



TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS
In Support of Senate Bill 2889
An Act Relating To Food And Drugs -- Uniform Controlled Substances Act
Senate Health & Human Services Committee
April 7, 2026

Dear Chair Murray, Vice Chair Lauria, Secretary Urso, and distinguished members of the Senate Health & Human Services Committee:

Thank you for this opportunity to testify in strong support of Senate Bill 2889, An Act Relating to Food and Drugs -- Uniform Controlled Substances Act. This bill is an important step to protect sensitive consumer health data related to transgender healthcare.

GLAD Law is New England's leading legal rights organization dedicated to ensuring equality for LGBTQ people and people living with HIV. At GLAD Law, we are deeply committed to the ability of community members to access necessary healthcare safely. We have helped draft and pass provider shield laws throughout New England, including in Rhode Island,¹ we have challenged unconstitutional bans of transgender health care, and we have supported parents fighting against invasive subpoenas about their children's care.²

S2889 would protect providers and patients who prescribe or use testosterone as part of safe, effective medical treatment from having their sensitive medical information disclosed to out-of-state actors for political purposes without their consent. The bill would do so by exempting testosterone prescriptions from the state Prescription Drug Monitoring Program (PDMP), a state-run electronic database that collects and shares information on controlled substances dispensed by pharmacies in Rhode Island.

Rhode Island uses the PDMP to track prescriptions for and deter abuse of dangerous and addictive medications like opioids, morphine, benzodiazepines, sedatives, and

¹ 2024 R.I. Pub. Laws 261.

² See *Out Accountability Project v. Connecticut Children's Medical Center Corporation*, Conn. Comm'n on Human Rights and Opportunities filed Feb. 6, 2026; *In re 2025 Subpoena to Child.'s Nat'l Hosp.*, 2026 U.S. Dist. LEXIS 10523.

stimulants. Similar state-level PMP programs have been implemented nationally in response to the opioid epidemic.³ PDMP data helps healthcare providers and pharmacists identify signs of drug diversion and substance use disorder by enabling providers to flag drug-seeking behaviors such as “doctor shopping” and “pharmacy shopping.”⁴ PDMP data can also help healthcare providers and pharmacists monitor the prescriptions filled by patients with suspected or known substance use disorders.⁵ The PDMP is particularly effective in monitoring and reducing addiction risks for highly addictive drugs that pose a public health risk.

Testosterone, however, does not present the same dangers posed by opioids, morphine, benzodiazepines, stimulants, and sedatives. Testosterone is legitimately prescribed for a range of conditions, including but not limited to hypogonadism in men and menopause in women. In addition to raising testosterone levels in men with hypogonadism and women with menopause, testosterone is an important aspect of gender transition care for many transgender people. Gender transition is the only medically accepted treatment for gender dysphoria. When prescribed at approved dosages for approved indications, testosterone is safe and beneficial,⁶ and there is no documentation showing drug dependence. Further, there are safeguards in place outside of the PDMP. Healthcare providers require patients to submit to regular lab testing to monitor testosterone levels throughout the course of treatment, which reduces the potential for abuse even further.

More importantly, unlike with opioids and many of the other controlled substances subject to monitoring through the PDMP, criminal prosecutions for diversion or abuse of prescription testosterone almost never happen. For example, a review of publicly available Rhode Island disciplinary records and law enforcement actions identified only a handful of cases involving testosterone misuse of any kind over the last 30 years.⁷ Of the seven cases identified, three involved civilian trafficking in illegally imported or

³ Lisa N. Sacco, Johnathan H. Duff, Amanda K. Sarata, *Prescription Drug Monitoring Programs*, Congressional Research Service (May 24, 2018) at 1, <https://perma.cc/32NN-29T7>.

⁴ Substance Abuse and Mental Health Services Administration, *Prescription Drug Monitoring Programs: A Guide for Healthcare Providers*, 10 In Brief (2017), <https://library.samhsa.gov/sites/default/files/sma16-4997.pdf>

⁵ Substance Abuse and Mental Health Services Administration, *supra* note 2.

⁶ See, e.g., Andriy Yabluchanskiy & Panayiotis D Tsitouras, *Is Testosterone Replacement Therapy in Older Men Effective and Safe?*, 36 *Drugs & Aging* 981 (2019) (“Testosterone replacement is likely beneficial in healthy older subjects with significant hypogonadism.”); T’Sjoen G et al., *Endocrinology of Transgender Medicine*, 40 *Endocr Rev.* 97 (2019), doi: 10.1210/er.2018-00011 (“Under medical supervision, testosterone therapy is safe based on short-term and longer-term safety studies.”).

⁷ See *Professional License Disciplinary Actions and Orders*, State of Rhode Island Department of Health, <https://health.ri.gov/licensing/disciplinaryactions>.

manufactured steroids obtained entirely outside the prescription system,⁸ and two of the four physician disciplinary cases involved doctors who were sanctioned for conduct that occurred in other states,⁹ with Rhode Island acting only through its reciprocal discipline mechanism. Only two cases involved a Rhode Island-licensed physician whose prescribing practice were scrutinized by the Rhode Island Board directly and neither resulted in any criminal prosecution.¹⁰ This data likely reflects the lack of public health risk posed by testosterone when prescribed by medical professionals.²⁴ To the extent that testosterone is abused, it is “typically obtained and manufactured illegally,” including via the internet.²⁵ PDMPs are ill-equipped to address those issues. Without a provider writing a prescription, a PDMP cannot monitor or prevent these types of illegal use.

Nationally, transgender healthcare is under an unprecedented level of attack. Hundreds of bills have been filed across the country attacking transgender people and their right to access necessary medical care, and the ability to use accurate names and pronouns, among other bills: 701 anti-trans bills were introduced nationwide in 2024, 1,022 anti-trans bills in 2025, and 747 anti-trans bills have already been introduced in 2026.¹¹ And the Trump Administration has baselessly declared testosterone treatment “chemical mutilation.”¹²

In this climate, there is an increasing risk that other jurisdictions will seek access to Rhode Island’s PDMP data for political reasons, in order to identify, prosecute, sue, or harass providers for treating their patients in a manner consistent with Rhode Island

⁸ See *Former Police Officer Pleads Guilty to Trafficking Steroids, Money Laundering*, United States Attorney’s Office - District of Rhode Island (2017), <https://www.justice.gov/usao-ri/pr/former-police-officer-pleads-guilty-trafficking-steroids-money-laundering>; *Massachusetts Man Pleads Guilty To Running Steroid Ring*, CBS News (2021), <https://www.cbsnews.com/pittsburgh/news/massachusetts-man-pleads-guilty-to-running-steroid-ring/>; *Over 120 arrests in 18-month investigation of underground steroid trade*, WAVE (2007), <https://www.wave3.com/story/7121097/over-120-arrests-in-18-month-investigation-of-underground-steroid-trade/>.

⁹ See *In the Matter of Sinikka Liisa Green, M.D.*, Rhode Island Board of Medical Licensure and Discipline (2025), <https://datahealth.ri.gov/discipline/MDSinikkaGreen2.pdf>; *In the Matter of Vinson DiSanto, D.O.*, Rhode Island Department of Health (2018), <https://datahealth.ri.gov/discipline/DOVinsonDiSanto.pdf>.

¹⁰ See *In the Matter of John Sappington M.D.*, Rhode Island Board of Medical Licensure and Discipline (2019), <https://datahealth.ri.gov/discipline/MJJohnSappington5.pdf>.

¹¹ *2026 Anti-Trans Bills Tracker*, Trans Legislation Tracker (last accessed March 30, 2026), <https://translegislation.com/>.

¹² Exec. Order No. 14187, 90 FR 8771 (Jan. 28, 2025), available at <https://www.whitehouse.gov/presidential-actions/2025/01/protecting-children-from-chemical-and-surgical-mutilation/>.

law and professional standards of care. For bad actors hostile to transgender people and their doctors, the PDMP is a treasure trove of information.

Many assume that their prescription records are protected under HIPAA, and in the medical context they are. HIPAA protects health information held by covered entities like doctors, hospitals, and pharmacies. But PDMP data exists outside the medical context. It is a state government database. The PDMP data is not protected under HIPAA.¹³ Once a pharmacist uploads the prescription information to the state PDMP database, that data is no longer governed by HIPAA's privacy protections. That access is controlled entirely by state law.

The risk that PDMP data will be misused to harm transgender people and their healthcare providers is significant—and the need for Rhode Island to address that risk is urgent. At least one organization opposed to transgender health care has advocated for the use of PDMPs to monitor hormones prescribed as part of medical treatment for transgender individuals.

The threat posed by PDMP data to gender-affirming care providers and their patients is not theoretical. Texas Attorney General Ken Paxton used his state's PDMP to identify and sue providers who prescribed testosterone without a warrant or judicial oversight. And a 2024 study published in JAMA found that nearly half of all states permit law enforcement to access PDMP testosterone prescription data with no warrant or subpoena requirement.¹⁴

Given these concerns, other states have passed legislation similar to S2889, including Maine (LD 1277), Massachusetts (S2538), California (AB 82), and Colorado (HB25-1309). Removing testosterone from PDMPs is consistent with states' authority to choose how to organize and operate their PDMP, including choosing which controlled substances they require to be reported.¹⁵

¹³ Amanda K. Sarata, *Private Health Information and Prescription Drug Monitoring Programs (PDMPs)*, Congressional Research Service (April 30, 2021), available at <https://www.congress.gov/crs-product/IF11042> ("A PDMP is not a HIPAA-covered entity, nor is it a business associate as defined by HIPAA, and therefore the requirements and standards for maintaining the security of the PHI—or for its redisclosure—that apply to HIPAA covered entities do not apply to PDMPs.").

¹⁴ McCreedy K, von der Heydt J, Chauhan A, et al. *State Policies Regulating Law Enforcement Access to Prescription Drug Monitoring Program Testosterone Prescription Data*. JAMA. 2024;332(20):1754–1757. doi:10.1001/jama.2024.20035

¹⁵ Sacco, *supra* note 1, at 4.

Removing testosterone prescription information from the PDMP is necessary to protect Rhode Island patients and healthcare providers from these threats and to preserve their ability to engage in legally protected health care activity. Passing S2889 would accomplish this goal while preserving all the most important features of the PDMP, which remains an essential tool for promoting public health and responding to the opioid crisis. GLAD Law hopes this Committee will support this legislation. Thank you for your time and consideration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'ERoss', with a long, sweeping underline that extends to the right.

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