

EZRA MACLEOD TOWNE

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

February 16, 2026

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

My name is Ezra Towne, and my pronouns are they/them. I am a 51 year old transmasculine nonbinary adult who helps run a peer facilitated support group for trans and nonbinary adults in Montgomery and Prince George's County. I am writing to you today in that capacity, and from my personal experience as a transgender adult. Because of this experience, **I urge an unfavorable report on HB0679: Health Occupations - Cross-Sex Hormone Therapy for Minors.**

HB0679 would create a blanket ban on health care for minors that would develop secondary sex characteristics that are in alignment with their gender identity. It would also block hormonal treatment that would prevent the development of secondary sex characteristics that do not align with their gender identity during puberty. I believe that medical decisions are best left in the hands of parents, doctors, and informed minors. Gender affirming care (GAC) should be individualized, not uniformly denied.

The conversations that unfurl in the support group I run often circulate around hormone replacement therapy and the variations in its effectiveness on transgender adults. Both our younger attendees and our elders express that they would have loved to have hormone therapy available to them as minors, before the onset of puberty. It would have strengthened their mental health and their sense of belonging if they could have had the correct puberty - and reduced the gender dysphoria that comes with starting transition later in life.

As a transgender adult, I can say that I agree with those in my support group. I did experience gender dysphoria at the onset of puberty, and I wish that puberty blockers had been available to slow my development into a female body. I may also have realized earlier on that I identified more as a boy than as a girl. I did feel that people would find me more attractive as a boy - not because I was particularly unattractive, but because it would have made more sense internally. I have no doubt that some of this dysphoria led to my suicidality as a tween and teen. I'm lucky that I made it to adulthood.

Equally important to my personal experience is the breadth of science about minors who experience gender dysphoria. Empirical research consistently finds that GAC for minors results in better mental health and quality of life,¹ and to date there has been no reputable, peer-reviewed research that indicates that GAC for youth decreases mental health or overall well-being.² HB0679 also conflicts the standards of care recognized by the American Academy of

Pediatrics, the American Medical Association, the American Psychological Association, and the Endocrine Society.

Blanket bans on GAC only hurt transgender youth, especially those entering puberty who need more time to figure out who they are. Only parents, informed minors, and their medical professionals should determine whether or what kinds of GAC are appropriate. Lastly for those who choose puberty blockers, guidance from mental health professionals who specialize in gender care for children can support positive adaptation of gender identity and discernment of gender related needs over time.³

Transgender girls are girls. Transgender boys are boys. Nonbinary teens are nonbinary. Every single friend of my teenage daughter knows this to be true and would defend their friends' rights to gender affirming care.

For these reasons, I respectfully ask for an unfavorable report from the Health Committee on HB0679: Health Occupations - Cross-Sex Hormone Therapy for Minors.

Sincerely,
Ezra MacLeod Towne
Wheaton, D18

¹ Achille, C. · Taggart, T. · Eaton, N.R. Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: Preliminary results. *Int J Pediatr Endocrinol.* 2020; 1-5 <https://doi.org/10.1186/s13633-020-00078-2>

² Restar A. J. (2023). Gender-affirming care is preventative care. *Lancet regional health. Americas*, 24, 100544. <https://doi.org/10.1016/j.lana.2023.100544>

³ American Psychological Association . (2015). Guidelines for professional practice with transgender and gender non-conforming people. *American Psychologist*, 70(9), 832–864. 10.1037/a0039906. <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fa0039906>