



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

Wednesday February 16, 2026

The Honorable Heather Bagnall  
241 Taylor House Office Building  
6 Bladen Street  
Annapolis, MD 21401

Testimony of Trans Maryland

**IN OPPOSITION TO**

**House Bill #679: Health Occupations - Cross-Sex Hormone Therapy for Minors - Prohibition (Protect the Kids Act)**

To the Chair, Vice Chair, and esteemed members of the Health Committee:

Trans Maryland is a multi-racial, multi-gender, trans-led community power building organization dedicated to Maryland's trans community. Trans Maryland believes in protecting the rights of all Marylanders, particularly transgender community members, to access safe, inclusive, and appropriate healthcare. Since 2021, we have seen unprecedented attacks on trans youth across the country, at both the state and federal level. While Maryland has thus far resisted joining the bandwagon of anti-trans legislation, legislation like House Bill 679 demonstrates that not even Maryland is free from this wave of anti-trans rhetoric. We are deeply saddened—and, indeed, embarrassed—to see elected Maryland legislators targeting transgender youth with this legislation.

We write today in opposition of House Bill 679, a bill that flies in the face of accepted medical science that has been endorsed by every major medical association that has reviewed the issue. That this is being done to a marginalized minority group already subjected to extreme discrimination is particularly worrisome.

**House Bill 679 Defies Established Medical Science Regarding Gender-Affirming Treatment for Transgender Youth**

There is a broad consensus among medical researchers that gender-affirming care is medically necessary and should be made available to transgender people, including transgender youth. This position has been endorsed by every major medical association that has considered the



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

issue, including the American Academy of Pediatrics (“AAP”),<sup>1</sup> Endocrine Society,<sup>2</sup> Pediatric Endocrine Society (“PES”),<sup>3</sup> American Medical Association (“AMA”),<sup>4</sup> American Psychiatric Association (“APA”),<sup>5</sup> American Academy of Child and Adolescent Psychiatry (“AACAP”),<sup>6</sup> the American College of Osteopathic Pediatricians (“ACOP”),<sup>7</sup> the National Association of Pediatric Nurse Practitioners (“NAPNAP”),<sup>8</sup> the American College of Obstetricians and Gynecologists (“ACOG”),<sup>9</sup> and the World Professional Association for Transgender Health (“WPATH”).<sup>10</sup> The proposed bill stands in defiance of this established science.

Pediatric-focused medical associations have been particularly vocal in their defense of gender-affirming care for minors. In a 2018 statement, the AAP endorsed a gender-affirming care model, in which “pediatric providers offer developmentally appropriate care that is oriented toward understanding and appreciating the youth’s gender experience” through “the integration of medical, mental health, and social services, including specific resources and supports for parents and families.”<sup>11</sup> The AAP expressly endorsed an individualized, rather than one-size-fits-all approach to providing gender-affirming care for transgender minors. “The

---

<sup>1</sup> See Jason Rafferty, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, AMERICAN ACADEMY OF PEDIATRICS, 142 (2018), available at <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000>.

<sup>2</sup> See Endocrine Society, *Transgender Health: An Endocrine Society Position Statement* (Dec. 16, 2020), available at <https://www.endocrine.org/advocacy/position-statements/transgender-health>.

<sup>3</sup> See Pediatric Endocrine Society, *Transgender Care: Introduction to Health for Transgender Youth* (July 17, 2020), available at <https://pedsendo.org/patient-resource/transgender-care/>.

<sup>4</sup> See American Medical Association, *Issue brief: Health insurance coverage for gender-affirming care of transgender patients* at 5 (2019), available at <https://www.ama-assn.org/system/files/2019-03/transgender-coverage-issue-brief.pdf>.

<sup>5</sup> See Jack Drescher & Eric Yarbrough, American Psychiatric Association, *Position Statement on Discrimination Against Transgender and Gender Diverse Individuals* at 2 (2018), available at <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2018-Discrimination-Against-Transgender-and-Gender-Diverse-Individuals.pdf>.

<sup>6</sup> See AACAP, *Policy Statement on Access to Gender-Affirming Care* (June 2024), available at [https://www.aacap.org/AACAP/Policy\\_Statements/2024/Access\\_Gender-Affirming\\_Healthcare.aspx](https://www.aacap.org/AACAP/Policy_Statements/2024/Access_Gender-Affirming_Healthcare.aspx).

<sup>7</sup> See American College of Osteopathic Pediatricians, *Attacks on Gender-Affirming and Transgender Health Care* (2021), available at <https://acoped.org/acop-statement-against-anti-transgender-health-laws-in-state-legislation/>.

<sup>8</sup> See National Association of Pediatric Nurse Practitioners et al., *NAPNAP Position Statement on Health Risks and Needs of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth*, 33 J. PED. HEALTH CARE A12 (2019), available at [https://www.jpeds.org/article/S0891-5245\(18\)30679-5/pdf](https://www.jpeds.org/article/S0891-5245(18)30679-5/pdf).

<sup>9</sup> See American College of Obstetricians and Gynecologists Committee on Gynecologic Practice and Committee on Health Care for Underserved Women, *Committee Opinion Number 823: Health Care for Transgender and Gender Diverse Individuals* (2021, reaffirmed 2024), available at <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals>.

<sup>10</sup> See Eli Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 INT’L J. OF TRANSGENDER HEALTH S1 (2022).

<sup>11</sup> Rafferty, *supra* note 1, at 4.



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

decision of whether and when to initiate gender-affirmative treatment is personal and involves careful consideration of risks, benefits, and other factors unique to each patient and family. . . . There is no prescribed path, sequence, or end point.”<sup>12</sup>

Per the AAP, appropriate care for minors may include:

- Treatment with gonadotropin-releasing hormones (commonly referred to as puberty blockers) “to prevent development of secondary sex characteristics and provide time up until 16 years of age for the individual and family to explore gender identity, access psychosocial supports, developing coping skills, and further define appropriate goals.”<sup>13</sup> Gonadotropin-releasing hormones have been used since the 1980s to treat precocious puberty in cisgender youths.
- Social affirmation, in which “children and adolescents express partially or completely in their asserted gender identity by adapting hairstyle, clothing, pronouns, names, etc.”<sup>14</sup>
- Legal affirmation, including changing the youth’s name or gender marker on official identity documents, in school records, and elsewhere.<sup>15</sup>
- Prescribing cross-sex hormones “to allow adolescents who have initiated puberty to develop secondary sex characteristics” consistent with their gender identity.<sup>16</sup>
- Surgical affirmation, on a case-by-case basis.<sup>17</sup>

Furthermore, the AAP expressly advises against the approach known as “watchful waiting,” “in which a child’s gender-diverse assertions are held as ‘possibly true’ until an arbitrary age (often after pubertal onset) when they can be considered valid . . . . This outdated approach does not serve the child because critical support is withheld.”<sup>18</sup>

The Endocrine Society has also come out strongly in support of providing care for transgender youth. According to a December 2020 statement, the Endocrine Society found that “medical intervention for transgender youth and adults (including puberty suppression, hormone therapy and medically indicated surgery) is effective, relatively safe (when appropriately monitored), and has been established as the standard of care.”<sup>19</sup>

---

<sup>12</sup> *Id.* at 5.

<sup>13</sup> *Id.*

<sup>14</sup> *Id.* at 6.

<sup>15</sup> *Id.*

<sup>16</sup> *Id.* at 6-7.

<sup>17</sup> *Id.* at 7 (“Although current protocols typically reserve surgical interventions for adults, they are occasionally pursued during adolescence on a case-by-case basis, considering the necessity and benefit to the adolescent’s overall health and often including multidisciplinary input from medical, mental health, and surgical providers as well as from the adolescent and family.”)

<sup>18</sup> *Id.* at 4.

<sup>19</sup> Endocrine Society, *Transgender Health: An Endocrine Society Position Statement* (Dec. 16, 2020), available at <https://www.endocrine.org/advocacy/position-statements/transgender-health>.



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

In reaching this recommendation, the Endocrine Society noted the beneficial effects of gender-affirming care on transgender youth:

Transgender/gender incongruent youth who had access to pubertal suppression, a treatment which is fully reversible and prevents development of secondary sex characteristics not in alignment with their gender identity, have lower lifetime odds of suicidal ideation compared to those youth who desired pubertal suppression but did not have access to such treatment. Youth who are able to access gender-affirming care, including pubertal suppression, hormones and surgery . . . experience significantly improved mental health outcomes over time, similar to their cis-gender peers. Pre-pubertal youth who are supported and affirmed in their social transitions long before medical interventions are indicated, experience no elevation in depression compared to their cis-gender peers. It is critical that transgender individuals have access to the appropriate treatment and care to ensure their health and well-being.<sup>20</sup>

In other words, far from being experimental, age-appropriate gender-affirming care has been proven effective under a number of criteria.

The AMA has also endorsed gender-affirming care for minors and has actively discouraged states from adopting restrictions such as those in House Bill 679. In an April 26, 2021 letter to the National Governors Association, ABA CEO, Dr. James L. Madara, wrote:

Empirical evidence has demonstrated that trans and non-binary gender identities are normal variations of human identity and expression. For gender diverse individuals, standards of care and accepted medically necessary services that affirm gender or treat gender dysphoria may include mental health counseling, non-medical social transition, gender-affirming hormone therapy, and/or gender-affirming surgeries. Clinical guidelines established by professional medical organizations for the care of minors promote these supportive interventions based on the current evidence and that enable young people to explore and live the gender that they choose. Every major medical association in the United States recognizes the medical necessity of transition-related care for improving the physical and mental health of transgender people. . . .

Transgender children, like all children, have the best chance to thrive when they are supported and can obtain the health care they need. Studies suggest that improved body satisfaction and self-esteem following the receipt of gender-affirming care is protective against poorer mental health and supports healthy relationships with parents and peers. Studies also demonstrate dramatic reductions in suicide attempts, as well as decreased rates of depression and anxiety.

---

<sup>20</sup> *Id.*



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

Other studies show that a majority of patients report improved mental health and function after receipt of gender-affirming care. Medically supervised care can also reduce rates of harmful self-prescribed hormones, use of construction-grade silicone injections, and other interventions that have potential to cause adverse events.

It is imperative that transgender minors be given the opportunity to explore their gender identity under the safe and supportive care of a physician.<sup>21</sup>

The AAP, Endocrine Society, and AMA are far from alone in endorsing age-appropriate gender-affirming care for transgender youth, however. In a 2020 statement, the Pediatric Endocrine Society also endorsed individualized care that might include aspects of social, medical, and surgical transition. According to the PES statement, “There is no ‘right’ path for transgender youth, but all require support from family, community, and their health care professionals.”<sup>22</sup>

The American Academy of Child & Adolescent Psychiatry likewise endorsed an individualized approach that “is developmentally thoughtful and addresses the youth’s unique mental health needs, regardless of gender identity or expression” and strongly opposed “any efforts—legal, legislative, or otherwise—to block access to the recognized interventions for gender diverse youth.”<sup>23</sup>

Similarly, a 2018 position paper by NAPNAP found that “pediatric health care is best delivered to youths in an individualized manner with a focus on health promotion and risk-reduction. Health care should be tailored to particular issues faced by the individual LGBTQ youth, especially when youth are questioning or struggling with sexual orientation or gender identity.” NAPNAP further encourages pediatric nurse practitioners to “offer patients and their families referrals for counseling and appropriate support services, which may include hormone therapy or referral to a specialist when appropriate.”<sup>24</sup>

In 2021, the American College of Osteopathic Pediatricians issued a statement in opposition to state efforts to ban access to gender-affirming care for minors. The ACOP statement noted that while “transgender teens carry a higher risk of homelessness, poverty, drug and alcohol abuse, involvement in sex work, mental illness and suicidality,” “one intervention that has been shown to

---

<sup>21</sup> Letter from James L. Madara to National Governors Association (April 26, 2021), available at <https://searchf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-4-26-Bill-McBride-opposing-anti-trans-bills-Final.pdf>. See also Press Release: AMA Reinforces Opposition to Restrictions on Transgender Medical Care (June 15, 2021), available at <http://ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictions-transgender-medical-care>.

<sup>22</sup> Pediatric Endocrine Society, *Transgender Care: Introduction to Health for Transgender Youth* (July 17, 2020), available at <https://pedsendo.org/patient-resource/transgender-care/>.

<sup>23</sup> AACAP, *Policy Statement on Access to Gender-Affirming Care* (June 2024), available at [https://www.aacap.org/AACAP/Policy\\_Statements/2024/Access\\_Gender-Affirming\\_Healthcare.aspx](https://www.aacap.org/AACAP/Policy_Statements/2024/Access_Gender-Affirming_Healthcare.aspx).

<sup>24</sup> National Association of Pediatric Nurse Practitioners et al., *NAPNAP Position Statement on Health Risks and Needs of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth*, 33 J. PED. HEALTH CARE A12 (2019), available at [https://www.jpndhc.org/article/S0891-5245\(18\)30679-5/pdf](https://www.jpndhc.org/article/S0891-5245(18)30679-5/pdf).



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

lower this level of mental and emotional distress is access to gender affirming healthcare.” Banning access to gender-affirming care “will certainly have a tremendous negative impact on the psychological and physical well-beings of these teens.”<sup>25</sup>

Each of these medical associations has considered the question of gender-affirming healthcare with great attention, care, and detail. Each of them has reached the same basic conclusion: individualized, age-appropriate gender-affirming healthcare is critical for the wellbeing of transgender youths. Denial of such care comes at a significant cost to their mental and physical health.

And yet, House Bill 679 disregards all of this evidence, and instead imposes a blanket ban on the prescribing of so-called “cross-sex hormones” and puberty blockers until transgender individuals reach adulthood. Contrary to the individualized treatment endorsed by every major medical association, the proposed bill has the effect of enforcing the outdated watchful waiting approach specifically condemned by the AAP. In doing so, they disregard the individualized needs of the patient, the expert medical opinion of the treating physician, and the weight of medical evidence in support of care.

The evidence goes far beyond the policy statements of medical organizations, however. In July 2022, a group of medical researchers led by Dr. Meredith McNamara, Assistant Professor of Pediatrics at the Yale School of Medicine, provided a comprehensive survey of existing science on gender-affirming care (“Yale Review”) in response to the Florida Agency for Health Care Administration’s June 2, 2022 report calling gender-affirming care experimental. The Yale Review cited extensive evidence supporting the non-experimental nature of gender-affirming care, including gender-affirming care for minors. As the Yale Review demonstrates, numerous studies into the efficacy of gonadotropin-releasing hormones and gender-affirming hormone treatments on both transgender and cisgender youths demonstrate their long-term efficacy and gender-affirming care has positive psychosocial impacts on transgender youth, increasing positive mental health outcomes, and decreasing suicidal ideation into adulthood.<sup>26</sup> House Bill 679 stands in defiance of this broad consensus in peer-reviewed medical science.

### **House Bill 679 Perpetuates Discrimination Against Transgender Marylanders, Especially Transgender Youth**

Transgender people, including transgender youth, face longstanding and pervasive social stigma. Because of this, many transgender people have struggled to get access to any and all medical care—including not only gender-affirming care or other care recommended to treat gender dysphoria, but also medical care for wholly unrelated conditions. House Bill 679 will compound this discrimination, increasing barriers to healthcare for both transgender youths and adults.

---

<sup>25</sup> American College of Osteopathic Pediatricians, *Attacks on Gender-Affirming and Transgender Health Care* (2021), available at <https://acopedes.org/acop-statement-against-anti-transgender-health-laws-in-state-legislation/>.

<sup>26</sup> Meredith McNamara et al., *A Critical Review of the June 2022 Florida Medicaid Report on the Medical Treatment of Gender Dysphoria* (July 8, 2022), available at <https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/florida-medicaid/>.



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

Numerous studies have documented the widespread and pervasive discrimination experienced by transgender people in the United States' healthcare system.<sup>27</sup> In 2015 and 2022, the National Center for Transgender Equality (now Advocates for Transgender Equality) conducted the U.S. Transgender Survey ("2015 USTS" and "2022 USTS," respectively), which examined the experiences of transgender people in the United States with the 2015 USTS reaching 27,715 and the 2022 USTS reading 92,329 respondents from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas.<sup>28</sup> In 2015, 662 respondents were Maryland residents at the time of the survey. (As data analysis of the 2022 USTS remains ongoing, state-level data is not yet available.)

Among Maryland respondents in the 2015 USTS, 29% of those who had seen a healthcare provider in the year prior to the survey reported having negative experiences related to their transgender status, including being refused treatment, being verbally harassed, or even being physically or sexually assaulted by a healthcare provider. In part because of this pervasive harassment and discrimination, nearly one-quarter (23%) of Maryland respondents stated they had not seen a doctor in the previous year despite needing to do so because they feared mistreatment due to their transgender status.<sup>29</sup>

Such overt discrimination is even worse for transgender people of color and transgender people with disabilities. While 24% of all respondents to the 2022 USTS reported not seeing a health provider in the prior year due to fear of mistreatment (a slight increase from 2015), the rates were significantly higher for communities of color, including American Indian/Alaskan Native (32%), Latine (26%), and multiracial (29%) respondents.<sup>30</sup> Similarly, while one-third (33%) of 2015 USTS respondents reported one or more negative experiences with a health provider in the prior year, the rate jumped to 42% for transgender people with disabilities.<sup>31</sup>

---

<sup>27</sup> See, e.g., Janis Renner et al., *Barriers to Accessing Health Care in Rural Regions by Transgender, Non-Binary, and Gender Diverse People: A Case-Based Scoping Review*, 12 FRONTIERS IN ENDOCRINOLOGY at 2 (2021), available at <https://www.frontiersin.org/articles/10.3389/fendo.2021.717821>; Michelle Teti et al., *A Qualitative Scoping Review of Transgender and Gender Non-conforming People's Physical Healthcare Experiences and Needs*, 9 FRONTIERS IN PUBLIC HEALTH at 18-19 (2021), available at <https://www.frontiersin.org/articles/10.3389/fpubh.2021.598455>.

<sup>28</sup> Sandy E. James et al., "The Report of the 2015 U.S. Transgender Survey" (Washington: National Center for Transgender Equality, 2016) (hereinafter "James, USTS"), available at <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>; A Rastogi et al, "Health and wellbeing: A report of the 2022 U.S. Transgender Survey" (Washington: Advocates for Transgender Equality, 2025), available at <https://ustranssurvey.org/download-reports/>.

<sup>29</sup> 2015 U.S. Transgender Survey: Maryland State Report (Washington, National Center for Transgender Equality, 2017), available at <https://transequality.org/sites/default/files/USTS%20MD%20State%20Report.pdf>.

<sup>30</sup> Rastogi, *supra* note 28, at 29; James, USTS, *supra* note 28, at 98.

<sup>31</sup> James, USTS, *supra* note 28, at 97. The 2022 USTS both phrased this question in a way to be inclusive of more negative experiences with healthcare providers—resulting in a higher 47% base rate of negative experiences in the prior 12 months—and has not yet broken down the analysis of this question by groups. See Rastogi, *supra* note 28, at 30.



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

Unfortunately, the situation has not improved in recent years. According to a 2020 national survey conducted by the Center for American Progress and the University of Chicago, nearly half (47%) of transgender respondents reported having experienced at least one form of discrimination from healthcare providers due to their gender identity; for transgender people of color, the rate jumped to over two-thirds (68%).<sup>32</sup> Discriminatory treatment included physically rough or abusive treatment (20% of all transgender respondents; 38% of transgender people of color respondents); using harsh or abusive language while treating the transgender patient (19%; 29%); or even refusing to provide any care to the patient at all (18%; 28%).<sup>33</sup> As a result, 28% of transgender respondents reported delaying or not receiving necessary medical care in the prior year due to the fear of discrimination, with 40% (54% of transgender respondents of color) avoiding preventative screenings.<sup>34</sup> According to a 2022 survey, just under half (49%) of transgender or nonbinary respondents reported that they feared being denied medical care if they revealed their gender identity to a healthcare provider.<sup>35</sup> Sadly, this fear was not groundless, as nearly one-third (32%) of transgender or nonbinary respondents reported having experienced at least one denial of healthcare due to their gender identity.<sup>36</sup>

While these surveys focus on the experiences of transgender adults rather than transgender youth, they demonstrate the pervasiveness of discrimination against trans people of all ages. Transgender youths are not immune to healthcare discrimination because they have not yet reached the age of 18, and transgender adults do not suddenly experience an entirely different medical system at that same threshold. Instead, the widespread discrimination against all transgender people—whether specific to healthcare or more broadly societal—creates significant barriers for transgender youth seeking healthcare, no matter what it is for.

Unfortunately, House Bill 679 will only make this worse, as it will create a system in which transgender youth will fear, rather than seek out, healthcare, and which will encourage patients to lie to their providers to protect themselves, their families, and those from whom they have received care in the past. For instance, a transgender boy visiting the emergency room for a respiratory infection might face intense scrutiny from hospital staff about what transition-related care he had received, who provided it, and whether it was prescribed in the state of Maryland—all despite the fact that his transgender status is entirely unrelated to the issue for which he is seeking care. Knowing this is likely to be the case, he might simply decide to stay home and try to tough out the illness, causing the infection to become significantly worse than it would have been with proper treatment. This phenomenon, often referred to as Trans Broken Arm Syndrome,

---

<sup>32</sup> Caroline Medina et al., *Protecting and Advancing Health Care for Transgender Adult Communities* (2021), available at <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>.

<sup>33</sup> *Id.*

<sup>34</sup> *Id.*

<sup>35</sup> Caroline Medina et al., *Advancing Health Care Nondiscrimination Protections for LGBTQI+ Communities* (2022), available at <https://www.americanprogress.org/article/advancing-health-care-nondiscrimination-protections-for-lgbtqi-communities/>.

<sup>36</sup> *Id.*



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

describes the all-too-common occurrence where healthcare providers are more concerned with transgender patient's gender identity than with the reason they present for care.<sup>37</sup>

More worrisome, House Bill 679—especially when coupled with unconstitutional federal executive orders—may lead many healthcare providers across Maryland to preemptively refuse to treat transgender youth for anything, regardless of whether it constitutes gender-affirming care or relates to their transgender status. Regardless of their clinical judgment of the medical necessity of gender-affirming care, many medical providers may reasonably conclude that the legal risk for providing any care at all is simply too great, especially given the extensive history of discrimination against transgender people seeking access to healthcare noted above.

And just as how discrimination does not abruptly start at 18, its effects are likely to reverberate through one's lifetime. According to the USTS, transgender people subjected to conversion therapy in the past were significantly more likely to be experiencing serious psychological distress at the time of the survey (47% vs. 34% of all respondents), to have attempted suicide at some point in their life (59% vs. 38%), to have run away from home (22% vs. 8%), and to have experienced homelessness (46% vs. 29%).<sup>38</sup> Furthermore, the habit of avoiding medical professionals as a minor is likely to continue well into adulthood, whether because the individual has learned to fear doctors or because they worry about facing harassing questions over treatment received (or not received) as a youth.

In the end, House Bill 679 will do little but exacerbate the healthcare disparities between transgender people and their cisgender peers, while doing nothing to improve the quality of care for transgender youth themselves.

## Conclusion

House Bill 679 is built on and perpetuates discrimination against transgender youths and defies the best practices established by peer-reviewed medical science and endorsed by every major medical association that has reviewed the issue. For this reason, Trans Maryland strongly urges a negative report on HB679.

---

<sup>37</sup> See, e.g., David Oliver, "Being Transgender Is Not a Medical Condition": The Meaning of Trans Broken Arm Syndrome, USA TODAY (July 27, 2021), available at <https://www.usatoday.com/story/life/health-wellness/2021/07/27/trans-broken-arm-syndrome-what-it-how-combat-discrimination-health-care/8042475002/>; Lisa Simons & Raina Voss, *Advocating for Transgender and Gender Expansive Youth in the Emergency Setting*, 21 CLINICAL PEDIATRIC EMERGENCY MEDICINE 100780 (2020), available at <https://www.sciencedirect.com/science/article/abs/pii/S1522840120300343?via%3DiHub>; Douglas Knutson et al., "Trans Broken Arm": Health Care Stories From Transgender People in Rural Areas 7 J. RESEARCH WOMEN & GENDER 30 (2016), available at <https://digital.library.txstate.edu/handle/10877/12890>.

<sup>38</sup> James, USTS, *supra* note 28, at 110.



## The Real Facts about Transition-Related Care for Minors

This year, the Maryland House of Delegates will hear the third attempt to ban transition-related care for minors since 2024. While we expect this bill—like its predecessors—to die in committee, the volume of misinformation about this issue is massive. So Trans Maryland has decided to set the record straight on House Bill 679 and bills like it.

### THE REAL FACTS:

- Every major medical association considers age-appropriate transition-related care **medically-necessary**, including the [American Academy of Pediatrics](#), the [American Medical Association](#), the [American Nurses Association](#), the [American Psychiatric Association](#), the [American Psychological Association](#), the [Endocrine Society](#), the [Federation of Pediatric Organizations](#), the [Pediatric Endocrine Society](#), and [more](#).
- Research consistently shows that access to transition-related care, including gonadotropin-releasing hormone (GnRH) analogues (commonly referred to as “puberty blockers”) or hormone therapies where age-appropriate, **lowers instances of mental health issues, increases self-esteem, and improves general quality of life**. See, for example, [Achille](#), [Aldridge](#), [Allen](#), [Budge](#), [Chen](#), [de Vries](#), [Restar](#), [Tordoff](#), and [van der Miesen](#).
- Rates of regret or “desistance” among transgender people is incredibly low, with only 0.36% of respondents in the [2022 US Trans Survey](#) reporting that they had decided to go back to living as their sex assigned at birth because transitioning wasn’t right for them, while 98% reported that they were either “a lot more satisfied” (84%) or “a little more satisfied” (14%) with their life after receiving hormone replacement therapy.

### HOUSE BILL 679 AND LAWS LIKE IT WOULD BAN TREATMENT ONLY FOR TRANSGENDER ADOLESCENTS, BUT NOT THEIR CISGENDER PEERS

- GnRH analogues were first developed (and are primarily used to treat) children experiencing precocious (early) puberty. These treatments are fully reversible, as they merely **pause**, but **do not** permanently prevent, puberty.
- Hormone therapies are also routinely used for cisgender adolescents and adults whose bodies do not create or process them at the necessary levels.

### TRANS YOUTH ARE NOT SIMPLY MISDIAGNOSED AUTISTIC KIDS

- While it is true that autistic people are more likely than their neurotypical peers to also identify as transgender or gender diverse, there is no evidence that anyone is pressuring autistic youth to transition.
- [International studies](#) have found that about 25% of gender-diverse people are autistic or have traits associated with autism, but **the vast majority of transgender people are not autistic and vice-versa**.
- According to autistic advocate, researcher, and psychologist Dr Wenn Lawson, "The non-autistic world is governed by social and traditional expectations, but we may not notice these or fail to see them as important. This frees us up to connect more readily with our true gender." Autistic youth may actually be less likely to fold to social pressure and be less vulnerable to it.

### THE EVIDENCE IS CLEAR: VOTE NO ON HOUSE BILL 679 AND OTHER EFFORTS TO BAN MEDICALLY-NECESSARY HEALTHCARE FOR TRANS ADOLESCENTS.



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

## APPENDIX

Given the current political situation in this country, many parents of transgender youth expressed to us a fear that if they spoke publicly about this issue, they would be targeted not only with harassment, but also with baseless social services investigations. Unfortunately, these concerns are far from baseless, as we have seen parents around the country targeted on social media for affirming their children, social services investigations into affirming parents occur in other states, and even rhetoric from the President of the United States that parents are grooming and mutilating their children. Combined with actions taken by the federal government to investigate medical providers of transition-related care for minors and to name advocates of transgender issues as potential terrorists, these fears are certainly understandable.

Trans Maryland strongly believes that it is harmful for democracy for the voices of these parents and families to be silenced through threats. As such, the testimony of some of these families is attached.



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

**Testimony Unfavorable to HB0679:  
Health Occupations – Cross–Sex Hormone Therapy for Minors**

February 15, 2026

Dear Chair, and esteemed members of the Committee:

I respectfully submit this testimony in strong opposition to House Bill 679.

This legislation would prohibit licensed health care practitioners from prescribing or administering cross-sex hormone therapy to minors for the treatment of gender dysphoria and would impose felony criminal penalties—including potential life imprisonment—for violations. This approach is medically unsound, legally troubling, and harmful to vulnerable youth and families like mine.

I am the parent of a 17 year old transgender male with established and ongoing gender affirming care, including cross-sex hormone therapy. Life-affirming therapy that would be harmfully disrupted and criminalized if this bill were to proceed.

My child was very clear on who they were from the time he was in pre-school. As parents it was extraordinarily difficult to understand what he was trying to tell us with self-naming, outbursts, and direct requests. Everything changed when we agreed to use his preferred name and pronouns – a kind, thoughtful, and happy kid emerged. I am grateful to have a child living a happy accepted and confident life with gender affirming care since he was 9. Now 17, I can tell you that criminalizing the medicine he relies on would be devastating. And not just to my kid - but many others.

**1. Decisions on Evidence-Based Medical Care should be up to Doctors & Families**

Major U.S. medical organizations—including the American Academy of Pediatrics, American Medical Association, American Psychiatric Association, and Endocrine Society—recognize gender-affirming care, including hormone therapy in appropriate cases, as evidence-based treatment for adolescents diagnosed with gender dysphoria.

These organizations emphasize that treatment decisions should be made carefully, individually, and collaboratively among physicians, mental health professionals, patients, and parents or guardians. HB 679 would substitute criminal law for clinical judgment, removing individualized care in favor of a categorical prohibition.

**2. The Bill Ignores Established Standards of Care**

The internationally recognized Standards of Care for treating gender dysphoria are developed by the World Professional Association for Transgender Health (WPATH). These guidelines require thorough psychological assessment, informed consent, and parental involvement before hormone therapy is considered for minors.

HB 679 does not regulate care; it bans it outright and threatens providers with felony prosecution.



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

This would deter physicians from practicing in Maryland and undermine access to pediatric specialty care more broadly.

### 3. Criminal Penalties Are Grossly Disproportionate

The bill classifies violations as a felony punishable by imprisonment up to life. Such an extreme penalty for providing physician-supervised medical treatment—consistent with nationally recognized standards—is extraordinary and disproportionate.

Maryland does not impose life imprisonment for many violent crimes. To impose such a penalty on physicians following professional guidelines is excessive and likely unconstitutional.

### 4. This Bill Interferes with Parental Rights

Parents routinely make complex medical decisions for their children in consultation with licensed professionals. HB 679 overrides parents who, after careful evaluation and consultation, determine that hormone therapy is medically necessary for their child.

This represents a significant intrusion by the state into family medical decision-making.

### 5. Harm to Youth Mental Health

Gender dysphoria is associated with elevated rates of anxiety, depression, and suicidality. Research consistently shows that access to gender-affirming care is associated with improved mental health outcomes.

By banning hormone therapy outright, HB 679 would remove an evidence-based treatment option, potentially increasing psychological distress and worsening outcomes for vulnerable adolescents.

### Conclusion

HB 679 replaces medical judgment with criminal prosecution, disregards established standards of care, and risks serious harm to Maryland youth and families. Medical decisions should remain in the hands of licensed professionals, patients, and parents—not the criminal justice system.

For these very personal reasons, I respectfully urge the Committee to issue an unfavorable report on House Bill 679.

Thank you for your consideration.

Respectfully Submitted,

Parent of Transgender Teen

District 18, Kensington



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

### **Testimony Opposing House Bill 0679 – Requesting Unfavorable Report**

I am writing to oppose HB0679, Health Occupations, “Cross Sex Hormone Therapy for Minors.” I raised a transgender minor in Maryland and am writing anonymously to protect my family’s privacy in these harsh times. I will refer to my child as W.

Immediately after I gave birth, and before I laid eyes on my child, I said, “It’s a boy!” The nurse replied, “No, it’s a girl.” My husband and I were bemused. Honestly, we hadn’t thought much about gender when I was pregnant, but I was surprised my instinct was wrong. By the time W turned 4, I learned that my instinct had been right. In creative play, W took on the role of the prince, never a princess. W told me: “I don’t want to be pretty. I want to be handsome.”

Here, I would ask our esteemed legislators to put themselves in my position as a parent. Your child is telling you something absolutely fundamental about who they are – who I believe God created them to be. You struggle to find a pediatrician with the expertise and experience to understand your child and to help you understand what your child is expressing. Over the course of your child’s development and adolescence, you meet with doctors and mental health professionals who find your child is bright, well-loved and clear about their identity. You read the established medical research and talk endlessly with your spouse about what is best for your child. And you feel grateful for living in Maryland, a state known for leading the nation in medical science and evidence-based medical care.

You see your child blossom when they dress and socialize as the gender are, even as family and neighbors show disapproval. You see them thrive with gender-affirming care – the same medical care that has been safely provided for decades to children born intersex. You see that affirming care makes it easier for your beloved child to be accepted by strangers, so you don’t need to worry that they will be attacked or mocked when using a public bathroom.

House Bill 0679 would not protect anyone but it would harm families like mine. It would deny loving parents like me (and my departed spouse) the freedom to make decisions in our child’s best interest. It would undermine the superb medical expertise that Maryland is known for. Most importantly, it would irretrievably harm the lives of people like W, who is now a confident, respected adult in a committed relationship.

Thank you for reading. Do not overrule the rights and dignity of Maryland families. Please defeat HB0679.

Sincerely,

A proud Maryland parent of a beautiful trans adult



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

Delegates,

I am the parent of a trans adult who underwent gender affirming care as a teenager. I urge you to give an unfavorable report to HB 679. My child has asked that this testimony be submitted anonymously because of safety concerns. As a parent, writing the previous sentence causes me deep distress. It is because of bills like HB 679 that my child is afraid. My child is afraid because this bill and others like it are markers that the sponsors are using to purposely instill fear and assert their world view where they have power over people with whom they disagree. Make no mistake- this bill is not about protecting children or informed consent. It is about eroding unenumerated rights, restricting bodily autonomy and fear-mongering for political and ideological purposes.

I can tell you as a parent that experienced the gender affirming care process with my child, that it saved my child's life, relieved intense internal turmoil and demonstrated the personal power of self-determination. Anyone that met my child knew that the body my child was born into did not match my child's identity- including my child's conservative, Catholic grandparents. The only people who ever questioned my child's decision to transition were people who had a political or ideological agenda.

I can also tell you that the gender affirming care process for my child was exactly that. There was never any pressure from medical professionals. There was also deep, informed discussion with my child and an underpinning respect for my child's ability to make independent decisions. There were years worth of screenings, therapy and appointments with pediatric endocrinologists where we were never "sold" any idea, treatment or therapy. In fact, there was such extreme caution and intention that there were times when my child became frustrated with how arduous the process was. In short, the process of informed consent was as thorough (and much more so) than any in modern medical practice.

Finally, I would urge you to reject the deeply ignorant notion that any adult in the gender affirming care process is seeking to harm the children in the process. As a parent who has experienced it with my child, it was the polar opposite of harm. It was lifesaving. My child's struggles were not ended by gender affirming care, but the affirmation of the truth it provided absolutely saved my child. The struggles my child continues to face are caused by those that continue to insist that my child is not capable of living in the way my child knows to be authentic, that they know more about my child than my child or I do. The stress gender-expansive people feel is not caused by their identity; it is caused by bills such as HB 679 that seek to nullify and infantilize them. Please issue an unfavorable report on HB 679.



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

### **Testimony Opposing House Bill 679 – Requesting Unfavorable Report**

I am writing to explain why I oppose HB0679, Health Occupations – Cross-Sex Hormone Therapy for Minors.

I am the parent of a transgender daughter. She came out to our family when she was 18 years old. It wasn't until then that she received therapy and, after several months and in consultation with her doctor, her therapist, my husband and me, she received hormone treatment that alleviated her gender dysphoria. We were immediately supportive of these steps because (1) we loved her and (2) we knew it was the only way to keep her alive.

My daughter did not receive hormone therapy as a minor. However, because of her discomfort with gender, she experienced severe depression during her middle school and high school years, which nearly incapacitated her. She was hospitalized for a week due to a suicide attempt. She was so miserable that she did not want to go on, her gender dysphoria was so debilitating. Experiencing male puberty caused severe emotional distress and depression. This was a terrible time for our entire family, and we were so concerned about her well-being.

When I think of those days, I am filled with regret that she did not feel capable of telling us sooner what she was going through. If she could have had access to puberty blockers at the outset of puberty, I am certain it would have spared her several years of agony and given her time to explore how she was feeling. This would have delayed the onset of many symptoms of puberty and provided some relief from depression. She may not have tried to take her own life.

Because she did not have access to this critically important treatment, not only did she endure severe depression. She has had to undergo repeated laser hair removal treatments, gender-affirming voice therapy sessions to feminize her voice, and other things to exist as a transgender woman. The hair growth and voice deepening are characteristics that may have been lessened if she had started treatment sooner.

I am horrified at the thought of HB0679 taking away this essential health care for adolescents like my daughter. Forcing an adolescent to go through a puberty she knows is wrong for her, particularly when you know there are medical solutions to relieve those symptoms, is unnecessarily cruel. My daughter was not coerced or influenced by anyone to receive treatments that clearly saved her life.

To think that any person, especially transgender people who are relentlessly targeted for discrimination and abuse in many areas of life, would take steps to transition on a whim is utterly ridiculous. No one would endure this without suffering genuine gender dysphoria. So, these hormone treatments are not something entered into lightly. Families of transgender kids are attempting to help them get through a complicated medical crisis in the best way possible. It is not abusive. The medical care needs to be as individualized as possible, and all treatment options need to be available to them. Do not take this away from them.

And, as a parent, I disagree that legislators or anyone other than my child and her medical care providers should determine the best treatment options for her health. She has a right to bodily



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

autonomy and can make decisions about her own health. An adolescent has the ability to give informed consent after receiving behavioral therapy, where a thoughtful and individual determination can be made that hormone treatment would be beneficial. This bill would also strip parents of youth who need this treatment of their rights to control their child's health care decisions. This is unconscionable. No child is receiving hormone therapy without parental consent, and any suggestion to the contrary is false.

For these reasons, and in the interest of science and compassion, please vote to defeat HB0679.

Thank you,

A Maryland Parent of a Trans Daughter



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

**Bill Number: HB0679 Health Occupations - Cross-Sex Hormone Therapy for Minors**

**Position: Unfavorable**

Committee: Health

Dear Members of the Committee:

I am writing to you as a resident of Montgomery County, Maryland, and the mother of a trans girl. I am asking for an Unfavorable Report on HB0679 that 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 a minor for diagnoses, including gender dysphoria.

My daughter has been certain of her gender since at least the age of two, when she began expressing preferences for traditionally female-centric toys, characters, and clothing. At age three, she insisted that she was a big sister, not a big brother. At age five, she asked me to refer to her as my daughter, and began using she/her pronouns. At age six, she asked to grow her hair long and began wearing skirts and dresses. At age eight, she asked to legally change her name. For her entire life, she has always known that she is a girl and has never wavered in her assertion.

My daughter is the first trans person that I met. She has opened my heart and mind in ways that I cannot begin to explain here. When she began expressing her gender, I knew nothing about what it meant to be trans and I had no idea what healthcare for a trans person entailed. I immediately read every book I could find on the topic and sought recommendations and referrals from her doctors. Thankfully, living in Maryland gave us access to some of the most distinguished gender-affirming care physicians in the country.

Since the age of five, my daughter has been fortunate to receive consistent, incredible gender-affirming healthcare right here in Maryland. As a result, our family has been educated and supported and my daughter has been afforded the safety and confidence to be herself. She has seen the same doctors for years and has developed trusted relationships.

My daughter is now eleven years old and on the cusp of puberty. She is expected to require hormone therapy later this year. Like many adolescents, she has had a lot of anxiety about beginning puberty. But unlike many cis adolescents, her concerns are more complex. Her doctors have been thoughtful and compassionate, addressing all of her questions with honesty and integrity. Her doctors have also addressed every question posed by me, her father, and our extended family, and have patiently educated us all on the safety and efficacy of her treatment plan that includes cross-sex hormone therapy.

With that background, I assure you that cross-sex therapy for minors is not only safe, but necessary to protect the mental and physical wellbeing of my daughter and other trans children. If HB0679 becomes law, my daughter will not have access to the healthcare that she needs at the critical starting point of puberty. If denied this basic care, she will be forced to undergo male



Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

puberty, which will trigger irreparable changes in her body. Her voice will change, she'll grow facial hair, and her physical stature will change as well.

As a mother, I am terrified of the effects of such changes on my daughter's mental health. For her entire life, she has known that she is a girl. Can you imagine watching your body morph into something that it has never been? I imagine that it would feel like a horrifying scene out of Kafka's *Metamorphosis*. Thankfully, you have the power to prevent this by issuing an Unfavorable Report for HB0679, and allowing medical professionals in Maryland to continue providing exemplary care for my daughter.

For these reasons, I urge you to issue an Unfavorable Report on HB0679.

Thank you for your consideration.

Sincerely,

Anonymous

Montgomery County Resident and member of Trans Maryland Community

Submitted anonymously for the safety of my family. Please contact me through Trans Maryland with any questions.