

Maryland House Bill 1380

Health Committee Hearing March 13, 2026

Testimony submitted by::

Reborn Athena Legal Initiative (RALI)

by Bullard Esq. Law

MD license: 1212110139

bullard@bullardesq.com

7151 Picnic Woods Rd

Middletown MD 21769

tel: 202 841 7753

Dear Honorable Committee Members,

May it please the Committee, we write on behalf of the women and girls' rights organization Reborn Athena Legal Initiative (RALI), run by Bullard Esq. Law, and as supporters of **Democrats for an Informed Approach to Gender** (DIAG), to testify in opposition to House Bill 1380.

This bill promotes the distribution of a full year's pharmaceutical drugs for Gender Affirming Care (hereinafter GAC). Patients would thus escape physician monitoring for ill effects of such drugs as well as for the frequent co-morbid conditions — such as depression, anxiety, and untreated traumas — experienced by patients subject to GAC. This absence of monitoring of patients will increase iatrogenic injuries and open Maryland based physicians to malpractice claims.

The Food and Drug Administration has never approved the use of any pharmaceutical drug for GAC. Hence, all use of such pharmaceutical drugs for GAC is off-label and a type of haphazard and unmonitored experiment.

The dangers of pharmaceutical drugs administered for GAC are increasingly well documented and have raised alarms not only in the United States but also across a wide swath of countries including the United Kingdom, Finland, Sweden, and Norway.¹

¹ L. Schwartz, *et al.* "A Clarion Call for Action: Science and Gender Identity," Real Clear Health, Feb. 19, 2026 available at: <https://www.realclearhealth.com/articles/2026/02/19/a-clarion-call-for-action-science-and-gender-identity-1165879.html> . Cass H. Independent review of gender identity services for children and young people: final report. 2024. Available from: <https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/> ; Council for Choices in Healthcare, Finland, trans at: https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf; U.S. Department of Health and Human Services (HHS) report, Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices (November 19, 2025).

The Health and Human Services Gender Dysphoria Report concludes that gender-affirming care of minors (i.e., social transition, puberty suppression, cross-sex hormones, and surgeries) lacks robust evidence of long-term benefits while posing significant risks of harm for patients, including infertility, sexual dysfunction, impaired bone density, neuro-cognitive effects, cardiovascular risks, psychological distress, chronic pain, and regret. This HHS Report reminds us that these interventions contradict widely endorsed principles of medical ethics which at minimum include the prime medical directive to *do no harm*, clear and accurate informed consent, and a commitment to evidence-based care.²

No high quality empirical scientific study has demonstrated GAC reduces suicides nor improves quality of life.³ Studies that purport to show such benefits are anecdotal, poor quality, and/or low certainty. [A widely-anticipated 2023 National Institutes of Health/Health and Human Services-funded study](#) of youth receiving opposite-sex hormones showed no meaningful improvements in psychological functioning and the highly affirming environment provoked two suicides at 6 and 12 months of followup.⁴ In Sweden, a country with a long history of tolerance, [the longest \(40-year\) study of sex-reassigned adults](#) found that compared to others of the same sex, completed suicides were 19.1 times higher, suicide attempts 4.9 times higher, and psychiatric inpatient care 2.8 times higher.⁵

In the widely watched Supreme Court case *U.S. v. Skrametti*, Justice Samuel Alito cited the Cass Review's conclusion that "there is no evidence that gender-affirmative treatments reduce suicide," and interrogated ACLU attorney Chase Strangio on whether the treatments reduced suicide risk. **Strangio admitted that no evidence supported the widely threatened risk of gender dysphoric suicides.**⁶ "Would you rather have a dead son or a live daughter?" now has entered the medical history hall of infamy alongside such previous medical errors as lobotomies, the Tuskegee Syphilis Study, DES for pregnant women, and allegedly "non-addictive" Oxycontin.

² HHS, U.S. Department of Health and Human Services (HHS) report, Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices (November 19, 2025)

³ In general, see the scientific literature as discussed by the public health experts of DIAG at: <https://www.di-ag.org/suicide-risk>

⁴ Chen, D, *et al.*, "Psychosocial Functioning in Transgender Youth after 2 Years of Hormones," *N Engl J Med.* 2023 Jan 19;388(3):240-250. doi: 10.1056/NEJMoa2206297. available at: <https://pubmed.ncbi.nlm.nih.gov/36652355/>.

⁵ Dhejne, C. *et al.*, Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden, *PLoS One.* 2011 Feb 22;6(2):e16885. doi: 10.1371/journal.pone.0016885, available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3043071/>

⁶ See "What to know about the Transgender ...," the *New York Times*, June 19, 2025, available at: <https://www.nytimes.com/2025/06/19/magazine/transgender-supreme-court-skrametti-takeaways.html>

In February 2026 a group of medical experts petitioned the FDA for an investigation of GAC pharmaceuticals and in particular the harms precipitated by estrogen administered to natal males. “The recent peer-reviewed umbrella review from the Department of Health and Human Services has once again demonstrated the lack of benefits from these hormonal interventions. What is perhaps less appreciated is the increasing evidence of harm.”⁷ These health experts write, “The FDA should alert manufacturers and healthcare providers that promoting this unapproved use—directly or indirectly—is unlawful. This is needed to raise public awareness of the long-term risks and outcomes associated with the use of estrogen in natal males for the purpose of modifying secondary sex characteristics, as this use has not been shown to be safe, and to prevent further harm to these individuals. Additionally, there is a lack of substantial evidence that estrogen improves psychosocial well-being in natal males.”⁸

The harms of estrogen administered to natal males are multiple and extremely serious. We quote from Schwartz *et al.*, *op cit.*, to show such harms include:

- Profound Cardiovascular and Thromboembolic Harm:
 - Venous Thromboembolism (VTE): The risk increases 5.1-fold after 2 years compared to the general male population ([Getahun et al., 2018](#)).
 - Stroke: The risk increases nearly 10-fold after 6 years ([Getahun et al., 2018](#)).
 - Retinal Vein Occlusion: Case reports link estrogen therapy to branch retinal vein occlusion (BRVO), a cause of sudden vision loss ([Andzember et al., 2023](#)).
- Significant Oncologic Risk:
 - Breast Cancer: The standardized incidence ratio (SIR) increases 22.5- to 40.7-fold compared to the general population of males ([Corso et al., 2023](#)).
 - Testicular Cancer: Annual incidence calculated at 26.5 times higher than general population estimates in one case series ([Shanker et al., 2024](#)).
 - Thyroid Cancer: One study of US veterans found a higher prevalence of thyroid cancer compared to non-transgender men, with a higher incidence of the more aggressive Hürthle cell cancer subtype ([Christensen et al., 2024](#)).

⁷ L. Schwartz, *et al.* “A Clarion Call for Action: Science and Gender Identity,” Real Clear Health, Feb. 19, 2026 available at: <https://www.realclearhealth.com/articles/2026/02/19/a-clarion-call-for-action-science-and-gender-identity-1165879.html>

⁸ *Ibid.*

- Abnormal Sperm & DNA Damage: The treatment results in higher proportions of sperm abnormalities, including low sperm count, poor motility, and azoospermia (absence of sperm). Analysis of testicular tissue after orchiectomy revealed that 65% of cases showed cellular atypia mimicking germ cell neoplasia (a precursor to cancer) ([de Roo et al., 2025](#); [Riva-Morales et al., 2025](#)).
- Other Neoplasms: Meningiomas and pituitary tumors (prolactinomas) identified as principal adverse drug reactions in pharmacovigilance databases ([Gomez-Lumbreras & Villa-Zapata, 2024](#); [Yelehe et al., 2022](#)).
- Neurological, Cognitive, and Psychiatric Harm:
 - Cognitive Decline: Long-term users show significantly lower scores in information-processing speed, episodic memory, and crystallized intelligence ([van Heesewijk et al., 2025](#)).
 - Adverse Brain Structural Changes: Associated with decreased overall brain volume, reduced cortical thickness, and increased ventricular volume ([Hulshoff Pol et al., 2006](#); [Seiger et al., 2016](#); [Zubiaurre-Elorza et al., 2014](#)).
 - Mechanistic Concerns: Recent hypotheses suggest that estrogen acts on astrocytes, potentially altering cerebral blood flow, brain water metabolism (resulting in tissue dehydration), and metabolite concentrations (e.g., glutamate), providing a potential mechanistic link to observed structural changes and increased stroke risk ([Zubiaurre-Elorza et al., 2025](#)). Changes in the brain have also been linked to cognitive decline and dementia, as observed by [van Heesewijk et al. \(2025\)](#).
 - Reduced BDNF: Associated with reduced serum Brain-Derived Neurotrophic Factor (BDNF), a marker linked to depression risk ([Fuss et al., 2015](#); [Emon et al., 2020](#)).
- Reproductive Harm and Permanent Sterility:
 - Irreversible Infertility: Leads to spermatogenic arrest, testicular atrophy, hyalinization, and fibrosis in a majority of cases, rendering individuals permanently sterile ([Matoso et al., 2018](#); [Cheng et al., 2019](#); [de Roo et al., 2025](#)).

- Fertility preservation counseling is often inadequate or even completely absent ([Bayar et al., 2023](#)).
- Systemic and Metabolic Harms:
 - Metabolic Syndrome/Diabetes Risk: Increases fat mass and worsens insulin resistance (HOMA-IR increased 72% in the first year) ([Spanos et al., 2020](#); [Colizzi et al., 2015](#)).
 - Autoimmune Disease: Associated with triggering or exacerbating conditions like multiple sclerosis (adjusted rate ratio 6.63), lupus, and systemic sclerosis ([Pakpoor et al., 2016](#); [Salgado et al., 2022](#)).
 - Pancreatitis: Case studies link estrogen use to both hypertriglyceridemia-induced and gallstone pancreatitis ([Chaudhry et al., 2021](#); [Freier et al., 2021](#)).
- All-cause Mortality
 - 80% increase in the standardized mortality ratio (SMR) compared to the general population males over five decades, with cardiovascular disease a leading cause ([de Blok et al., 2021](#)). Mortality rates start to diverge significantly after age 30, reaching more than three times higher by the 50s ([Hughes et al., 2022](#), online appendix, Table A2).
 - Suicide: Analysis of the United States Transgender Survey 2015 (USTS 2015) data showed that males who took cross-sex estrogen for gender affirmation were more likely to plan suicide, attempt suicide, and require hospitalization for a suicide attempt. ([Biggs, M., 2022](#)).

Medical practice has offered many benefits but is also indisputably prone to error. The warning lights regarding pharmaceuticals prescribed for GAC are flashing a blazing red light. We should heed these warning signs.

Rather than facilitate easy access to drugs for GAC, Maryland should examine carefully how the scientific evidence reveals how the harms of such drugs outweigh any purported benefit. Indeed, in no other instance is a psychological difficulty — a feeling of not being at home in one's own body — treated with intensive body modification rather than with addressing the seat of the problem, in the psyche.

We urge the Committee to treat this bill with disfavor.

Sincerely,

Alice Bullard

Alice Bullard, Ph.D. & Esq.
for RALI and Bullard Esq. Law