?

Gloria (08:33):

Oh, sure, Ma.

Archie Bunker (08:36):

This here is murder.

Meathead (08:36):

Remember what the doctor said.

Archie Bunker (08:40):

All right. Hey, Edith. Hey, you know, Meathead and me, we've been drooling all day waiting for that beautiful pot roast of yours.

Edith (08:46):

Well, we're not going to have pot roast. I put it in the oven too early and it burned up.

Archie Bunker (08:53):

Burned it up? Okay, Edith. That's okay.

Archie Bunker (08:56):

Pot roast, no loss. What else you giving us?

Edith (09:01):

I'm warming up yesterday's soup.

Archie Bunker (09:04):

Yesterday's soup is delicious.

[EDITH cries.]

Archie Bunker (09:11):

I can't go on with this no more.

Meathead (09:14):

Easy, boss. She's going through a tough time, that's all.

Archie Bunker (09:18):

Thank God the doctor gave me these pills.

Edith (09:22):

He don't love me no more. He thinks I'm old.

Gloria (09:28):

No. He doesn't, Ma. He's just being nice.

Edith (09:31):

Nice? Oh, you heard what he said, "Everything is terrific, Edith." He don't mind the pot roast burning up. He don't mind the sports section in the garbage pail. He ain't talking to me. He's talking to some old lady.

[END CLIP]

Emily Schifter (09:48):

So do you think menopause is seen in the workplace and in society really as a euphemism for age?

Lauren Tetenbaum (09:54):

I certainly do. I think that women historically are even afraid to utter the word menopause. At 40, I get pushback, even from well-meaning friends who say, "Oh, my gosh, you wrote a book about menopause. And they make this face at me, like, "Why would I want to touch it?" And certainly we know that women are free to bring their whole selves to work. We know that we have anti-discrimination policies in place when it comes to pregnancy, breastfeeding, motherhood. And yet we also know that discrimination very much exists. And we have with menopause the double whammy of being older and being a woman. And we also know that women don't recognize their symptoms often as menopause. They instead think they're going crazy or losing their minds or just really feeling bad and not able to make it to work.

Lauren Tetenbaum (10:47):

So, they often take themselves out of the workforce or cut back. Again, the more that we talk about it, the more benefits and options and healthcare resources we have, the better off we are so that we can retain this amazing group of employees in our paid workforce.

Emily Schifter (11:04):

I think that's so true. Some of our employers think, "Oh, age discrimination, all right, well, I know how to comply with the Age Discrimination in Employment Act. If I do a reduction in force, I'll give them the notice, check, and we're done." I think there is a lot more to it than that.

Tracey Diamond (11:19):

It's sort of ironic, you know, because perimenopause and then menopause are hitting when people that do have families, their children are getting a little bit older, and it's actually getting easier for women to be in the workforce because they're not juggling as many competing demands with younger children than they were maybe 10 years ago. But yet that's where we're seeing continuing discrimination. That's something that we're going to touch on in a clip a little bit later. But for now, I'd like to introduce another clip about the topic of menopause being taboo for many women and men. And surprisingly, despite it being taboo, it does seem to come up in quite a number of TV shows and movies.

Tracey Diamond (11:54):

Our next clip is from the 1991 movie, "Fried Green Tomatoes." I don't know about you guys, but I have these memories of, "Fried Green Tomatoes." Every time the movie would come on, it would like cue the tears. I just could not get through that movie without hysterical crying. In the movie, Kathy Bates plays Evelyn Couch, a housewife who meets one of the residents, Ninny Threadgood, played by Jessica Tandy, during a visit to a nursing home. Let's listen to their discussion about the quote unquote changes.

[BEGIN CLIP]

Ninny (12:21):

You tell me what's bothering you sugar...

Evelyn (12:26):

I just feel so useless, so powerless.

Ninny (12:34):

Everybody goes through that.

Evelyn (12:36):

But I can't stop eating. Every day I try, try. And every day I go off. I hide candy bars all over the house.

Ninny (12:50):

Well a candy bar ain't gonna hurt you none.

Evelyn (12:52):

One, no, but 10 or 11. I can't even look at my own vagina.

Ninny (13:02):

Well, now, honey, I can't help you on that one.

Evelyn (13:06):

I wish I had the courage to just get it over with and get really fat. Oh, Ms. Threadgood, I just... I'm too young to be old and I'm too old to be young. Maybe I'm just going crazy.

Ninny (13:30):

You get hot flashes?

Evelyn (13:34):

Sometimes.

Ninny (13:35):

You get the sweats and your heart starts to poundin'?

Evelyn (13:39):

How did you know?

Ninny (13:40):

Simple, honey. You're going through the change. I used to burst into tears for no reason at all. You need some hormones. Maybe some of them, stress had some before for good measure.

Evelyn (13:57):

Really? Is that all?

Ninny (14:00):

Sure, honey. You get yourself some hormones and then you get out of the house and get a job.

[END CLIP]

Tracey Diamond (14:13):

The line, "I'm too young to be old and I'm too old to be young," is such a great line, isn't it? It shows how menopause symptoms are not just physical, but also involve mental and emotional health as well. Lauren, what can women do to prepare?

Lauren Tetenbaum (14:21):

So, the first thing that I really want listeners to take home is that menopause is a natural life stage. Maybe we should think about it as adolescence. It's a phase of time that if we're lucky enough to reach a certain age, we will go through it. And it might come with ups and downs, but there's no reason that we should stigmatize it. It's natural. It happens to each and every person born with ovaries. And it's important that women use knowledge. I believe knowledge is power to enter this phase proactively. So now, what does that mean? How can they prepare? They can educate themselves. They should read my book, of course, and realize that it's nothing to be afraid of, or they should learn how to recognize certain symptoms. A lot of women come to me and say things like, I think I'm losing my mind because I forgot something, or I can't stop snapping at my kids.

Lauren Tetenbaum (15:14):

And in fact, that's due to hormonal fluctuations much of the time. There are treatment options available, which I'll talk about momentarily. The other lifestyle treatment options that it's never too late or too early to implement include prioritizing sleep. Love sleep. Prioritizing good nutrition, social connection, and strength training. It's a huge way that women can set themselves up to enter into this phase of life with strength and the right bone density exercises.

Emily Schifter (15:46):

So other than those, are there other treatments you mentioned for menopause? What are the options there?

Lauren Tetenbaum (15:52):

Absolutely. So, hormone therapy is safe and effective for most women. Now, a lot of people don't know that. They associate hormone therapy, and by that I typically mean estrogen and progesterone in various forms: pills, tablets, creams, gels. There's a whole range of options. People associate that with what came out of a big press storm in 2002 following a study called the Women's Health Initiative. Essentially, the data from that study was misinterpreted and people thought that hormone therapy caused breast cancer and other heart health issues. In general, we now know that hormone therapy is safe and effective for most women. Of course, there are contraindications and everyone should speak with their healthcare provider about their own personal risks and benefits to trying hormone therapy. But it is FDA approved to treat vasomotor symptoms, the hot flashes, the night sweats.

Lauren Tetenbaum (16:51):

It's also FDA approved to help prevent osteoporosis, which as we mentioned a moment ago, is a huge risk factor for women in this phase of life and can also be combated with strength training. Fortunately, in addition to the lifestyle options that I mentioned, there are other forms of treatment in the form of non-hormonal options.

Lauren Tetenbaum (17:10):

We're seeing an increase in options all the time. A couple months ago there was another FDA approved option, which is great. We also know that psychotherapy can really help with not only the mindset, but also with hot flashes, so the physical symptoms. So, the more tools in our toolbox, we welcome, and I encourage everyone to explore, and if they need help finding a doctor, please reach out. I'm happy to point you in the right direction.

Tracey Diamond (17:36):

So, this is a good time to bring in our next clip. And this one is from season 13, episode 15 of the long-running TV show "Law & Order." In the first half hour of each episode, New York City homicide detectives investigate a crime, usually a murder, and apprehend a suspect. And in the second half of the show, usually it involves the prosecution of the defendant by the Manhattan District Attorney played by Sam Waterston. In this clip, a woman claims that the hormone therapy replacement drug withdrawal caused her to kill her lover. Let's take a listen.

[BEGIN CLIP]

Suspect (18:09):

And once I stopped taking the pills, I was unable to get a full night's sleep, I became so forgetful and irritable. I screamed at everybody around me. Once I even walked 30 blocks at full speed, and I had no idea where I was going.

Dr. Skoda (18:28):

Is that how you felt when you went to see Bradley Osterhaus?

Suspect (18:31):

I really don't remember. I know I had a hair trigger. And I was always muddled. I was always a step behind.

Dr. Skoda (18:40):

Mr. McCoy thinks you went to see him to ask him to help you cover up an illegal securities transaction. When he refused, you killed him.

Suspect (18:48):

For \$32,000? Do you have any idea what I'm worth?

Dr. Skoda (18:54):

I've heard rumors.

Suspect (18:55):

And I earned it all myself. 18-hour days, six days a week for over 30 years, doctor.

Dr. Skoda (19:01):

Can you still keep up that pace?

Suspect (19:04):

Well, I could until I quit the hormones.

Dr. Skoda (19:09):

And then?

Suspect (19:10):

I know all those menopause jokes men tell in bars. I defy any one of them to try and conduct a board meeting while suffering through hot flashes, or try and make a sound business decision after lying in a pool of your own sweat all night. Nightmares don't happen when you sleep, Doctor. They happen the day after you can't sleep.

Dr. Skoda (19:28):

How about now?

Suspect (19:30):

Now I'm fine. It's only because I'm back on the HRT.

Dr. Skoda (19:34):

In spite of the risks?

Suspect (19:37):

Well, the first thing you need to understand - I am what I do. My business is my life.

[END CLIP]

Tracey Diamond (19:45):

So, while hormone withdrawal as an excuse for murder seems a bit far-fetched here, the clip does highlight some real-world symptoms that can be alleviated by HRT, doesn't it, Lauren?

Lauren Tetenbaum (19:56):

It does. I love this clip. I use it when I'm training other mental health providers. And of course we're being cheeky. It's not an actual excuse for murder, but the rage and the irritability and the sort of not feeling like yourself that this clip represents is a very real experience for most women. We know that up to 70% of women experience emotional mood shifts during perimenopause. Many of them are experiencing symptoms that do reach the criteria of a mood disorder, like major depressive disorder. Women are actually two to five times more likely to experience depression during perimenopause than any other phase of their health and life, especially if they've had a previous episode of depression, they are at higher risk. Particularly if that previous episode was during a reproductive event like puberty or postpartum.

Lauren Tetenbaum (20:51):

All this is to say that if you're not feeling like yourself, if you feel like what many of my clients describe as a demon has taken over my body, or my husband's chewing is making me want to kill him, there's something there.

Tracey Diamond (21:04):

Or maybe it's your husband's chewing.

Lauren Tetenbaum (21:07):

Exactly. And so I do not want to say, "Oh, everything is hormonal, and once you get hormone therapy, you will be fixed." But it is a clue. It is a clue that your body is saying, pay attention. Maybe there is something going on. I like to say if anything is new and different and bothering you, seek help for it. Often just naming it, getting psychoeducation around it, talking to friends and peers about it, that can be a wonderful way to alleviate symptoms. Feel a little better, feel less isolated. And then of course, the lifestyle modifications, the medications, and the different forms of therapy that we mentioned, all should be tools in your toolbox that you at least are taught about and provided options for.

Emily Schifter (21:49):

I think you are so right that knowledge is power. I feel like we are starting to hear more in the conversation about postpartum depression and all that is becoming more talked about and more known. But I did not know that it is almost like a higher percentage of having potential depression symptoms or similar issues caused by hormones and perimenopause or

menopause. And I think to your point, the more you know about it, the more you can talk to others about it, the more people can get help and it becomes more accepted.

Tracey Diamond (22:12):

Exactly. Less stigma.

Emily Schifter (22:13):

Exactly. So, Lydia, let us bring you into the conversation. What are you seeing in the workplace in terms of menopause benefits to assist the female workforce as they are going through these changes in their lives?

Lydia Parker (22:23):

A few years ago, I probably would have said that I had not seen anything about menopause in the benefit space, but I think that is definitely changing. And now there are actually benefits that are specific to menopause and they can really run the gamut of what they offer. And based on the benefits they offer, there are different legal considerations to think through. So some will actually provide medical benefits. So you might have a telehealth provider that provides employees access to care for menopause-trained doctors and nurses, and they can write you prescriptions. That is clearly medical care. And when you offer a standalone medical plan like that, there are a lot of legal implications to think through. So, you have to make sure that you are structuring it to be compliant with ERISA, COBRA, ACA, HIPAA. Providing benefits first-dollar could jeopardize employees' ability to contribute to an HSA. So, just lots of things to think through with respect to those benefits.

Tracey Diamond (23:25):

Lydia, can I stop you there for just one second? What do you mean by first-dollar?

Lydia Parker (23:29):

So that is, if you are a high deductible health plan participant, you generally have to meet a deductible before your employer can provide benefits. And then once you meet that deductible, then the employer can start kicking in for your medical care. So first-dollar coverage is if you provide medical benefits and you start paying for those benefits as the employer before the employees' has met their deductible, that can jeopardize their ability to contribute to the HSA.

Tracey Diamond (23:58):

Understood. Thank you.

Lydia Parker (24:00):

Yeah. But other menopause specific benefits, they may not offer medical care and those are easier to implement, although there still may be things to think through. So, really, a spectrum.

And even if an employer does not choose to offer a menopause specific benefit, existing benefits that they offer may have menopause benefits within them. So, just because you do not have access to a menopause specific benefit plan does not mean that none of your benefit plans are going to cover your menopause benefits. So, if it is hormone replacement therapy that you are looking for, your medical plan might cover that. So there may be some hoops you have to jump through. It may be a pre-authorization requirement, you may have to meet a deductible before the plan starts paying for it. And it is going to be very benefit plan specific on what it does and does not cover, but that may be something worth exploring if you are looking for that.

Lydia Parker (24:56):

Another interesting thing I have seen, which has really been a recent development, is I have a lot of clients that have fertility and infertility HRAs that reimburse those expenses. And I have seen recently with providers that eligible expenses under those HRAs will include menopausal benefits and for our men out there, low T benefits.

Lydia Parker (25:18):

So they are really expanding to cover things that are important for employees.

Tracey Diamond (25:23):

We should mention here that Philadelphia just recently passed an amendment to its fair practices ordinance that will go into effect next January. So January 2027, adding menstruation and perimenopause and menopause to the list of protected categories and therefore prohibiting discrimination on the basis of these conditions. The ordinance also requires employers to provide reasonable accommodations if the symptoms of menstruation, perimenopause or menopause substantially interfere with an employee's ability to perform one or more job functions. Now, this is really an exciting development.

Tracey Diamond (25:59):

Philadelphia is the first major jurisdiction to adopt protections specifically for these types of conditions. And we anticipate that other states and local laws will soon follow. So at a minimum, if you have employees in Philadelphia, you should check your EEO policies and make sure that you add menstruation, perimenopause and menopause to the list of protected categories under those policies as well as your reasonable accommodation policy. So getting back to you, Lydia, why should employers think about including these types of benefits in their employee benefit plans?

Lydia Parker (26:30):

I think the high level answer here is the same reason employers provide benefits to any employees. We are trying to attract and retain employees. And like we have talked about, women who are going through perimenopause or menopause, they can be at the peak of their career. They have reached high levels, maybe their kids are going out of the home and they

have more time to focus on their careers. So it seems like the exact type of employee that we may want to retain the most.

Tracey Diamond (27:00):

Makes a lot of sense in my book. So, I understand that menopause benefits, when they are offered, often are lumped together with fertility benefits. And you just mentioned that, Lydia. And I worry that because they are sort of lumped in with fertility benefits that they are rarely used. In a major study by one of the banks, less than one in three women surveyed said that they were aware of their company's menopause benefits and only one in ten use those benefits. So how can employers destigmatize the topic and encourage employees to use the benefits offered? This is really a question for both Lydia and Lauren.

Lydia Parker (27:34):

I think part of it is employers themselves realizing what their plans cover. It might not be entirely clear under the medical plan SPD what could be a menopause type benefit. So, maybe it is educating yourself on what benefit plans might have these types of benefits. And then, if it is something that offers a benefit to this group of employees, kind of reframing that benefit and communicating, "Hey, this is out there and available for use," to make sure that employees are aware of it, or saying, "Do we have a benefit plan that could be expanded in an easy way to provide these benefits?" And I think an infertility HRA is a great example of that. If you have already gone through the trouble of making sure your infertility HRA is an integrated HRA and complies with all the various requirements, it is easy enough to add an additional eligible expense under that plan and then communicate that to your employees so they know what you are doing to help them.

Tracey Diamond (28:35):

Also from a destigmatization standpoint, I do think that we should look to the analogies of infertility benefits, which were probably a taboo subject when they were first introduced. And then another similar benefit is a lactation accommodation benefits, which are now very standard and was something that was very taboo when it was first introduced. So I think this is sort of the next frontier. Don't you agree?

Lydia Parker (28:58):

I think so. I think that definitely makes sense. And with infertility benefits, the more employers that started offering it, the more employees started asking for it and expecting it and saying, why don't we have this benefit? And maybe it will take employees like us, our age, right, going to our employers and saying, we expect this, we want this, and we need this.

Lauren Tetenbaum (29:18):

I wholeheartedly agree. And I see this all the time with the individual women that I work with, whether they are considering freezing their eggs or planning on getting pregnant and wondering what the maternity policy is, or they are in perimenopause and they are curious about, if any,

benefits they have from their employer. So I think transparency is key. It shouldn't be difficult to find out what the policy is. It should be readily available, maybe even at the time of the offer letter. This is what we provide or even before then. Because what are they signing up for when they go through the interview process? It is important that companies are not hiding this information. They should be proud to offer these benefits. And really, it doesn't even need to be so complex to make a difference.

Lauren Tetenbaum (30:09):

We know from the studies that a big thing that employees want is education around the topic and that is pretty easy to implement. So hopefully we will see more and more of that as we continue on in this menopause moment.

Emily Schifter (30:22):

So, Lydia, if an employer is interested in adding menopause benefits or providing some coverage, where should they start? What steps should they take to do that?

Lydia Parker (30:31):

I feel like the first step is probably again, seeing what they have, what their benefit plans may already offer, and taking stock of their population and what benefit might make the most sense for their population. Kind of saying, what are our gaps in coverage and what do we really need to offer? And then I think the first step is probably talking to your benefits consultant to see what are those coverage gaps? What would our population want to see? Maybe if we have a large employee force that is disproportionately women of a certain age, you might want to go through those extra steps to offer a menopause specific benefit that actually provides medical care, because that might provide a benefit that is worth going through all of those legal hurdles.

Lydia Parker (31:19):

Whereas if we don't have that type of population, maybe it is not worth the investment to offer that type of benefit, but we want to offer a less extensive menopause specific benefit, working with your benefits consultant to figure out what makes the most sense for your population.

Tracey Diamond (31:33):

So that brings us to our last clip and I alluded to this clip earlier when I talked about how going through this period of your life could really be sort of freeing in terms of making you a more motivated and focused worker. So, this last clip is from "Fleabag," which is a British comedy drama television series created and written by Phoebe Waller-Bridge. Bridge plays the character Fleabag, who is a free-spirited woman living in London. In our clip, which is from season two, episode three, she meets a successful businesswoman played by Kristin Scott Thomas at the bar of an awards ceremony. Let's listen to their discussion.

[BEGIN CLIP]

Belinda (32:08):

We have pain on a cycle for years and years and years. And then just when you feel you are making peace with it all, what happens? The menopause comes. The fucking menopause comes and it is the most wonderful fucking thing in the world. And yes, your entire pelvic floor crumbles and you get fucking hot and no one cares. But then you are free. No longer a slave, no longer a machine with parts. You are just a person in business.

Fleabag (32:52):

I was told it was horrendous.

Belinda (32:53):

It is horrendous. But then it's magnificent.

[END CLIP]

Emily Schifter (32:56):

And that is about the perfect way, I think, to wrap up this episode. Thank you, Lydia and Lauren, for joining us. This was such an interesting and I think useful conversation for our listeners. Thank you to our listeners for tuning in as always. Please shoot us an email, let us know what you think, and we always love to hear topic ideas if you have them. And you can visit our blog at hiringtofiring.law in between episodes.

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