

Dear Senator Ingwersen, Representative Mayer, and Members of the Committee on Health and Human Services,

My name is Luca Harris. I am a Family Nurse Practitioner from the Mid Coast region in Bath, Maine, and have been a primary care provider for the past 10 years. Thank you for the opportunity to submit written testimony in support of LD1277, An Act Regarding Controlled Substance Prescription Monitoring Activities, legislation which will help protect private health information for vulnerable patients and help to protect medical providers like myself from unwarranted scrutiny from out-of-state government actors opposed to transgender healthcare.

Testosterone is a safe, effective, commonly prescribed medication used for a number of health conditions including hypogonadism in men and menopausal symptoms in women. It is also a vital component of the treatment of gender dysphoria in transgender men, in conjunction with other gender-affirming care. Every major medical association in the country and every leading world health authority supports this medical care, including the American Medical Association, American College of Physicians, American Psychiatric Association, the Endocrine Society, and the World Health Organization. For many transmasculine individuals in Maine, access to testosterone medication is life-saving.

In addition to providing comprehensive primary care to patients of all ages and backgrounds, I specialize in gender-affirming care including hormone prescribing for medical transition. I have seen the profound positive health impact of access to this care on dozens of transgender patients in Maine. I have seen folks blossom as they become themselves through access to this healthcare. However, in the past few months, I have also fielded many questions from very anxious patients in the context of the recent unprecedented attacks on transgender individuals.

It is my medical opinion that the tracking of testosterone through the Prescription Monitoring Program (or PMP) is unnecessary and creates a great deal more risk to patients and providers than any benefit it may provide. I use the PMP daily in my practice for tracking and monitoring of high-risk medications such as morphine, oxycodone, stimulant medications and benzodiazepines such as diazepam. The PMP allows me to ensure that these medications, which carry significant risk of overdose and abuse, are being used safely by those who need them.

In the case of testosterone, however, the PMP is not a necessary or commonly used tool. There is no known risk of dependency or addiction with testosterone, and in my ten years of clinical practice I have never had a patient misuse their prescribed testosterone. Prior to prescribing this medication patients undergo lab testing, and for continued prescriptions they must return for appropriate follow-up testing and appointments to ensure their treatment is safe and effective. The electronic medical record allows me to easily keep track of their prescriptions and refills. Misuse of testosterone can be prevented through provider education and patient monitoring, the same tools we use in medicine to prevent harm as we prescribe countless medications carrying many different health risks.

Many medications, including common over-the-counter medications, carry health risks. In my experience, testosterone is of comparatively low risk when considered alongside many common

medications. In my practice I have seen multiple serious GI bleeds from overuse of NSAIDs such as ibuprofen. I have seen kidney failure and deafness from administration of antibiotics. I have seen liver failure from patients taking too much Tylenol. I have not, however, seen harm or misuse of appropriately prescribed testosterone.

Every time I sit down with one of my transgender patients in my exam room, they tell me they are terrified. They are afraid of losing access to vital healthcare, and they are afraid of being targeted for simply being transgender. As the recent executive orders and trans-hostile bills in almost every state in the U.S. demonstrate, their fear is not without merit, and the tracking of testosterone prescriptions through the Maine PMP provides an unnecessary and dangerous window for outside entities to access the health information of my patients and the names and addresses of their healthcare providers. As a state, we have the opportunity to pass this legislation and take meaningful action to protect the privacy, health and safety of a vulnerable population of Mainers, and to protect those of us caring for these patients from litigation, public scrutiny and disruption of our ability to do our jobs caring for our patients.

In conclusion, I would like to strongly urge the Committee to support LD 1277. This legislation would be an important step forward in protecting transgender people and their healthcare providers in Maine, and it would send a powerful message to our queer and trans colleagues, neighbors and families that they are safe and welcome in our state.

Sincerely,

Luca S. Harris, FNP, APRN

Bath, Maine