

Testimony in Support of LD 1277
An Act Regarding Controlled Substances Prescription Monitoring Activities

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

My name is William L. Paterson, and I am writing in strong support of LD 1277, An Act Regarding Controlled Substances Prescription Monitoring Activities.

I bring to this discussion 48 years of professional experience in the fields of addiction, treatment, early intervention, and prevention of substance use disorder. I am a Certified Substance Misuse Prevention Specialist, a nationally certified Chaplain, and an educator who has taught at the collegiate level at Merrimack College and the University of New England's College of Osteopathic Medicine. My graduate studies include Counseling Psychology and Healthcare Leadership, Addictive Behavior, and Media Literacy. In addition, I hold a Certificate in Senior Management from the JFK School of Government at Harvard University. I've also served in a senior position overseeing drug policy and prevention strategies under two Governors, and was appointed to the Maine Opioid Collaborative where I chaired the Prevention Team. I currently serve as President of the Biddeford-Saco Rotary Club, where community health remains one of our central missions.

Throughout nearly five decades of working in prevention and treatment, I have never encountered a client who demonstrated addiction to, or abuse of, testosterone. Testosterone is not a high-risk substance with a strong potential for addiction, overdose, or the kind of public health crises that the Prescription Monitoring Program (PMP) is intended to address. The PMP plays a vital role in managing substances that pose real threats—like opioids—but testosterone does not fall into this category.

Keeping testosterone in the PMP not only misdirects valuable monitoring resources, it can also have unintended consequences. It places transgender patients at risk of unnecessary scrutiny and privacy invasion, and it could subject their providers to politically motivated interference or stigma. These outcomes do not advance public health or safety—they undermine it.

For these reasons, I strongly support LD 1277 and respectfully urge this committee to support this important legislation. Removing testosterone from the Prescription Monitoring Program is both medically appropriate and ethically necessary.

Thank you for your consideration and for your commitment to sound, compassionate public policy.

Sincerely,

William L. Paterson

Ocean Park, ME