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Testimony of Representative Ambureen Rana introducing

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

Before the Joint Standing Committee on Health and Human Services

Good Morning, Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services. My name is Ambureen Rana, and I represent District 21, which includes part of Bangor. I am here today to present **LD 1945, An Act to Clarify Data Collection Processes in Health Care Facilities**, for your consideration.

This bill is follow up to legislation passed in the 131st, **LD 956, An Act Concerning Sexual Orientation and Gender Identity Data Collection in Health Care Facilities**. LD 956 required health care facilities to collect data related to sexual orientation and gender identity from an individual as part of the individual's health care information. The federal Uniform Data System (UDS) has included sexual orientation and gender identity (SOGI) data since 2016, alongside other demographic data, such as ethnicity, preferred language and occupation, usually upon intake to a facility. SOGI data is part of a personal health record and is subject to the same confidentiality laws as other health information.

One testimony from Mabel Wadsworth noted, "From a professional standpoint...collecting sexual orientation and gender identity data not only improves care for patients, but is easy to do."

LD 956 was passed and enacted into law, and during this interim phase, those in the position of implementing the new protocol raised concerns about three aspects of the process and brought them to folks at the Maine Medical Association. Maine Medical then worked with other key stakeholders to develop this bill and address the concerns raised by their members.

First, this bill would limit collection of SOGI data to individuals 18 years of age and older. This change reflects current understanding of best practices and permits health care providers working with youth and adolescents more flexibility when it comes to how and when to discuss concerns or issues related to sexual and gender identity that may impact their physical or mental health.

Second, this bill removes the need to request and record this information "as part of the health care information collected upon intake at a health care facility and at any other time." We heard clear feedback from clinicians that requiring this data to be collected at every patient encounter would be duplicative, burdensome and may force this conversation. Providers can assess the best times to ask these questions for their adult patients.

Finally, LD 1945 removes the reference to the federal Department of Health and Human Services. This will enable Maine-based stakeholders to work together to determine the best practice and provide guidance to Maine clinicians on how best to implement this process.

Thank you for your consideration of these concerns. I urge you to pass LD 1945.