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LD 380

I am testifying in horrified opposition to this bill. I have been looking through the slew of anti-trans bills hear before this committee today, and preparing testimony in opposition to each one, all of which I find pretty despicable, but this one should concern us all. It really, really, should. I would hope that you all, as members of this committee, have made yourselves familiar with the changes proposed in this bill. But if you have not, let me briefly summarize:

The Address Confidentiality Program, under State Law, currently allows people from several protected classes to apply to have their addresses protected. Currently, providers of gender-affirming health care and reproductive health care may apply to have their addresses protected under this program. This is because, as we have seen in other states, medical providers who offer services such as abortions and gender-affirming health care are being targeted by hate groups. The proposed bill would remove providers of legally protected health care services from the list of protected classes under this program. In other words, this bill is a step towards making it easier to target and dox abortion providers and gender-affirming health care providers.

State law currently prevents the unauthorized disclosure of protected medical information to the court in civil or administrative actions and proceedings unless good cause is shown. This protected medical information includes communications and examinations related to gender-affirming health care and reproductive health care. This bill proposes abolishing that protection. In other words, this bill sets up doctors and health care practitioners to be liable in civil and administrative proceedings for communications relating to gender-affirming health care and reproductive health care.

State law also prevents discrimination by providers of medical malpractice insurance; an insurance provider cannot discriminate against a provider based on that provider offering legally protected medical services, which currently include gender-affirming health care and reproductive health care. This bill would limit those protections only to reproductive health care. That limitation is actually surprising given the fact that this bill seems to be geared towards making it more difficult and risky for doctors to provide either reproductive health care or gender-affirming health care, but, regardless, the provision introduced by this bill will make it harder for providers of gender-affirming health care to get medical malpractice insurance.

This bill should frighten everybody who supports both reproductive and gender-affirming health care.