



**Testimony in Support of
LD 1277
An Act Regarding Controlled Substances Prescription Monitoring Activities
Committee on Health and Human Services
April 11, 2025**

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

GLBTQ Legal Advocates & Defenders (GLAD Law) is a nonprofit legal organization that works in New England and nationally to create a just society free of discrimination based on gender identity and expression, HIV status, and sexual orientation. We appreciate the opportunity to submit this testimony together with EqualityMaine and MaineTransNet in Support of LD 1277, An Act Regarding Controlled Substances Prescription Monitoring Activities.

L.D. 1277 would protect providers and patients who prescribe or use testosterone as part of safe, effective medical treatment from having their sensitive medical information disclosed to out-of-state actors for political purposes without their consent. The bill would do so by exempting testosterone prescriptions from the state Prescription Monitoring Program (PMP), a state-run electronic database that collects and shares information on controlled substances dispensed by pharmacies in Maine.

Maine’s PMP is designed to reduce diversion and misuse of opioids and other highly addictive drugs

The intent of the Prescription Monitoring Program is to “promote the public health and welfare and to detect and prevent substance use disorder.” 22 M.R.S. §7245. The State uses the PMP to track prescriptions for and deter abuse of dangerous and addictive medications like opioids, morphine, benzodiazepines, sedatives, and stimulants. The PMP is “a key part of the State of Maine’s Opioid Response Strategy,” and similar state-level PMP programs have been implemented nationally in response to the opioid epidemic.¹

¹ Office of Behavioral Health, Maine Dept. of Health and Human Serv’s, *Prescription Monitoring Program*, <https://www.maine.gov/dhhs/obh/providers/prescription-drug-monitoring-program> (last visited Apr. 10, 2025). See also Pew Charitable Trusts, *Policy Changes Could Bolster Prescription Drug Monitoring Programs* (April 2020) at 1, <https://perma.cc/Z9DV-SX9W>; Jennifer D. Olivia, *Expecting Medication Surveillance*, 93 *Fordham Law Review* 509, 510 (2024), https://fordhamlawreview.org/wp-content/uploads/2024/10/Vol.-93_Nov_05_Oliva-509-533.pdf; Lisa N. Sacco, Johnathan H. Duff, Amanda K. Sarata, *Prescription Drug Monitoring Programs*, Congressional Research Service (May 24, 2018) at 1, <https://perma.cc/32NN-29T7>.

PMP data helps healthcare providers and pharmacists identify signs of drug diversion and substance use disorder by enabling providers to flag drug-seeking behaviors such as “doctor shopping” and “pharmacy shopping.”² PMP data can also help healthcare providers and pharmacists monitor the prescriptions filled by patients with suspected or known substance use disorders.³

The PMP is particularly effective in monitoring and reducing addiction risks for highly addictive drugs that present a public health risk. For example, the PMP is equipped with clinical-tool features that alert healthcare providers before they prescribe opioids and other addictive drugs to high-risk patients.⁴ The PMP also provides reports to healthcare providers comparing their prescribing practices to clinical peers, focusing on prescriptions of dangerous drugs like opioids, morphine, sedatives, stimulants, and benzodiazepines.⁵ And the PMP helps licensing boards investigate providers who may be running “pill mills.”⁶

Finally, PMP data is aggregated and analyzed to identify public health trends related to substance use disorder, like overdose rates and prescription rates for opioids, benzodiazepines, and stimulants statewide.⁷

Testosterone does not present the same risks of misuse as opioids and other highly addictive drugs

Testosterone is legitimately prescribed for a range of conditions, including but not limited to hypogonadism in men, menopause in women, and gender dysphoria for transgender men.

Testosterone does not present the same dangers posed by opioids, morphine, benzodiazepines, stimulants, and sedatives. When prescribed at approved dosages for approved

² Substance Abuse and Mental Health Services Administration, *Prescription Drug Monitoring Programs: A Guide for Healthcare Providers*, 10 In Brief (2017), <https://library.samhsa.gov/sites/default/files/sma16-4997.pdf>; see also 22 M.R.S. § 7253(1) (requiring prescribers to check the PMP when prescribing benzodiazepines or opioids).

³ Substance Abuse and Mental Health Services Administration, *supra* note 2.

⁴ Bamboo Health, *Patient Alerts* (Nov. 12, 2024), <https://pmpawarxe.zendesk.com/hc/en-us/articles/27410025553299-Patient-Alerts>; Maine Dept. of Health & Human Serv’s., Prescription Monitoring Program Annual Report: Calendar Year 2023 (2024) at 1, available at <https://mainedrugdata.org/wp-content/uploads/2024/07/PMP-Annual-Report-2023-Final.pdf>; see also 22 M.R.S. § 7253 (requiring prescribers and dispensers to check prescription monitoring information prior to prescribing or dispensing a benzodiazepine or opioid medication under certain circumstances).

⁵ Maine Dept. of Health & Human Serv’s., *How to find the Maine PMP Prescriber Report* (Sept. 7, 2023), <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20PMP%20Prescriber%20Report%20SAMPLE.pdf>; Maine Prescription Monitoring Program, *Identifying Higher-Risk Prescribers: Prescribing Thresholds by Medical Specialty* (Sept. 6, 2023), <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Higher-rsk%20prescriber%20thresholds%20Jan%202022-June%202023%20090623.pdf>; Prescription Monitoring Program Annual Report, *supra* note 4, at 1.

⁶ See 22 M.R.S. § 7250(4)(C).

⁷ State of Maine and University of Maine, *Interactive Data Dashboards*, Maine Drug Data Hub, <https://mainedrugdata.org/interactive-data-dashboards/>.

indications, testosterone is safe and beneficial,⁸ and there is no documentation showing drug dependence. Healthcare providers require patients to submit to regular lab testing to monitor testosterone levels throughout the course of treatment, which reduces the potential for abuse even further.

Further, unlike with opioids and many of the other controlled substances subject to monitoring through the PMP, GLAD Law's research into criminal prosecutions over the last 25 years in Maine reveals no pattern of prosecutions for prescription testosterone diversion or abuse – likely reflecting the lack of public health risk posed by testosterone when prescribed by medical professionals. Where there is misuse or abuse of anabolic steroids, the PMP is ill-equipped to address those issues; abused androgens are “typically obtained and manufactured illegally,” including via the internet.⁹ Without a provider writing a prescription, the PMP cannot monitor or prevent these types of illegal use.

PMP data on testosterone prescriptions are at risk of being weaponized for political reasons by out-of-state actors, jeopardizing patient privacy and providers' ability to engage in legally protected healthcare activity.

In addition to raising testosterone levels in men with hypogonadism and women with menopause, testosterone is an important aspect of gender transition care for many transgender people. Gender transition is the only medically accepted treatment for gender dysphoria.

In Maine, this medically necessary care for gender dysphoria, including medically necessary prescriptions of testosterone for transgender men, is legally protected health care activity.¹⁰ But nationally, transgender healthcare is under an unprecedented level of attack.

As just one example, a bill to ban medically necessary care for transgender individuals of any age is currently pending in Texas.¹¹ The President of the United States has baselessly declared testosterone treatment “chemical mutilation”¹² and vowed to “cease all programs that

⁸ See, e.g., Andriy Yabluchanskiy & Panayiotis D Tsitouras, *Is Testosterone Replacement Therapy in Older Men Effective and Safe?*, 36 *Drugs & Aging* 981 (2019) (“Testosterone replacement is likely beneficial in healthy older subjects with significant hypogonadism.”); T'Sjoen G et al., *Endocrinology of Transgender Medicine*, 40 *Endocr Rev.* 97 (2019), doi: 10.1210/er.2018-00011 (“Under medical supervision, testosterone therapy is safe based on short-term and longer-term safety studies.”).

⁹ Willem de Ronde & Diederik L. Smit, *Anabolic-androgenic Steroid Abuse and Testicular Function in Men; Recent Insights*, 67 *Current Opinion in Pharmacology* (2022), <https://www.sciencedirect.com/science/article/abs/pii/S147148922200145X>.

¹⁰ 14 M.R.S. § 9002(8)(B).

¹¹ H.B. 3399, 89th Leg., Reg. Sess. (Tex. 2025).

¹² Exec. Order No. 14187, 90 FR 8771 (Jan. 28, 2025), available at <https://www.whitehouse.gov/presidential-actions/2025/01/protecting-children-from-chemical-and-surgical-mutilation/>.

promote the concept of sex and gender transition at any age.”¹³ And these actions are just one part of a broader, coordinated attack on transgender people and their families.

In this climate, there is an increasing risk that other jurisdictions will seek access to Maine’s PMP data for political reasons, in order to identify, prosecute, sue, or harass providers for treating their patients in a matter consistent with Maine law and professional standards of care. For bad actors hostile to transgender people and their doctors, the PMP is a treasure trove of information, including the date and quantity of every testosterone prescription; the name, date of birth, gender, and address of the patient; and the prescriber’s identification number.¹⁴ This PMP data is not protected under HIPAA.¹⁵

The risk that PMP data will be misused to harm transgender people and their healthcare providers is significant – and the need for Maine to address that risk is urgent. At least one organization opposed to transgender health care has advocated for the use of PMPs to monitor hormones prescribed as part of medical treatment for transgender individuals.¹⁶ It is likely that Texas has already accessed PMP data to investigate doctors providing gender transition care.¹⁷ Texas may try to take similar action against providers in Maine, given existing interstate data sharing agreements between the two states’ PMPs.¹⁸ Maine also shares PMP data with at least 37 other states or territories, including states hostile to transgender healthcare like Florida, Alabama, and Idaho,¹⁹ which only increases the risk of PMP data weaponization.

Given these concerns, other states are also considering legislation similar to LD 1277, including bills in Massachusetts (SB 1479) and Colorado (HB 1309). Removing testosterone from PMPs is consistent with states’ authority to choose how to organize and operate their PMP, including choosing which controlled substances they require to be reported.²⁰

Removing testosterone prescription information from the PMP is necessary to protect Maine patients and healthcare providers from these threats and to preserve their ability to engage in legally protected health care activity. Passing LD 1277 would accomplish this goal while

¹³ *President Trump’s Plan to Protect Children from Left-Wing Gender Insanity*, Trump Vance: Make America Great Again! 2025 (Feb. 1, 2023), <https://www.donaldjtrump.com/agenda47/president-trumps-plan-to-protect-children-from-left-wing-gender-insanity>.

¹⁴ See 7249(1); CMR 14-118-11 § 3

¹⁵ Amanda K. Sarata, *Private Health Information and Prescription Drug Monitoring Programs* (PDMPs), Congressional Research Service (April 30, 2021), available at <https://www.congress.gov/ers-product/1F11042> (“A PDMP is not a HIPAA-covered entity, nor is it a business associate as defined by HIPAA, and therefore the requirements and standards for maintaining the security of the PHI—or for its redisclosure—that apply to HIPAA covered entities do not apply to PDMPs.”).

¹⁶ Oliva, *Expecting Medication Surveillance*, at 528.

¹⁷ Zane McNeill, *The Next War Against Trans People is Already Being Waged in Texas*, *The New Republic* (Dec. 9, 2024), <https://newrepublic.com/article/188404/anti-trans-future-law-texas>.

¹⁸ Prescription Monitoring Program Annual Report, *supra* note 4, at 14.

¹⁹ *Id.*

²⁰ Sacco, *supra* note 1, at 4.

preserving all the most important features of the Prescription Monitoring Program, which remains an essential tool for promoting public health and responding to the opioid crisis.

We respectfully urge this committee to vote ought to pass on LD 1277. Thank you for your consideration, and please do not hesitate to contact GLAD Law at 617-426-1350 for any additional information.

Sincerely,

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