



**Testimony Before the Maryland General Assembly  
Health and Government Operations Committee**

**Testimony of Ismail Royer  
Director, Islam and Religious Freedom  
Religious Freedom Institute**

**In Favor of HB 679**

**February 17, 2026**

Chair Bagnall and Members of the Committee:

The Religious Freedom Institute (RFI) is committed to achieving broad acceptance of religious liberty as a fundamental human right, the cornerstone of a successful society, and a source of national and international security.

As RFI's Director of Islam and Religious Freedom, I explore religious freedom in Islamic tradition and provide a Muslim perspective on issues bearing on religious freedom and religion in public life. On behalf of RFI, I respectfully submit this testimony in favor of HB 679, Cross-Sex Hormone Therapy for Minors.

The proposed legislation would prohibit health care practitioners from providing cross-sex hormone therapy to minors for the treatment of gender dysphoria. We wish to express our unqualified endorsement of the proposed law, which rejects harmful ideology and embraces truth and reason.

Underlying the proposed legislation we find two realities:

1. It is the duty of the physician to heal and not harm the patient; and
2. Children are harmed when their healthy bodies are destroyed, including by the disruption of the natural process of sexual maturity.

Any reasonable person, of any faith or no faith, can recognize these realities. As a Muslim voice for sound public policy, however, I respectfully adduce the Islamic perspective on their basis.

As to the first principle: that it is the duty of the physician to heal and not harm the patient:

The Prophet Muhammad said: “Let there be no harm, nor returning of harm.”<sup>1</sup> This is the most fundamental legal and ethical principle of Islam. In this vein the 9th century Arab physician Ishaq al-Ruhawi<sup>2</sup> wrote in a commentary on Hippocrates, the father of medicine:

“And two things are incumbent upon you: the first is to benefit the patient, and the second is not to harm him.”<sup>3</sup>

As to the second premise on which the proposed legislation is grounded: that medical intervention to disrupt puberty in healthy children is harmful.

An individual human being’s sex, a created and thus inherent trait, is self-evidently not a disease requiring treatment.<sup>4</sup> So when physicians remove healthy breasts or a healthy uterus, when they prescribe drugs that interrupt the natural process of sexual maturity, they do not heal patients, they harm them.

Some might object that children have the right to autonomy in seeking such procedures. In this connection, Ar-Ruhawi said: “It is essential that the physician not follow the will of the patient unless it benefits him in getting better; he should not obey him in this with respect to his individual rights.”<sup>5</sup>

And this would apply with even more force to children, whose capacity for determining their best interest is not yet fully formed.

It is argued that children with confusion about their “gender identities” receive mental and emotional health benefits from the destruction of their healthy bodies. Whether there are any such benefits, and whether they outweigh the harm, is far from clear.<sup>6</sup> And even if mental health benefits could be demonstrated, the destruction of a child's healthy body can never rightly serve as the treatment for a disorder that is psychological in its nature and origin.

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<sup>1</sup> Al-Sunan al-Kubra lil-Bayhaqi No. 11384.

<sup>2</sup> Interestingly, some contemporary Western scholars argue that al-Ruhawi was probably a Christian living in a Muslim empire; others believe he was Jewish. Regardless of the accuracy of this claim, it demonstrates the universality of the ethical truths he espoused.

<sup>3</sup> Levey, Martin & Ruhawi, Ishaq ibn Ali (1967). *Medical Ethics of Medieval Islam with Special Reference to Al-Ruhawi's 'Practical Ethics of the Physician.'* American Philosophical Society, p. 56.

<sup>4</sup> The exception here is the intersex individual, a person of ambiguous physical sex characteristics, for whom medical intervention may be ethically appropriate.

<sup>5</sup> *Id.*

<sup>6</sup> See, e.g., Wong CY, Ngan STJ, Cheng PWC, Tang WK, Chow LY and Kam WK (2026) *Effect of gender-affirming treatments on depression and anxiety symptoms in transgender people: a retrospective cohort study.* Front. Psychiatry 16:1709778 (finding that “[g]ender-affirming treatments did not reduce depressive or anxiety symptoms significantly,” but that “[v]arious sociodemographic and psychosocial factors, including employment status, living situation, psychological care, and psychiatric medication use, were associated with psychological outcomes.”).

In conclusion, people of any faith or no faith can clearly see the reasonableness of the proposed legislation. Physicians must do no harm. Medical procedures with the aim of changing the sex of a child harm the child and seek an end which cannot be attained. Hence, physicians must not perform such procedures.

For all of the foregoing reasons, we urge a favorable report on HB 679.