

LD 380: An Act to Amend Certain Laws Regarding Gender-affirming Health Care Services

Senator Carney, Representative Kuhn, Members of the Judiciary Committee, I am David Souers, living in Friendship, Maine. I am retired after a long career with my own firm practicing healthcare architecture designing clinics, hospitals, psychiatric facilities and specialty centers for women's health, maternity, surgery, cancer, dialysis and dentistry. My wife, Linda Souers joins me in this testimony. Linda is a retired art teacher, business manager and not-for-profit community board member. Linda and I are parents of three adult women, all of whom played sports from grade school through highschool. All three have careers in health and healthcare.

We are testifying in opposition to LD 380 for the reasons, which we explain below. We also are in opposition to LD 233, LD 868, LD 1002, LD 1337, LD 1432, LD 1134 and LD 1704 for all the reasons here and our other testimonies on these bills. But first, how do these proposed bills comply with the 2005 amendment to the MHRA which expanded the definition of "sexual orientation" to include "gender identity" and expression, which marked a significant step in ensuring equal treatment under the law?

1. This bill would repeal the current process by which a minor consents to gender-affirming hormone therapy and follow-up care, which would result in a prohibition on minors age 16 to 18 receiving gender-affirming care unless the minor child has parent or guardian consent.
2. We are not healthcare professionals. We have too many lawyers, legislators and political figures trying to practice healthcare. No state professional licensing nor professional liability insurance provides for non professionals to practice healthcare. This bill should be addressed by healthcare professionals not legislators.
3. The healthcare professionals that I have listened to advise that medically provided gender-affirming hormone therapy and follow-up care are managed with care to effectively determine that gender transformation is appropriate, and there is the ability to adjust or reverse the treatment if indications exist that the patient shows signs that the treatment is not appropriate. With this said, none of us non-professionals should interfere with the options provided by professional healthcare providers and choices made by patients and their families.

Rather than write bills without any scientific, medical or psychological expertise to support them, we advocate that LD 233, 868, 1002, 1337, 1432, 380, 1134, and 1704 all ought not to pass. And, that the legislature establish a study involving representatives from the state's public education groups including effective legal advice on gender law, administrators, classroom teachers, gym & sports coaches, school nurses along with professionals in the area of gender, adolescent and young adult medicine and psychology with experience in transgender study and care.

Thank you for your attention.

David & Linda Souers
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