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LD 1277: An Act Regarding Controlled Substances Prescription Monitoring Activities

Testimony of Rep. Matt Moonen, Portland

April 11, 2025

Good morning, Senator Ingwersen, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services. I am here today to present **LD 1277: An Act Regarding Controlled Substances Prescription Monitoring Activities**, and to ask for your support.

This bill is incredibly simple: It removes testosterone from the definition of controlled substances in the laws governing prescription monitoring of controlled substances, and directs the Department to remove all information concerning the prescribing and dispensing of testosterone from the records of the Controlled Substances Prescription Monitoring Program.

I have brought this legislation before you because testosterone simply does not fit within the intended purpose of the Prescription Monitoring Program, which is to “promote the public health and welfare and to detect and prevent substance use disorder.”

The PMP is unquestionably an important tool for tracking medications that have the potential to be dangerous and addictive, as well as threats to public health, such as opioids, sedatives, stimulants, and others.

But testosterone is a naturally occurring hormone, and there is no evidence that it is dangerous or addictive like there is with other medications tracked by the PMP. In addition, testosterone comes with a built-in safety net: Healthcare providers require patients receiving testosterone to have regular lab testing to monitor their testosterone levels throughout the course of their treatment. And if you need further reassurance, I would add

that we have not been able to identify any criminal prosecutions in the last 25 years for prescription testosterone diversion or abuse. This is a strong indication that testosterone does not pose a public health risk.

Because testosterone is not dangerous or addictive, patient privacy should come first. Testosterone can be prescribed for a number of reasons: For some men, it's hypogonadism - when the body doesn't produce enough testosterone, sperm, or both; for transgender men, it's used to treat gender dysphoria; for some women, it's an effective treatment for menopause.

In all of these examples, it should be obvious that a patient's reasons for seeking testosterone treatment are intensely personal, and the desire to protect personal privacy about this treatment is very real.

Because testosterone is not dangerous or addictive, there is no compelling government interest in tracking this very private medical treatment. I ask you to support this bill.