

**Testimony of Lani Graham, MD, MPH, Freeport, Maine  
In Opposition to LD 1432 & LD 380**

**An Act to Remove Consideration of Gender Identity from the Maine Human Rights Act (1432)**

**&**

**An Act to Amend Certain Laws Regarding Gender-affirming Health Care Services (380)**

**Presented by Rep. Soboleski (LD 1432) and Senator Haggan (LD 380)**

**Before the Judiciary Committee, May 8, 2025**

Senator Carney, Representative Kuhn and Distinguished Members of the Judiciary Committee, my name is Lani Graham. I am a physician, a public health expert, and a member of the Maine Medical Association's Public Health Committee in opposition to LD's 1432 & 380. **These two bills, if passed, are virtually certain to result in increased suffering, and perhaps even death, for a small minority of Mainers, while achieving no benefit at all for the rest of us.**

I wish I had time to describe all the recent medical research on gender identity and you had time to listen. Once you understood fully the dangers of how these apparently simple bills could affect this small, vulnerable population, I feel certain you would have no hesitation in voting them unanimously ought not to pass. But since neither is true, I will confine myself to providing a medical perspective on these two bills.

First, consider what the expression "gender identity" covers from a medical perspective. *Gender* as a term has often been conflated with sex; at times these terms have been used interchangeably. However, these are not synonymous terms. Gender, while associated with sex, is a separate aspect of an individual. It is ultimately the result of a person's relation to their society's understanding of gendered groups. *Gender identity* is defined as a personal and internal sense of oneself as male, female, or other.<sup>1</sup>

A person might arrive at their "gender identify" at various points in life propelled by feelings that are independent of their external sexual characteristics, and might be triggered by genetic factors, by how you experience life, or by a combination of one or more of these factors. **It is important for the committee to understand that "gender identity" covers a broader group of people than the word "transgender" might suggest in your mind. There are multiple genetic conditions that none of us "see" from the outside, that can result in a gender identify that is difficult to explain to others but is still very real. Some examples of such genetic conditions are Congenital Adrenal Hyperplasia and Androgen Insensitivity Syndrome.<sup>2</sup> The latter condition has a spectrum of expressions. While these conditions are rare, they do affect Mainers. In fact, I was recently at a large meeting where an**

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<sup>1</sup> <https://emedicine.medscape.com/article/917990-overview?form=fpf>

<sup>2</sup> <https://my.clevelandclinic.org/health/diseases/22199-androgen-insensitivity-syndrome>

**affected Mainer spoke with great emotion about how lonely and misunderstood, he felt. The gender he had been assigned at birth was not the gender he identified with, and his problem was genetic. Estimates are that these genetic anomalies represent about 0.2% of the population.<sup>3</sup> While rare, this is not an insignificant number.**

The second thing the committee needs to understand is that “gender identity” is not a casual choice that someone makes. It is a question as to whether such a thing is even a “choice”. We all make choices every day that are in line with deeply held beliefs. I chose years ago to identify as a female. Others made other choices. Some of those with genetic anomalies may have chosen something other than what they were assigned at birth. Someone with no genetic variations, might make a different choice. But the “choices” we make that put us at odds with the majority are always the choices most fraught with difficulty. **This is why in the medical world we do not consider gender identify a “choice” in line the usual understanding of that word.**

**Last, but certainly not least, is the fact that this minority of Maine people who may have a gender identity at odds with the that assigned at birth, is highly vulnerable to discrimination, cruelty and outright violence.** The current federal administration has chosen to target transgender people in several settings, primarily military and sports. While the impact of transgender people in either of these areas is very small, the impact of the targeting on this minority is quite large. People are dying at increasing rates.

Medical organizations have spoken with one voice about the importance of preserving protections for those who live with gender identities different from the majority. The American Medical Association (AMA) wrote in 2019 to the U.S. Bureau of Justice Statistics, Centers for Disease Control and Prevention, and Federal Bureau of Investigation to ask the agencies to identify and implement strategies to address the epidemic of violence against the transgender community, especially the amplified physical dangers faced by transgender people of color. **The AMA strongly opposes any discrimination based on an individual's sex, sexual orientation, gender identity, or race and is working to address the violence.<sup>4</sup>**

I have been proud of my home state of Maine for providing appropriate protections in our Human Right Act. One of the primary recommendations of all organizations that seek to protect minorities and reduce the violence is to maintain these protections.

Since before the civil war Maine has an outstanding record of protecting those most vulnerable to persecution. Now is not the time to falter.

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<sup>3</sup> [https://www.openmindmag.org/articles/lgbtq-a-guide?gad\\_source=1&gad\\_campaignid=17490005163&gbraid=0AAAAAocyGTZGk280FugTleRvTomAVcjaD&gclid=EAlalQobChMlxsBQxNiRjQMVvEf\\_AR2CeQzvEAAYASAAEgLe4PD\\_BwE](https://www.openmindmag.org/articles/lgbtq-a-guide?gad_source=1&gad_campaignid=17490005163&gbraid=0AAAAAocyGTZGk280FugTleRvTomAVcjaD&gclid=EAlalQobChMlxsBQxNiRjQMVvEf_AR2CeQzvEAAYASAAEgLe4PD_BwE)

<sup>4</sup> <https://www.ama-assn.org/health-care-advocacy/advocacy-update/dec-6-2019-national-advocacy-update>

**What I have discovered over many years of working to protect minorities in various settings is that well meaning people, perhaps the authors of these bills, are fearful and disgusted by conditions or behaviors they don't fully understand.** The history of medicine is filled with examples of this. For example, in the middle ages people with seizure disorders were believed to be possessed by the devil and were subject to an array of discriminatory practices. While this is totally understandable, the solution is not to endorse that fear and disgust by taking away protections that can help to keep minorities safe, while the process of learning to understand and support our neighbors continues.

I urge you to stand firmly with this minority and reject both bills.

Thank you for your attention. I would be glad to answer any questions you might have.