

HB 679 “Protect the Kids Act” prohibiting the prescription of cross-sex hormones to minors

February 18, 2026

May it please the Committee, we are testifying today in our capacity as a historian of medicine and as a lawyer.

Pediatric Gender Affirming Care (GAC) has been Discredited:

Very simply: Gender Affirming Care (GAC), in which prescribing cross-sex hormones is a component, carries very significant known risks as well as unknown risks. Such GAC is not sustained by any good scientific evidence.¹ For this reason this comment supports HB 679 and urges all Marylanders to **take stock of this lack of scientific evidence** of the benefits of GAC.

The science on “gender identity” and medical “Gender Affirming Care” (GAC) is subject to litigation and public health-based legislation.² GAC is embargoed in more than twenty states across the U.S.A. and in several European countries.³

In late January 2026, a jury in the heavily Democratic area of Westchester, New York **awarded two million dollars to plaintiff Fox Varian** for malpractice by

¹ There are now many systematic reviews of the scientific literature and many countries have repudiated GAC. For a concise overview of this extensive scientific literature, consult the American Society of Plastic Surgeons’ “Position Statement,” February 3, 2026, available at: <https://www.plasticsurgery.org/for-medical-professionals/health-policy/position-statements> . The U.S. Supreme Court decision in *U.S v. Skrametti* contains a long discussion of the scientific evidence which shows “poor” and “low quality” evidence for GAC. See, *U.S. v. Skrametti*, available at https://www.supremecourt.gov/opinions/24pdf/23-477_2cp3.pdf. See also the “Gender Dysphoria Report,” Office of Population Affairs, Health and Human Services, November 2025, available at: <https://opa.hhs.gov/gender-dysphoria-report> . The UK national study, The Cass Review, is available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/>

² “Doctors’ Group Endorses Restrictions on Gender Related Surgeries for Minors,” *New York Times*, February 5, 2026, available at: https://www.nytimes.com/2026/02/04/health/gender-surgery-minors-ama.html?campaign_id=9&emc=edit_nn_20260205&instance_id=170632&nl=the-morning®i_id=68012423&segment_id=214819&user_id=ff68904587b267aa53f902e0ea0fdf3a

³ Countries that have restricted GAC include the U.K., Norway, and Finland.

her gender-affirming psychologist and mastectomy surgeon.⁴ Fox Varian had a double mastectomy while she was a teen who had what turned out to be a temporary conviction that cutting off her breasts would somehow facilitate her happiness and healthy development. Frequently called “trans identity” and treated frequently with “gender affirming care” (GAC), including such surgeries and cross-sex hormones, this “trans identity” proved to be a mere passing phase.

It is now proven and openly admitted that GAC harms children and teens and is based in pseudo-science rather than certain science. Therefore GAC — including the prescribing of cross-sex hormones — should not be condoned nor administered through Maryland state services, nor through medical institutions, nor by medical authorities.

Children and teens should be allowed to develop freely and without being labeled, without forced conformity with any gender stereotype, and without harmful and risky medicalization.⁵

On February 3, 2026, **The American Society of Plastic Surgeons** issued a ten page deeply researched policy statement that acknowledges pediatric GAC is founded without adequate evidence.⁶ The poor evidence of the efficacy of GAC caused the Plastic Surgeons to officially repudiate so-called GAC surgeries. As they write, “When the likelihood of spontaneous resolution is unknown and when irreversible interventions carry known and plausible risks, adhering to the principles of beneficence and non-maleficence (i.e., promoting health and well-being while avoiding harm) requires a precautionary approach.”

⁴ See, Andrew Jacobs, “Woman Wins Malpractice Suit...,” *New York Times*, Feb. 4, 2026, available at: https://www.nytimes.com/2026/02/03/health/gender-surgery-malpractice-varian.html?campaign_id=9&emc=edit_nn_20260204&instance_id=170577&nl=the-morning®i_id=68012423&segment_id=214762&user_id=ff68904587b267aa53f902e0ea0fdf3a . Gerald Posner reporting for Just the Facts, https://www.justthefacts.media/p/the-first-verdict-has-landed-in-the?utm_campaign=post-expanded-share&utm_medium=web&utm_source=substack

⁵ For the impact of the Fox Varian verdict on other families harmed by GAC see, Parents with Inconvenient Truths about Trans (PITT), “Justice For My Dear Son,” Feb. 5, 2026, available at: https://www.pittparents.com/p/justice-for-my-dear-son/comments?publication_id=374402&post_id=186470120&isFreemail=true&comments=true&action=post-comment&utm_source=substack&utm_medium=email .

⁶ American Society of Plastic Surgeons, **Position Statement on Gender Surgery for Children and Adolescents**, February 3, 2026, available at: <https://www.plasticsurgery.org/for-medical-professionals/health-policy/position-statements> .

The **American Medical Association (AMA)** has followed the lead of American Society of Plastic Surgeons; the AMA renunciation of pediatric GAC, in particular surgeries, was published on February 4, 2026.⁷ This radical reversal of AMA medical guidelines is prompted by the absence of scientific evidence that pediatric GAC affords more benefits than clear risks and injuries.

While the American Society of Plastic Surgeons speaks only for surgeons, their new policy is based in the overwhelming evidence that GAC creates more harms than it provides benefits. Put bluntly, life-long, risky and experimental medical interventions — including the prescribing of cross-sex hormones— have been widely adopted on “low quality” evidence. Low quality evidence is an insufficient basis for medical treatments; this is why the American Society of Plastic Surgeons and the AMA repudiated the practice.

The Washington Post quoted a spokesman about this new policy saying, ““We ... are focused on the science, the data and the evidence going forward.”⁸ The Washington Post reports further, **“the overall lack of evidence on pediatric gender care prompted ASPS to revise its position.”**

This same “overall lack of evidence” mandates that children with a psychological and/or spiritual “identity” complaint not be subject to experimental administration of cross-sex hormones.

Children are Protected from Medical Experimentation via the International Covenant on the Rights of the Child and GAC is Uncontrolled Medical Experimentation

The use of cross-sex hormones for minors with “gender incongruence” or “gender identity disorder” has never been approved by the federal Food and Drug Administration. No randomized controlled study has ever demonstrated benefits of pediatric use cross-sex hormones. Indeed, each and every prescription of cross-sex hormones as part of pediatric

⁷ Andrew Jacobs, “Doctors’ Group Endorses Restrictions on Gender Related Surgeries for Minors,” New York Times, February 5, 2026, available at: https://www.nytimes.com/2026/02/04/health/gender-surgery-minors-ama.html?campaign_id=9&emc=edit_nn_20260205&instance_id=170632&nl=the-morning®i_id=68012423&segment_id=214819&user_id=ff68904587b267aa53f902e0ea0fdf3a .

⁸ Paige Winfield Cunningham, “First major medical group opposes gender transition surgeries for youth,” Washington Post, online February 3, 2026, available at: <https://www.washingtonpost.com/health/2026/02/03/plastic-surgeons-youth-gender-surgeries-guidance/> .

GAC is “off label” and part of an uncontrolled experiment on our nations’ rising generations.

Children have a human right to be free of medical experimentation as established by the international human rights treaty to which the United States is a party, the International Covenant on the Rights of the Child.⁹

The impact of cross-sex hormones on minors and youth entails many known risks as well as unknown risks. Among the known risks are sexual dysfunction, anorgasmia (lifelong inability to orgasm), induced menopause for females, vaginal atrophy, and sterility.¹⁰

No child can comprehend these known risks because children do not understand the centrality of sexuality and procreation in adult lives. Therefore, children cannot give informed consent for GAC treatments such as cross-sex hormones. Even the World Professional Association for Transgender Health (WPATH) Experts acknowledge children cannot understand and consent to GAC.¹¹

Children necessarily rely on the authority of their parents or medical authorities in undertaking medical treatment, but no medical authority nor parent has the right to deprive a child of their healthy developing body, their sexuality and their future ability to procreate. The child has a right to its own future. Doctors are constrained by their fundamental oath to “first, do no harm.”

Alternatives to Cross-Sex Hormones as part of GAC

There are alternatives to GAC that in the current GAC-centered treatment plan remain unmentioned and inaccessible. The ROGD hypothesis is one major contending outlook to affirmative care, but trans advocates have beaten back ROGD theory, pushing for the ROGD-pioneer researcher, Lisa Littman, to lose her job at Brown University.¹² ROGD is not currently used as a map for treatment pathways in therapeutic or psychiatric settings. This omission constitutes deception of patients and patients’ families, induces reliance on experimental hormonal treatment, and injures these deceived parties. Care providers want the patient/child or youth and the families to believe that GAC — including cross-sex hormones— is the only way forward for someone expressing what is dubiously termed

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¹¹ See the leaked WPATH communications at, WPATH Files, pp.10-15, available at <https://static1.squarespace.com/static/56a45d683b0be33df885def6/t/6602fa875978a01601858171/1711471262073/WPATH+Report+and+Files111.pdf>.

¹² Lisa Littman, “Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria,” PLOS ONE, August 16, 2018, available at: <https://doi.org/10.1371/journal.pone.0202330>.

“gender dysphoria” or even just gender questioning or vaguely gender non-conforming behavior.

Watchful waiting is another treatment protocol that is dismissed by service providers and never offered as a treatment path, while GAC is thrust upon individuals and families who are unaware of other possibilities.¹³

Finally, in the next section we discuss how treating the other mental illnesses or challenges those with “gender identity disorder” suffer can be a key to increased happiness and well being.

Social Contagion, Mental Illness and Diagnostic Overshadowing:

The facts of social contagion are resoundingly denied and rejected by advocates of GAC, even though we witness increasing mental illness induced via social contagion on the internet for mental illnesses such as anorexia¹⁴, for suicidal ideation and plans, and for murder.¹⁵

Advocates of the GAC model insist that children suffer from gender dysphoria and consequently exhibit a variety of mental illnesses that must be addressed via GAC (that is: affirmation, puberty suppression, cross-sex hormones, and eventually, surgeries).

However, a recent study demonstrates that such GAC does not increase happiness nor does it resolve mental illnesses. This study calls into question the entire model of GAC.¹⁶

¹³ Transgender Trend has a useful fact sheet on GAC compared to watchful waiting, available at <https://www.transgendertrend.com/wp-content/uploads/2023/04/Briefing-Gender-affirmation-v-watchful-waiting-in-schools.pdf> , accessed September 19, 2025.

¹⁴ *E.g.*, Corzine, A., & Harrison, V. . (2023). Social Contagion, from Suicide to Online Challenges to Eating Disorders: Current Research and Harm Mitigation Strategies for Youth Online. *Journal of Online Trust and Safety*, 2(1). <https://doi.org/10.54501/jots.v2i1.145>; and *e.g.* U.S. Senate Committee of the Judiciary, Sub-Committee Hearing, with testimony from a Meta Whistle-Blower, Arturo Bejar, available at <https://www.judiciary.senate.gov/committee-activity/hearings/social-media-and-the-teen-mental-health-crisis>

¹⁵ Jonathan Turley, Shapiro Professor of Public Interest Law, George Washington University, “OpenAI’s dark side: ChatGPT accused of causing suicide, murder,” *The Hill*, August 30, 2025, available at <https://thehill.com/opinion/5478336-openais-dark-side-chatgpt-accused-of-causing-suicide-murder/>

¹⁶ Wong Chun Yip , Ngan Sze Ting Joanna , Cheng Pak Wing Calvin , Tang Wing Ki , Chow Lai Yin , Kam Wai Kwok, “Effect of gender-affirming treatments on depression and anxiety symptoms in transgender people: a retrospective cohort study,” *Frontiers in Psychiatry*, Vol.16, 2026, DOI: 10.3389/fpsy.2025.1709778, available at: <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2025.1709778> .

GAC not only refuses to acknowledge the fact of social contagion via the internet, GAC also effectively dictates diagnostic overshadowing because GAC mandates affirming cross-sex identification no matter what co-occurring mental illnesses are present. Thus, there are many individuals on cross-sex hormones who suffer from trauma, depression, anxiety, body dysmorphia, autism spectrum symptoms and neurodivergence.¹⁷ These specific mental challenges can be successfully treated if addressed directly. GAC however “overshadows” the primary mental distress and challenges in favor of leaping directly into “affirmation” and medicalization.

This new study demonstrates that GAC has little to no impact on such mental illnesses and suggests that treating these mental illnesses or challenges directly will reliably increase overall health and happiness. The scientists write, “gender-affirming treatments did not reduce depressive or anxiety symptoms significantly, after controlling for coping and social support.”¹⁸

¹⁷ A. Kallitsounaki, *et al.*, “Autism Spectrum Disorder and Gender Dysphoria/ Incongruence. A systematic Literature Review and Meta-Analysis,” Journal of Autism and Developmental Disorders, May 2022, available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10313553/> . Fully one-third of the patients at the UK GIDs had an autism spectrum diagnosis. See, H. Cass, “Independent review of gender identity services for children and young people”: Final report, Appendix 5, Epidemiology and Outcomes for Children and Young People with Gender Dysphoria: Retrospective Cohort Study Using Electronic Primary Care, 2024.

¹⁸ Wong Chun Yip , Ngan Sze Ting Joanna , Cheng Pak Wing Calvin , Tang Wing Ki , Chow Lai Yin , Kam Wai Kwok, “Effect of gender-affirming treatments on depression and anxiety symptoms in transgender people: a retrospective cohort study,” Frontiers in Psychiatry, Vol.16, 2026, DOI: 10.3389/fpsy.2025.1709778, available at: <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2025.1709778> . See reporting by Christina Buttons, “A New Study Challenges the Mental-Health Claims of “Gender-Affirming Care,” City Journal, Feb. 12, 2026, available at: <https://www.city-journal.org/article/trans-mental-health-gender-affirming-care-hong-kong-study>

Conclusion:

Administering cross-sex hormones to treat psychological distress is experimental and known to be harmful. Better treatments are available.

This bill will advance the health and well being of Marylanders and deserves to be supported.

Sincerely,

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