

**Maine Medical**  
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Pediatric Specialty Care

**Testimony of Erin Belfort, MD, Toni Eimicke, CPNP, and Brandy Brown,  
LCSW, on behalf of The Gender Clinic at  
the Barbara Bush Children's Hospital at Maine Medical Center,**

**In Strong Opposition of:**

**LD 926, An Act to Ban Biological Males from Participating in Women's Sports  
LD 1401, An Act to Prohibit Biological Males from Participating in School  
Athletic Programs and Activities Designated for Females at Schools That Receive  
Federal Funding  
May 6, 2021**

Senator Carney, Representative Harnett, and Distinguished Members of the Joint Standing Committee on the Judiciary:

It is with great concern for the well-being of Maine's youth that we express unequivocal opposition to LD 926 and LD 1041, legislation that bans transgender girls from participating in sports programs and activities.

The Gender Clinic at The Barbara Bush Children's Hospital at Maine Medical Center is dedicated to supporting the health and wellbeing of transgender, gender diverse, and questioning youth across Northern New England. We have an interdisciplinary team of providers within the MaineHealth system, pulling together the strengths of Pediatric and Adult Endocrinology, Adolescent Medicine, Child & Adolescent Psychiatry, Spiritual Care, and Clinical Ethics. The Gender Clinic currently serves over 450 transgender and gender non-conforming youth, from age 3 to 25.

All people share a deep need and desire to be who they are and to be seen for who we are. Gender is an important aspect of our complex identity. Young people need the support from their families, schools, and health care providers as they explore and consolidate a sense of self. When young people have adults they trust to support them, we find that they are better able to navigate social pressures, have less mental health concerns, express hope for their futures, and even thrive.

The Gender Clinic follows national and international best practices to support transgender and gender diverse youth. The gender-affirmative approach to care that we follow allows us to support each individual's gender identity, whether it aligns with sex assigned at birth or not. We then provide individualized assessment and make recommendations, working with patients and families to provide clinically appropriate treatment. The standards of care set by the World Professional Association for Transgender Health<sup>1</sup> and the Pediatric Endocrine Society<sup>2</sup> endorse a

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gender-affirmative approach because it improves the overall well-being and mental health of transgender and gender diverse youth. This allows us to meet the young person and family where they are, allowing us to partner with them as we learn about the young person and their needs, using a curious and exploring approach, rather than following a rigid outline for treatment pathways.

The professional associations that we belong to, including the American Academy of Pediatrics<sup>3</sup>, the Pediatric Endocrine Society, Endocrine Society<sup>4</sup>, the American Academy of Child & Adolescent Psychiatry<sup>5</sup>, and the National Association of Social Workers<sup>6</sup> have all published guidance promoting nondiscriminatory, supportive interventions for gender diverse youth. These guidelines refer to Gender Dysphoria, which is outlined in the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition, published by the American Psychiatric Association<sup>7</sup>. Gender Dysphoria is a mental health diagnosis, assessed by a qualified mental health provider; it is one of the criteria that is met before medical treatment is considered. (This diagnosis is often reached after several sessions with a mental health provider; for youth, separate time is spent with parents and young people, in order to fully understand symptoms and developmental history).

We have worked with hundreds of patients and families in our clinic and have had the privilege of supporting their individual journeys. These are very individual journeys- youth come to us looking for help to navigate their gender questions, parents seek support for helping their children feel comfortable expressing themselves, and others look for guidance and support for social and medical transition. We are very committed to individualizing care, while conservatively following best practice guidelines that help determine when different treatment options may be considered, based on a young person's development, their physical and mental health, and the goals that the young person and their parents/ families share with us. Therefore, every young person in our program initially meets with a mental health provider who helps guide their treatment, whether that is individual counseling, family support, or medical care. The process that we follow allows for youth and families to identify their questions and goals and to work on them at a pace that meets their needs. All of our patients are able to connect with a mental health provider for guidance and support while they are in our program. About half of our patients meet with a medical provider in the first six months that they work with us; however, there are many patients who never need to meet with a medical provider. If a young person or family come to us with questions about gender, and later do not identify as transgender, we continue to provide support for as long as the patient and family feel it is helpful.

In addition to providing direct medical and mental health care, it is critical that we demonstrate to our young people that we support them as they navigate through all aspects of society. We frequently provide counseling to young people as they navigate difficult social challenges. Our goal is to help them build resilience, develop community, and engage fully in their lives as they navigate those challenges. We have counseled many young people about participating in school

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sports programs. While some of these youth have chosen to go through the process outlined by the Maine Principals Association, we have worked with other youth who find this too daunting and choose to discontinue sports as they enter high school. One concern shared has been that they worry the policy may change in the future and they would rather make the decision not to play on their own, so that it is not taken away from them later. Additionally, there are many young people that we have worked with who decide to give up athletics as they approach high school because they do not believe they will be allowed to participate because of their gender identity. Overall, the young people who are engaged in sports do quite well. This is not surprising as school sports give young people a sense of community and contributes positively to their overall health and wellbeing.

When youth see bills like LD 926 and LD 1401 debated, and personally witness the fear-based tactics used in the media that identify them as somehow unfit to participate in educationally sponsored activities, it is extremely stigmatizing to them.

According to 2019 Maine Integrated Youth Health Survey Data, a small minority of students, 1.6%, identify as transgender (and another 1.5% are currently questioning their gender identity). Transgender and gender diverse students are more likely to experience physical, emotional and sexual violence compared to cisgender students. Because of the hostility directed at them, nearly seventy-five percent experience symptoms of depression and over half have seriously considered suicide in the past year compared to thirty-one percent and fifteen percent of their cisgender peers, respectively.<sup>8</sup> Rejection and hostility to the small minority of transgender youth imposes steep consequences for them, both in terms of mental health disorders and suicide.

However, we know that acceptance and support are crucial factors to improve these odds even as young people face continued hostility. Children do best with the love, support and acceptance at all levels- in their families, from their peers, from healthcare providers, from schools, and from the larger community.

Proposals like LD 926 and LD 1401 increase the vulnerability of an already marginalized group by sending a message that transgender youth should not exist fully in society—that they lack the same worth and therefore can be denied the opportunities available to their schoolmates. Not only would these bills actively lead to deterioration of mental health of these youth, it would remove the teamwork and social supports that come with a shared endeavor, as well as the healthy emotional outlet and preventive health benefits that sports participation provides. The additional harms that would come from these bills, if passed, is undeniable. *All* children deserve love, support and inclusion.

**An ought not to pass** vote would be a strong message to our young people that Maine does not pass discriminatory legislation.

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Thank you for your time and consideration and for your support of Maine youth.

Respectfully Submitted,

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References:

<sup>1</sup> World Professional Association for Transgender Health: <https://wpath.org/publications/soc>

<sup>2</sup> Pediatric Endocrine Society: <https://academic.oup.com/jcem/article/102/11/3869/4157558>

<sup>3</sup> American Academy of Pediatrics: <https://services.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-speaks-out-against-bills-harming-transgender-youth/>

<sup>4</sup> Pediatric Endocrine Society, Endocrine Society: <https://www.endocrine.org/advocacy/position-statements/transgender-health>

<sup>5</sup> American Academy of Child & Adolescent Psychiatry:

[https://www.aacap.org/AACAP/Latest\\_News/AACAP\\_Statement\\_Responding\\_to\\_Efforts-](https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-)  
[to\\_ban\\_Evidence-](https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-)

[Based\\_Care\\_for\\_Transgender\\_and\\_Gender\\_Diverse.aspx#:~:text=Consistent%20with%20AACAP's%20policy%20against,expressions%20are%20not%20inherently%20pathological](https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx#:~:text=Consistent%20with%20AACAP's%20policy%20against,expressions%20are%20not%20inherently%20pathological)

<sup>6</sup> National Association of Social Workers: <https://www.socialworkers.org/Practice/LGBTQ>

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<sup>7</sup>Diagnostic and Statistical Manual of Mental Disorders (DSM-5); American Psychiatric Association: <https://www.psychiatry.org/psychiatrists/practice/dsm>

<sup>8</sup>Health Disparities of Maine Transgender Youth; Maine Youth Integrated Health Survey: <http://data.mainepublichealth.gov/miyhs/files/Snapshot/2019TransgenderInfographic.pdf>

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