



Joint Standing Committee on Judiciary
Testimony of Maine Transgender Network, Maine Women's Lobby, OUT Maine, GLAD,
EqualityMaine

LD 1809 "An Act to Prohibit Health Care Services Without Parental Consent"

May 5, 2023

Senator Carney, Representative Moonen, and honorable members of the Judiciary Committee: my name is Quinn Gormley, I am the Executive Director of MaineTransNet, and I am testifying today on behalf of MaineTransNet, GLBTQ Legal Advocates & Defenders, Maine Women's Lobby, OUT Maine, GLAD, and EqualityMaine in opposition to **LD 1809 "An Act to Prohibit Health Care Services Without Parental Consent."**

Let's be clear about what this bill is trying to do. LD 1809 is an attempt to surgically remove established areas of Maine law that allow adolescents to access necessary healthcare. It will set us back on vital progress at improving access to reproductive, sexual health, recovery, and mental healthcare. And in doing so it denies the vested interests of young people as the principal stakeholders in their health by breaking decades of work in adolescent medicine to build trust between patients and their providers. It will also cost us lives.

We believe young people need and deserve to be able to access supportive services when they need them. Right now, high school students are experiencing intense levels of distress, and teen girls and LGBTQ youth in particular are struggling.

Based on data from the 2021 Youth Risk Behavior Survey nearly 1 in 5 teen girls experienced sexual violence in the year prior to the survey, nearly 1 in 3 seriously considered attempting suicide, and more than 1 in 10 had ever been forced to have sex. Each of these measures was up compared to past years.¹ Both girls and LGBQ+ young people experienced dramatically higher levels of persistent sadness or hopelessness as well² including 3 of 4 LGBQ+ students, 3 of 5 girls.

The data for LGBQ+ students is likewise stark. In 2021, nearly 1 in 10 did not go to school because of safety concerns, nearly 1 in 4 experienced sexual violence, and nearly 1 in 4 were bullied at school. Among self-identified LGBQ+ students, nearly 1 in 4 had attempted suicide and nearly half had seriously contemplated committing suicide.

¹ NCHHSTP Newsroom, *US Teen Girls Experiencing Increased Sadness and Violence* (Feb. 13, 2023).

² NCHHSTP Newsroom, *CDC report shows concerning increases in sadness and exposure to violence among teen girls and LGBQ+ youth* (Feb. 13, 2023).

With these alarming numbers, our focus needs to be on expanding access to needed services, not setting up barriers. To be sure, having loving and supportive parents is excellent for children's development and safety and parents should be engaged in their children's healthcare. Some of us are parents as well. But being engaged means recognizing that adolescents need a chance to advocate for their own needs with the guidance and support of their providers. Such autonomy builds trust. It is also true that both "school-connectedness" and feeling like they can trust and belong to adults in their local community are also necessary for young people to be cared for, supported, and to thrive. It is often in places outside the home where young people address challenging issues in their lives related to violence, trauma, and their health.

Seeking help and care from adults outside of their parents is not a rejection of parents, it's a normal component of human development. Parents know this. Providers know this. Maine law recognizes this. This bill would wipe out young people's access to a variety of other types of care.

- Sections 3 to 7 of the bill lay waste to Title 22, Chapter 610, and the ability of young people, or a surrogate on their behalf, to consent to a variety of treatments, including for "substance use disorder or for emotional or psychological problems." No longer would 17-year olds be able to consent themselves to making a blood donation, nor to consent to "health services associated with a sexual assault forensic examination." (LD 1809, sections 4, 7);
- Section 11 requires certain hospitals to obtain parental consent before providing alcohol or drug treatment prevention or treatment of sexually transmitted infections, or collection of sexual assault evidence through a forensic examination;
- Section 12 bars access to family planning services without parental consent;
- Sections 13-17 prohibit osteopathic physicians, medical doctors, psychologists, alcohol and drug counselors and social workers from providing substance use treatment, and as to some of the named professions, also prohibits prevention of treatment of sexually transmitted infections, or collection of sexual assault evidence through a forensic examination.

Our current systems balance the needs of young people and respect for parents rights. This bill will pull back care that some young people need to deal with sexually transmitted infections, pregnancy prevention (and the established process for abortions for minors), sexual assault, and emotional and psychological care.

This is a bill out of step with the urgent needs of young people in the here and now and ought not to pass.³

Thank you.

³ LD 1809, Sections 8 -10 change the statute allowing for a minor to obtain an abortion insofar as current law allows a "family member," and not only a minor and one parent, to consent to the abortion, to eliminate the option for a Probate Court or District Court Judge (in the course of an involved process) to grant the minor rights to consent or to consent for the court to an abortion, and to prohibit an abortion against the minor's will when the abortion is necessary to save the life of the minor.