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they've done in there and they're doing society, the State, they're not doing anybody any good by languishing in prison.

Parole is not a radical proposal. Thirty-four other states have some system of parole where there are checks and balances put in place to make sure that public safety is preserved while ensuring that people who no longer have to be in prison don't have to stay there. The United States over-relies on incarceration to cover all the areas that we are not providing. We are failing on mental health, we are failing on housing, we are failing on education and people who fall through the cracks; we over-rely on incarceration for those folks who the other systems are failing. They can't rely on their families, they can't rely on their communities and they end up in prison. And we have no means of reform, of providing hope to people who are incarcerated to get out of that situation when they have done their time, they've paid their dues and have demonstrated that they are fit to be back in the community.

I visited the Maine State Prison, I went to what's called the B Pod, it used to be a unit that was reserved for residents who were in close confinement or what some might call solitary confinement, but now it's being used by long-term residents who have essentially full autonomy within the Maine State Prison. These are guys who committed a crime in their late teens or early 20s who have been there for 30, 40, 50 years, they're now in their, you know, 50s, 60s and 70s, who are not the same people. And I believe that they deserve a second chance, you know, and they're just being held there because of what I would call our overly-punitive and vindictive approach to corrections.

So, I hope in the future that our State can look at this very rational proposal and come up with a solution that we can all work together to create a more just Maine, one that recognizes that people do get better, that redemption is possible, and that's what I believe. So, thank you for letting me speak to the motion.

Subsequently, Report "A" **Ought Not to Pass** was **ACCEPTED** in **NON-CONCURRENCE** and sent for concurrence.

HOUSE DIVIDED REPORT - Report "A" (7) **Ought to Pass as Amended by Committee Amendment "A" (H-596)** - Report "B" (4) **Ought Not to Pass** - Report "C" (1) **Ought to Pass as Amended by Committee Amendment "B" (H-597)** - Report "D" (1) **Ought to Pass as Amended by Committee Amendment "C" (H-598)** - Committee on **JUDICIARY** on Bill "An Act to Increase Access to Necessary Medical Care for Certain Minors"

(H.P. 340) (L.D. 535)

TABLED - June 23, 2023 (Till Later Today) by Representative MOONEN of Portland.

PENDING - **ACCEPTANCE OF ANY REPORT**.

Representative MOONEN of Portland moved that the House **ACCEPT** Report "A" **Ought to Pass as Amended**.

Representative POIRIER of Skowhegan **REQUESTED** a roll call on the motion to **ACCEPT** Report "A" **Ought to Pass as Amended**.

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

The SPEAKER: The Chair recognizes the Representative from Palermo, Representative Smith.

Representative **SMITH**: Thank you, Madam Speaker. Madam Speaker and Members of the House, LD 535 is one of the most dangerous bills to come before our legislative Body this year. This bill will have consequences for generations to come and I implore you not to support this bill.

These are the facts. A boy is a boy and a girl is a girl. God does not make mistakes. Gender dysphoria is a mental health epidemic. Gender transitioning is destroying the very concept of women, attempting to erase us. Gender transitioning is destroying our future as it destroys the fertility of our young people. People who have attempted to become another sex still want to kill themselves. Hormone replacement therapy is preying on children. A child should never be told they are not good enough in the body they are born with. Children should never be allowed to have prescriptions that change their hormonal structure of their bodies which have physical consequences that cannot even comprehend, especially when their parents' objections are being overridden. Sixteen-year-olds are still very much children. Doctors, lawmakers and social service agencies will find themselves liable for this path of human destruction.

Madam Speaker, we are on a course to devastate a generation of children with bills such as the one before us. We isolated our children and stuck them in their homes with nothing but social media to be their friend for two years and we set up a perfect firestorm to create a spike in children seeking approval, acceptance and acknowledgment of their loneliness, fear and pain. A survey by the Centers for Disease Control and Prevention that was published in early February 2023 found that in 2021, 50% of high school girls reported experiencing persistent feelings of sadness or hopelessness in the past year, up from 36% in 2011. That's nearly twice as high as the 29% of males who reported having those feelings in 2021. What's worse, 30% of the girls surveyed reported seriously considering suicide and 13% attempted suicide one or more times in 2021. Our children are in crisis and now we, the adults, write legislation to coddle and codify their trauma, parental abuse and poor mental health. We encourage behaviors we know to be unhealthy, untrue and catastrophic to their lives. We must stop this and we must stop it now.

The *British Medical Journal*, one of the foremost scientific publications in the world, concluded puberty blockers are being used in the context of profound scientific ignorance. Treatment for under-18 gender dysphoric children and adolescents remains largely experimental. There are a large number of unanswered questions that include the age at start, reversibility, adverse events, long-term effects on mental health, quality of life, bone mineral density, osteoporosis in later life and cognition. The current evidence base does not support informed decision-making and safe practice in children. And now, the UK and many other European states have completely banned puberty blockers in their country for children under 18. The science is there to support this. This bill is not science.

Madam Speaker, I know there are people who will hear everything I have said today and will call me a hater and so many other names, but I will tell you this; love does not affirm lies. I must leave on this last fact. Planned Parenthood is now the number-two provider of hormone replacement therapy in the country, making millions upon millions of dollars off of the belief that people can be born in the wrong body and, as the Good Representative from Auburn said on Thursday, Planned Parenthood seems to indeed be running the State House. Follow my light and vote no on this bill.

The SPEAKER: The Chair recognizes the Representative from Blue Hill, Representative Milliken.

Representative **MILLIKEN**: Thank you, Madam Speaker. I rise in support of the pending motion. I rise in support of my numerous loved ones and friends who are trans and who have been that way since before their 16th birthdays. I rise as a teacher who knows and trusts teenagers to make decisions

about their own bodies and I rise as a mother who hoped that my children will access medically-necessary care with or without my knowledge if they feel that they cannot come to me safely to discuss that care. Please follow my light in supporting the passage of this very important legislation. Thank you, Madam Speaker.

The SPEAKER: The Chair recognizes the Representative from Sanford, Representative Lanigan.

Representative **LANIGAN**: Thank you, Madam Speaker. I would love to support this motion as I really do not feel that this is a negative thing, a problem, I have no issue with this community or individuals who feel that they are not representing themselves fully. The things that I have a problem with, though, in this bill is if I, Madam Speaker, wanted to go get a gastric bypass surgery, I need a full psych evaluation from a medical professional before I can enter into that. Nowhere in this bill is there any reference to that. There's mention to mentioning the side effects psychologically but there's nothing in here requiring it. I have a little problem with a 16-year-old being able to make this dramatic of a change to their body; however, they can't buy a movie ticket to a rated R movie without their parent's permission. I just feel this is another bill that we're just going too far on, where we're taking the rights of parents away. Now, there's nothing in here saying if someone is emancipated from their parents and they want to perform this surgery, they can do that. That would be a different discussion, Madam Speaker. I just feel this bill is very hastily written, it doesn't cover all the bases, and it really puts parents, again, behind the power of a 16-year-old who; I don't know if any of you have any 16-year-olds in here, but they don't really make great decisions all the time. We have a big saying in our houses; I just ask you only to make the mistake once. Twice, you know, there's probably going to be some trouble behind it. With this sort of decision, this is pretty dramatic. This is going to change their life. This could do some real damage to them. In working with youth and in seeing, you know, girls that I coached that played boys' sports and, you know, did things and as they've grown and come into themselves, they're still girls.

I just, personally and talking to a lot of people, feel this is just going way too far, it's a slippery slope, it's giving too much power to minors who don't even have the ability to go out to get their own; I mean, they can't even go to the drug store themselves. So, I just ask that we maybe take a pause on this. If you do want to do something like this for our youth, I just feel that this bill is not the way to go about it. And, again, it's nothing against the trans community, I am 100% supportive of what people want to do. I'm a big believer in choice. So, I am not saying this from any ill-hearted way, no other belief, it's really from the minor standpoint. So, I ask my colleagues just to consider my words today and thank you, Madam Speaker, for allowing me to stand.

The SPEAKER: The Chair recognizes the Representative from Biddeford, Representative Malon.

Representative **MALON**: Thank you, Madam Speaker. I absolutely intended to speak today and I do so because I'm a parent. As a dad to two amazing kids, few things impact me at a gut level more than questions which could impact their health and well-being. After two somewhat challenging births, my youngest daughter's brief stint in the NICU, the same daughter's hospitalization due to an asthma attack and every time, my stomach clenches when there is a doctor's appointment. Since becoming a parent, I have internalized fear and anxiety more than I ever have in my life. It's my concerns about what kind of world lay ahead for my daughters which led me to run for the Legislature in the first place.

Everyone in this room wants our kids to be happy, healthy and safe. But for some kids, a small number of kids, home is not happy, healthy or safe. That is why I co-sponsored this bill and support the pending motion. Gender dysphoria is a real medical condition with specific treatments determined by every major medical association under specific professional standards. Indeed, as the Maine Chapter of the American Academy of Pediatrics noted, quote; gender dysphoria is a well-recognized medical diagnosis with an established and effective treatment. One aspect of treatment is social affirmation, the other is gender-affirming hormone therapy; end-quote. Gender-affirming hormone therapy is a lifesaver for teenagers experiencing this condition and denying care can be dangerous. This bill would enable 16- and 17-year-olds, who are old enough to provide informed consent, the ability to seek this type of care without parental consent if it is determined to be the best course of action by a qualified medical professional.

I could talk about the things this bill is not, including false claims about surgery and other things that sound scary, but ultimately, others can speak to that with far greater expertise than I can. What I can talk about is being a dad who wants my children to be able to live their lives to their fullest as their true selves. And, as such, if either of my kids were to come to me and say they are struggling with their gender identity or that they know they are transgender, my response would be the easiest answer to any question I have ever given in my life. I love you and I support you. You see, my wife and I strive to make sure our home is a safe place and I know we won't get everything right but, man, we are trying. It breaks my heart when I hear examples of a child not being safe at home. This is why a measure like this is needed. In the absence of parental support, it will help keep these young people with their health and keep them alive. And keeping them alive also keeps alive the hope that whatever fissure existed at home can be repaired. To all of those who are struggling with gender dysphoria and all trans Mainers, please know that you are loved and supported. I urge my colleagues to support the pending motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Biddeford, Representative Sheehan.

Representative **SHEEHAN**: Thank you, Madam Speaker. Madam Speaker, dear friends and colleagues, I rise in support of the pending motion. LD 535 seeks to protect an extremely narrow class of minors who have been diagnosed with gender dysphoria. If passed, this proposal would allow a sliver of a tiny proportion of 16- and 17-year-olds who have been diagnosed with and are experiencing serious harm due to gender dysphoria and who are competent to consent to receiving gender-affirming hormone therapy in cases where their parents will not support their treatment.

Madam Speaker, this bill does not even address, much less allow any form of gender-affirming surgery, so, let's be sure to not even go there again. Gender dysphoria is defined in the WPATH standards of care as, quote; discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth. Between 0.5 and 1.5% of the population in the U.S. is transgender and not all of those people experience gender dysphoria. This is a tiny sliver of our population but for those who do, dysphoria symptoms can worsen dramatically as puberty causes their appearance to deviate sharply from their experience of who they are. Puberty can be a confusing and uncomfortable time for many kids but for trans kids diagnosed with dysphoria, it can be unbearable. Endogenous puberty changes patients' bodies in ways that are truly irreversible. Persistent gender dysphoria causes shame, depression, self-harm, isolation, suicidal ideation and even

attempts, seriously harming adolescents and even adults. For these kids, gender-affirming hormone therapy is a proven treatment to alleviate these symptoms. In includes interventions to suppress puberty, which temporarily and reversibly pauses puberty so they can work with their parents and a team of endocrine and behavioral health and pediatric specialists on a plan to support their healthy development into adulthood. If needed, treatment may later include cross-sex hormones to better align a patient's appearance with their gender identity but this is not always needed. If this is part of a plan, follow-up and monitoring is robust to allow for adjustment and course reversal if needed. Even cross-sex hormones' effects are reversible until approximately the six-month mark. Like many effective therapies, hormone therapies are not without risk, but for those diagnosed their benefits are proven and they outweigh the risks.

Politically-motivated groups have been spreading disinformation that these therapies are experimental and that European countries are banning them but there are no bans in any European countries. In fact, medical authorities there are working hard to put in the kinds of guidelines and guardrails that we have here that make the treatments more appropriate and safer. Recent federal appeals court decisions have partially or fully struck down minor gender-affirming care bans in Florida, Arkansas and Indiana because they found claims based on this disinformation specious. And, to be clear, Madam Speaker, these are not woke judges. All of the major medical organizations agree and here in Maine, the American Academy of Pediatricians, the National Association of Social Workers and the Maine Medical Association have testified in unequivocal support of this bill.

Parental engagement is the gold standard as parents know their children best and love them unconditionally. Unfortunately, because these treatments and transgender existence itself is so widely stigmatized in the press, on social media and even by community leaders in the halls of government, some parents are understandably afraid, unable or unwilling to entertain the possibility that their child needs these treatments to thrive. These cases are rare, Madam Speaker. The vast majority of parents would do anything and do, in fact, do everything they can to ensure that their child thrives. But I believe it's important to ensure that our most vulnerable young people, those whose parents are unable for whatever reason to support their treatment, have a pathway to effective care before their development proceeds and they're faced with a life of more invasive, riskier, more painful and more expensive treatments to relieve their dysphoria.

This bill puts in place robust guardrails to ensure that only doctors, osteopaths and advanced practice registered nurses qualified by training and experience to provide and monitor the provision of this kind of care can do so. Furthermore, it ensures that only 16- and 17-year-old minors who have been diagnosed properly by a multidisciplinary team of providers are suffering harm or will suffer harm without treatment will even be considered. The minor must inform the health professional that their parents have refused to support hormonal treatment, the medical professional must provide extensive counseling, which is actually detailed in the bill, and information so that the minor knows that the counseling is not intended to persuade them to undergo this treatment, to clarify that the minor may withdraw their consent at any time, detailing fully the alternatives for managing dysphoria, explaining short- and long-term effects including benefits, risks and consequences of this kind of therapy, as well as follow-up and information about how, if necessary, to discontinue the therapy. They even need to discuss the possibility of involving the minor's parents or guardians in this decision-making and provide adequate opportunity for the minor to ask questions. Finally, the medical professionals must certify the patient mentally and physically competent to consent to this care. Under the provision of this bill, the health care team retains significant discretion. If, in their opinion, a minor will not experience harm if care isn't provided or if they do not believe a minor mentally or physically capable to consent, they must decline to provide that care. This provision does not apply to providers to endorse or provide gender-affirming hormone therapy and it does not make it possible for minors who do not absolutely need it to receive it.

Madam Speaker, the vast majority of Maine parents are willing, in the face of very understandable fears and doubts, to engage with their child and with health care professionals to provide this kind of care if it proves necessary. Sadly, this care is so highly stigmatized that a minority of kids who really need this care may never be supported by their parents. In Maine, we recognize that in some cases, mature minors should be allowed to make some decisions for their own care, especially when disclosure of the care could put them at risk or if delay in that care could cause them irreversible harm. I think kids deserve to live free from the pain that a lot of kids my age had to endure. Some of my friends suffered needlessly for decades. Others my age did not even survive. Because of the stigma, the few kids who would be helped by this bill are not only at risk of being denied care but are at risk of being kicked out of their homes. Transgender youth experience homelessness at rates that far exceed the general population.

In the Judiciary Committee on another sweeping bill proposing to repeal all of the laws that allow minors to consent to certain medical care, we were exhorted by a supporting testifier not to make laws based on theoretical outliers. You could've knocked me over with a feather when I heard this testimony refer to child victims of abuse and neglect as theoretical outliers. They may be outliers, Madam Speaker, but we know that they are very real. From the alarming rates of trans youth homelessness, we know that not all of them are safe and welcome in their homes. Please support this bill and make it possible for a small number of young people to receive the care they need to lead healthy, happy and productive lives.

The SPEAKER: The Chair recognizes the Representative from Livermore Falls, Representative Lyman.

Representative **LYMAN**: Thank you, Madam Speaker, and Members of the House. You know, this really comes down to the being about parental rights of minors. Our parental rights must be honored, respected and upheld, period. One Representative mentioned how he may deal with it when he faced his children, how I may deal with it when I face my children, that is what we're entitled to. It is not the government's job to address and make laws about gender dysphoria. How one parental unit determines their approach to addressing the needs of their minor is based on their choices and resources they choose. What I might choose may be different than somebody else but that's what comes down to a family unit. No one in this Body has the right to impose safety standards on a family facing the upbringing of their children and their minors. I have heard conversations about how a home is determined to be unsafe if a child, a minor, isn't allowed, according to somebody, to transgender. Well, that's a whole lot of imposition on any particular family and our rights as parents need to be protected. We have the right to raise our children and face whatever struggles every family faces according to what we choose. Nobody in this building as a government entity has the right to impose that. Thank you.

The SPEAKER: The Chair recognizes the Representative from Albion, Representative Cyrway.

Representative **CYRWAY**: Thank you, Madam Speaker, Ladies and Gentlemen of the House. About 15 years ago or so, the government got involved and had the Attorney General's office go to the schools and had an Assistant Attorney General go around and hand out information to children that was in the third, fourth grade. And it sent an uproar because the lady was from Brooklyn, New York that did it and there was like four or five hundred people went to one school, made national news because of giving case law about sexual stuff and the kids was all excited about it and they were reciting all the bad words --

Representative **ROBERTS**: Point of Order.

The SPEAKER: The Member will defer. The Chair recognizes the Representative from South Berwick, Representative Roberts.

Representative **ROBERTS**: Thank you, Madam Speaker. The Members comments are not germane to the bill.

On **POINT OF ORDER,** Representative ROBERTS of South Berwick asked the Chair if the remarks of Representative CYRWAY of Albion were germane to the pending question.

The SPEAKER: The Chair would remind the Member to limit his remarks to the actual motion and this bill.

The Chair reminded Representative CYRWAY of Albion to stay as close as possible to the pending question.

Representative **CYRWAY**: Thank you, Madam Speaker. This was germane to the bill only because I was saying government involvement sometimes oversteps and sometimes they don't realize it, unintended. And, in this case, this is overstepping. I've experienced it with my granddaughter and a few other grandchildren; where they're nervous about after having a class or any information of other genders, now the kids are reacting and they're reacting immediately after those informative times. And so, they are actually pushing themselves onto other kids in a different fashion than they normally would've. And it seems that it's causing problems in the school, they're worried how they talk to these children, how they work with them, where it wasn't a problem before. So, and I think we have to be very careful on how this progresses, because I do believe that parents had it right. You know, if you had a situation, the parents handle it, whatever, and if there's a real situation, the school handled it in a situation where they talked to the person, got them the counseling they needed and whatever. But now we're making it more than that. We're involving the government to come in and expand it and that's what I'm concerned about and that's why I could not be in favor this bill. Thank you, Madam Speaker.

The SPEAKER: The Chair recognizes the Representative from Guilford, Representative White.

Representative **WHITE**: Good afternoon, Madam Speaker. I just want to point out that the remedy for 16-year-olds living in an unsafe home has historically been emancipation. We have had this in place for quite some time and if the child is in danger at home, they can go through the emancipation process and become their own person and make these decisions right now in our State. There is a remedy for this and we don't need another law. Thank you.

The SPEAKER: A roll call has been ordered. The pending question before the House is Acceptance of Report "A" Ought to Pass as Amended. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 334

YEA - Abdi, Ankeles, Arford, Bell, Boyle, Brennan, Bridgeo, Cloutier, Cluchey, Collings, Copeland, Crafts, Craven, Crockett, Dhalac, Dill, Dodge, Doudera, Eaton, Fay, Gattine, Geiger, Golek, Graham, Hasenfus, Hepler, Hobbs, Jauch, Kuhn, Lajoie, Landry, LaRochelle, Lee, Lookner, Madigan, Malon, Mastraccio, Mathieson, Matlack, Meyer, Millett H, Millett R, Milliken, Montell, Moonen, Murphy, O'Neil, Paulhus, Perry A, Perry J, Pluecker, Pringle, Rana, Reckitt, Riseman, Roberts, Roeder, Runte, Salisbury, Sargent, Sayre, Shagoury, Shaw, Sheehan, Skold, Stover, Supica, Terry, Warren, Williams, Zager, Zeigler, Madam Speaker.

NAY - Albert, Arata, Ardell, Babin, Bagshaw, Blier, Boyer, Bradstreet, Campbell, Carmichael, Costain, Cyrway, Davis, Drinkwater, Ducharme, Dunphy, Faulkingham, Foster, Fredericks, Galletta, Gere, Greenwood, Griffin, Guerrette, Haggan, Hall, Henderson, Hymes, Jackson, Javner, Lanigan, Lavigne, Lemelin, Libby, Lyman, Mason, Morris, Ness, Newman, Nutting, O'Connell, Paul, Perkins, Poirier, Polewarczyk, Pomerleau, Quint, Sampson, Simmons, Smith, Soboleski, Strout, Swallow, Theriault, Thorne, Underwood, Walker, White J, Wood, Woodsome.

ABSENT - Adams, Andrews, Carlow, Collamore, Cray, Gifford, Gramlich, Kessler, Moriarty, Osher, Parry, Rielly, Rudnicki, Russell, Sachs, Schmersal-Burgess, White B, Worth.

Yes, 73; No, 60; Absent, 18; Vacant, 0; Excused, 0.

73 having voted in the affirmative and 60 voted in the negative, with 18 being absent, and accordingly Report "A" **Ought to Pass as Amended** was **ACCEPTED**.

The Bill was **READ ONCE**. **Committee Amendment "A" (H-596)** was **READ** by the Clerk and **ADOPTED**.

Under suspension of the rules the Bill was given its **SECOND READING WITHOUT REFERENCE** to the Committee on **Bills in the Second Reading**.

Under further suspension of the rules the Bill was **PASSED TO BE ENGROSSED as Amended by Committee Amendment "A" (H-596)** and sent for concurrence.

By unanimous consent, all matters having been acted upon were **ORDERED SENT FORTHWITH** with the exception of matters being held.

HOUSE DIVIDED REPORT - Report "A" (6) **Ought to Pass as Amended by Committee Amendment "A" (H-623)** - Report "B" (6) **Ought Not to Pass** - Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** on Bill "An Act Regarding Criminal Background Checks for the Sale, Transfer or Exchange of Firearms"

(H.P. 109) (L.D. 168)

TABLED - June 21, 2023 (Till Later Today) by Representative TERRY of Gorham.

PENDING - Motion of Representative SALISBURY of Westbrook to **ACCEPT** Report "A" **OUGHT TO PASS AS AMENDED**.

Representative NUTTING of Oakland **REQUESTED** a roll call on the motion to **ACCEPT** Report "A" **Ought to Pass as Amended**.

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

The SPEAKER: The Chair recognizes the Representative from Monticello, Representative Ardell.

Representative **ARDELL**: Thank you, Madam Speaker, and thank you, Colleagues of the House. Allow me an analogy. A bill is passed into law that requires Mainers to go to a law enforcement office for a background check to verify that that person is not on probation in order to get permission to exercise that person's right to travel outside the State. Or a law that