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Joint Testimony of the Maine Chapter of The American Academy of Pediatrics and the Maine Medical Association and Maine Osteopathic Association against LD 380, An Act to Amend Certain Laws Regarding Gender-affirming Health Care Services

May 8, 2025

Senator Carney, Representative Kuhn, and Members of the Judiciary Committee. I am Dr. Deborah Hagler. I reside in Harpswell. I practiced pediatrics for the last 27 years in the Brunswick area. I am a past President of the Maine Chapter of the AAP and currently co- Chair the Healthy Mental Development of the Board of the Maine Chapter.

The Maine AAP is a professional organization representing 300 pediatricians and pediatric subspecialists working together to further our mission to improve the lives of children and adolescents in Maine. The Maine Medical Association is a professional organization representing more than 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services to ensure the availability of quality osteopathic health care to the people of this State. The Maine Medical Association and Maine Osteopathic Association represents approximately 4000 physicians in the state of Maine. We are deeply concerned about the harmful consequences of a host of bills presented today on the care and well-being of transgender and gender diverse youth. I am testifying in opposition to LD 380, "An Act to Amend Certain Laws Regarding Gender-affirming Health Care Services."

The provision of confidentiality and the opportunity to give independent consent for sensitive health care issues are important components of adolescent health care.¹ They are in fact necessary to appropriately care for many conditions in adolescence. In Maine adolescents can consent for and provided confidential care for a host of complex medical issues including mental health, substance use, reproductive care and currently gender affirming hormone therapies without the consent of a parent. For many youths discussing sensitive issues may not be a possibility in the home setting for a variety of reasons. Focusing specifically on gender, in the past year in the US only 38% of trans and non-binary youth felt their gender choices were affirmed at home² and this may result in a high degree of distress. Transgender youth are at a much higher risk of housing instability than their cisgendered peers³ and mental health significantly suffers in a non-supportive home environment. A study of 433 adolescents in Ontario who identified as trans revealed suicide attempt rates of 4% among those with strongly supportive parents, but as high as 60% among those whose parents were not supportive.⁴

Without a supportive home environment to discuss issues of gender identity and seek out appropriate resources youth must continue to be empowered to seek out and consent for care to address their needs on their own. Ideally bringing the family along



is best for all but may not be possible and may not even be safe for the youth in question.

Trained professionals- therapists, nurses , psychologists, and physicians can provide accurate information regarding gender affirming care. The medical community working with youth is trained to take complex information and make it understandable so that youth can make informed decisions for themselves. Youth have demonstrated they are quite capable of making choices about contraception (hormones) and psychotropic medications and understanding side effects. Indeed, for almost the past 2 years after the passage of LD 535 we have allowed youth to make these decisions themselves.

Allowing adolescents to make decisions about their own gender affirming care recognizes their autonomy and right to self-determination. It respects their personal experiences, feelings, and understanding of their own gender identity. It empowers young people to take ownership of their bodies and healthcare decisions, promoting a sense of agency and well-being. The Maine Chapter, Maine Medical Association and Maine Osteopathic Association urges you to vote ought not to pass for LD 380.

1. Sofya Maslyanskaya, Elizabeth M. Alderman; Confidentiality and Consent in the Care of the Adolescent Patient. *Pediatr Rev* October 2019; 40 (10): 508–516.

2. Nath, R., Matthews, D., Hobaica, S., Eden, T.M., Taylor, A.B., DeChants, J.P., Suffredini, K. (2025). 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People by State. West Hollywood, CA: The Trevor Project. www.thetrevorproject.org/survey-2024-by-state

3.Suarez NA, Trujillo L, McKinnon II, Mack KA, Lyons B, Robin L, Carman-McClanahan M, Pampati S, Cezair KLR, Ethier KA. Disparities in School Connectedness, Unstable Housing, Experiences of Violence, Mental Health, and Suicidal Thoughts and Behaviors Among Transgender and Cisgender High School Students - Youth Risk Behavior Survey, United States, 2023. *MMWR Suppl.* 2024 Oct 10;73(4):50-58. doi: 10.15585/mmwr.su7304a6. PMID: 39378210; PMCID: PMC11559675.

4..Jason Rafferty, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH,COMMITTEE ON ADOLESCENCE, SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDERHEALTH AND WELLNESS, Michael Yogman, Rebecca Baum, Thresia B. Gambon, Arthur Lavin, GerriMattson, Lawrence Sagin Wissow, Cora Breuner, Elizabeth M. Alderman, Laura K. Grubb, Makia E.Powers, Krishna Upadhyia, Stephenie B. Wallace, Lynn Hunt, Anne Teresa Gearhart, Christopher Harris, Kathryn Melland Lowe, Chadwick Taylor Rodgers, Ilana Michelle Sherer; EnsuringComprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. *Pediatrics* October 2018; 142 (4): e20182162. 10.1542/peds.2018-2162