Maine Medical Association
Maine D.O. Osteopathic Association

TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION

In Support Of

LD 1945 - An Act to Clarify Data Collection Processes in Health Care Facilities

Joint Standing Committee on Health and Human Services
Room 209, Cross Building, Augusta, Maine
Monday, May 12, 2025

Good Morning, 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 supporting LD 1945 - An Act to Clarify Data Collection Processes in Health Care Facilities, 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 in order 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 we should testify in support of LD 1945.

As you have heard, in the First Session of the 131st Legislature, LD 961, An Act Concerning Sexual Orientation and Gender Identity Data Collection in Health Care Facilities, was passed through this committee and enacted into law. P.L. 2023, ch 129. At that public hearing, the committee heard important testimony about the importance of asking patients about *all* their biographical information, including information about their sexual orientation and/or gender identity, especially since that information can be an important piece of the healthcare puzzle.

One testimony noted that "If done well, most people, including members of the LGBTQ+ community, are very comfortable answering questions about their sexual orientation and/or gender identity (SOGI) on medical forms. Asking non-judgmental questions about a person's identity affirms their lived experiences and helps healthcare providers offer better care."

After enactment, when healthcare clinicians began thinking about implementing the new law, two key concerns arose that, if not corrected, would upset that “if done well” balance. Those members came to the Maine Medical Association to see if a fix could be achieved. And this public hearing is evidence of the good work that can be done when partners work together to ensure that the laws in this state work for all. We are grateful to the other stakeholders and the sponsor for listening and responding to our concerns.

This legislation addresses the following concerns of my members.

First, as to age, the national data does not support asking for this information in this manner, and guidelines have not yet been developed.[1] This is not to say that collecting this data is not important - it is important that pediatric clinicians “provide space for discussing concerns, make appropriate referrals, and encourage family acceptance of [sexual and gender] identities, which is critical for positive psychosocial outcomes.”[2] However, the law ties the hands of clinicians on how and when they ask for this information, which restricts the patient/clinician relationship.

Second, striking the lines “as part of the health care information collected upon intake at a health care facility and at any other time” is key because this data does not need to be collected every single time a patient encounters intake at a healthcare facility. This would result in an overcollection of data, and we believe healthcare facilities are more than equipped to determine the appropriate times and manner in which this data should be collected for adults.

Finally, regarding the reference to the federal Department of Health and Human Services, we do not believe it is best practice, in this case, to link the exact data collected with a specific source of information. We would be happy to work with interested stakeholders to develop a yearly resource to share with clinicians on how to collect this data best.

Thank you for considering the thoughts of Maine’s physicians, and we hope you support LD 1945.

Thank you,

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[1] Unfortunately, the two key pieces of guidance through the United States Centers for Disease Control have been taken down from the website by the new administration.

[2] https://pmc.ncbi.nlm.nih.gov/articles/PMC9196694/#:~:text=Because%20a%20patient's%20SOGI%20can,SOGI%20questions%20at%20least%20annually.&text=Changes%20in%20SOGI%20may%20reflect,sexual%20orientation%20or%20gender%20identity.