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Senate Legislative Record

One Hundred and Thirty-First Legislature

State of Maine

Daily Edition

First Special Session

Beginning April 5, 2023

Beginning with Page S-387

ROLL CALL (#464)

YEAS: Senators: BAILEY, BEEBE-CENTER, BRENNER, CARNEY, CHIPMAN, DAUGHTRY, DUSON, GROHOSKI, INGWERSEN, LAWRENCE, PIERCE, RAFFERTY, ROTUNDO

NAYS: Senators: BALDACCI, BENNETT, BLACK, BRAKEY, CURRY, GUERIN, HARRINGTON, HICKMAN, KEIM, LAFOUNTAIN, LIBBY, LYFORD, MOORE, NANGLE, POULIOT, RENY, STEWART, TIMBERLAKE, TIPPING, VITELLI, PRESIDENT JACKSON

EXCUSED: Senator: FARRIN

13 Senators having voted in the affirmative and 21 Senators having voted in the negative, with 1 Senator being excused, the motion by Senator **BEEBE-CENTER** of Knox to **ACCEPT** Report **"A", OUGHT TO PASS AS AMENDED BY COMMITTEE AMENDMENT "A" (H-623)**, in concurrence, **FAILED**.

Report **"B", OUGHT NOT TO PASS**, **ACCEPTED**, in **NON-CONCURRENCE**.

Sent down for concurrence.

Divided Report

Seven members of the Committee on **JUDICIARY** on Bill "An Act to Increase Access to Necessary Medical Care for Certain Minors"
H.P. 340 L.D. 535

Reported in Report **"A"** that the same **Ought to Pass as Amended by Committee Amendment "A" (H-596)**.
Signed:

Senators:
CARNEY of Cumberland
BAILEY of York

Representatives:
MOONEN of Portland
KUHN of Falmouth
LEE of Auburn
RECKITT of South Portland
SHEEHAN of Biddeford

Four members of the same Committee on the same subject reported in Report **"B"** that the same **Ought Not to Pass**.

Signed:

Representatives:
ANDREWS of Paris
HAGGAN of Hampden
HENDERSON of Rumford
POIRIER of Skowhegan

One member of the same Committee on the same subject reported in Report **"C"** that the same **Ought to Pass as Amended by Committee Amendment "B" (H-597)**.

Signed:

Senator:
BRAKEY of Androscoggin

One member of the same Committee on the same subject reported in Report **"D"** that the same **Ought to Pass as Amended by Committee Amendment "C" (H-598)**.

Signed:

Representative:
MORIARTY of Cumberland

(Representative DANA of the Passamaquoddy Tribe - of the House - supports Report **"C", Ought To Pass as Amended by Committee Amendment "B" (H-597)**.)

Comes from the House with Report **"A", OUGHT TO PASS AS AMENDED BY COMMITTEE AMENDMENT "A" (H-596)**, **READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-596)**.

Reports **READ**.

Senator **CARNEY** of Cumberland moved the Senate **ACCEPT** Report **"A", OUGHT TO PASS AS AMENDED BY COMMITTEE AMENDMENT "A" (H-596)**, in concurrence.

On motion by Senator **STEWART** of Aroostook, supported by a Division of one-fifth of the members present and voting, a Roll Call was ordered.

THE PRESIDENT: The Chair recognizes the Senator from Androscoggin, Senator Brakey.

Senator **BRAKEY**: Thank you, Mr. President. A lot of contentious issues today. I rise in opposition to the Majority Report before us regarding access to hormone therapy for minors with gender dysphoria aged 16 and older without parental consent. I will say that through the public hearing and the several work sessions we had on this legislation, I endeavored seriously to hear both proponents and opponents, weigh the competing interests, and balance them against foundational principles. I will say that I do think this -- it's clear to me through all of that that I don't think that this policy matter is as simple as either side would like to present. But I did come to several conclusions that I wish to share with the body. First, listening to proponents and people who have suffered with gender dysphoria, it does seem to me that gender dysphoria is a real but rare medical condition. It is a serious psychological

disconnect between the body and mind which left untreated does lead to high risk for self-harm, drug abuse, and suicide. For some of those individuals, hormone therapy can be an effective treatment. In a recent federal court case, Eknes-Tucker v. Marshall, Judge Liles C. Burke, appointed in 2017 by President Donald Trump, issued a ruling that struck down an Alabama law prohibiting hormone therapy for minors. In his opinion, Justice Burke noted that, quote, the record shows that at least 22 major medical associations in the United States endorse transitioning medications including hormone therapy as well established, evidence-based treatments for gender dysphoria in minors. He also writes that defendants failed to demonstrate these medications are experimental, noting, quote, doctors have long used hormone therapies for patients whose natural hormone levels are below normal. So, my first conclusion is that for those with a severe -- with severe and persistent diagnosis of gender dysphoria, hormone therapy can be lifesaving, and I'm not here to deny that. But secondly, it does seem to me there's -- that growing awareness and attempts to support people, I think from the best of intentions, to support people with gender dysphoria is also generating a secondary social contagion among young people during the phases of adolescence when otherwise normal identity exploration takes place. For some, this will be more permanent, but some grow out of it. Opponents of this legislation referenced studies showing that the vast majority of young people who explored gender identity have desisted by the age of 16. Those who conducted these studies, however, it should be noted, they said that results should not be used to justify denying treatment for gender dysphoria. Instead, the results indicated the need for strict standards of diagnosis. And undergoing these -- it should be known that undergoing these therapies simulates puberty, resulting in gradual permanent changes to the body that should not be taken lightly. Some individuals have undergone these therapies and come to regret them, a de-transitioning later in life, and they do live with real consequences from that. So, my second conclusion is that hormone therapy is a major decision and there should be high legal and medical standards applied, especially for minors. And my third conclusion is on the matter of understanding that there are these two realities, we can accept both things; that there is real gender dysphoria, and this treatment can help, and there's also social contagion and this treatment applied in the proper -- in the improper way can be detrimental. Then the question is for minors, who decides? I mean, it's easy enough to decide, say, for adults who decides, an adult can make their own decisions for their own body in consultation with their physician, but for minors, who decides? Is it the medical establishment that decides? Is it the State that decides? Or is it the family that decides? And understanding that we're never going to develop a policy that gets every -- that leads to the right decision and the right outcome a hundred percent of the time, it seems to me that we should fall back on the standard that family governance is the cornerstone of our society and that parents are in the best position to understand their children and to defend their best interests. From the moment of personhood, though we may debate when that begins, we all have the same natural rights to life, liberty, and property. For minors, however, rights are effectively held in trust by their parents until they come of age and possess the capacity for self-responsibility. I think what we often call parental rights, I consider shorthand for parental authority, which originates from responsibility and duty and safeguarding the rights and interests of a dependent human being. Within this authority, parents must be respected with a large latitude to direct the upbringing, education, and moral instruction of their children. Intrusion into the parent/child relationship is only justified when that responsibility is abdicated through neglect or abuse that violates the rights of the child. And it is worth noting that in the opinion that I previously noted from Justice Burke, which overturned the Alabama ban on hormone therapy for minors, that opinion turned on the principle that parents, quote, have a fundamental right to direct the medical care of their children subject to accepted medical standards. So, if we eroded that principle of parental authority in these cases, we'd actually be eroding the principle that protected access to hormone therapy in the State of Alabama. So, my third and final conclusion is that all policy decisions in the area of medical care for minors must be centered around the fundamental parental authority as the guardian of the child's best interests. So, Mr. President, the bill before us, I think, goes too far. It oversteps parental authority, and I would note that we do have in existing law at the age of 16 there are -- at the age of 16, an individual can petition for emancipation from a court. At that -- they must demonstrate maturity and capacity for independence as well as irreconcilable differences. As a result, they are legally treated as adults for most purposes, including the ability to make personal medical decisions. As such, there is already a legal pathway available at the age of 16 for an individual with gender dysphoria to gain access to this treatment against the wishes of their parents. That is already in place. I don't think that we need to shred parental rights and parental authority in order to have -- I don't think that we need to do that in this case, Mr. President. I'll leave it there. Thank you.

THE PRESIDENT: The Chair recognizes the Senator from Penobscot, Senator Guerin.

Senator **GUERIN**: Thank you, Mr. President, Ladies and Gentlemen in the Senate. I stand in opposition to LD 535 today for three reasons. Number one, gender-affirming therapies cause more harm than good for children. Number two, parents have a constitutional right and role to provide guidance and direction for their children. Three, doctors helping to make life-altering decisions for their patients need real accountability. Gender therapies. First, if gender therapy was not considered a significant medical intervention, we wouldn't be having this conversation today. But it is. And the consequences are not short term, they last a lifetime. According to the American College of Pediatrics, there is not one single long-term study that demonstrates the safety and efficacy of puberty blockers, cross-sex hormones, or surgeries. In fact, organizations like the Australian College of Physicians and the Swedish Council for Medical Ethics have said these interventions are both experimental and dangerous. Sweden, known internationally as a pioneer in LGBTQ rights, has backtracked over the last couple years, making much more difficult for youth to receive transgender therapies and surgery, noting serious side effects that had not previously been recognized. And for my speech, I have the documentation if anyone's interested in the footnotes. The Governor just signed a bill putting further restrictions around child marriage. I was here when we banned tanning for kids under 18. I proudly

cosponsored the bill raising the smoking age to 21. There are a lot of things we don't let youth do or that we don't subject children to because they aren't ready. They aren't matured enough to make long-term, life-changing decisions. How can we suggest that it's good or healthy somehow for a kid to enter life -- enter into life-altering treatment that will have life-long consequences? Parents rights. Second, this bill inserts healthcare professionals into the child-parent relationship, allowing them to overrule a parent if that parent chooses not to consent to gender therapy for their children. It is the fundamental right of a parent to direct the upbringing of their child, including their associations, their care, their education, their healthcare, and anything related to the identity of that child. A healthcare professional doesn't have the right to unilaterally determine whether they believe a parent is fit or to make a judgment call on what role a parent should play in the life of their child. A primary part of a parent's role is to guide their children through challenging times - physical, emotional, and spiritual - and to raise them up to be strong men and women that will impact our world for good. There is no one better positioned to guide their children than parents. Anything less is failing our kids. In addition to the moral obligation, we have a legal obligation to ensure the rights of parents are maintained. Maine law supports a parent's right to raise their children, and as I learned in my six years of serving on the Judiciary Committee, it's extraordinarily difficult, as it should be, to remove those rights. Anyone who has worked in the child welfare system understands this well. Even when cases may seem obvious to an outsider, the courts still ensure due process for a parent before terminating that parent's rights. Outside the child welfare system, courts around the country have affirmed the rights of parents. A couple examples include Troxel v. Granville in 2020, quote, the liberty interest of parents in the case, custody and control of their children is perhaps the oldest fundamental liberty interest recognized by the court, end-quote. Prince v. Massachusetts in 1944: It is cardinal of us that the custody, care, and nurture of the child reside first with the parents, whose primary function and freedom include preparation for obligations the state can neither supply nor hinder. Parham v. J.R. in 1979: Simply because the decision of a parent is not agreeable to a child or because it involves risk, does not automatically transfer the power to make the decision from the parents to some agency or officer of the state. Most children, even in adolescence, simply are not able to make sound judgments concerning many decisions, including their need for medical care or treatment. Parents can and must make those judgments. Accountability. Last, I am concerned about the lack of accountability for doctors. This bill removes accountability for medical professionals providing this treatment to children, offering them immunity from any action that a parent may take on behalf of their child, and disallowing financial recovery as long as the minor formally consented to the treatment. There is no profession that is more intimately connected to the life and wellbeing of Maine people. With such significant responsibility, we must ensure significant accountability. What if out of extraordinary empathy for their parent, a doctor suddenly pushes a child into treatment and that child regrets the decision a few years later? What is their recourse? After cutting the parent out of this decision-making process, does the doctor have no responsibility? Worse yet, what if a bad actor seeking financial gain were to come to this state and begin quietly pressuring kids into gender therapy? Don't we want to ensure the bar is set high before life-altering medical decisions are made for our children? When it comes to our kids, I don't think we need less accountability for doctors or anyone else, we need more. And so, Mr. President, for these reasons, I will be voting no on LD 535, and I urge you to join me in opposing this legislation.

THE PRESIDENT: The Chair recognizes the Senator from Cumberland, Senator Carney.

Senator **CARNEY**: Thank you, Mr. President, and thank you, Colleagues of the Senate. I rise to speak in support of the pending motion. LD 535 is about the medical condition gender dysphoria. This diagnosis is well defined and accepted by both pediatricians and adult healthcare providers. It is also well accepted that gender-affirming care can be medically necessary to prevent harm and improve the health, wellbeing, and ability to thrive as 16- and 17-year-olds enter adulthood. If we were talking about diabetes, there would be no doubt that treatment is essential, and that lack of treatment would profoundly hurt young people. Unlike diabetes, gender dysphoria is a stigmatized health condition. Almost daily, we hear news about harsh laws, rhetoric, and sometimes violence directed at transgender children and adults. Gender dysphoria is a health condition, and once we remove all the harmful rhetoric, we must recognize the importance of the medical care these young adults seek and need. I want to share a few points that persuaded me to strongly support this bill. First is the testimony from pediatricians that 16- and 17-year-olds are emerging adults who developmentally are capable of making important decisions, including healthcare decisions, that will impact their lives as adults. Second was the testimony from young adults in their early 20s and much older adults who appeared before the committee about the harmful impact they experienced due to delayed care. There is a finite timeframe for beginning gender affirming care. Third, while many parents support their children in getting gender affirming care, there are 16- and 17-year-olds who cannot get care, and those young adults struggle with everything from difficulty attending school and work to living their everyday lives. They are also at significant risk for anxiety, depression, and self-harm. Young people who are emerging adults and have been diagnosed with gender dysphoria should have access to medical care including gender affirming care. This legislation creates a five-step process for a 16- or 17-year-old diagnosed with gender dysphoria to consent to hormone therapy. And I just want to summarize for you what those steps are for a 16- or 17-year-old. So, the minor has to be at least 16 years of age, has to have been diagnosed with gender dysphoria by a healthcare professional. The minor must be experiencing harm from or is expected to experience harm from not receiving the hormone therapy. The minor has to affirm to the healthcare professional that the minor has discussed gender dysphoria with the parent or guardian and that the parent or guardian has refused to support treatment of the gender dysphoria. The healthcare provider also has to discuss with the minor the possibility of getting the parents or guardians involved in gender affirming hormone therapy and follow-up care. And finally, the minor has to provide informed consent, and the healthcare provider has to indicate that under all of the surrounding circumstances, the 16- or 17-year-old is mentally and physically competent to give assent. Now, I will tell you that there is an option to us

enacting this law that would allow 16- and 17-year-olds to get this healthcare, but it's a very serious and not beneficial option, and that option, as the Good Senator from Androscoggin mentioned earlier, is emancipation. But the emancipation process that is created by Maine law results in a complete rupture of the relationship between parents and children. This bill instead would keep that -- keep the door open for that relationship to remain in place and for the growth of understanding over time that would keep family members connected and together. And for those reasons, I urge you to support the pending motion

THE PRESIDENT: The Chair recognizes the Senator from Penobscot, Senator Tipping.

Senator **TIPPING**: Thank you, Mr. President. I'm proud to be in favor of this motion and a -- the lead cosponsor of this bill. I'm not sure if anyone in this body is transgender or has experienced gender dysphoria, but I'm pretty sure all of us were 16 at one point, even some of my colleagues that may not remember it. But I do want us all to think back to that moment when we were 16 or 17 in high school, and imagine ourselves going through the wrong puberty, that was opposite to our gender. And imagine the torture that would be. And I think it's not hard when you think of it that way to understand why there are so many young children, trans minors, 16 and 17 years old, who commit suicide, including here in Maine, as we've seen. And we have seen those suicides increase over the last few years as stigma has increased, as attacks have increased, as there's been more targeting of trans kids with misinformation and with hatred. The American Academy of Pediatrics strongly supports this language and this legislation, and they say in no uncertain terms that hormone therapy helps reduce anxiety, depression, suicidal ideation, it leads to increased quality of life for these trans minors. It saves lives. And that's what we want. We don't want these teens to die, we don't want them to have to legally separate themselves from the people they love. So, what I want to say is that I hope these trans kids can live and live as themselves and I want to say to every one of them, including those whose families may not understand yet, but you are seen, you are accepted, you are loved, and I hope this body will reaffirm that today. Thank you.

THE PRESIDENT: The Chair recognizes the Senator from Oxford, Senator Keim.

Senator **KEIM**: Thank you, Mr. President. I stand in opposition to this pending motion. Concern for our youth is obviously shared across party lines, but there are some incredibly important points about this bill that need to be considered. We are -- with this bill, we are putting our children who need psychological care and counseling into a really precarious place of experimenting with their bodies, permanently altering and changing their bodies. There's no way to go back. The pharmaceuticals that are used to transition children has been shown that -- that doctors have cautioned that this is estrogen and testosterone, these hormones that when they are blocked by the medications, they play a role in a child's neurological development and their bone growth. So, we'll be blocking that. What is the impact? We don't know. We also don't know the impact that these drugs have on the developing brains of children. Dr. Lisa Simmons, a pediatrician, said the bottom line is we don't really know how sex hormones impact any adolescent's brain development. We know that there's a lot of brain development between childhood and adulthood, but it's not clear what's behind that. So, we'll be taking a child with this bill who is confused about what is going on with their bodies and their own lives and layering into it experimental drugs that permanently alter them, they can never go back. Permanently injure them. Just last year, the FDA added a warning to puberty blockers because of the side effects, the increased cranial pressure commonly described as brain swelling and vision loss. These drugs can be dangerous, and the science has not yet given us reassurance that we aren't doing more harm than we seek to prevent. Young adults who have used puberty blockers have suffered from brittle bones, cracking teeth, depression, anxiety, and suicidal thoughts. Other known side effects of these drugs include osteoporosis and structural changes to the brain. In addition to the dangers of puberty blockers, the use of synthetic hormones is associated with psychiatric disorders. If a young boy were to come and say he wanted -- you know, he wanted to have more muscles and he wanted to be given hormones in order to grow muscles faster and be on testosterone, he would be told no for that reason, because we understand that they are drugs that cause permanent harm. But if that same young boy wanted different -- or a girl wants these same exact drugs but for reasons of changing their gender, then they would then be given them. So, the same drugs that in one circumstance the doctor would say is harmful to you, just based on a different description of why you want them, then they're allowed, that is not okay. We are meddling here in medical treatment that we have no right to be meddling with and changing lives of children. The best interests of children are protected by enabling their growth in a supportive environment where parents help guide their medical decisions. Family support and acceptance is key to any child, and that is especially true for children identifying as transgender or nonbinary. Families best support their children, and they should be involved with their care. What kids need most is to be accepted for who they are and loved for who they are, not to be encouraged to modify their bodies with unknown long-term side effects. A medical provider will spend maybe 20 minutes with a child, but a parent is invested for a lifetime. When medical treatments and interventions go awry, the medical provider that gave the okay for that is going to be gone, but the parent is left to pick up the pieces. I'm in my child's life forever. I can't tell you the number of doctors that have come in and out of their life that mean nothing. And I will be there forever for my child, as I know all of you will be. So, we should not, with any law, cut a parent out of life-altering, permanent decisions. As was mentioned, elsewhere in the developed world nations are banning this type of treatment because it is causing harm. In 2020, Finland changed their standards to reflect the reality that gender dysphoria is a mental health issue, and it must be met with appropriate behavioral healthcare, not hormones, puberty blockers, or surgery. One study referenced in their policy change found that psychiatric treatment, needs or problems in school, peer relationships, and managing everyday matters outside of home continue to have problems. Medical gender reassignment is not enough to improve functioning and relieve psychiatric comorbidities. Changing pronouns may appease the cries of a teen in crisis, but medical alteration in pursuit of an impossible to meet -- is a pursuit of an impossible to meet

goal. The most skilled surgeon in the world cannot change a male into a female or female into a male. When all the medical interventions have been tried, what is left is a broken being, with long-term impacts, scars, and side effects that will likely shorten their lives. As we blur the lines of human identity, it serves us all to remember the importance of loving each other for who we are and protecting the vulnerable among us. We cannot allow our children to be locked into a place permanently because at the moment of a tender age where they're confused, that they don't know who they are or what they need or want in their future life. That is a time for them to take care and caution, not a time for them to be stuck permanently on a road where they're in misalignment of who -- what and who their body is. I urge you to vote against the pending motion.

THE PRESIDENT: The Chair recognizes the Senator from Cumberland, Senator Brenner.

Senator **BRENNER**: Thank you, Mr. President. I rise in support of the pending motion, and I just want to tell you a little bit about my niece. She is a rising sophomore at an ivy-league institution, she's a comp-sci major. She transitioned in high school and was accepted by her family - my brother - and his family, along with my parents, but it took a lot of work and it took a lot of time and it took a lot of effort for everybody to learn, to get educated, and to wrap their minds and their hearts around my niece's transition. My niece is the lucky one in this story. She's lucky because she had a family who was willing to rise to the occasion and support her in her transition. So, I'm going to take this vote today for the folks like my niece who don't have that family support, because we cannot legislate good parenting. It just isn't possible. So, I hope you will all join me and help children like my niece be successful in their transition. Thank you.

THE PRESIDENT: The Chair recognizes the Senator from Oxford, Senator Keim.

Senator **KEIM**: Thank you. I rise a second time just to remind this body of a couple of things. One is is that in the 129th, as was mentioned, we prohibited anyone from under the age of 18 from using a tanning bed. We also just prohibited 16-year-olds from marrying. Minors can't get tattoos in the State of Maine. And we require parents to consent for piercings, and yet we would allow someone to change their gender? Permanently? Without their parents consent? In what world does this make sense? Also, I'd like to remind us all that we in the 129th passed a conversion therapy bill. So, counseling in Maine now can only go one direction. So, when we put these children on this train of saying you're going to go get counseling about conversion -- about whether or not you think you're a boy if you're a girl and all of those things that are so, so confusing, we have already created a one-way street here in Maine. No counselor is allowed to tell them I think actually that you should try to find a way to be aligned with your physical body. So, there are no choices here in Maine, and counseling is bogus ever since we passed that bill. If a child said I view myself as a one-armed individual, we would never allow a doctor or never assume a doctor should take off a fully functioning part of a child's body because that would somehow bring them in alignment with how they view themselves. Today, we are talking about a functioning human body, changing parts forever to make them broken. And to do this without even proper counseling because we don't allow it in the State of Maine. We need to protect children. This does not protect them. And we're ripping them away from their families, we're taking parents and what do we say oh, would you rather have an alive daughter or a dead son, and we're making them think somehow that if they don't agree to this, they're killing their own children, but studies show that children are just in the same place after they've gone through these transitioning things. They're still hurt and broken because what they need is true psychological help. This is completely backwards of every other way we've voted on what -- on the things we try to do to protect children. We ought to be voting Ought Not to Pass on this bill.

THE PRESIDENT: The Chair recognizes the Senator from Cumberland, Senator Nangle.

Senator **NANGLE**: Thank you, Mr. President. I rise in support of this legislation, and I just am struck -- stricken -- struck -- by suddenly we don't trust doctors. Suddenly, we don't trust doctors to make decisions that are in the best interests of their patients, with or without parental consent. This is not gender reassignment, this is administration of naturally occurring hormones to slow or block puberty. This is not an irreversible surgical procedure. When you stop taking the puberty blockers, puberty resumes. It gives these kids time to work through the psychological problems that they may face. This is just like giving an antidepressant. There are some physical changes to the body that this slows, that's all. I think kids can live with that. I think they can make their decision on what helps them survive and flourish. Thank you.

THE PRESIDENT: The Chair recognizes the Senator from Cumberland, Senator Daughtry.

Senator **DAUGHTRY**: Thank you, Mr. President, Ladies and Gentlemen of the Senate. I rise in strong support of the motion in front of us. As someone with transgender family and friends, who has watched and seen what it's been like, especially for those of my friends who have gone through this process later in life and dealt with the stigma and pain of not being who they truly are and being belittled and made to feel other than getting to be their true selves, I take deep offense at the phrase that this makes them broken. And I want to say for anyone who's watching who is going through this, you are seen, and you are loved, and you are safe here in the State of Maine. I also want to draw members attention to the bill language that clearly states that this is for nonsurgical interventions. There were also comments made about a bill passed by a prior legislature regarding banning certain conversations with families when it comes to this. This is about making sure that families are able to get medical care. Also, the prior conversion therapy ban isn't about banning a full conversation, it's about banning something that makes sure that people are being pushed into one area and say they cannot seek this care. No medical practitioner is going to have someone come in who is going through gender dysphoria and not talk through the entire situation with themselves and their family. They will be treating the whole patient. This is not creating a signup sheet. There's no time that anyone goes in to talk with their healthcare practitioner where they are not considering the whole

individual. Merely this allows those conversations to happen and ensure that individuals are able to seek the best care that suits themselves and the best that is needed for them and their family.

THE PRESIDENT: The Chair recognizes the Senator from Androscoggin, Senator Brakey.

Senator **BRAKEY**: Thank you, Mr. President. I just wanted to reply to a few points. First, I don't think this is a question about trusting doctors, I think it's a question about trusting parents, and whether or not medical decisions like these should take place with minors who are legally under the custody of their parents outside the context of discussion and consent by those parents. And I don't want this to be construed, this vote we're about to take to be construed as a decision on whether you care about transgender people or don't care about transgender people. You know, I know that the Senator from Cumberland notes that she has transgender family and friends who she cares about very deeply. And I would say I also have transgender friends and family that I care about very deeply, and I have seen for particular individuals with severe and persistent gender dysphoria that hormone therapy was beneficial to them. I'm not rising today to deny that in certain circumstances, this is helpful. What I am rising to say is that when we're talking about minors, it's a bridge too far to cut parents out of this decision-making process. And I know I've been with the majority of the body on a lot of kind of issues around many different policies that have come before us in this body around the topic of transgender individuals and access to care, and I've been with the majority of the body on a lot of those policies. But this just by cutting parents out of the decision-making process for minors, 16 and 17, that just -- it's a bridge too far. Thank you, Mr. President.

THE PRESIDENT: The Chair recognizes the Senator from Cumberland, Senator Carney.

Senator **CARNEY**: Thank you, Mr. President, and colleagues. I just want to rise with some concluding information for the body before we vote. First, I just wanted to remind colleagues that federal courts of appeal who have been considering attempts to ban gender affirming care for minors have struck down those bans across our country. I also wanted to point out that the risk of death by suicide is real for transgender children and young adults, and that's why we treat gender affirming care differently than we treat visiting a tanning salon. And then, finally, I just want to share some observations based on family members and friends, who I know I spoke a little bit earlier about the rupture in a family relationship when a minor has to pursue emancipation as opposed to having a process for getting gender affirming care. And I talked about the importance of leaving a door open for a family to heal and recognize the gender identity of their child. And I just want to say that in my own personal experience, that has been the time that it has taken a family to work through understanding each other and acceptance of a child's gender identity is hard and difficult for some families but it's also a really beautiful process and it does -- it does heal families and it -- and I guess I would just conclude with I think in today's prayer, I talked about the Quakers and their way of resolving conflict peacefully and with patience, and I would say that I intentionally chose it thinking of this bill, because this bill does create a path that is with patience and peaceful determination that families can stay together and support and love each other into the future. And I would urge you to support the pending motion.

THE PRESIDENT: The pending question before the Senate is Acceptance of the Ought to Pass as Amended by Committee Amendment "A" (H-969) Report. A roll call has been ordered. Is the Senate ready for the question?

The Doorkeepers secured the Chamber.

The Secretary opened the vote.

ROLL CALL (#465)

YEAS: Senators: BAILEY, BEEBE-CENTER, BRENNER, CARNEY, CHIPMAN, CURRY, DAUGHTRY, DUSON, GROHOSKI, HICKMAN, INGWERSEN, LAWRENCE, NANGLE, PIERCE, RAFFERTY, RENY, ROTUNDO, TIPPING, VITELLI, PRESIDENT JACKSON

NAYS: Senators: BALDACCI, BENNETT, BLACK, BRAKEY, GUERIN, HARRINGTON, KEIM, LAFOUNTAIN, LIBBY, LYFORD, MOORE, POULIOT, STEWART, TIMBERLAKE

EXCUSED: Senator: FARRIN

20 Senators having voted in the affirmative and 14 Senators having voted in the negative, with 1 Senator being excused, the motion by Senator **CARNEY** of Cumberland to **ACCEPT** Report **"A", OUGHT TO PASS AS AMENDED BY COMMITTEE AMENDMENT "A" (H-596)**, in concurrence, **PREVAILED**.

Bill **READ ONCE**.

Committee Amendment "A" (H-596) **READ** and **ADOPTED**, in concurrence.

Under suspension of the Rules, **READ A SECOND TIME** and **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (H-596)**, in concurrence.

ENACTORS

The Committee on **Engrossed Bills** reported as truly and strictly engrossed the following:

Constitutional Amendment

RESOLUTION, Proposing an Amendment to the Constitution of Maine Regarding the Timing of Judicial Review of the Determination of the Validity of Written Petitions
H.P. 648 L.D. 1012
(C "A" H-510; H "B" H-710)