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Joint Standing Committee on Judiciary
Testimony of Maine Transgender Network

LD 535 "An Act to Increase Access to Necessary Medical Care for Certain Minors"

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 in enthusiastic support of LD 535 **"An Act to Increase Access to Necessary Medical Care for Certain Minors "**

All things considered, I got pretty lucky with my parents. They are incredibly accepting and supportive of both me and my sibling as transgender people. My dad is my biggest cheerleader. My mom is my best friend. The happiness and closeness my family knows is rare. And it is also recent. When I first came out to my parents when I was 14, they were worried and confused, but they tried. They took me to therapists and doctors. They got me evaluated, tested, diagnosed. Every provider came to the same conclusion: "Pam, Mal, you have a daughter, and she needs help."

But when that help looked like hormones, my parents hesitated. It's not that they didn't understand I was trans. It's not that they rejected me. But they were scared about, what if I changed my mind, what would having kids look like, what would my life look like? Because of that fear, they dragged their feet for two years. In that time, I grew four inches. My facial hair started coming in. My shoulders got wider, my chin grew boxier, my voice dropped. I learned how to cut myself, and what the inside of a psychiatric ward looks like.

My parents weren't wrong to have fears. Fear and anxiety about our kids going through big changes is understandable. But my parents failed to understand that making me wait wasn't a neutral action. Their choosing not to act had consequences for me. And despite how positive our relationships have become, I continue to live with the consequences of their fear.

Getting to the point where a provider recommends a young trans person begin hormones is not easy. It requires multiple interactions with mental health providers to explore the person's identity.¹ It involves exploration of what social and medical interventions would relieve the stress of gender dysphoria—the medical term for the feeling of misalignment between sex and gender felt by many transgender people. And before medical interventions are approved, it involves in depth

¹ WPATH Standards of Care Version 8

discussions about the long term ramifications of that care on the development of their bodies and their reproductive capabilities

Because transgender healthcare is highly stigmatized, youth don't always get the care they need. The same is true for other health care needs as well. Abortion, for example, is often deeply stigmatized, yet our state recognizes that denying young people access to abortion care may be harmful to them, and a violation of their bodily autonomy. So too with transgender health care. No one should be denied medically necessary care because the care is misunderstood and stigmatized. No one should be denied medically necessary care because of the family they were born into.

Broad medical consensus recognizes that gender transition care is the standard of care in appropriate circumstances following careful evaluation. Making an adolescent wait until age 18 to get the care they need is harmful. Evidence shows that minors who have been diagnosed with gender dysphoria have more successful treatment and better life outcomes when they receive timely care and are thus able to go through puberty congruent with their gender identity. Making them wait to receive care is dangerous.

We have ample precedent recognizing the capacity of 16 and 17 year olds to provide informed consent to a wide variety of healthcare procedures, especially when such procedures are stigmatized, or where the consequences of inaction result in lifelong consequences.

I urge you to vote ought to pass on LD 535

Thank you,

Quinn Gormley,
Executive Director
MaineTransNet