



David Haggan
Senator, District 10

THE MAINE SENATE
132nd Legislature

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Augusta, Maine 04333

**Joint Standing Committee on Judiciary on
LD 380, An Act to Amend Certain Laws Regarding Gender-affirming
Health Care Services
May 8, 2025**

Senator Carney, Representative Kuhn, and esteemed colleagues of the Joint Standing Committee on Judiciary: I am Dave Haggan and I have the honor of representing the people of Senate District 10, which includes three municipalities in Hancock County and nine municipalities in Penobscot County. I am pleased to present LD 380, An Act to Amend Certain Laws Regarding Gender-affirming Health Care Services.

Last session, the Legislature enacted a law that allows health care practitioners to prescribe puberty blockers and cross-sex hormones to minors, even over the objections of their parents and guardians. The law also protects the health care professionals from being sued by their patients or parents for medical malpractice or failing to get informed consent.

In general, parental consent is required for significant decisions in other health care matters. Having an exception for gender-related medical interventions is not only legally inconsistent but also absurd. We have informed consent requirements in our laws for a reason. Neuroscientific research shows that the prefrontal cortex, which governs decision-making and risk assessment, is not fully developed in minors. This reality is recognized in other areas of Maine statute, as demonstrated below.

In Maine, minors cannot:

- Vote;
- Get a tattoo;
- Buy a handgun;
- Enlist in the armed forces;
- Obtain a full, unrestricted driver's license;
- Get married;
- Work in certain "hazardous" jobs;
- Work before 7:00 am on a school day;
- Work before 5:00 am on a non-school day;
- Work after 10:15 pm on a night before school;
- Work after midnight if there is no school the next day;
- Purchase pornography;
- Purchase and consume alcohol;
- Purchase and consume tobacco products.
- Enter into legal contracts, such as renting an apartment or buying a car; or

- File for a name change, unless emancipated from parents.

These age restrictions are in place for obvious reasons. Why are these medical treatments any different?

The treatment of minors with gender dysphoria has changed significantly since last session's bill was enacted. Many of our allies across the ocean who once led the charge on chemical treatments for pediatric gender dysphoria have since reversed course. Denmark, Finland, France, Norway, Sweden, and the United Kingdom have moved toward more conservative treatments, such as counseling.

One argument I have heard a lot today is that not affirming a teen's gender identity by providing hormonal treatments increases the risk of suicide. However, studies have determined that there is no evidence supporting this conclusion.

Children should not be started on an irreversible medical path they might regret later in life. Multiple long-term studies show that when children who experience gender dysphoria are made to mature naturally, most of them — sometimes as high as 90% — grow out of the dysphoria. There are many examples of detransitioners who are full of regret and have come out to warn other young people of the risks of these treatments. We know that these drugs can cause lower bone density, inhibit brain development, and result in infertility. I have seen devastating testimonials from detransitioners who will never have biological children or cannot breastfeed their babies. It is gut-wrenching.

Our state policy should not allow children to engage in scientifically questionable treatments that could cause such them incredible, irreversible harm.

Thank you for your time and consideration today. I urge you to vote "ought to pass as amended" on LD 380.

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-THREE

H.P. 340 - L.D. 535

An Act Regarding Consent for Gender-affirming Hormone Therapy for
Certain Minors

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §1508 is enacted to read:

§1508. Consent for gender-affirming hormone therapy

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Gender-affirming hormone therapy" means nonsurgical, medically necessary health care that respects the gender identity of the patient, as experienced and defined by the patient, that includes, but is not limited to, the following health care:

- (1) Interventions to suppress the development of endogenous secondary sex characteristics;
- (2) Interventions to align the patient's appearance or physical body with the patient's gender identity; or
- (3) Interventions to alleviate symptoms of clinically significant distress resulting from gender dysphoria.

B. "Gender dysphoria" means a clinical diagnosis of gender dysphoria as defined either in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or in the Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 or subsequent version, published by the World Professional Association for Transgender Health.

C. "Health care professional" means a person qualified by training and experience to provide and monitor the provision of gender-affirming hormone therapy who is authorized by law to prescribe medication and who is:

- (1) Licensed by the Board of Licensure in Medicine under Title 32, chapter 48;
- (2) Licensed by the Board of Osteopathic Licensure under Title 32, chapter 36; or

(3) Licensed by the State Board of Nursing as an advanced practice registered nurse under Title 32, chapter 31.

2. Authority of minor to consent. A health care professional may provide gender-affirming hormone therapy and follow-up care to a minor without obtaining the consent of the parent or guardian of the minor only if:

A. The minor is at least 16 years of age;

B. The minor has been diagnosed with gender dysphoria by a health care professional;

C. In the judgment of the health care professional, the minor is experiencing harm from or is expected to experience harm from not receiving gender-affirming hormone therapy;

D. The minor informs the health care professional that the minor has discussed the minor's gender dysphoria with a parent or guardian of the minor and that parent or guardian refused to support treatment of the minor's gender dysphoria; and

E. The minor provides informed written consent to the receipt of gender-affirming hormone therapy in accordance with the requirements of subsection 3; the health care professional makes the written consent that is set forth in a writing containing the information and statements required by subsection 3, paragraph B and that is signed by the minor a part of the minor's health record; and the minor, under all the surrounding circumstances, is mentally and physically competent to give consent.

3. Informed consent. A minor who meets the requirements of subsection 2, paragraphs A to D may provide informed written consent to gender-affirming hormone therapy and follow-up care only in accordance with the requirements of this subsection.

A. A health care professional shall, in a manner that the health care professional believes is not misleading and will be understood by the minor:

(1) Explain that the information being given to the minor is not intended to coerce, persuade or induce the minor to consent to gender-affirming hormone therapy;

(2) Explain that the minor may withdraw the decision to commence or to continue to receive gender-affirming hormone therapy at any time either before the therapy begins or during the course of the therapy;

(3) Clearly and fully explore with the minor the alternative choices available for managing and treating gender dysphoria;

(4) Explain the physiological effects, benefits and possible consequences of gender-affirming hormone therapy and follow-up care, including the physiological effects, benefits and possible consequences of discontinuing the therapy;

(5) Discuss the possibility of involving the minor's parents or guardians in the minor's decision making about gender-affirming hormone therapy and follow-up care and explore whether the minor believes that parent or guardian involvement would be in the minor's best interests; and

(6) Provide an adequate opportunity for the minor to ask any questions concerning gender dysphoria, gender-affirming hormone therapy and follow-up care and provide the information the minor seeks or, if the health care professional cannot provide the information, explain where the minor can obtain the information.

B. After providing the information and counseling required by paragraph A, the health care professional shall have the minor sign and date a form stating:

- (1) The business address and telephone number of the health care professional who provided the information and counseling required by paragraph A;
- (2) The minor has received information on gender-affirming hormone therapy and follow-up care, including the benefits and possible consequences of and alternatives to gender-affirming hormone therapy;
- (3) The minor has received an explanation that the minor may withdraw consent to gender-affirming hormone therapy at any time, including after therapy begins;
- (4) The alternatives for managing gender dysphoria have been clearly and fully explored with the minor;
- (5) The minor has discussed with the health care professional the possibility of involving the minor's parents or guardians in the minor's decision making about gender-affirming hormone therapy and follow-up care. If the minor has chosen not to involve the minor's parents or guardians, the reasons for making that choice must be stated in writing on the form; and
- (6) The minor has been given an adequate opportunity to ask questions and receive answers about gender dysphoria, gender-affirming hormone therapy and follow-up care.

C. The health care professional who provided the information and counseling required by paragraph A shall also sign and date the form signed by the minor under paragraph B. The health care professional shall retain a copy of the form in that health care professional's files and shall give the form to the minor. If the health care professional who provided the information and counseling required by paragraph A is not the health care professional who will provide gender-affirming hormone therapy to the minor, at the minor's request the health care professional shall transmit the form to the health care professional who will provide gender-affirming hormone therapy to the minor.

4. Rebuttable presumption of validity. A written consent of a minor who meets the requirements of subsection 2 that is set forth in a writing containing the information and statements required by subsection 3, paragraph B and that is signed by the minor is presumed to be a valid, informed consent to treatment for gender-affirming hormone therapy and bars an action by a parent or guardian of the minor on the grounds of battery, malpractice or any other claim for providing gender-affirming hormone therapy without consent from a parent or guardian. The presumption of validity established in this subsection may be rebutted only by evidence that the minor's consent was obtained through fraud, deception or misrepresentation of material fact.

5. Disallowance of recovery. Recovery is not allowed against a health care professional upon the grounds that gender-affirming hormone therapy of a minor who meets the requirements of subsection 2 was rendered without the informed consent of the minor when:

A. The health care professional, in obtaining the minor's consent, complied with the terms of this section and the standards of care among members of the same health care profession with similar training and experience situated in the same or similar communities; or

B. The health care professional received and acted in good faith on the informed written consent to gender-affirming hormone therapy given by the minor to another health care professional that contains the information and statements required by subsection 3, paragraph B.

6. Nonseverability. In the event that any portion of subsections 1 to 5 is held invalid, it is the intent of the Legislature that this entire section, other than subsection 7, is invalid.

7. Authority of parent to consent unaffected. This section does not affect the legal authority of a parent or guardian to consent to gender-affirming hormone therapy for a minor in accordance with established standards of care.

DRAFT PROPOSED SPONSOR'S AMENDMENT:
LD 380, An Act to Amend Certain Laws Regarding Gender-affirming Health Care Services

Amend the bill by striking out everything after the enacting clause and before the summary and inserting in its place the following:

Sec. 1. 22 MRSA §1508 is repealed:

§1508. ~~Consent for gender-affirming hormone therapy~~

1. ~~Definitions.~~ As used in this section, unless the context otherwise indicates, the following terms have the following meanings:

A. ~~"Gender-affirming hormone therapy"~~ means nonsurgical, medically necessary health care that respects the gender identity of the patient, as experienced and defined by the patient, that includes, but is not limited to, the following health care:

- ~~(1) Interventions to suppress the development of endogenous secondary sex characteristics;~~
- ~~(2) Interventions to align the patient's appearance or physical body with the patient's gender identity; or~~
- ~~(3) Interventions to alleviate symptoms of clinically significant distress resulting from gender dysphoria.~~

B. ~~"Gender dysphoria"~~ means a clinical diagnosis of gender dysphoria as defined either in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or in the Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 or subsequent version, published by the World Professional Association for Transgender Health.

C. ~~"Health care professional"~~ means a person qualified by training and experience to provide and monitor the provision of gender-affirming hormone therapy who is authorized by law to prescribe medication and who is:

- ~~(1) Licensed by the Board of Licensure in Medicine under Title 32, chapter 48;~~
- ~~(2) Licensed by the Board of Osteopathic Licensure under Title 32, chapter 36; or~~
- ~~(3) Licensed by the State Board of Nursing as an advanced practice registered nurse under Title 32, chapter 31.~~

2. ~~Authority of minor to consent.~~ A health care professional may provide gender-affirming hormone therapy and follow-up care to a minor without obtaining the consent of the parent or guardian of the minor only if:

- ~~A. The minor is at least 16 years of age;~~
- ~~B. The minor has been diagnosed with gender dysphoria by a health care professional;~~
- ~~C. In the judgment of the health care professional, the minor is experiencing harm from or is expected to experience harm from not receiving gender-affirming hormone therapy;~~

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~~D. The minor informs the health care professional that the minor has discussed the minor's gender dysphoria with a parent or guardian of the minor and that parent or guardian refused to support treatment of the minor's gender dysphoria; and~~

~~E. The minor provides informed written consent to the receipt of gender affirming hormone therapy in accordance with the requirements of subsection 3; the health care professional makes the written consent that is set forth in a writing containing the information and statements required by subsection 3, paragraph B and that is signed by the minor a part of the minor's health record; and the minor, under all the surrounding circumstances, is mentally and physically competent to give consent.~~

~~3. Informed consent. A minor who meets the requirements of subsection 2, paragraphs A to D may provide informed written consent to gender affirming hormone therapy and follow up care only in accordance with the requirements of this subsection.~~

~~A. A health care professional shall, in a manner that the health care professional believes is not misleading and will be understood by the minor:~~

~~(1) Explain that the information being given to the minor is not intended to coerce, persuade or induce the minor to consent to gender affirming hormone therapy;~~

~~(2) Explain that the minor may withdraw the decision to commence or to continue to receive gender affirming hormone therapy at any time either before the therapy begins or during the course of the therapy;~~

~~(3) Clearly and fully explore with the minor the alternative choices available for managing and treating gender dysphoria;~~

~~(4) Explain the physiological effects, benefits and possible consequences of gender affirming hormone therapy and follow up care, including the physiological effects, benefits and possible consequences of discontinuing the therapy;~~

~~(5) Discuss the possibility of involving the minor's parents or guardians in the minor's decision making about gender affirming hormone therapy and follow up care and explore whether the minor believes that parent or guardian involvement would be in the minor's best interests; and~~

~~(6) Provide an adequate opportunity for the minor to ask any questions concerning gender dysphoria, gender affirming hormone therapy and follow up care and provide the information the minor seeks or, if the health care professional cannot provide the information, explain where the minor can obtain the information.~~

~~B. After providing the information and counseling required by paragraph A, the health care professional shall have the minor sign and date a form stating:~~

~~(1) The business address and telephone number of the health care professional who provided the information and counseling required by paragraph A;~~

~~(2) The minor has received information on gender affirming hormone therapy and follow up care, including the benefits and possible consequences of and alternatives to gender affirming hormone therapy;~~

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~~(3) The minor has received an explanation that the minor may withdraw consent to gender-affirming hormone therapy at any time, including after therapy begins;~~

~~(4) The alternatives for managing gender dysphoria have been clearly and fully explored with the minor;~~

~~(5) The minor has discussed with the health care professional the possibility of involving the minor's parents or guardians in the minor's decision making about gender-affirming hormone therapy and follow-up care. If the minor has chosen not to involve the minor's parents or guardians, the reasons for making that choice must be stated in writing on the form; and~~

~~(6) The minor has been given an adequate opportunity to ask questions and receive answers about gender dysphoria, gender-affirming hormone therapy and follow-up care.~~

~~C. The health care professional who provided the information and counseling required by paragraph A shall also sign and date the form signed by the minor under paragraph B. The health care professional shall retain a copy of the form in that health care professional's files and shall give the form to the minor. If the health care professional who provided the information and counseling required by paragraph A is not the health care professional who will provide gender-affirming hormone therapy to the minor, at the minor's request the health care professional shall transmit the form to the health care professional who will provide gender-affirming hormone therapy to the minor.~~

~~4. **Rebuttable presumption of validity.** A written consent of a minor who meets the requirements of subsection 2 that is set forth in a writing containing the information and statements required by subsection 3, paragraph B and that is signed by the minor is presumed to be a valid, informed consent to treatment for gender-affirming hormone therapy and bars an action by a parent or guardian of the minor on the grounds of battery, malpractice or any other claim for providing gender-affirming hormone therapy without consent from a parent or guardian. The presumption of validity established in this subsection may be rebutted only by evidence that the minor's consent was obtained through fraud, deception or misrepresentation of material fact.~~

~~5. **Disallowance of recovery.** Recovery is not allowed against a health care professional upon the grounds that gender-affirming hormone therapy of a minor who meets the requirements of subsection 2 was rendered without the informed consent of the minor when:~~

~~A. The health care professional, in obtaining the minor's consent, complied with the terms of this section and the standards of care among members of the same health care profession with similar training and experience situated in the same or similar communities; or~~

~~B. The health care professional received and acted in good faith on the informed written consent to gender-affirming hormone therapy given by the minor to another health care professional that contains the information and statements required by subsection 3, paragraph B.~~

~~6. **Nonseverability.** In the event that any portion of subsections 1 to 5 is held invalid, it is the intent of the Legislature that this entire section, other than subsection 7, is invalid.~~

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~~7. Authority of parent to consent unaffected. This section does not affect the legal authority of a parent or guardian to consent to gender-affirming hormone therapy for a minor in accordance with established standards of care.~~

SUMMARY

This amendment replaces the bill. The bill repeals the provisions enacted by Public Law 2023, chapter 413 that established the process by which a minor who is mentally and physically competent to give consent may consent to gender-affirming hormone therapy and follow-up care if the minor is at least 16 years of age and if other conditions are met.

DRAFT