

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

My name is Tobias Nicholson. I currently live in South Portland, Maine. I am a board certified Family Medicine physician and am in fellowship training working towards board certification in Preventive Medicine. I currently hold a Master's degree in Primary Care and Population Medicine and am actively enrolled in a Master's in Public Health program. I have been practicing medicine in Maine for almost 4 years. I appreciate this opportunity to submit written testimony in **support** of LD 1277, An Act Regarding Controlled Substances Prescription Monitoring Activities. I write today as an individual physician representing my own personal and professional thoughts and position on LD 1277.

As a newly minted primary care physician and public health physician in training, I see Maine as my future home and place of practice. This is in part due to the respect and thoughtful nature with which the State approaches care for patients and populations. LD 1277 is an important step toward preserving this approach. I see potential benefits both from a clinical perspective and from a public health perspective to adopting this legislation.

Clinically, in my role as a Family Medicine physician, I take care of patients from birth to end of life. I prescribe testosterone in two contexts: the first for patients assigned male at birth diagnosed with hypogonadism, or low levels of testosterone; the second to treat gender dysphoria. In my professional opinion and experience, testosterone, when taken as prescribed, is a safe and effective medical treatment for hypogonadism, and a life-saving medical treatment for gender incongruence.

I have seen first hand the importance of appropriately prescribed testosterone for my patients. I have witnessed a patient with hypogonadism return to engaging in meaningful daily activities such as improving his relationship with his family, going back to work, and engaging more meaningfully in his other medical care. I have seen my trans- and gender diverse patients report decreased symptoms of depression, anxiety, and suicidal ideation. Importantly, I have never had a patient misuse or develop a use disorder with respect to their prescribed testosterone. In fact, my trans- and gender diverse patients have been more likely to ration their testosterone (take less than prescribed) for fear of losing access given the current political climate.

As a controlled substance, I am required to submit my Drug Enforcement Agency registration number each time I prescribe testosterone. Clinically, there are laboratory tests and ongoing appointments with patients to monitor testosterone efficacy, ensure appropriate dosing, and to discuss appropriate use as we would perform with any prescribed medication. I have never found a discrepancy between the PMP and my clinical impression of how the patient is taking their prescribed testosterone. This information is also captured in other available records including pharmacy records which are accessible to me as a prescriber.

From a public health perspective, removing one means by which our communities may be targeted for further surveillance and restrictions by removing testosterone from the PMP would

help patients see that the State of Maine supports the health of the population. When patients fear persecution or breaches of privacy, they are more likely to disengage with, or avoid care altogether.

In conclusion, I strongly urge the Committee to **support** LD 1277. This legislation would be an important step forward in protecting privacy and healthcare access for the patients and communities of Maine. It will help primary care and public health professionals like me feel supported in practicing in the State.

Sincerely,

Tobias Nicholson, MD, ScM
Family Medicine Physician
Preventive Medicine Fellow
MPH Candidate
South Portland, Maine