



**Maine Medical
Association**



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION**

Neither for Nor Against

LD 1277- An Act Regarding Controlled Substances Prescription Monitoring Activities

Joint Standing Committee on Health and Human Services
Room 209, Cross Building, Augusta, Maine
Friday, April 11th, 2025

Good afternoon, Senator Ingwersen, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services. My name is Anne Sedlack, and I am the Director of Advocacy at the Maine Medical Association. I am submitting this testimony neither for nor against LD 1277- An Act Regarding Controlled Substances Prescription Monitoring Activities on behalf of the Maine Medical Association and Maine Osteopathic Association.

The Maine Medical Association (MMA) is a professional organization representing over 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services to ensure the availability of quality osteopathic health care to the people of this State.

The MMA and MOA's legislative committees have joined to advocate with one voice. We have all determined that we should testify neither for nor against LD 1277.

We will start by stating that we understand the concerns of the proponents on this issue and that we are deeply committed to protecting the rights of LGBTQ+ individuals and the rights of the clinicians who provide medically appropriate care.

However, our organizations have long supported the prescription monitoring program (PMP) as a critical tool in ensuring safe prescribing practices across Maine. Removing substances from monitoring, even for well-intentioned reasons, deserves careful

consideration, especially given the hard-fought effort it took to create the PMP in the first place.

While it is essential to ensure that the PMP is not accessed inappropriately, which could marginalize care for vulnerable populations, we hope that this committee is cautious when considering exempting certain scheduled drugs. Instead of exempting testosterone, the Committee could review how the data can be accessed to ensure that it is not used as a tool to target clinicians who provide essential gender affirming care.

Thank you for considering the thoughts of Maine's physicians on LD 1277.

Thank you,

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