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S.28, if passed as written, violates the First Amendment Rights of both health care providers and Vermont citizens. The government cannot limit speech. S.28 intends to limit speech that is not in alignment with “best practices” in Vermont, and is determined to be false or misleading, according to the State’s Attorney General, who is not a medical health care provider.

I have concerns about whether I could be prosecuted under S.28 for making statements of opinion or sharing other’s opinions regarding health care practices performed in Vermont on social media, news outlets, and talk shows, as an individual and as the Policy Analyst for VFA, because of the use of the word “person” on Page 27 § 2493. UNFAIR AND DECEPTIVE ACT (a). There is lack of a definition for the word “advertising.”

Scientific consensus and appeals to authority are never a basis for logical arguments, thus making the designations of “misrepresentation” or “factually inaccurate statements” indeterminable. In other words: government has no place **dictating** the truth and validity of one scientific study or opinion over another to the people under which the government has obtained its authority.

As examples:

- (a) As a “person,” if I state on Facebook that chemotherapy, a “best practice” treatment for cancer in this state, is harmful and more deadly than the cancer itself, would this statement be considered “advertising” a “misrepresentation or factually inaccurate statement” or disseminating “untrue” information?
- (b) If I recommend a book, video, or podcast on social media or news outlet that recommends alternative treatments for cancer that are not considered “best practices” in Vermont, am I “advertising” “factually inaccurate information” or disseminating “untrue” information?
- (c) If I share a post or advertisement on social media from a third party that provides health care information that is not under Vermont’s “best practices,” would I be “advertising” “factually inaccurate information” or disseminating “untrue” information?

- (d) If I recommend a book, video, or podcast on social media by a licensed mental health therapist or psychiatrist from another state that contradicts “best practices” for health care in Vermont, am I “advertising” “misleading” or “factually inaccurate information” or disseminating “untrue” information?
- (e) If I make a statement on social media, in a public or private meeting, or on a talk show that DeTransitioners exist and recommend the book written by Dr. Az Hakeem, [DeTrans: When Transition is Not the Solution](#), would I be in violation of S.28? Can I post a video of Dr. Hakeem speaking in other public forums? Dr. Hakeem is credentialed above and beyond any member of the Health Care Committee, and most likely above all therapists in Vermont, having, “Completed Higher Specialist Training in Forensic Psychiatry and Psychotherapy at The Tavistock and Portman Clinics alongside a Kleinian full training analysis,” according to his [bio](#), would I be “advertising” “factually inaccurate information” or disseminating “untrue” information in violation of S.28?
- (f) If, as a consumer of health care, I am entitled to, “voluntary choices that are essential to one’s sense of personal agency and autonomy,” but health care service providers are stifled from sharing opinions that are outside of “best practices” in Vermont for fear of being prosecuted under S.28, then government is interfering with patient/doctor choice of care by limiting the choices the doctor can recommend to me, the patient. This is the antithesis of keeping the government out of decision-making between the patient and their doctor.
- a) As a consumer of health care services, I have the right to reject the medical opinions of the two medical provider witnesses, Linda Prine, Founder of Abortion Coalition for Telemedicine, and Dr. Renee Johannesen. The State cannot force me to accept their medical opinions as fact and cannot censor opposing opinions of other medical care providers.

Decorum and committee members’ conduct:

I would like to point out to the Committee that I observed the [testimonies of witnesses on the morning of Thursday, March 27](#) and have several issues with questions and decorum:

- b) Chair Alysa Black arrived 13 minutes late, and did not hear the full testimony presented by Sharon Toborg, Policy Analyst for Vermont Right to Life. I respectfully

request that Chair Black take the time to go back and read Sharon's testimony or watch her full testimony in order to be fully informed of the issues she presented.

- c) Chair Alysa Black, who is not a medical professional, asked Sharon Toborg if she is a physician or provider @16:00. Is Black unaware of the witness line-up and their credentials? Black's question has the appearance of intending to discredit her as a witness. Representative Berbeco also stated that she had the same question. Sharon Toborg is a policy analyst, as am I. I would like to respectfully point out that other witnesses - Jessica Barquist of PPNNE, Jessa Barnard of the Vermont Medical Society, Mike Fisher, Chief Health Care Advocate for VT Legal Aid, Devon Green, VP of Government Relations for VT Association of Hospitals and Health Systems, are not MD's RN's, or NP's; and that House Health Care Committee members, other than Representatives Cordes and Goldman, do not have medical degrees. The State's Attorney General, as already mentioned, is also not a medical professional. Policy analysts have the task of dissecting the language of bills, research, and offer testimony on the intended and unintended consequences of bills.
- d) It is an insult to the intelligence of the people you were elected to represent to presume that we need the State's protection from statements that the State would deem to be "untrue" or "factually inaccurate." Government cannot silence speech, even if some people think that the speech is misinformation or disinformation. Government is not the arbiter of truth.
- e) Committee members were behaving disrespectfully during Toborg's testimony: [@7:52](#) Representative Houghton rolled her eyes toward Representative Goldman, swung back in her chair, and directed her attention to her computer when Toborg was providing testimony on the abortion reversal drugs. Rep. Goldman reaches for her cell phone @8:47. Representative Berbeco, after arriving late, reaches for her cell phone @9:51. @12:13 Rep. Goldman turns her attention to her cell phone again.
- f) While Toborg is testifying about serious complications of medical abortion, a smile emerges on the face of Berbeco @14:16, and she shares a private conversation with Chair Black. @14:57 Berbeco leans in again to have a side conversation with Chair Black.
- g) Representative Houghton's attention appears to be divided between Alison Despathy's testimony and her computer, beginning @17:06.
- h) Representative Woodman Page appears to be working on a separate project altogether, with little attention, if any, given to the witnesses.

Sections of S.28 upon which my questions are based:

<https://legislature.vermont.gov/Documents/2026/Docs/BILLS/S-0028/S-0028%20As%20passed%20by%20the%20Senate%20Official.pdf>

Statement of purpose of bill as introduced: This bill proposes to expand the prohibition on untrue or misleading advertising by a limited-services pregnancy center under the Consumer Protection Act to apply to any untrue or misleading advertising about health care services.

Page 25 (4) Telling the truth is how trained health care providers demonstrate respect for patients, foster trust, promote self-determination, and cultivate an environment where **best practices** in shared decision-making can flourish. Without veracity in information and communication, it is difficult for individuals to make informed, **voluntary choices that are essential to one's sense of personal agency and autonomy.**

(5) (2) **Advertising strategies** and educational information about health care options that lack transparency use misleading or ambiguous terminology, **misrepresent** or **obfuscate** services provided, or provide **factually inaccurate information** are a form of manipulation that disrespects individuals, undermines trust, broadens health disparity, and can result in patient harm.

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§ 2493. UNFAIR AND DECEPTIVE ACT

- (a) It is an unfair and deceptive act and practice in commerce and a violation of section 2453 of this title for any **person** to disseminate or cause to be disseminated to the public any advertising about the health care services or proposed services performed **in this state** that is **untrue** or clearly designed to mislead the public about the nature of the services provided. Advertising includes representations made directly to consumers; marketing practices; communication in any print medium, such as newspapers, magazines, mailers, or handouts; and any broadcast medium, such as television or radio, telephone marketing, or advertising over the internet such as through websites, web advertisements, and social media. **For the purposes of this chapter, advertising about health care services is an act in commerce.**

