

SUPPORT HB679

Honorable Chair Bagnall and members of the [Health](#) committee,

Minors cannot legally consent to most significant medical or contractual decisions, as they lack the maturity and life experience to fully understand long-term consequences. This principle is foundational to child protection laws across our society.

Cross-sex hormone therapy, often part of so-called gender-affirming care for youth, can have irreversible effects. These include permanent impacts on fertility, as well as potential long-term risks to bone health, sexual function, and overall physiological development—changes that cannot be undone once initiated.

Adolescence is a period of rapid psychological and physical development, during which identity, emotions, and the body undergo profound changes. Many young people experiencing distress related to gender may find that these feelings evolve or resolve naturally with time, supportive care, and without medical intervention.

Parents should not be pressured—by medical professionals, social trends, or ideological advocacy—into making permanent medical decisions for children who are experiencing mental health distress. Such distress deserves compassionate, evidence-based psychological support first, not rushed pathways to irreversible treatments.

Finally, safeguarding children from irreversible medical interventions is a legitimate and appropriate role for the Legislature. By enacting protections that prioritize caution, time for development, and the avoidance of harm, we uphold our duty to put minors' long-term well-being above experimental or uncertain medical approaches.

I'm including a scientific article substantiating the harm and risks of cross-sex treatments, requiring a cautionary approach. Please vote favorably.

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Source:

<https://popularrationalism.substack.com/p/evidence-of-harm-and-lack-of-evidence>

In the early 2010s, several European countries emerged as “pioneers” in offering gender-affirming medical interventions to minors experiencing gender dysphoria. These interventions included puberty blockers, cross-sex hormones, and in some cases, surgical procedures such as double mastectomies for adolescents. Clinics in the Netherlands, Sweden, and the United Kingdom became international reference points, and their protocols were emulated in other countries. Yet by the early 2020s, a sharp reevaluation was underway across Europe. Systematic reviews of the scientific literature, mounting evidence of regret and detransition, and concerns about the irreversible harms of early medicalization led public health authorities in multiple EU nations to revise or revoke earlier policies. The shift, grounded in evidence-based medicine rather than ideology, represents a profound transformation in pediatric care.

Sweden: A Cautionary Pivot

Sweden was among the first countries to restrict access to pediatric gender-affirming treatments after reviewing the available evidence. In 2021, the Swedish National Board of Health and Welfare (Socialstyrelsen) concluded that the scientific basis for puberty blockers and cross-sex hormones in adolescents was extremely weak. The Board declared that such interventions should only be offered in controlled research settings with full ethical oversight. The decision was reinforced by clinical observations at Karolinska University Hospital, which independently halted new puberty blocker prescriptions for minors. Swedish authorities cited specific risks, including impaired bone mineral density, uncertain effects on cognitive development, and irreversible changes in sexual function and fertility. A national reassessment of protocols emphasized that psychosocial support and psychotherapy should be the first-line responses to youth gender dysphoria.

Finland: Prioritizing Mental Health

Finland was the first country to explicitly repudiate the “affirmation-first” model in official guidance. The Council for Choices in Health Care (COHERE) issued updated recommendations in 2020 following an extensive evidence review. The Finnish guidance acknowledged that most adolescents with gender distress also have significant psychiatric comorbidities such as anxiety, depression, autism spectrum disorder, and trauma histories. Consequently, it advised that these conditions should be stabilized before any consideration of medical transition. COHERE found that evidence supporting hormonal and surgical interventions in youth was of low quality and insufficient to justify the risks. Hormones could be prescribed only under tightly

controlled circumstances and typically not until adulthood. Psychological assessment and ongoing therapy were reaffirmed as central pillars of care.

United Kingdom: The Cass Review and the NHS Overhaul

In the United Kingdom, the National Health Service initiated a landmark independent review in 2020 under Dr. Hilary Cass to assess the safety and efficacy of gender services for children and adolescents. The Cass Review, released in interim form in 2022 and finalized in 2024, delivered a comprehensive critique of the previous clinical model. It found that the Gender Identity Development Service (GIDS) at the Tavistock Clinic operated with insufficient attention to underlying mental health conditions and lacked long-term outcome tracking. The review determined that the scientific evidence supporting puberty blockers and cross-sex hormones in youth was of very low certainty and did not justify routine use. Following the review, NHS England decommissioned the Tavistock Clinic and began restructuring services around regional centers with a holistic, mental-health-first approach. Puberty blockers are now considered investigational, and early social transition is discouraged without clear clinical benefit.

France, Norway, and Others: Echoes of Restraint

France's National Academy of Medicine issued a public warning in 2022 urging caution in medical responses to childhood gender distress. It called for deeper psychological evaluation and warned that rising referrals of adolescent girls with no childhood history of gender dysphoria might reflect social contagion or unresolved psychological trauma. Similarly, Norway's health authority released an expert review in 2023 labeling puberty blockers and cross-sex hormones for youth as experimental. These interventions were recommended only in clinical trial settings. Germany and the Netherlands, though historically more permissive, have begun updating protocols to increase emphasis on psychological evaluation and to introduce stricter eligibility criteria.

Harms Recognized and Detransition Acknowledged

Emerging data have shown that the risks associated with early medical transition are more serious and more common than initially believed. Adolescents placed on puberty blockers at Tanner Stage 2 and later advanced to cross-sex hormones face near-certain infertility and loss of sexual function if they never experience endogenous puberty. Known complications include impaired bone density, altered brain maturation, and chronic pelvic pain. Rates of regret and detransition, while previously reported as under 1%, have risen in recent observational data, particularly among young women who transitioned in adolescence. European authorities now acknowledge that some patients had transient gender distress driven by trauma, neurodevelopmental disorders, or internalized homophobia, which resolved over time.

Autistic youth have been found to be dramatically overrepresented in gender clinics. The Tavistock's internal audit revealed autism spectrum characteristics in approximately one-third of referred patients, compared to 1–2% in the general population. This raises substantial concerns about diagnostic overshadowing, whereby gender dysphoria may be mistaken for identity confusion or rigidity commonly seen in neurodiverse individuals.

Reorienting Toward Evidence-Based, Ethical Care

Across Europe, the trajectory is clear: affirmation is no longer the default, and psychosocial evaluation is once again central to pediatric gender care. The concept of informed consent, particularly for irreversible interventions, is being reexamined in light of adolescents' neurocognitive development. Countries such as Sweden and Finland now explicitly reject the notion that minors possess the maturity to consent to sterilization or surgical alteration of primary or secondary sex characteristics. European health agencies have begun to call for national registries, long-term follow-up studies, and outcome audits to understand the true efficacy and harms of these interventions.

By contrast, American professional societies, including the American Academy of Pediatrics and the Endocrine Society, have maintained their endorsement of gender-affirming care while deferring or resisting comprehensive evidence reviews. As a result, the transatlantic policy divide has widened, with Europe moving toward caution and the United States continuing to assert consensus.

The European shift reflects a sober reckoning with the ethical stakes of medicalizing youth identity. Health systems are realigning with foundational principles: first, do no harm; second, ensure interventions are justified by strong evidence; and third, protect the developing bodies and minds of children until they are capable of understanding the permanence of medical decisions.

A Word to Pediatric Medicine

Being tone-deaf to the real threat that your transitioning of minors poses to the worldview of conservatives is dangerous. Hating them more for this, or engendering more hatred for them, will not cause them to accept this practice.

If the American Academic of Pediatrics wants to continue to be able to operate in all 50 states, they had better pay heed to what the rest of the world knows: Transitioning youth prior to puberty is experiment, unproven and carries significant risk of being harmful in the long run.

If AAP wants to be banned in certain states, they should carry on with their antagonizing views that their members can kick families out of the practice for refusing even one vaccine, and they should keep pushing their ideology on transitioning minors.

The conservatives and rational liberals who see what has happened in Europe will inevitably refuse to support this highly profitable, but highly unethical practice.

References with Links

Swedish and EU policy sources:

– **Swedish National Board of Health and Welfare, *Care of Children and Adolescents with Gender Dysphoria – Summary of National Guidelines*** – Official English-language guideline summary from Sweden’s public health authority, outlining updated criteria and cautions on hormonal and surgical interventions for minors. See: [Care of children and adolescents with gender dysphoria \(Socialstyrelsen\)](#)

– **Bernard Lane, “Sweden Transitions to Caution”** – Analysis of changes in Swedish policy toward restraint in hormone use for gender-dysphoric youth. See: [Sweden transitions to caution – gender clinic news](#)

UK and Cass Review sources:

– **The Cass Review Final Report (UK, 2024)** – Publication notice

and overview of the independent review of UK child gender identity services, which found the evidence base weak and recommended major service reforms. See: [Cass Review Final Report \(summary\)](#)

– **Cass Review Wikipedia entry** – Independent summary of the review and its recommendations, including restructuring NHS services for gender-questioning youth. See: [Cass Review \(Wikipedia\)](#)

– **NHS England on Children and Young People’s Gender Services**
– NHS overview confirming the final Cass Review publication and its role in current policy. See: [Children and young people’s gender services – NHS England](#)

– **Taylor J, 2024, *Interventions to suppress puberty in adolescents with gender dysphoria*** – Systematic review highlighting the limited evidence on puberty suppression outcomes. See: [Puberty suppression outcomes review \(BMJ\)](#)

– **Jorgensen SCJ, 2024, *Puberty Suppression for Pediatric Gender Dysphoria and Ethical Implications*** – Peer-reviewed essay on ethical issues and risks of puberty blockers, contextualizing

principles applied by health authorities. See: [Puberty suppression ethical analysis \(Springer\)](#)

– **Swedish Board historical overview (RFSL)** – Outlines definitions, legal background, and procedural context for youth care in Sweden. See: [Questions and answers about care for youth with gender dysphoria \(RFSL\)](#)

– **Dutch Protocol background (Wikipedia)** – Context on the original treatment protocol that influenced EU pediatric gender medicine, referenced by several European guideline discussions. See: Dutch Protocol in gender care

– **AP News, “Britain indefinitely bans puberty blockers for children with gender dysphoria”** – Report on the UK government’s indefinite ban on puberty blockers following expert review. See: Britain bans puberty blockers in under-18s (AP News)