

# TESTIMONY IN OPPOSITION TO HOUSE BILL 679

Health Occupations - Cross-Sex Hormone Therapy for Minors

*Health Committee*

February 18, 2026

**My name is Chloe Kastner, a Master of Social Work student at the University of Maryland School of Social Work. I submit this testimony in my personal capacity in strong opposition to HB 679, which would restrict access to gender-affirming hormone therapy for adolescents.**

I oppose this bill both as a future social work practitioner and as someone with lived experience of the toll it takes on mental health when care is inaccessible.

**The decision to initiate gender-affirming hormone therapy for adolescents is not made lightly.** It is a process grounded in evidence-based medical practices, extensive clinical experience, and the informed consent of both the adolescent and their family under the guidance of experienced healthcare providers.<sup>1</sup> It involves thorough assessment, informed consent, family engagement, and ongoing clinical oversight. Thirty leading U.S. medical organizations have made public statements supporting access to gender-affirming care for minors.<sup>2</sup> Evidence clearly shows a correlation between access to gender-affirming care and significantly improved mental health outcomes. **One study showed a reduction from 35% of patients to just 4% of patients needing treatment for suicidality and self-harm one year after beginning gender affirming care.**<sup>3</sup>

**HB 679 takes lifesaving care out of the hands of doctors and families and adds additional harm to children who are already struggling with significant adolescent and societal pressures.** Adolescents with gender dysphoria who are denied access to appropriate medical treatment experience increased levels of depression, anxiety, and suicidal ideation.<sup>4</sup> Further, 90 percent of transgender adults who wanted but did not receive puberty blockers when they were younger reported contemplating suicide.<sup>5</sup> This not only negatively affects the adolescent's mental health, but also places a significant burden on families and caregivers who are trying to support their child through a highly challenging period.

**We cannot ignore the guidance of experienced medical providers.** HB 679 would override evidence-based practices that have proven positive outcomes for transgender youth, namely improving mental health outcomes, reducing suicidality, and enhancing quality of life. Moving forward with this bill risks the health and well-being of transgender adolescents and those who support them.

For these reasons, **I strongly urge an unfavorable report on HB 679.**

Thank you for your time and consideration,  
Chloe Kastner  
District 34B

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<sup>1</sup> World Professional Association for Transgender Health. *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*. PubMed, 2022, <https://pubmed.ncbi.nlm.nih.gov/36238954/>.

<sup>2</sup> A4TE's Trans Health Project. *Medical Organization Statements*, 2024, <https://transhealthproject.org/resources/medical-organization-statements/>

<sup>3</sup> Croteau, T. A., Gelech, J., Morrison, M. A., & Morrison, T. G. (2025). Psychological and physical health outcomes associated with gender-affirming medical care for transgender and gender-diverse youth: A critical review. *Healthcare*, 13(14), 1659. <https://doi.org/10.3390/healthcare13141659>  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC12294553/>

<sup>4</sup> Maung, Htet Htet. "Gender Affirming Hormone Treatment for Trans Adolescents: A Four Principles Analysis." *Journal of Bioethical Inquiry*, vol. 21, no. 2, 2024, pp. 345-363. *PubMed Central*, <https://pmc.ncbi.nlm.nih.gov/articles/PMC11289353/>.

<sup>5</sup> Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). *Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation*. *Pediatrics*, 145(2), e20191725. <https://doi.org/10.1542/peds.2019-1725>