



Senator Carney, Representative Kuhn, and members of the Joint Standing Committee on Judiciary, my name is Lisa Margulies, I serve as Vice President of Public Affairs, Maine, for Planned Parenthood of Northern New England, and I am here today to submit testimony in opposition to LDs 233, 868, 1134, 1704, and 1002.

Planned Parenthood of Northern New England provides comprehensive reproductive and sexual health care in approximately 10,000 visits per year in Maine at four health centers located in Biddeford, Portland, Sanford, and Topsham, as well as online via telehealth. People turn to us for affordable, high-quality care including wellness exams, birth control, disease testing and treatment, cancer screenings, gender-affirming care, abortion care, as well as a variety of primary care services.

As a mission driven health care provider, we fundamentally believe everyone should be able to access affordable, high quality sexual and reproductive health care in their communities, no matter where they live or how much money they make, and we advocate for policies that help make this vision a reality. All people deserve to access comprehensive reproductive health care, including abortion and gender-affirming care, free from shame, stigma, and intimidation. We see everyone who comes to us regardless of ability to pay, and in a typical year, we provide more than \$1.2 million in free and discounted care to our communities in Maine. For many, we are their only access to the health care system.

Despite the politicization of gender-affirming care and dangerous attacks on transgender and nonbinary people, Planned Parenthood of Northern New England is proud to provide gender-affirming care, and this care is central to our core mission and commitment to bodily autonomy and self-determination. Gender-affirming care is essential health care that is safe and legal in Maine.

Reproductive rights and LGBTQ+ rights are inextricably intertwined. The fight for reproductive freedom and the fight for gender autonomy are rooted in the fundamental right to control our bodies, health care, and our futures. The same politicians that fought for decades to restrict abortion and overturn *Roe v. Wade* are now using that very same playbook to attack transgender and nonbinary people, their rights, and their health care. These politicians are unqualified to make patients' deeply personal, private, and complex medical decisions.

At Planned Parenthood of Northern New England, we are committed to making our state and our country a place where no one faces discrimination or violence because of their gender identity or expression. We know how absolutely necessary it is for everyone to have bodily autonomy and the ability and resources to make their own health care decisions. We all deserve quality health care, and we all deserve to lead our lives with dignity and agency.



Planned Parenthood of Northern New England strives to make sure the gender identities of transgender and nonbinary patients are acknowledged, respected, and understood. We know that when people are truly seen and cared for, their lives, their families' lives, and their communities are better and healthier. Our health services are open to people of all gender identities and sexual orientations because we believe that everyone deserves high-quality, affordable health care—no matter who they are or where they live. We are committed to improving the way transgender and nonbinary people receive health care in our region, and we work with the LGBTQ+ community to eliminate barriers to care.

As a health care provider, we are dedicated to ensuring our patients, staff, and community lead healthy, productive lives. We know that discrimination against transgender and nonbinary people is real and insidious, and we know that it is escalating in the current political climate. This is dangerous for the health and safety of transgender and nonbinary people. Research shows that heightened discrimination against transgender people results in disproportionately high rates of poverty, homelessness, unemployment, and inadequate health care.ⁱ Transgender people also face high rates of harassment and violence, with nearly one in ten physically attacked and one half verbally harassed in the past year because of their gender identity, along with one half experiencing intimate partner violence.ⁱⁱ

We know that—because of the stigma and discrimination they face—transgender and nonbinary young people are already at higher risk of negative health outcomes than their cis peers, with much higher rates of anxiety, depression, and suicidal ideation.ⁱⁱⁱ One recent study found that 54% of transgender and non-binary young people had seriously considered suicide in the last year, and 29% made an attempt to end their lives.^{iv} However, the data show that when they are affirmed in their gender they have comparable outcomes to their peers. By contrast, when denied treatment and affirmation, transgender people experience high rates of suicidality and negative health outcomes. These health outcomes are worsened as transgender and nonbinary people face increasing stigmatization and prejudice by political actors.

As legislators, the work you do each day has real and tangible impact on the constituents you serve—and there is real danger in enacting policy proven to harm the health and safety of transgender and nonbinary young people. Recent research shows that the bills being considered today, if passed, could directly and negatively impact the health of transgender and nonbinary young people. In fact, a 2024 study shows laws targeting transgender and nonbinary young people are correlated with up to 72% increase in suicide attempts by those young people.^v Sadly, these types of laws have proliferated in recent years, with 869 anti-trans bills proposed across 49 states in just 2025 alone.^{vi}

The bills you are considering today are not about protecting young people: they are a dangerous and ugly attack on young people who are already at disproportionate risk of harm



due to the discrimination they face. These bills are crude attempts to capitalize on the political climate by amplifying mis- and disinformation, stoking fear and prejudice, and stigmatizing young people who are trying to understand and express themselves and connect with peers. No one is harmed when transgender people are included fully in public life, including in sports, locker rooms, sports, and health institutions.

Because other groups will testify on the legal implications of these bills, our testimony will focus on the health implications.

LDs 233, 868, and 1134

Transgender youth, like other students, deserve the same chances to gain experience in teamwork, sportsmanship, leadership, and self-discipline, and to build a sense of belonging with their peers—all of which they can learn through sports. Participation in sports improve the health and welfare of young people, with research showing that sports have myriad positive effects on young people's physical, psychological, and social health.^{vii} Among LGBTQ+ youth, participating in sports is associated with lower rates of depression, higher self-esteem, and higher sense of belonging in school.^{viii}

Conversely, exclusion from sports or requiring young people to play on the team corresponding to their sex assigned at birth may harm young people. Experts in pediatric care, such as the American Academy of Pediatrics, have strongly opposed legislation that would forbid transgender athletes from participating on sports teams that align with their gender identity, noting that such legislation is "dangerous" and puts their "physical and mental health at risk."^{ix}

It is important to note that there is no evidence to suggest that transgender girls have a categorical advantage when competing against cisgender girls.^x Preventing transgender youth from participating on sports teams has no scientific or medical basis and serves only to stigmatize young people. The end result, if not the goal, of banning transgender youth from participation in sports is to invalidate and ignore their reality and to isolate them from their peers. Excluding young people from sports, or forcing them play on teams that are not aligned with their gender identity, is cruel.

LDs 868, 1134, and 1704

Each of these bills attempts to ban transgender young people from bathrooms or changing rooms. The purported motivation for these bills is "safety" or "privacy," yet they promote mis- and disinformation about transgender people that put that population at direct risk of scapegoating and demonization.

The fact is there is a lack of evidence to support claims that segregated bathrooms are somehow more safer for cis people, and a wealth of evidence to suggest that segregating



transgender people is harmful.^{xi} These policies single out and exclude transgender young people, thereby exacerbating discrimination that transgender young people are already facing in many aspects of their lives.

LD 1002

LD 1002 requires young people to be referred to by the name and gender listed on their birth certificate. This policy is unnecessary, cruel, and dangerous. Evidence suggests that transgender and nonbinary people whose pronouns were respected by people they lived with had fewer suicide attempts, as did those who could change their legal documents.^{xii} Using inaccurate names and genders puts young people at risk by forcibly “outing” them to their peers, school staff, and their communities at large. Attempts to force a transgender person to live in accordance with their sex assigned at birth are unsuccessful and deeply harmful to the transgender person.

We can all agree that young people deserve to lead happy, healthy lives and thrive. I urge you to protect the wellbeing and safety of our young people by rejecting these bills and stand up to politicians who bully transgender and nonbinary youth. Thank you for your commitment to the health and wellbeing, freedom, and dignity of all Mainers.

ⁱ GLAAD, *Debunking the “Bathroom Bill” Myth*, April 2017, https://media.glaad.org/wp-content/uploads/2016/02/25203412/Debunking_the_Bathroom_Bill_Myth_2017-305.pdf

ⁱⁱ Violence Against Trans and Non-Binary People, VAWnet, <https://vawnet.org/sc/serving-trans-and-non-binary-survivors-domestic-and-sexual-violence/violence-against-trans-and>

ⁱⁱⁱ Karen Matouk and Melina Walk, *Gender-affirming Care Saves Lives*, Columbia University, March 30, 2022, <https://www.columbiapsychiatry.org/news/gender-affirming-care-saves-lives>

^{iv} Id.

^v Selena Simmons-Duffin, *More trans teens attempted suicide after states passed anti-trans laws, a study shows*, <https://www.npr.org/sections/shots-health-news/2024/09/25/nx-s1-5127347/more-trans-teens-attempted-suicide-after-states-passed-anti-trans-laws-a-study-shows>

^{vi} Trans Legislation Tracker, 2025 anti-trans bills tracker, <https://translegislation.com/>

^{vii} See e.g. Rochelle M. Eime et al., *A Systematic Review of the Psychological and Social Benefits of Participation in Sport for Children and Adolescents: Informing Development of a Conceptual Model of Health Through Sport*, 10 Int. J. Behav. Nutrition & Phys. Activity 1 (2013). See also Matt D. Hoffman et al., *Associations Between Organized Sport Participation and Mental Health Difficulties: Data from Over 11,000 US Children and Adolescents*, 17 PLoS One 1 (2022).

^{viii} Caitlin M. Clark & Joseph G. Kosciw, *Engaged or Excluded: LGBTQ Youth's Participation in School Sports and Their Relationship to Psychological Well-being*, 59 Psychol. Schs. 95 (2022).

^{ix} American Academy of Pediatrics, *American Academy of Pediatrics Speaks Out Against Bills Harming Transgender Youth*, March 16, 2021, <https://www.nclrights.org/wp-content/uploads/2023/06/American-Acad-of-Pediatrics-Stmt-re-Bills-3-16-21.pdf>

^x Canadian Centre for Ethics in Sport, *Literature Review Does Not Support Bans on Transgender Women Athletes*, November 3, 2022, <https://cces.ca/news/literature-review-does-not-support-bans-transgender-women-athletes>

^{xi} GLAAD, *Debunking the “Bathroom Bill” Myth*, April 2017, https://media.glaad.org/wp-content/uploads/2016/02/25203412/Debunking_the_Bathroom_Bill_Myth_2017-305.pdf

^{xii} Claire Mulroy, *‘A matter of physical safety’: What it means to deadname someone and the impact it makes*, USA Today, <https://www.usatoday.com/story/news/2024/03/11/what-is-deadnaming/72570856007/>