



**TESTIMONY OF MAINE PUBLIC HEALTH ASSOCIATION
IN OPPOSITION TO:**

LD 380, An Act to Amend Certain Laws Regarding Gender-affirming Health Care Services

Joint Standing Committee on Judiciary
State House, Room 438
Thursday, May 8, 2025

Good afternoon, Senator Carney, Representative Kuhn, and distinguished members of the Joint Standing Committee on Judiciary. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association.

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 850 individual members and nearly 70 organizations across the state. MPHA works to optimize the health of people and places in Maine through advocacy, education, partnerships, and public health workforce development.

MPHA opposes LD 380, "An Act to Amend Certain Laws Regarding Gender-affirming Health Care Services." This bill would repeal Maine's "Shield Law," which protects people who seek, health care practitioners who provide, and people who assist in providing gender-affirming and reproductive health care services.

We firmly believe that all people should have fair and just opportunities to reach their full health potential. Research has consistently shown that factors outside of our control drive the opportunities that are available to us and thus impact our health status and outcomes.¹ Longstanding systems of health and economic inequity – including access to gender-affirming and reproductive health care – cause continued and documented disparities in educational achievement, financial security, and health and social status.² The resultant health disparities are expensive and reduce productivity.³

Specific to this bill, research has shown that transgender individuals experience multiple, significant barriers to accessing appropriate medical care, including microaggressions, misgendering, and harassment.^{4,5} Accordingly, they are at heightened risk of poor health outcomes and health-harming behaviors, including suicidality, substance use, victimization of violence, and delayed medical care because of discrimination and other systemic barriers.^{5,6}

Furthermore, denying people access to safe, timely, and affordable reproductive health care harms their physical, mental, and social well-being in ways that ripple throughout their lives. Denying people the right to access safe abortion services makes it more likely they will suffer complications and increases the likelihood of dying. In states with more restrictive abortion care access policies, there is a 7% higher maternal mortality rate; in states with restrictions on Medicaid coverage of abortion care, there is a 29% higher maternal mortality rate, compared to states with less restrictive policies.⁷

We all want just and fair opportunities to achieve good health. Access to gender-affirming and reproductive health care is preventive health care. As such, we believe this bill will harm public health, and especially for populations already experiencing barriers to good health. We respectfully request you to vote LD 380 "Ought Not to Pass." Thank you for your consideration.

¹ World Health Organization. [Social determinants of health](#). 2025.

² National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. [Communities in action: Pathways to health equity](#). Washington (DC): National Academies Press (US); 2017 Jan 11. 3, The Root Causes of Health Inequity.

³ LaVeist TA, Pérez-Stable EJ, Richard P, et al. The economic burden of racial, ethnic, and educational health inequities in the US. *JAMA*. 2023.

⁴ Safer JD, Coleman E, Feldman J, Garofalo R, Hembree W, Radix A, Sevelius J. Barriers to healthcare for transgender individuals. *Curr Opin Endocrinol Diabetes Obes*. 2016 Apr;23(2):168-71.

⁵ Bhatt N, Cannella J, Gentile JP. Gender-affirming care for transgender patients. *Innov Clin Neurosci*. 2022 Apr-Jun;19(4-6):23-32.

⁶ Kates J, Ranji U, Beamesderfer A, Salganicoff A & Dawson L. [Health and access to care and coverage for lesbian, gay, bisexual, and transgender \(LGBT\) individuals in the U.S.](#) Kaiser Family Foundation. 2018.

⁷ Vilda D, Wallace ME, Daniel C, Goldin Evans M, Stoecker C, and Theall KP. 2021. [State abortion policies and maternal death in the United States, 2015–2018](#). *American Journal of Public Health*, 111:1696-1704.