

HB 679 - Hearing on Wednesday, February 18, 2026

Dear Committee,

As a Maryland resident, I **strongly support House Bill 679**, which prohibits licensed health care practitioners from providing cross-sex hormone therapy to minors for treating gender nonconformity or gender dysphoria. This bill safeguards vulnerable children and adolescents from potentially irreversible medical interventions during a critical developmental period when many cases of gender-related distress resolve naturally over time.

Rushing minors into cross-sex hormone treatments that lack robust, long-term data on safety, efficacy, or outcomes poses serious risks to their physical and psychological health, including impacts on fertility, bone density, and brain development. **Recent developments underscore this caution:** In February 2026, the American Society of Plastic Surgeons (ASPS), a leading professional organization, issued a position statement concluding that the evidence base for gender-related endocrine and surgical interventions in children and adolescents is of low certainty. They found insufficient evidence demonstrating a favorable risk-benefit ratio for these pathways, highlighting emerging concerns about potential long-term harms and the irreversible effects in developmentally vulnerable youth. This aligns with broader reevaluations of youth gender medicine, including systematic reviews showing limitations in study quality and follow-up.

Protecting minors from these interventions upholds their right to an open future, allowing time for natural resolution or non-invasive, exploratory approaches, such as watchful waiting and psychological support, rather than premature medicalization. Medicalizing gender nonconformity with cross-sex hormones is the ultimate conversion therapy and is unethical, as gender nonconforming people often grow up to be gay. As awareness grows of the number of detransition cases and regret among some who pursued these treatments as children, it is more important than ever to prioritize child safeguarding over experimental protocols.

Thank you,  
Glenna Downes