



The Maryland House of Delegates
ANNAPOLIS, MARYLAND 21401

February 16, 2026

The Honorable Delegate Heather Bagnall

241 Taylor House Office Building
Annapolis, Maryland 21401

SPONSOR TESTIMONY- HB 679

Health Occupations - Cross-Sex Hormone Therapy for Minors - Prohibition

(Protect the Kids Act)

Dear Chair Bagnall, vice chair Cullison and members of the Health committee,

House Bill 679 would prohibit a licensed health care practitioner from prescribing, dispensing, or administering a cross-sex hormone or otherwise providing cross-sex hormone therapy for the treatment of certain mental health diagnoses to an individual who is a minor.

Puberty is a critical time for growth and development, and starting hormone therapy before the onset of puberty can interfere with natural physical development. Cross-sex hormones (estrogen or testosterone) administered to prepubertal children would block the development of natural secondary sexual characteristics like breast development or voice deepening. This could have irreversible effects on growth and development.

In children, puberty blockers are sometimes used first to delay the onset of puberty in those with gender dysphoria, giving them more time to make decisions. These are typically used before starting cross-sex hormones. Puberty blockers are considered reversible, and their goal is to give the child more time to explore their gender identity before undergoing irreversible changes.

Children may not have the maturity or cognitive ability to fully understand the long-term implications of medical treatments like cross-sex hormone therapy. Hormonal treatment has long-term effects on physical health, emotional well-being, and social interactions, and it is difficult for younger children to fully grasp these consequences.

The decision to start cross-sex hormones is a complex one that requires careful consideration of emotional, psychological, and physical health. Many medical professionals recommend waiting until a child is older, when they are better able to understand and consent to the treatment.

Cross-sex hormones can lead to irreversible changes such as voice deepening (in those assigned female at birth), breast development (in those assigned male at birth), and changes in bone structure. Starting this treatment too early could lead to permanent changes before a child is fully able to decide if they want those changes. Testosterone administered to a transgender male (female-to-male) would cause permanent deepening of the voice and possible facial hair growth, while estrogen administered to a transgender female (male-to-female) leads to permanent breast development.

Adolescence is a time of emotional and social change. Children are still navigating their identities, which can evolve over time. There is a risk that a young person might feel uncertain, be influenced by peers, or change their mind about their gender identity, and making irreversible decisions too early might lead to regret. Delayed treatment until 18 allows for further exploration of gender identity before making irreversible medical decisions.

Cross-sex hormone therapy can have significant health risks, such as cardiovascular issues, blood clotting, fertility impacts, and bone density changes. The long-term effects of early use in children are not fully known, and monitoring for side effects can be difficult, particularly in those who may not yet be fully developed physically or emotionally. As children and adolescents are still growing and their bodies are more sensitive, starting these hormones before puberty can introduce potential health risks that may not be fully understood yet.

Psychotherapy and counseling are also essential components of care, helping children and families navigate the complexities of gender identity, gender dysphoria, and any potential mental health concerns.

The risks of early hormone therapy and the importance of informed consent contribute to the decision to delay such treatments until adulthood. For these reasons I ask for a favorable report on HB 679.

Sincerely,

A handwritten signature in blue ink that reads "Lauren C. Arian". The signature is written in a cursive, flowing style.

Delegate Lauren C. Arian