MAINE STATE LEGISLATURE

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Senate Legislative Record

One Hundred and Thirty-First Legislature

State of Maine

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First Special Session

Beginning April 5, 2023

Beginning with Page S-387

An Act to Reduce the Enrollment Requirement for Minor Political Parties That Seek Official Party Status
S.P. 328 L.D. 769

An Act to Support Extraction of Common Minerals by Amending the Maine Metallic Mineral Mining Act
H.P. 877 L.D. 1363
(H "A" H-576 to C "A" H-384)

PASSED TO BE ENACTED and, having been signed by the President , were presented by the Secretary to the Governor for approval.

An Act Regarding Consent for Gender-affirming Hormone Therapy for Certain Minors
H.P. 340 L.D. 535
(C "A" H-596)

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 Penobscot, Senator Guerin.

Senator **GUERIN**: Mr. President, Ladies and Gentlemen of the Senate, LD 535 is one of the most dangerous bills to come before our legislative body in years, or perhaps ever. This bill will have consequences for generations if passed. I urge you to not support this bill. A boy is a boy. A girl is a girl. God does not make mistakes. Gender dysphoria is a mental health epidemic. Gender transitioning is destroying part of our future as it destroys the fertility of our young people. Sadly, many people who have attempted to become another sex still want to kill themselves. A child should never be told they are not good enough in the body that they were born with. Children should never be allowed to have prescriptions that change their hormone structure of their bodies which have physical consequences they cannot even comprehend as 16-year-olds that are still very much children. Mr. President, we are on 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 of a situation to create a spike in children seeking approval, acceptance, acknowledgement of their loneliness and fear and pain. A survey by the Center 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 and hopelessness in the past year, up 36% since 2011. That's nearly twice as high as the 29% of males who reported having those same 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 a crisis and now we, the adults, write legislation to codify their trauma and poor mental health. We encourage behaviors that we know are 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, quote, puberty blockers are being used in the context of profound scientific ignorance. Treatment for under-18 gender dysphoric children and adolescents remain largely experimental. There are a large number of unanswered questions that include the age at start, reversibility, adverse reactions, long-term affects 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, end-quote. 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. Mr. President, I love our young people and love does not affirm lies. Please join me in voting in opposition to the pending motion.

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

Senator **BRAKEY**: Thank you, Mr. President. I just wanted to add some additional perspective on this bill before -- before we take the vote. I'm also voting in opposition to the pending motion but I do just want to say up front that I do know individuals who are transgender and I do know that this kind of hormone therapy has been very beneficial to them in their -- in dealing with what has been a very real medical condition for them of gender dysphoria. And I do know adult individuals who wish they had had access to this at a younger age, before puberty was completed, so they feel that it would've worked out better all around for them. I think that that -- I think that we can accept that as true and accept that reality as true while also recognizing that we're fooling ourselves if we think that everything we're seeing with young people these days doing gender identity exploration is genuine medical gender dysphoria. The numbers that we've seen is that there is a large number who desist. This is a temporary phase that they go through, they grow out of, and then some people, it's not a temporary phase, it is real gender dysphoria, it's severe and persistent, it's with them their entire life. The challenge is gender dysphoria is not like cancer, it's not like you can do an x-ray and say oh, there's your gender dysphoria, we've got a diagnosis. It's something that's arrived at through talk therapy and through much more subjective basis. And so applying treatment to the right person can be lifesaving but applying it to the wrong person can be incredibly harmful for the rest of life. And so who's in the best position to make this decision? Certainly, when we're talking about adults, it's easy to say you're an adult, you get to make these decisions, we recognize as a legal adult that you have the capacity for -- you have the capacity for making these decisions because you have the responsibility for the consequences of your decisions. But when we're talking about minor children, it just seems irresponsible to me to cut out the parents from this decision-making process, especially when we do have, I think as was discussed in the past, when this came up before, there is a legal process of emancipation if at 16 or 17 a minor really feels that this is what's right for them, they've had conversations with their parents and it can't be reconciled, there is a legal path there. But to just say that we're going to cut the parents out of this completely from the age of 16 on I think is overstepping. So, whether you are -- I guess wherever you kind of fall on this from the spectrum of -- I thank my Good Colleague, Senator Guerin, who sees kind of one end of this and I'm kind of more moderate on it, I think the extreme position is saying we're going to cut parents out of this process completely. So, I would -- I'd ask

Members of the body to join me in voting against the pending motion. Thank you.

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

Senator **CARNEY**: Thank you, President Jackson, and Colleagues of the Senate. I just rise to speak briefly in support of enactment of LD 535. This legislation is about a medical condition, the medical condition of gender dysphoria. The 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, improve the health, wellbeing, and ability to thrive of 16- and 17-year-olds as they enter adulthood. These young people, 16- and 17-year-olds, are emerging adults and when they've been diagnosed with gender dysphoria, they should have access to medical care, including gender affirming care. This legislation creates a five-step process for 16- and 17-year-olds who are diagnosed with gender dysphoria to consent to hormone therapy. Part of that process involves trying to include the parents in the provision of healthcare but that doesn't always work and the only alternative in those instances, absent this law, would be for children, 16- and 17-year-olds, to pursue emancipation. Emancipation is a legal process which completely separates the child and the family and that is harmful. What this legislation would do is create another path that allows 16- or 17-year-olds to consent to hormone therapy, preserves the family relationship and gives that relationship time to grow over as the child receives the care that he or she needs. I would ask you to appreciate the fact that this is necessary healthcare that is lifesaving for some young people in our state and urge you to support enactment. 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 to just say one of the things that is very key with this bill is there are many teenagers who are going through this process who are not in a process where they are welcomed or encouraged by their parents with their gender identity. The reason for this bill of extreme importance is recognizing that their providers are able to work with this individual to find the care that not only fits them, fits with their best health outcomes, but empowers them to be able to be who they truly are. We heard that, you know, emancipation would be an alternative. We also heard statements about how this can't be reversed. I'd remind folks that emancipation can't be reversed, either. This merely enables for many folks who are vulnerable, who are going through this process, who are struggling with their own gender identity, to be able to talk to a medical provider who knows how to find and empower the best care for that individual, especially when we've seen the statistics about the high level of mental health and suicidal ideations amongst our LGBTQIA teens, this is even more important. I will be voting in strong support of enactment.

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

Senator **NANGLE**: Thank you, Mr. President. I just want to read the challenges and complications from psychiatry.org of transgender people. Transgender people suffer from high levels of stigmatization, discrimination, and victimization contributing to negative self-image and increased rates of other mental health disorders. Transgender individuals are at higher risk of victimization and hate crimes than the general public. Suicide rates among transgender people are markedly higher than the general population. Transgender children and adolescents are often victims of bullying and discrimination at school which can contribute to serious adverse mental health incomes. Interventions are often needed to create safe and affirming school environments. Transgender individuals may also face challenges in accessing appropriate healthcare and insurance coverage of related services. Are these things that we want to allow to happen to transgender youth in this state? Is there anyone here who thinks that transgender youth should continue to be victimized, stigmatized? Thank you.

THE PRESIDENT: The pending question before the Senate is Enactment. A roll call has been ordered. Is the Senate ready for the question?

The Chair noted the absence of the Senator from Hancock, Senator **GROHOSKI**, and further excused the same Senator from today's Roll Call votes.

The Doorkeepers secured the Chamber.

The Secretary opened the vote.

ROLL CALL (#471)

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

NAYS: Senators: BALDACCI, BENNETT, BRAKEY, FARRIN, GUERIN, HARRINGTON, LIBBY, LYFORD, MOORE, POULIOT, STEWART, TIMBERLAKE

EXCUSED: Senators: BLACK, GROHOSKI, KEIM, RAFFERTY

19 Senators having voted in the affirmative and 12 Senators having voted in the negative, with 4 Senators being excused, was **PASSED TO BE ENACTED** and, having been signed by the President , was presented by the Secretary to the Governor for approval.