

Testimony Opposing HB0679

Health Occupations - Cross-Sex Hormone Therapy for Minors

UNFAVORABLE

February 16, 2026

Delegate Heather Bagnall, Chair; Delegate Bonnie Cullison, Vice Chair; and esteemed members of the House Health Committee:

I am writing to ask you to vote no on House Bill 679. This bill is based on misinformation and lacks scientific support, and if adopted, would cause devastating harm to youth in Maryland who are already subjected to discrimination and anti-transgender bias. Anyone who cares about our vulnerable transgender and gender diverse youth understands that they need access to the full range of gender-affirming treatment options, and decisions about children's health should be made by families, youth, and their medical care providers – not politicians. Gender-affirming hormone therapy has been proven to be [safe](#), and it [effectively reduces depression and suicidal ideation](#) in transgender adolescents. Please do not deny them this necessary and potentially life-saving healthcare.

Gender diverse youth who are supported to explore the gender role that is consistent with their gender identity have better [mental health outcomes](#) than those who are not. HB0679 goes against the broad consensus among [medical groups](#) and researchers who have determined gender-affirming care for [transgender youth](#) to be evidence-based, [essential healthcare](#). Highly regarded organizations such as the [American Medical Association](#), the [American Academy of Pediatrics](#), the [American Psychiatric Association](#), the [Endocrine Society](#), and the [American Academy of Child and Adolescent Psychiatry](#) agree, and this position is supported by a large body of peer-reviewed scientific [research](#). Physicians treating transgender youth follow established [national standards of care](#) applicable to the age of the patient, consistent with clinical practice guidelines based on research. In most instances, children do not seek hormone treatment or surgery. But in cases where those treatments are pursued, it is only after lengthy in-depth consultation with gender care physicians, therapists, and other trained professionals. Patients and their families control decisions at every stage, without coercion or manipulation, as some critics suggest. Gender-affirming care is not experimental and is based on decades of clinical experience. More than 2,000 scientific studies have examined aspects of gender-affirming care since 1975, including more than 260 studies cited in the Endocrine Society's [Clinical Practice Guideline](#).

Cisgender (non-transgender) adolescents, together with their parents or guardians, are considered competent to consent to medical treatments. Transgender and gender diverse adolescents are entitled to the same right to determine their health decisions, in conjunction with their parents, guardians, and physicians. Banning evidence-based medical care based on misinformation takes away the ability of parents and patients to make informed decisions. Similarly, permitting

cisgender adolescents to obtain hormone treatment for conditions, such as precocious puberty, while prohibiting hormone treatment for transgender adolescents is discriminatory.

Puberty blockers are [safe](#), [reversible](#) treatments that can help adolescents who experience gender dysphoria to prevent development of secondary sex characteristics, providing time for them and their families to explore gender identity, receive psychosocial therapy, and determine appropriate medical treatment with their health care providers. Forcing an adolescent with gender dysphoria to endure puberty of the opposite gender can be excruciating and results in changes that later hormone treatments as an adult cannot reverse, such as hair growth or loss, breast development, changes in voice, and skeletal changes. Denying this care when medically-approved solutions exist is simply cruel.

Medical treatment for any condition must be individualized and based on the needs of each patient. A ban on an entire category of medical treatment for a class of people is overbroad and does not treat patients as individuals with unique health concerns. The full range of treatment options should remain available to minors and their families, including hormone therapy. Furthermore, the bill's attempt to criminalize health care providers treating transgender and gender diverse youth using hormones or puberty blockers in accordance with nationally established standards of care and based upon science that is widely supported by the medical community is preposterous.

For these reasons, I request the Committee return an unfavorable report on HB0679.

Respectfully Submitted,

Melinda Littell
Arnold, D33C