

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

I am writing today as a nurse practitioner with 16 years of experience prescribing testosterone to urge that it be removed from the Prescription Monitoring Program (PMP).

Testosterone is not an addictive substance. It is not a drug of abuse. It is a naturally occurring hormone that plays a critical role in the health and well-being of many people, especially transgender and gender-diverse individuals. And yet, due to outdated policy, it continues to be treated as though it presents the same risks as opioids or benzodiazepines. Medical science does not support this claim.

In my nearly two decades of practice, I have prescribed testosterone to hundreds of patients, including transgender people in need of gender-affirming care and cisgender men with clinically low testosterone levels. I have never encountered a situation that raised suspicion of diversion, misuse, or abuse.

Additionally, individuals using testosterone, regardless of the indication, undergo routine lab monitoring based on clinical practice guidelines like those published nationally by the Endocrine Society and internationally by the World Professional Association of Transgender Health. These clinical standards are effective at preventing the abuse of prescription testosterone.

The inclusion of testosterone in the PMP places an undue burden on prescribers and pharmacists, especially in an overtaxed and understaffed healthcare system. The requirement to monitor, document, and report every prescription via the PMP consumes the time and resources we should spend caring for patients. There is no evidence of widespread abuse or public health crisis surrounding testosterone.

Removing testosterone from the PMP is a simple, evidence-based policy change that would make an immediate and meaningful difference. It would ease access to potentially life-saving care for transgender and gender-diverse people as well as other patients who rely on prescription testosterone. It would reduce stigma and allow clinicians like me to practice with fewer administrative barriers and more time for what truly matters—caring for patients, particularly amid the current hateful political rhetoric toward transgender and gender-diverse people.

This rhetoric has understandably caused a deep sense of fear among my patients. Two of my longtime patients plan to seek asylum in Canada because they are trans. Many feel unsafe in public for fear of violence. And nearly every one of my patients expresses a deep sense of anxiety about government entities accessing their private health information. The PMP also tracks my information, which concerns me as a prescriber. Removing testosterone from the PMP will allay such fears for patients and prescribers alike.

I urge you to align with science, compassion, and best practice and vote "ought to pass" on LD 1277. Remove the requirement that testosterone be tracked on Maine's PMP. Patients deserve care, not criminalization.