

**TO:** The Honorable Heather Bagnall, Chair  
*House Health Committee*

**HB679**  
**Unfavorable**

**FROM:** ET Todd  
*Internal Medicine/Pediatrics Resident Physician*

**DATE:** February 18, 2026

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

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I appreciate the opportunity to express my strong **opposition** to Health Occupations – Cross-Sex Hormone Therapy for Minors (HB 679).

The views expressed here are my own and do not necessarily reflect the policies or positions of the University of Maryland Medical Center/University of Maryland Medical System.

I am a resident physician at the University of Maryland Medical Center (UMMC), in my second year of a four-year program in combined internal medicine and pediatrics, or med-peds. The structure of a med-peds residency is such that I split my time equally between the care of adult and pediatric patients. Throughout my residency so far, I have had the opportunity to care for numerous transgender and gender non-conforming patients through elective time with UMMC's pediatric endocrinology department; a longitudinal specialty clinic in adult gender-affirming care with Dr. Helene Hedian of Johns Hopkins Health System, an internal medicine physician; rotations with the adult infectious disease physicians and advanced practice providers of UMMC's THRIVE program and Baltimore Safe Haven's drop-in clinic; and my own resident continuity primary care clinics in both internal medicine and pediatrics. I have been a panel speaker on gender-affirming care as part of the Humanism Symposium course for third- and fourth-year medical students at the University of Maryland School of Medicine.

All major medical associations, including the American Medical Association and the American Academy of Pediatrics, hold that age-appropriate transition-related care is medically necessary. Medical therapies such as gonadotropin-releasing hormone (GnRH) analogues, or "puberty blockers," and hormone therapy with testosterone or estrogen are a vital tool in the toolkit of gender-affirming care for adolescent patients. When they are prescribed, it is in accordance with international consensus guidelines - and only after multiple thorough, personalized, and longitudinal assessments have been carried out to ensure that they are, in fact, appropriate for the patient in question.

In my own practice, I have personally witnessed how hormone therapy has changed the lives of my adolescent and adult patients for the better. I remember in particular one transmasculine adolescent who shared with me that, after starting to see the effects of testosterone, he was able to look in the mirror and "see himself" – truly recognize the person looking back at him – for the first time in his life. The data supports his experience: transgender and gender non-conforming adolescents who have access to GnRH analogues and hormone therapy report decreased depression, anxiety, suicidality, and self-harm, as well as increased quality of life and life satisfaction<sup>1</sup>.

Passage of HB 679 would cause material harm to transgender and gender non-conforming Maryland youth. Where we, as clinicians, seek to tailor our care to each individual patient for the best possible outcome, this bill does the opposite in its sweeping ban of an entire category of healthcare for the youth of our state. I respectfully urge the House Health Committee to return an **unfavorable** report on Health Occupations – Cross-Sex Hormone Therapy for Minors (HB 679).

With gratitude for your consideration and time,



ET Todd, MD

<sup>1</sup> Psychological and Physical Health Outcomes Associated with Gender-Affirming Medical Care for Transgender and Gender-Diverse Youth: A Critical Review. *Healthcare (Basel)*. 2025 Jul 10;13(14):1659.