

# **SB950 SUPPORT Conversion therapy ban protections 2**

Uploaded by: Abbie Ellicott

Position: FAV

## **SUPPORT SB950 Conversion Therapy – Prohibitions and Causes of Action**

Hearing date: 3/10/26, 1 pm in Judicial Proceedings

Dear Chairperson Smith, Vice Chairperson Waldstreicher and members of the Senate Judicial Committee:

We represent the Coalition for LGBTQ+ Students and we urge you to **SUPPORT SB950**.

In 2018 the Maryland General Assembly passed the Mental Health Protection Act, a landmark bill that banned conversion therapy for minors in Maryland, making us the 11th state to enact such a ban. The law provided important protections for LGBTQIA youth by ensuring that no mental health provider licensed in Maryland would perform “conversion therapy” to change a young person’s gender identity or sexual orientation.

Conversion therapy is a range of dangerous and illegitimate practices that falsely claim to change a person’s sexual orientation or gender identity. In other words, it attempts to make LGBTQIA+ youth heterosexual and gender-conforming. It is based on the false assumption that being LGBTQIA is abnormal or pathological. It has been proven to be totally ineffective and harmful.

Consider the case of Sam Brinton, who was subjected to conversion therapy as a 12-year-old boy after he disclosed to family that he was attracted to a male friend. He underwent years of so-called “therapy” designed to eradicate his attraction to males. After being subjected to emotionally and physically abusive practices (including verbal intimidation, shaming, and the infliction of physical pain to his body via extreme temperatures and electric shock), Sam became suicidal, depressed, highly anxious, and avoidant of intimacy. He was still attracted to males but he learned to hide these feelings. It has taken Sam years to recover from his horrendous experience with conversion therapy.<https://www.nytimes.com/2018/01/24/opinion/gay-conversion-therapy-torture.html>

Research shows that conversion therapy poses significant risks for LGBTQIA youth, including depression, decreased self-esteem, substance abuse, homelessness, and suicide. A 2020 study published in the American Journal of Public Health found that LGBTQ+ youth who underwent conversion therapy were more than twice as likely to report having attempted suicide and more than 2.5 times as likely to report multiple suicide attempts in the past year. It is condemned by every major medical and mental health organization, including the American Psychiatric Association, the American Medical Association and the American Psychological Association.

Bans on conversion therapy are supported by a majority of Americans and by all reputable health care practitioners according to The YouGov/Economist poll. However, many states and our current federal government want to bring this harmful practice back into the mainstream. Conversion practitioners have legally challenged state-level bans for years, and the Trump administration is now actively supporting these efforts. For example, on March 4, 2025, President Donald Trump promoted dangerous pro-conversion-practice dog whistles, such as describing social transition—when a transgender person begins using new pronouns or a new name—as “child abuse.”

**Clearly, we need additional protections to prevent conversion therapy practitioners from harming youth in Maryland.**

SB950 is critical because it would provide enforceable legal protections against conversion therapy. It would help to protect LGBTQIA youth from devastating health risks, including increased rates of suicide attempts, depression, anxiety, and substance abuse. This bill would also help to prevent internalized stigma caused by conversion therapy as it instills a sense of being broken, shameful and mentally ill.

SB950 is also important because it gives victims of conversion therapy the grounds to sue based on malpractice and it ensures that youth who were subjected to the practice as minors can still seek justice as adults. It recognizes that some child victims may not recognize the harmful impact until they are adults. It provides a deterrence to providers via economic pressure, as people who practice conversion therapy would be required to pay a higher insurance premium. Finally, it prohibits deceptive advertising by banning false or deceptive statements regarding its efficacy.

In sum, SB950 is important because it makes conversion therapy a legally actionable form of abuse, and it supports Maryland's status as a safe place for LGBTQIA people.

**Please support SB950 and protect vulnerable LGBTQIA youth in Maryland.**

Sincerely,

The Coalition for LGBTQ+ Students

[www.coalition4lgbtqstudents.org](http://www.coalition4lgbtqstudents.org)



# **SB950 Favorable 2026.pdf**

Uploaded by: Debi Jasen

Position: FAV

Judicial Proceedings Committee  
Senate Bill 950  
Favorable

Honorable Chair, Vice Chair, and Members of the Judicial Proceedings Committee;

Conversion therapy is cruel and extremely harmful. About 20 years ago, I attended a protest against conversion therapy. I heard the experiences of young people who had been so severely injured by conversion therapy that they attempted suicide. I heard from some that they knew people who had committed suicide due to their parents' rejection of them and the damage done by conversion "therapists."

Twenty-six years ago, I lost a friend who was like a brother to me. R jumped to his death from his dorm window. He had tried to come out to his parents over the phone as bisexual, as a way to ease them into eventually accepting him when he would come out as gay. He was rejected, and killed himself shortly after. He was barely an adult. Had he still been a minor when he came out, they undoubtedly would have forced R into conversion therapy. If R had lived any longer, I have no doubt that R's parents would have pressured him into conversion therapy and threatened to withhold their love and support if he refused. I met his mother when she traveled almost 4,000 miles to get her son's body and his belongings. She was convinced that another friend of mine (J), who had been (platonically) helping R navigate his feelings, had made her son gay. She blamed J for R's death. She seemed much more upset about R coming out than about him dying. I have never forgiven her for not loving her child unconditionally.

People who torture others under the guise of "therapy" shouldn't have a right to practice any sort of mental health care. They absolutely should be held responsible for the mental anguish they cause, and they should be punished. Mental health professionals are supposed to be held to a standard of care. That standard doesn't include forcing people to conform to their parents' or churches bigoted ideals. It doesn't include making people suicidal, teaching them that their lives are expendable if they aren't cisgender or heterosexual. That's 100% malpractice.

Please give Senate Bill 950 a favorable report. Thank you.

Sincerely,  
Debi Jasen  
Pasadena, MD

# **SB 950 TRAC Favorable.pdf**

Uploaded by: Ericka McDonald

Position: FAV



**Senate Bill 950**  
**Conversion Therapy - Prohibitions and Causes of Action**  
**March 10, 2026**  
**Favorable**

Dear Chair Smith and Members of the Judicial Proceedings Committee,

The Trans Rights Advocacy Coalition (TRAC) supports SB 950, which protects minors from harm from dangerous “conversion therapy” by creating concrete consequences for medical professionals who engage in this illegal practice.

TRAC is a Maryland based, and entirely trans-led coalition committed to ensuring that all transgender and gender expansive Marylanders can live safe and affirming lives. Our membership includes healthcare providers, attorneys, academics, organizers and other community members who all stand in strong support for laws and policies that protect the health and well being of transgender people like SB 950.

Maryland has a long history of valuing and protecting the LGBTQIA+ community. Maryland law restricts state-licensed therapists from practicing conversion therapy on minors to change their sexual orientation or gender identity, defining it as “unprofessional conduct”. The Youth Mental Health Protection Act, signed in 2018, covers mental health and child care practitioners and prohibits using state funds for such services, but does not directly address malpractice.

Additionally, Maryland Attorney General Brown spoke out against the dangers of conversion therapy in a press release and on social media after joining a multi-state amicus brief to the Supreme Court defending a conversion therapy ban. “Maryland and other states must be able to protect our most vulnerable children from these harmful interventions that tell them there's something wrong with who they are.”<sup>1</sup>

Conversion therapy has been rejected by all the major health and mental health professions.<sup>2</sup> Research consistently demonstrates that conversion therapy is associated with many long-lasting consequences, including depression, anxiety, suicidality,

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<sup>1</sup> See Attorney General press release

<https://oag.maryland.gov/News/Pages/Attorney-General-Brown-Joins-Coalition-at-SCOTUS-Supporting-Colorado-Law-Banning-Conversion-%E2%80%98Therapy%E2%80%99-for-Minors---.aspx>

<sup>2</sup> See American Psychological Association, Just the Facts About Sexual Orientation & Youth: A Primer for Principals, Educators and School Personnel, available at <http://www.apa.org/pi/lqbc/facts.pdf>



**Senate Bill 950**  
**Conversion Therapy - Prohibitions and Causes of Action**  
**March 10, 2026**  
**Favorable**

substance misuse, a range of posttraumatic responses, loss of connection to community, damaged familial relationships, self-blame, guilt, and shame.<sup>3</sup>

SB 950 provides the necessary consequences to practitioners who violate the law and endanger young people. We strongly urge a favorable report on SB 950.

Sincerely,

The Trans Rights Advocacy Coalition

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<sup>3</sup> See APA resolution on SOCE:

<https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts> AND Report of the American Psychological Association Task Force on the Appropriate Therapeutic Responses to Sexual Orientation <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

**EzraTowne\_SB950\_Favorable\_2026\_0306 (JPR).pdf**

Uploaded by: Ezra Towne

Position: FAV

# EZRA MACLEOD TOWNE

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## Testimony Favorable to SB0950: Conversion Therapy - Prohibitions and Causes of Action

March 6, 2026

Senator William C. Smith, Jr., Chair, Senator Jeff Waldstreicher, Vice-Chair, esteemed members of the Judicial Proceedings Committee:

My name is Ezra Towne, and my pronouns are they/them. I am writing to you today because **I strongly support SB0950, and ask for a swift and favorable report from the Judicial Proceedings committee.**

As a queer, transgender person, I am deeply concerned about conversion therapy, and I am grateful for the protections that the state of Maryland already has on the books that ban it. But our previous legislation was not quite enough.

SB0950 strengthens the definition of conversion therapy - directed at those whose sexuality and gender identity or expression differ from the "norm" - as medical malpractice subject to penalties against the provider of that therapy when a plaintiff is damaged by it. It further defines what those penalties may include, and increases the length of time in which an individual can come forth with a medical malpractice complaint.

The provisions within SB0950 also allow a plaintiff of a conversion therapy case to sue a provider for psychological damage, in addition to economic damages, noneconomic damages, punitive damages, and attorney's fees or court costs. This level of detail is exactly what is needed to make a conversion therapy ban effective. It makes providers of conversion therapy, and those who enable them, liable of a crime if it causes harm to an individual under their care.

Much of the opposition I have heard about conversion therapy bans circulates around the idea of pushing a client towards a new sexual orientation, gender identity, or expression. This would be unethical behavior for any therapist or mental health provider. The conversations that happen around sexual orientation and gender identity or expression are long exploratory processes that must take into consideration all possible outcomes. For example, if a client undergoing gender therapy reverses course, the therapist guides them through what that means for them just as they did when the client thought their gender identity did not match their sex at birth. That's what a therapeutic relationship is - exploration, not predetermination.

**For these reasons, I strongly support SB0950 - Conversion Therapy - Prohibitions and Causes of Action and ask for a favorable report without amendments.**

Sincerely,  
Ezra MacLeod Towne  
Wheaton, D18

**HB 1209(SB 950 )- 2026 Glisten(formerly GLSEN) Mar**

Uploaded by: Jaden Farris

Position: FAV



**BILL:** HB 1209 / SB 950 - Conversion Therapy - Prohibitions and Causes of Action

**DATE:** March 4, 2026 & March 10, 2026

**POSITION:** Favorable

**COMMITTEE:** House Judiciary & Senate Judicial Proceedings

Glisten(formerly GLSEN) Maryland, the state chapter of the nation's largest advocate for LGBTQ+ issues in K–12 education, supports HB 1209 (SB 950). For more than 34 years, our organization has worked to ensure that every student can learn in safe, inclusive, and affirming school environments.

While our work is primarily education-focused, we recognize the direct and lasting impact this issue has on LGBTQ+ youth, particularly those navigating school environments while also accessing mental health care.

This bill clarifies that psychological harm from conversion therapy is healthcare malpractice, and that people who experience this form of healthcare malpractice can seek economic damages, noneconomic damages, punitive damages, and attorneys fees and court costs.

Sexual orientation and gender identity (SOGI) change efforts—known colloquially as “conversion therapy”—are a set of dangerous, outdated practices which pose significant risk and harm to people. The scientific evidence finds that SOGI change efforts are not only ineffective, but results in significant harm to people. It is associated with lower self-esteem, increased risk of anxiety, depression, and suicidality, and harms people’s ability to form close interpersonal relationships with others. The scientific evidence finds conversion “therapy” so damaging that the practice is considered unethical and every major mental health association, including but not limited to the American Psychological Association, American Psychiatric Association, has condemned its use.

Clarifying that psychological injuries caused by SOGI change efforts is a form of healthcare malpractice, and that people harmed by this practice can seek economic and noneconomic compensation, serves several important purposes. It both provides a path to restitution from people harmed by these practices and discourages mental health providers from attempting to engage in these unethical practices. These protections are particularly important for minors, whose access to mental health care is provided at the discretion of their parents.

Accordingly, Glisten Maryland respectfully requests a FAVORABLE committee report on HB 1209 / SB 950.

*For further information, please contact Jaden Farris, [jaden@md.glsen.org](mailto:jaden@md.glsen.org)*

#### **ABOUT GLISTEN:**

Glisten (previously GLSEN), the nation’s largest advocate for LGBTQ+ issues in K-12 education, has been dedicated to establishing inclusive schools and learning environments for over 34 years. Amidst increasing threats against LGBTQ+ youth nationwide, Glisten actively addresses harassment and discrimination by empowering educators, advocating for policy changes, and combating book bans.

# **FAVORABLE HB1209 SB950 Conversion Therapy – Prohib**

Uploaded by: Jeremy Browning

Position: FAV



**Maryland Commission  
on LGBTQIA+ Affairs**

**Bill Title:** Conversion Therapy – Prohibitions and Causes of Action

**Bill Number(s):** HB1209 / SB950

**Position:** FAVORABLE

**Date:** March 2, 2026

**Submitted by:** Jeremy Browning, Director of the Maryland Commission on LGBTQIA+ Affairs

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**To:**

**House Health Committee**

The Hon. Heather Bagnall, Chair  
The Hon. Bonnie Cullison, Vice Chair

**House Judiciary Committee**

The Hon. J. Sandy Bartlett, Chair  
The Hon. Debra Davis, Vice Chair

**Senate Judicial Proceedings Committee**

The Hon. William C. Smith, Chair  
The Hon. J. Jeff Waldstreicher, Vice Chair

**Senate Finance Committee**

The Hon. Heather Bagnall, Chair  
The Hon. Bonnie Cullison, Vice Chair

**Testimony on behalf of the Maryland Commission on LGBTQIA+ Affairs:**

The Maryland Commission on LGBTQIA+ Affairs respectfully submits this testimony in strong support of HB1209 / SB950.

The Commission was established by the General Assembly to assess the challenges facing LGBTQIA+ Marylanders, inform state leadership, and advance policies that protect health, safety, and dignity. Our vision is a Maryland where all LGBTQIA+ people are able to live full and authentic lives. Conversion therapy is inconsistent with that vision.

Every major medical and mental health organization in the United States has determined that efforts to change a person’s sexual orientation or gender identity are harmful and ineffective. The scientific and clinical consensus is clear that these practices are associated with depression, anxiety, suicidality, shame, social withdrawal, and long-term psychological harm.

The Commission’s 2026 statewide [Community Needs Assessment Preliminary Findings](#) reinforces the urgency of this issue. Over 22% of LGBTQIA+ respondents reported seriously considering suicide in the past 12 months, and more than 61% reported lifetime suicidal

ideation. In addition, 36% reported sometimes avoiding medical care due to anticipated discrimination, and 13% reported always avoiding care for that reason.

These findings demonstrate that many LGBTQIA+ Marylanders are already navigating significant mental health stressors and barriers to affirming care. Practices that seek to change a person's identity compound shame, undermine trust in providers, and deepen the very disparities the State is working to reduce.

HB1209 / SB950 takes a comprehensive and thoughtful approach. The bill:

- Clarifies that psychological injury resulting from conversion therapy constitutes a medical injury under Maryland law.
- Establishes a clear civil cause of action for individuals harmed by conversion therapy.
- Removes the cap on noneconomic damages in cases involving conversion therapy, recognizing the severity and lasting nature of psychological harm.
- Prohibits the provision of conversion therapy for compensation and criminalizes false or misleading claims about its efficacy.
- Creates a Conversion Therapy Surcharge Fund to help reimburse successful plaintiffs for costs incurred as a result of receiving conversion therapy.

Importantly, this legislation does not restrict affirming or exploratory therapeutic practice. It clearly distinguishes between harmful efforts to change sexual orientation or gender identity and supportive care that helps individuals understand and navigate their identity.

Maryland has long positioned itself as a state that grounds health policy in evidence and protects vulnerable communities. This legislation aligns our civil and criminal frameworks with established medical consensus and ensures that individuals who have been harmed have meaningful access to justice.

For these reasons, the Maryland Commission on LGBTQIA+ Affairs respectfully urges a favorable report on HB1209 / SB950.

**Reference:**

Maryland Commission on LGBTQIA+ Affairs. (2026). *Maryland LGBTQIA+ Community Needs Assessment: Preliminary Findings Report* (in partnership with the University of Maryland Eastern Shore).

# **Senate Bill 950 Favorable One Pasadena 2026.pdf**

Uploaded by: John Jasen

Position: FAV

Judicial Proceedings Committee  
Senate Bill 950  
Favorable

Honorable Chair Smith, Vice Chair Waldstreicher, and Members of the Judicial Proceedings Committee;

One Pasadena: Building a Safe and Inclusive Community is an anti-bigotry group in northeast Anne Arundel County. We, the Steering Committee of One Pasadena, ask that you give Senate Bill 950 a favorable report.

Senate Bill 950 would provide an avenue for injured parties to sue people who practice conversion therapy, and also to sue those who enable them. Additionally, it would require an insurance surcharge. The bill would also impose legal consequences for others who advertise for or lie about conversion therapy for monetary gain.

Conversion therapy is a barbaric practice, known to cause tremendous harm to those who are put through it. Some families and places of worship push the narrative that someone who is Queer is unlovable and that being Queer is a choice. There should be no conditions on one's love for their children; and there should be no excuse for imposing something as damaging as conversion therapy, especially under the guise of mental health care. We understand that the Trump administration is determined to hurt LGBTQIA+ people in as many ways they can, and we hope that this legislation will provide some protection in Maryland.

We urge a favorable vote for Senate Bill 950. Thank you for your time.

Sincerely,  
The One Pasadena Steering Committee  
Pasadena, MD

# **Testimony in Support of SB0950\_Blaha\_Trevor Projec**

Uploaded by: Katherine Blaha

Position: FAV

Friday, March 6, 2026

Dear Members of the Judicial Proceedings Committee,

I am a resident of Baltimore City and District 41. I am also a clinical psychologist working with trans youth and a practitioner of evidence-based therapeutic practices supporting members of the LGBTQ+ community. I am submitting testimony as a supporter of the Trevor Project, which is the world's largest suicide prevention and crisis intervention organization for LGBTQ young people. I am testifying in **support of SB0950: Conversion Therapy - Prohibitions and Causes of Action.**

Conversion “therapy” refers to practices that try to change a young person’s sexual orientation or gender identity. Not only has research thoroughly demonstrated that these approaches do not work in changing individuals’ gender identity or sexuality<sup>1</sup>, there is also substantial evidence that these practices actually cause serious and even dangerous psychological and emotional harm, including increasing depression and risk of death by suicide<sup>2</sup>.

**Every major medical and mental health organization, including the American Psychological Association<sup>3</sup> and the American Psychiatric Association<sup>4</sup>, has condemned conversion “therapy” as harmful and ineffective.** Both the American Psychological Association and the American Psychiatric Association have gone so far as to recommend that psychologists and psychiatrists do not practice these approaches because of the harm they cause clients.

As a clinical psychologist who works with LGBTQ+ people and people who have experienced trauma, I am especially concerned about these extremely damaging and misleading approaches. I also understand how long it can take survivors of medical or institutional trauma to come forward, and how crucial it is for those survivors to get justice when they have the courage to seek it.

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<sup>1</sup> *Sexual orientation change efforts among current or former LDS church members.* Journal of Counseling Psychology (2015) <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fcou0000011>

<sup>2</sup> *A systematic review of the efficacy, harmful effects, and ethical issues related to sexual orientation change efforts.* Clinical Psychology: Science and Practice (2021). <https://psycnet.apa.org/doiLanding?doi=10.1111%2Fcp.12377>

<sup>3</sup> *The evidence against “conversion therapy”*, American Psychological Association (October 10, 2025). <https://www.apa.org/topics/lgbtq/evidence-against-conversion-therapy>

<sup>4</sup> *Position Statement on Conversion Therapy and LGBTQ+ Patients.* American Psychiatric Association (2024). <https://www.psychiatry.org/getattachment/3d23f2f4-1497-4537-b4de-fe32fe8761bf/Position-Conversion-Therapy.pdf>

Consistent with that understanding, survivors of conversion “therapy” often wait years before they feel ready to talk about what happened to them. Maryland law doesn’t give them that time, but you can change that by supporting the passage of SB0950.

**Survivors in Maryland face an arbitrary legal time limit to take action against those who hurt them.** This policy is extremely harmful to survivors and is not supported by a clinical understanding of how people react to trauma, as the legal time limit often elapses before survivors are anywhere near ready to come forward.

SB0950 would fix that. Extending the statute of limitations gives survivors the time they actually need to process what happened, find support, and seek accountability on their own timeline. Passing these bills sends a clear message that what happened to survivors matters, and Maryland will not let those who harmed them walk away.

At a moment when LGBTQ+ protections are under attack at the federal level, what Maryland does matters. **This bill would communicate to LGBTQ+ Marylanders that Maryland is a state not only where their wellbeing matters, but where their very existence is welcome, supported, celebrated, and worthy of equal rights and protections with every other Marylander.** I am proud of our state’s standing as a comparative safe haven for LGBTQ+ people compared to many other states in the US, and in the strongest possible terms I believe it is imperative that we continue to protect LGBTQ+ people’s rights in the state of Maryland.

It is for all of these reasons that I very strongly urge you to **support SB0950: Conversion Therapy - Prohibitions and Causes of Action.**

Thank you for your time, service, and consideration.

Sincerely,  
Dr. Katherine Blaha  
Baltimore, MD 21209

# **SB950**

Uploaded by: Kris Fair

Position: FAV



### EXECUTIVE MEMBERS

Delegate Kris Fair  
*Chair*  
Delegate Joe Vogel  
*Vice Chair*  
Delegate Anne Kaiser  
*Legislative Chair*  
Delegate Ashanti Martinez  
*Legislative Chair*  
Delegate Gabriel Acevero  
*Secretary*  
Delegate Dylan Behler  
Delegate Luke Clippinger  
Delegate Bonnie Cullison  
Senator Mary Washington  
Delegate Teresa Worman

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Delegate Charlotte Crutchfield  
Delegate Eric Ebersole  
Delegate Jessica Feldmark  
Delegate Linda Foley  
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Delegate Ben Kramer  
Delegate Mary Lehman  
Delegate Robbyn Lewis  
Delegate Lesley Lopez  
Delegate Bernice Mireku-North  
Delegate David Moon  
Delegate Cheryl Pasteur  
Delegate Julie Palakovich Carr  
Delegate Joseline Peña-Melnyk  
Delegate Andrew Pruski  
Delegate Lily Qi  
Delegate Sheila Ruth  
Delegate Ryan Spiegel  
Delegate Karen Simpson  
Delegate Jen Terrasa  
Delegate Courtney Watson  
Delegate Greg Wims  
Senator Guy Guzzone  
Senator Shaneka Henson  
Senator Shelly Hettleman  
Senator Nancy King  
Senator Clarence Lam  
Senator Karen Lewis Young  
Senator Sara Love  
Senator Jeff Waldstreicher  
Senator Craig Zucker

## LETTER OF SUPPORT HOUSE BILL 1209/SENATE BILL 0950

March 10, 2026

Chair Smith, Vice Chair Waldstreicher, and Members of the Committee:

On behalf of the LGBTQ+ Caucus, we are writing to express our support of **HB1209/SB0950: Conversion Therapy – Prohibitions and Causes of Action**. As advocates for the LGBTQ+ community in the General Assembly, we believe this bill will protect, strengthen, and secure rights for all LGBTQ+ residents to be free from harmful “medical” practices.

HB1209/SB0950 clarifies that any injury resulting from conversion therapy can be brought in court as a health care malpractice action and extends the statute of limitations to allow victims the ability and time to sue over harms endured during conversion therapy, as the psychological harms often do not become apparent to the victim until years afterwards. Conversion therapy is a discredited treatment used by some mental health practitioners in an attempt to change or suppress a person’s sexual orientation or gender identity. This practice lacks scientific evidence of effectiveness, but has been shown to increase suicidal thoughts, suicide attempts, and depression in victims. The science is clear: LGBTQ+ sexual orientations and gender identities are not mental disorders needing to be resolved, and recipients of this harm should be able to seek damages against those inducing harm through conversion therapy.

Maryland has already banned this practice, but this bill is necessary because the Supreme Court is poised to strike down similar bans nationwide in the upcoming case *Chiles v. Salazar*, which we anticipate will be released before June. This bill is thus of critical importance so Marylanders who are victims of conversion therapy will have legal remedy should the Court strike down our state’s existing ban.

Thank you for considering the bill's positive effects on the LGBTQ+ community. Please reach out to us regarding any additional questions or concerns on the bill. We appreciate your efforts in fostering community and furthering rights for all Marylanders.

Respectfully,

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Delegate Kris Fair, Chair

**2026 SB0950 test supporting 030626.pdf**

Uploaded by: Melinda Littell

Position: FAV

**Testimony Supporting SB0950**  
**Conversion Therapy - Prohibitions and Causes of Action**  
**FAVORABLE**

March 6, 2026

The Honorable Chair, Senator William C. Smith, Jr., Vice Chair Senator Jeff Waldstreicher, and esteemed members of the Senate Judicial Proceedings Committee:

I am writing to ask you to vote in support of Senate Bill 950 (SB0950). This bill contains several measures that would help prevent the scientifically discredited and extremely harmful practice of conversion therapy in Maryland.

This bill would recognize that injury resulting from conversion therapy is a basis for a health care malpractice action in Maryland law, establishes criminal liability for providing conversion therapy, and creates a basis for civil actions against a provider who violates the criminal law. Liability for providing conversion therapy to a minor would have no statutory time limitation for causes of action for damages. In addition, the bill imposes insurance premium surcharges upon licensed health care providers who provide conversion therapy and establishes an insurance fund to reimburse successful plaintiffs in malpractice actions relating to conversion therapy.

Variations in sexual orientation and gender identity represent normal expressions of human diversity. It is well-established that being lesbian, gay, bisexual, or transgender is not a mental illness or disorder and should not be pathologized. Nevertheless, due to widespread discrimination and bias against LGBTQIA+ people, some practitioners continue to conduct conversion therapy, falsely claiming it can change a person's sexual orientation or gender identity or expression. However, conversion therapy does not work and has been rejected by every mainstream medical and mental health organization for decades, concluding that the practices are harmful, leading to depression, anxiety, and self-destructive behavior. Minors are especially vulnerable. Sometimes the extent of the harm is not fully realized until years later.

Although Maryland law already prohibits practitioners from engaging in conversion therapy with minors and from using State funds for its provision, the well-documented and lifelong harms of this dangerous practice warrant the serious measures offered by SB0950. As a Maryland parent with loved ones in the LGBTQIA+ community, I feel strongly that our state needs to protect vulnerable people who might be harmed by conversion therapy. The creation of legal causes of action against practitioners that would inflict this harm—and establishing ways to help victims pursue legal remedies and damages resulting from it—are necessary and prudent measures. The cause of action for minors who suffer from conversion therapy should have no time limit, since the experience and its repercussions may not be immediately apparent.

For these reasons, please return a favorable report on SB0950.

Respectfully Submitted,  
Melinda Littell  
Arnold, D33C

# **Testimony in support of SB0950 - Conversion Therap**

Uploaded by: Richard KAP Kaplowitz

Position: FAV

03/10/2026

Richard Keith Kaplowitz  
Frederick, MD 21703

**TESTIMONY ON SB#0950- POSITION: FAVORABLE**

**Conversion Therapy - Prohibitions and Causes of Action**

**TO:** Chair Smith, Jr., Vice Chair Waldstreicher, and members of the Judicial Proceedings Committee

**FROM:** Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of SB#0950, **Conversion Therapy - Prohibitions and Causes of Action**

The American Psychological Association has declared that it has found *The evidence against “conversion therapy” - Insights from psychological research*<sup>1</sup>

What is “conversion therapy?”

“Conversion therapy” refers to attempts to change a person’s sexual orientation, gender identity, or related behaviors. Sometimes called “reparative” or “reorientation” therapy, these practices stem from the scientifically discredited belief that being LGBTQ+ is a mental illness that should be cured. APA uses the terms “sexual orientation change efforts” (SOCE) and “gender identity change efforts” (GICE). These practices are **not evidence-based therapy**.

Decades of psychological research reveal these efforts are largely ineffective and pose serious risks of harm.

Maryland can and must protect against this serious harm to our LGBTQIA+ individuals by making it the policy in Maryland to treat its practice as medical malpractice.

This bill will clarify that injury resulting from conversion therapy is cognizable for purposes of a health care malpractice action; establishing certain procedures in an action for health care malpractice resulting from conversion therapy; removing the limitation on noneconomic damages to a claimant in an action for health care malpractice resulting from conversion therapy; etc.

The imposition of serious financial risk to practitioners of conversion therapy should help stop its practice within Maryland.

**I respectfully urge this committee to return a favorable report on SB#0950.**

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<sup>1</sup> <https://www.apa.org/topics/lgbtq/evidence-against-conversion-therapy>

# **2025 WLC SB 950 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV

**Committee:** Senate Judicial Proceedings

**Bill:** Senate Bill 950 - Conversion Therapy – Prohibitions and Causes of Action

**Hearing Date:** March 10, 2026

**Position:** Support

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The Women's Law Center of Maryland supports *Senate Bill 950 – Conversion Therapy – Prohibition and Causes of Action*. In 2018, the Maryland General Assembly banned conversion therapy for youth because of the substantial evidence of harm caused to Marylanders. Survivors may not have the support until adulthood to address the trauma caused by conversion therapy.<sup>i</sup> This legislation would allow more Marylanders to seek redress for those harms by extending the timeframe to file a civil suit and to explicitly recognize the mental harm created by conversion therapy.

We ask for a favorable report to allow Maryland to do more to protect the LGBTQ+ community. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

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<sup>i</sup> <https://www.science.org/content/article/new-study-reveals-risks-transgender-conversion-therapy>

***The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.***

**2026 ACNM SB 950 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Judicial Proceedings

**Bill:** Senate Bill 950 - Conversion Therapy – Prohibitions and Causes of Action

**Hearing Date:** March 4, 2026

**Position:** Support

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The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 950 – Conversion Therapy – Prohibitions and Causes of Action*. The bill recognizes the profound harm caused by the provision of conversion therapy by healthcare practitioners. While Maryland has banned conversion therapy as a clinical service for youth, there are generations of Marylanders who have suffered the effects of conversion therapy on their health and economic wellbeing.<sup>i</sup> We support legislation that recognizes professional liability includes mental harm and extends the timeframe of survivors of conversion therapy to file civil suits against their therapists.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

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<sup>i</sup> <https://www.thetrevorproject.org/blog/new-study-finds-conversion-therapy-and-its-associated-harms-cost-the-u-s-an-estimated-9-23-billion-annually/>

# **Conversion Therapy Testimony.pdf**

Uploaded by: Sen. Cheryl Kagan

Position: FAV

CHERYL C. KAGAN  
Legislative District 17  
Montgomery County

Vice Chair  
Education, Energy, and  
the Environment Committee

Joint Audit and Evaluation Committee

Joint Committee on Federal Relations



Miller Senate Office Building  
11 Bladen Street, Suite 2 West  
Annapolis, Maryland 21401  
410-841-3134  
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Cheryl.Kagan@senate.maryland.gov

THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**Testimony SB950: Conversion Therapy**

Senate Judicial Proceedings Committee

Tuesday, March 10, 2026, 1PM

“Conversion Therapy,” also deceptively known as “reparative therapy,” refers to dangerous and discredited attempts to change a person’s sexual orientation.<sup>1</sup> These practices are not legitimate therapy. There is no scientific evidence that sexual orientation can be changed, and the medical community widely recognizes that these efforts cause harm.<sup>2</sup>

In 2018, Maryland passed a law that prohibited licensed mental health and child care practitioners from engaging in sexual orientation change efforts with minors. However, it did not establish a civil remedy tailored to the delayed and complex damages caused by these abusive practices. As a result, many survivors do not have a meaningful opportunity to seek justice.

Under current law, an individual may bring an action against a health care provider for professional negligence within five years of the psychological injury or three years from the time the injury was discovered or reasonably should have been discovered-- whichever occurs first. These timelines often fail to reflect the reality of conversion therapy. The trauma may take years to fully surface, and the shame and stigma surrounding the experience can delay survivors from recognizing or speaking about the damages they endured.

**SB950** addresses this gap by extending the statute of limitations for civil actions brought by victims of conversion therapy. It allows survivors younger than 18 at the time to bring a claim until age 40. Individuals who endured conversion therapy as adults may bring a claim within 10 years of the last “therapy” session.

This bill also mandates a 35% surcharge on professional liability insurance premiums for practitioners of conversion therapy. These funds will be earmarked to reimburse plaintiffs who successfully recover damages from health care malpractice claims.

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<sup>1</sup> [The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity](#)

<sup>2</sup> [Transporting the Burden of Justification: The Unethicality of Transgender Conversion Practices - PMC](#)

Additionally, the bill clarifies that courts may consider expert medical testimony, scientific literature, and other evidence that reflects the established professional consensus regarding the harmful effects of conversion therapy. This ensures that courts can fully evaluate the context and impact of these practices when determining liability and damages.

Injuries, under the legal definition in the bill, include mental health damages that often occur due to conversion therapy. A 2020 study published in the *American Journal of Public Health* found that youth subjected to conversion therapy were more than **twice as likely to attempt suicide** and more than two and a half times more likely to attempt suicide multiple times.<sup>3</sup> A 2022 analysis published in the *Journal of the American Medical Association (JAMA) Pediatrics* found that LGBTQ individuals who experienced conversion therapy were more likely to suffer severe psychological distress or depression, more likely to engage in illicit drug use, and more likely to attempt and die by suicide.<sup>4</sup>

In a 2024 survey on the mental health of LGBTQ+ youth in Maryland, The Trevor Project found that 6% percent of respondents report being threatened with conversion therapy, and 2% were subjected to it.<sup>4</sup>

Four other states and the District of Columbia have enacted similar versions of this legislation.<sup>5</sup> The trauma caused by conversion therapy can last a lifetime. Survivors deserve the opportunity to come forward, pursue justice, and begin the process of healing.

**I urge a favorable report on SB950.**

<sup>3</sup> [Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults](#)

<sup>4</sup> [Humanistic and Economic Burden of Conversion Therapy Among LGBTQ Youths in the United States.](#)

<sup>4</sup> [2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People by State. The Trevor Project.](#)

<sup>5</sup> <https://www.slu.edu/law/health/lgbtq-policy-research/conversion-therapy-data.php>

# **The Trevor Project - MD SB 950 Testimony.pdf**

Uploaded by: Tanner Mobley

Position: FAV



For Young LGBTQ Lives

March 10, 2026  
Maryland Senate  
Judiciary Committee

**RE: Support (FAV) for [SB 950](#) – Supporting Survivors of Conversion “Therapy” Practices**

Chair Smith and members of the Judiciary Committee:

[The Trevor Project](#) writes in strong support of SB 950, which would extend the statute of limitations for survivors of conversion “therapy” practices.

The Trevor Project is the leading suicide prevention and crisis intervention organization for LGBTQ+ young people. Trevor offers 24/7 crisis services, connecting highly trained counselors with LGBTQ+ young people whenever they need support. To further our mission of ending LGBTQ youth suicide, Trevor is dedicated to ending the practices commonly referred to as “conversion therapy” – practices condemned by every reputable medical and mental health organization as harmful, ineffective, unethical, and built on theories that have been debunked for decades.

**Research & Data**

We don’t just oppose conversion therapy on principle – we see its consequences every day in our crisis work. In the last year, more than 1,200 of our crisis conversations – from over 500 cities and towns across the country – explicitly raised conversion therapy. Young people brought it up themselves, in the middle of their darkest moments.

The data behind these conversations is sobering. Our 2024 National Survey of nearly 18,000 LGBTQ young people found that [13% reported being threatened with or subjected to conversion therapy](#). Those youth were more than twice as likely to have attempted suicide in the past year.

In Maryland, where [40% of LGBTQ+ young people](#) already seriously considered suicide in the past year –including 44% of transgender and nonbinary young people – **giving survivors a meaningful path to accountability is one of the most powerful tools we have to fight back.**

These practices are not a relic of the past. Our latest research suggests conversion therapy is [on the rise](#), with [at least 1,300 active practitioners](#) documented across the country. The harm is ongoing – and so are the costs. A peer-reviewed study in an American Medical Association journal found that practitioners have extracted millions of dollars from vulnerable families to pay for these practices– to the tune of [\\$650 million](#). Indirect costs, including treating the depression, trauma, and suicide attempts left in its wake, total [more than \\$8 billion](#). This bill ensures survivors have the opportunity to hold them financially accountable.

**Why SB 950**

As attacks on the well-being of LGBTQ+ youth mental health rise, so does the potential for them to be subject to this harmful practice. Survivors deserve justice. But seeking justice requires time – time for survivors to process what happened to them, time to find the words, time to build



For Young LGBTQ Lives

support systems, time to heal from the shame and manipulation to come forward. The current statute of limitations doesn't account for the severity or complexity of the harm these practices cause.

The Trevor Project strongly supports SB 950 and urges the Committee to vote favorably. SB 950 gives survivors the chance to seek the justice they deserve on a timeline that reflects the gravity of what was done to them. It also sends a clear message to practitioners that these harmful practices will not go unanswered – a deterrent effect that protects the next generation of LGBTQ youth.

For questions, please contact:

*Tanner Mobley*

**Tanner Mobley**

Manager of State Advocacy

[Tanner.Mobley@TheTrevorProject.org](mailto:Tanner.Mobley@TheTrevorProject.org)

7 N Bradford St, Baltimore, MD 21224

# **SB0950 Testimony.docx - Google Docs.pdf**

Uploaded by: UM SWASC

Position: FAV

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**TESTIMONY IN SUPPORT OF SB 950**  
**Conversion Therapy - Prohibitions and Causes of Action**  
*Judicial Proceedings*  
**March 10, 2026**

**Social Work Advocates for Social Change (SWASC) strongly supports SB950**, which creates **clear civil and criminal consequences** for providing conversion therapy and provides survivors of this harmful practice a legal remedy for the delayed and complex trauma that these practices cause. SB 950 creates this route for justice by establishing a 20-year statute of limitations for adults and removes time limits for survivors who were minors seeking economic, noneconomic, punitive damages, and attorney’s fees.

**Conversion therapy, also known as “Sexual Orientation Change Efforts (SOCE)”, has been denounced by every major medical and mental health association in the United States**, including the American Psychiatric Association, the American Psychological Association, and the American Medical Association<sup>1</sup>. Research links it to lasting harms such as depression, anxiety, suicidality, substance abuse, trauma, family estrangement, and deep shame<sup>2</sup>. Although Maryland banned the practice in 2018, survivors still lack a clear legal path to seek justice for harms that often surface years later<sup>3</sup>.

**SB 950 builds on the existing law banning conversion therapy by addressing accountability** rather than prohibition, which was the main focus of the 2018 legislation. Maryland individuals have routes to seek justice for harm caused by other serious abuses, such as under the Maryland Child Victims Act. Survivors of conversion therapy deserve the same opportunity to hold those responsible accountable under the law.

**The National Association of Social Workers states that it “condemns any and all forms of conversion practices**, as they are harmful to the mental health and well-being of LGBTQIA2S+ people” and **affirms that social workers have an ethical duty to provide evidence-based, non-discriminatory care**<sup>4</sup>. As social work students and professionals, SWASC stands with the NASW in their condemnation of these practices

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<sup>1</sup> The Trevor Project. (2021, August 27). *So-Called “Conversion Therapy” - FAQs & Mental Health Effects*. The Trevor Project. Retrieved March 2, 2026, from

<https://www.thetrevorproject.org/resources/guide/so-called-conversion-therapy-and-the-lgbtq-youth-mental-health/>

<sup>2</sup> <https://www.thetrevorproject.org/resources/guide/so-called-conversion-therapy-and-the-lgbtq-youth-mental-health/>

<sup>3</sup> <https://www.thetrevorproject.org/resources/guide/so-called-conversion-therapy-and-the-lgbtq-youth-mental-health/>

<sup>4</sup> National Association of Social Workers. (n.d.). *Sexual Orientation and Gender Diversity*. NASW. Retrieved March 2, 2026, from <https://www.socialworkers.org/Practice/LGBTQIA/Sexual-Orientation-and-Gender-Diversity>



For more information, please contact

Clara Pfefferkorn

[umswasc@gmail.com](mailto:umswasc@gmail.com)

and supports the civil remedies that this bill will facilitate.

**Maryland survivors of conversion therapy are still living with the lasting harm these practices caused while facing legal barriers that prevent accountability.** The General Assembly has already recognized that delayed trauma requires expanded access to justice, as reflected in the 2023 Maryland Child Victims Act, and survivors of conversion therapy deserve that same pathway to accountability. Without this legislation, providers who inflicted scientifically documented harm on children and adults will continue to evade meaningful consequences simply because the damage often takes years to fully surface.

**Social Work Advocates for Social Change urges a favorable report on SB950.**

*Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.*

# **SB 950 - Medical Mutual - Written Testimony in Sup**

Uploaded by: Alexis Braun

Position: FWA

# MEDICAL MUTUAL

*Liability Insurance Society of Maryland*

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**Bill:** Senate Bill 950 – Conversion Therapy – Prohibitions and Causes of Action

**Date:** March 10, 2026

**Position:** Favorable with Amendments

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Medical Mutual appreciates the spirit and intent of Senate Bill 950 and supports the Bill with amendments.

Medical Mutual strongly opposes any legislation that would limit the scope of the caps on noneconomic damages.<sup>1</sup> Since the caps' creation, no specific activities or types of behavior have been excluded from the caps' application. Doing so, even for the activity described in the Bill, could lead to attempts to exclude other types of activities or behavior from coverage by the caps. Striking lines 19-22 on page 7 and lines 16-19 on page 9 would address these concerns and remove any objection Medical Mutual has to Senate Bill 950.

Accordingly, Medical Mutual respectfully urges the Committee to issue a FAVORABLE WITH AMENDMENTS report for Senate Bill 950.

For more information contact:

Alexis Braun / [abraun@weinsuredocs.com](mailto:abraun@weinsuredocs.com)  
(443) 689-0208

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<sup>1</sup> Md. Code, Cts. & Jud. Proc. §§ 3-2A-09, 11-108.

**SB950 Finance.pdf**

Uploaded by: Ashley Clark

Position: FWA

# MARYLAND PSYCHIATRIC SOCIETY



February 27, 2026

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The Honorable Pamela Beidle  
Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

## Support With Amendment: SB950- Conversion Therapy - Prohibitions and Causes of Action

Dear Chairwoman Beidle & Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS/WPS represent over 1200 psychiatrists and physicians currently in psychiatric training.

The MPS, along with several national organizations including the American Psychiatric Association (APA) and the American Association of Child and Adolescent Psychiatry, does not support the use of conversion therapy, also known as reparative therapy, which is based on the false assumption that homosexuality is a disorder. Since 1973, the APA has held the position that homosexuality per se is not a diagnosable mental disorder; therefore, it does not require treatment or therapy, and published position statement entitled "Issues Related to Homosexuality," in which it confirmed that APA *"does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed."*

MPS primarily believes that "treatments," such as conversion therapy or reparative therapy, have questionable scientific validity. Furthermore, these "treatments" can be very harmful to participating individuals contributing to anxiety, depression, and the possible attempts at self-harm. This is especially true in the case of young people whose mental and emotional development is still occurring.

Although we support the overall intent bill, we would like to suggest two amendments to the language of the bill:

1. Strike the removal of the cap on non-economic damages, and
2. Remove the criminal liability section

MPS/WPS, therefore, ask this honorable committee for a favorable report on SB 950, with the proposed amendments. If you have any questions regarding this testimony, please contact Lisa Harris Jones at [lisa.jones@mdlobbyist.com](mailto:lisa.jones@mdlobbyist.com).

Respectfully submitted,  
The Maryland Psychiatric Society & Washington Psychiatric Society  
Legislative Action Committee

**MD SB 950 2026.pdf**

Uploaded by: Janet Sasaki

Position: FWA



## SB 950

### OUR MISSION

To restore, protect, and advance the rights of women and girls through legal argument, policy advocacy, and public education

### OUR VISION

Total liberation of women and girls from all forms of sex-based oppressions, including gender identity, male violence, commercial sexual exploitation, and reproductive coercion

### OPPOSE UNLESS AMENDED

Women's Liberation Front OPPOSE UNLESS AMENDED SB 950 which prohibits conversion therapy to change a person's sexual orientation or "gender identity."

Women's Liberation Front is a national nonpartisan 501(c)(3) nonprofit that works to restore, defend, and advance the rights of girls and women. We staunchly support the rights of same-sex attracted women to exclude men from their sexual and romantic relationships and live freely without harassment, coercion, intimidation, or violence for excluding men. Under the provisions to prohibit conversion therapy directed at women to force them to comply with social expectations and the sexual demands of men, we strongly support SB 950.

However, we oppose validating the concept of "gender" ("sex stereotypes"). By designating and socially enforcing certain traits and preferences as though they are innate and specific to the sexes, girls and women who do not comply with sex stereotypes, including same-sex attraction, are socially penalized and made targets of harassment and abuse. We strongly oppose the advancement of "gender ideology" or catering to the concept of "gender identity" for taking the concept of "gender" further by declaring one's adherence to these sex stereotypes is what truly makes you a man or a woman. A man imposing beliefs about women onto himself does not make him a woman any more than a woman adopting the stereotypes of men make her a man. Neither a man or a woman can know what it "feels like" to be the opposite sex, so any "feelings" they have about it are not based on anything known to the person. Laws that cater to "gender ideology" and "gender identity" emphasize the "validity" of gender roles upon the public and dehumanizes girls and women by reducing half the population into a costumed "identity" instead of a material condition that deserves consideration in law.

We understand that since the inclusion of "T" in the LGB acronym, much has been conflated between sexual orientation and "gender identity," however these are two very separate things that require separate considerations. Sexual orientation involves attraction to one or both sexes without any medical or surgical interventions necessary to live a healthy, happy life. "Gender identity" is based on non-quantifiable feelings about oneself that requires public participation with one's self-image based on stereotypes about the sexes and involves further public compliance by prioritizing the comfort, advantage, and pleasure of boys and men who identify as girls and women in public spaces, sports, and prisons; and emotionally blackmailing the public regarding the "need" for medical and surgical interventions lest trans-identified people be driven to suicide, despite even Chase Strangio admitting that heightened rates of suicidality for not being able to transition is a myth.<sup>1</sup>



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Regarding SB 950 specifically, the 2009 140-page report on research by the American Psychological Association<sup>2</sup> cited in the preamble of this bill only addresses the harmful nature of conversion therapy as applied to sexual orientation and does not address “gender identity.” The adoption of a 7-page resolution concerning “gender identity”<sup>3</sup> twelve years later does not merit equal weight in consideration of the supposed harms of questioning one’s “gender identity,” especially when research to support “gender affirming care” has been manipulated,<sup>4</sup> systematic reviews reveal the studies used to support the alleged benefits of “gender affirming care” are of poor quality and present weak evidence,<sup>5,6,7,8,9</sup> and further studies warn against the limitation of WPATH’s standards of care.<sup>10</sup> Conflating the needs of sexual orientation with “gender identity” may be because the credibility of sexual orientation is far more substantiated and harmless than the concept of “gender identity” and the “care” thereof, and “forced teaming” of these issues has been necessary to advance a concept that has no validity.

In a therapy environment, the inability of being able to question why someone feels they are the opposite sex leads to irreversible harm. Earlier this year, a 22-year-old woman, Fox Varian, who identified as a boy as a teenager and has since detransitioned, won \$2 million over medical malpractice.<sup>11</sup> Varian’s mother had been told by her daughter’s psychologist, Kenneth Einhorn, that if she did not consent to the surgery, her daughter would commit suicide. Varian’s mother is quoted as saying:

*“[Einhorn] was just so emphatic, and pushing and pushing, that I felt like there was no good decision. I think it was a scare tactic. I don’t believe it was malice, I think he believed what he was saying — but he was very, very wrong.”*

Lawyers argued in this case that the practitioners should have made sure Varian didn’t have other psychological conditions like ADHD, autism, depression, or body dysmorphia before suggesting surgery, but to consider those other possibilities would constitute “conversation therapy” by many practitioners.<sup>12</sup> Many outlets condemn “gender exploratory therapy” as “conversion therapy” because it dissuades people from medical or surgical interventions,<sup>13,14</sup> but if the only alternative is “gender affirming care” without question, then there are no safeguards to ensure that people will not regret transition.

Sexual orientation doesn’t require medical and surgical interventions. The ability to live freely without socially approved and enforced concepts of “gender” including one’s sexual attraction to the same sex should be free from harmful interventions. On this, Women’s Liberation Front wholly supports.

“Gender identity” requires the world to classify some males and females as the opposite sex, never question their assertions about their “gender identity,” and promotes medical and surgical interventions that result in lifelong health complications. With such consequential implications, erring on the side of caution ought to have been the established precedent. Since merely questioning one’s



“gender identity” constitutes as “conversion therapy” and evidence does not support the benefits of “gender affirming care” for anyone, we cannot support this provision in SB 950.

## OUR MISSION

To restore, protect, and advance the rights of women and girls through legal argument, policy advocacy, and public education

Women’s Liberation Front recommends Maryland’s general assembly protect sexual minorities by banning the practice of conversion therapy concerning sexual orientation since research and evidence clearly demonstrates the need and women and girls should be free to exclude men from their romantic and sexual relationships. We further urge the state’s general assembly to reassess the needs of people who may be suffering psychological distress due to their “gender identity” and acknowledge the limitations of policies that do not allow patients to at least consider what their underlying issues are before transition. If you cannot so much ask, you cannot truly know why someone may want to be the opposite sex. Malpractice suits are sure to follow along with lifelong consequences for patients.

Women’s Liberation Front OPPOSE UNLESS AMENDED SB 950, and we sincerely urge Maryland’s general assembly to reflect on the differing needs of lesbians and bisexual women versus the needs of women and girls who want to escape their biological sex.

## OUR VISION

Total liberation of women and girls from all forms of sex-based oppressions, including gender identity, male violence, commercial sexual exploitation, and reproductive coercion

Sincerely,

Women’s Liberation Front

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<sup>1</sup> Sapir L. ACLU Attorney Confesses: Transgender-Suicide Claim is a Myth. *City Journal*. December 4, 2024. <https://www.city-journal.org/article/aclu-attorney-confesses-transgender-suicide-claim-is-a-myth>

<sup>2</sup> Glassgold JM, Beckstead L, Drescher J, et al. Appropriate Therapeutic Responses to Sexual Orientation. *American Psychological Association*. 2009. <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

<sup>3</sup> *American Psychological Association*. APA RESOLUTION on Gender Identity Change Efforts. February 2021. <https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf>

<sup>4</sup> *The Economist*. Research into trans medicine has been manipulated. June 27, 2024. <https://www.economist.com/united-states/2024/06/27/research-into-trans-medicine-has-been-manipulated>

<sup>5</sup> Cass, H. (2024). Independent review of gender identity services for children and young people: *Final report*. <https://cass.independent-review.uk/home/publications/final-report>

<sup>6</sup> Zepf FD, König L, Kaiser A, Ligges C, Ligges M, Roessner V, Banaschewski T, Holtmann M. Beyond NICE: Aktualisierte systematische Übersicht zur Evidenzlage der Pubertätsblockade und Hormongabe bei Minderjährigen mit Geschlechtsdysphorie [Beyond NICE: Updated Systematic Review on the Current Evidence of Using Puberty Blocking Pharmacological Agents and Cross-Sex-Hormones in Minors with Gender Dysphoria]. *Z*



Kinder *Jugendpsychiatr Psychother.* 2024;52(3):167-187. German. doi: 10.1024/1422-4917/a000972. Epub 2024 Feb 27. PMID: 38410090.

<sup>7</sup> Department of Health and Human Services. Treatment for Pediatric Gender Dysphoria Review of Evidence and Best Practices. November 19, 2025.

<https://opa.hhs.gov/sites/default/files/2025-11/gender-dysphoria-report.pdf>

<sup>8</sup> Palveluvalikomia. Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland). 2020.

[https://segm.org/sites/default/files/Finnish\\_Guidelines\\_2020\\_Minors\\_Unofficial%20Translation.pdf](https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf)

<sup>9</sup> The Swedish Agency for Social and Medical Evaluation. Hormone therapy for gender dysphoria – children and adolescents. February 22, 2022. Accessed February 21, 2026.

<https://www.sbu.se/342>

<sup>10</sup> Zhang Y, Januś D, Kaltiala R, et al. Quality of the World Professional Association for Transgender Health Guideline Standards of Care 8: An Appraisal Using the AGREE II Instrument. *Archives of Sexual Behavior.* February 19, 2026. <https://doi.org/10.1007/s10508-025-03399-6>

<sup>11</sup> Galvin S. Detransitioner wins \$2 million against New York docs who pushed double mastectomy. *New York Post.* January 31, 2026. <https://nypost.com/2026/01/31/us-news/detransitioner-wins-2-million-against-new-york-docs-who-pushed-double-mastectomy/>

<sup>12</sup> Ashley F. Interrogating Gender-Exploratory Therapy. *Prospectives on Psychological Science.* Vol. 18, Iss. 2. September 6, 2022. <https://doi.org/10.1177/17456916221102325>

<sup>13</sup> Santoro H. How Therapists Are Trying to Convince Children That They're Not Actually Trans. *Slate.* May 2, 2023. <https://slate.com/technology/2023/05/gender-exploratory-therapy-trans-kids-what-is-it.html>

<sup>14</sup> Shatto R. What is 'Gender Exploratory Therapy,' the HHS's alternative to gender-affirming care? *Pride.* August 25, 2025. <https://www.pride.com/answers-advice/health/what-is-gender-exploratory-therapy>

## OUR MISSION

To restore, protect, and advance the rights of women and girls through legal argument, policy advocacy, and public education

## OUR VISION

Total liberation of women and girls from all forms of sex-based oppressions, including gender identity, male violence, commercial sexual exploitation, and reproductive coercion

**SB950 testimony Shannon Minter.pdf**

Uploaded by: Shannon Minter

Position: FWA

## **Written Testimony of Shannon Minter**

Legal Director, National Center for LGBTQ Rights  
Maryland Senate Judicial Proceeding Hearing on SB 950

March 2026

Chair and members of the Committee, thank you. My name is Shannon Minter. I am the Legal Director of the National Center for LGBTQ Rights, and I have litigated conversion therapy cases in courts across the country for over thirty years.

This bill is legally sound, well-precedented, and overdue.

Maryland law does not permit limitations periods to run against plaintiffs who could not reasonably have recognized their injury. Conversion therapy survivors are exactly that kind of plaintiff. These dangerous practices are designed to make LGBTQ people believe they are broken and at fault for their own suffering. Survivors frequently internalize that message, blaming themselves for years before recognizing that what was done to them was harmful and wrong. The psychological injuries — depression, post-traumatic stress, suicidality — are serious and lasting.

Under current Maryland law, the limitations period applicable to a conversion therapy survivor depends on the license held by the practitioner who caused the harm. Claims against practitioners who qualify as “health care providers” under the malpractice statute — including psychologists and licensed certified social workers-clinical — must be filed within five years of the injury or three years of discovery, whichever occurs first. Claims against other licensed mental health practitioners — including licensed clinical professional counselors and licensed clinical marriage and family therapists — are governed by the general three-year limitations period. Both limitations fail conversion therapy survivors in the same fundamental way. For survivors of childhood conversion therapy, the clock may expire before they finish high school — years before most survivors are even capable of recognizing the source of their harm.

This bill ensures that malpractice claims against all licensed mental health practitioners are governed by the same extended limitations period — whether the practitioner is subject to the five-year limitations period under § 3-2A or the general three-year period under § 5-101. For survivors who were subjected to conversion therapy as minors, the bill ensures that no arbitrary time limit bars the courthouse door — consistent with what Maryland has already done for childhood sexual abuse survivors under the Child Victims Act of 2023. The Maryland Supreme Court upheld that Act in February 2025, in *Roman Catholic Archbishop of Washington v. John Doe*, holding that there is no vested right in the expiration of an

ordinary statute of limitations and that previously time-barred claims may be revived when there is a real and substantial relation to the problem addressed. Conversion therapy survivors present a compelling equitable case under the same framework: the infliction of serious harms, a psychological dynamic that suppresses recognition of that harm, and limitations structures that expire before most survivors are capable of acting. This bill simply ensures that survivors who are unfairly disadvantaged by existing limitations structures are not turned away at the courthouse door.

This bill reflects a straightforward application of principles Maryland law already embraces — and extends those principles to ensure that all conversion therapy survivors, regardless of which licensed practitioner caused their harm, have a meaningful opportunity to seek justice. I urge the committee to report it favorably. Thank you.

**MD SB 0590 HB 1209 .pdf**

Uploaded by: Alice Bullard

Position: UNF

House Bill 1209 / Senate Bill 0590  
House Judiciary Committee — Hearing of March 4, 2026  
Senate Judicial Services Committee — Hearing of March 10, 2026

**Testimony OPPOSED and in the ALTERNATIVE, AMENDING the Bill**

Testimony written for:  
Reborn Athena Legal Initiative (RALI)  
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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 Senate Bill 0590 and the companion House Bill 1209, both labelled as an Emergency Bill.

In the Alternative to Opposing, we offer Amendments to these bills.

Thank-you for considering this RALI testimony.

Whereas: Bodies cannot "be wrong" and no one can ever be born "in the wrong body." This phrase "born in the wrong body" emerged as a manner for doctors to talk to children in a metaphor. As an adult-made metaphor for children, "born in the wrong body" is akin to Santa Claus or the Tooth Fairy. Please wake up from this new mythology. No one is ever actually "born in the wrong body", rather this is an impossibility that is foisted upon gullible children and youth and on well meaning but ill advised adults.

Whereas: "Gender identity" is akin to an immortal soul, a strong belief to which some adhere and to which many do not adhere, and to which the state, as a neutral party in matters of religion and beliefs has no jurisdiction to intervene. Hence for Montgomery County, Maryland, in a dispute that became the 2025 Supreme Court case *Mahmoud v. Taylor*, the Justices ruled that religion and belief are at stake when gender identity is taught in classrooms and that parents have the Constitutional right to protect their children from such teachings.<sup>1</sup> This same constitutional analysis applies to any state-sponsored

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<sup>1</sup> William J. Ford, "Supreme Court says parents can pull kids from classes with LGBTQ-themed books," *Maryland Matters*, June 27, 2025, available at: <https://marylandmatters.org/2025/06/27/supreme-court-says-parents-can-pull-kids-from-classes-with-lgbtq-themed-books/>

promotion of “gender identity” or queer theory, that the state is intruding on religious and philosophical domains in which it has no jurisdiction because of the First Amendment of the United States guarantee of freedom of religion and freedom from state-sponsored religion.

Whereas: Parents have the right to raise their children within their own family and within their own religious and philosophical convictions, among which the irreducible importance of loving and accepting one’s own physical body in its inherent genetic makeup is an irrevocable Constitutional right.<sup>2</sup>

Whereas: Systematic reviews of the scientific evidence have shown “gender affirming care” (hereinafter, GAC) to carry more risks than benefits.<sup>3</sup>

Whereas: 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.<sup>4</sup>

Whereas: No high quality empirical scientific study has demonstrated GAC reduces suicides nor improves quality of life.<sup>5</sup> Studies that purport to show such benefits are anecdotal, poor quality, and/or low certainty. [A widely-anticipated 2023 National](#)

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<sup>2</sup> *Mirabelli v. Bonta*, 607 U. S. \_\_\_\_ (2026), per curiam, Supreme Court of the United States, March 2, 2026, available at: [https://cdn.prod.website-files.com/63d954d4e4ad424df7819d46/69a61b347a7b680a9027a546\\_25A810.pdf](https://cdn.prod.website-files.com/63d954d4e4ad424df7819d46/69a61b347a7b680a9027a546_25A810.pdf). This case upholds parental rights to raise their children within their own guidance as parents and within their own religious and/or beliefs and convictions. The state cannot remove such parental rights via school-based gender transition that is kept secret from parents.

<sup>3</sup> 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](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).

<sup>4</sup> 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)

<sup>5</sup> In general, see the scientific literature as discussed by the public health experts of DIAG at: <https://www.di-ag.org/suicide-risk>

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.<sup>6</sup> 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.<sup>7</sup>

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.**<sup>8</sup> "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.

Whereas: GAC mandatory "affirmative care" inherently creates diagnostic overshadowing whereby medical authorities overlook treatable conditions in vulnerable children and youth while the same or other authorities blithely "affirm" an invisible, undiagnosable, and unverifiable "gender identity." Via GAC such overshadowed children and youth are affirmed, socially transitioned, medicalized, and suffer irreversible damage to such parts of their bodies as: their voices, their sexual and reproductive capacities, their urinary tracts, their heart and circulatory system, their bone density, and their hair. Detransitioner testimony to the harms of affirmation only (aka "affirmative care" and "GAC"), and to the easily available prescriptions for powerful and damaging drugs, is widely available. Genspect has published many of these excruciatingly painful personal narratives.<sup>9</sup>

March 12, 2026 is Detransition Awareness Day in Washington DC. Some 70 detransitioners will be present, making this an excellent opportunity to hear firsthand of GAC's devastating harms.

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<sup>6</sup> 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/>.

<sup>7</sup> 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/>

<sup>8</sup> 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>

<sup>9</sup> See, <https://genspect.org/detrans/> ) and, e.g., <https://stellaomalley.substack.com/p/rejection-belief-reflection-and-collapse-996> .

Whereas: Transgender identification has increased exponentially in the past decade, not coincidentally in the same time period as the introduction of smart phones and omnipresent social media. The Guardian reports 2.7% of American children and youth identify as transgender, which is nearly three times the average rate of 1% in the US.<sup>10</sup> Historically transgenderism has been very rare, at an estimated .02% of the population.

Whereas: The internet and social media are deeply linked to rising rates of mental illness among children and youth and yet the facts of social contagion are resoundingly denied and rejected by advocates of GAC, even though we witness increasing mental illness induced via social contagion on the internet for mental illnesses such as anorexia<sup>11</sup>, for suicidal ideation and plans, and for murder.<sup>12</sup>

Whereas: The Rapid Onset Gender Dysphoria (ROGD) hypothesis accounts for internet-based social contagion and is a major contending outlook to GAC.<sup>13</sup> ROGD is not currently used as a map for treatment pathways in therapeutic or psychiatric settings and this omission constitutes deception of patients and patients' families, induces reliance on experimental hormonal treatment, and injures these deceived parties.

Whereas: Children are inherently vulnerable and children and youth who have suffered and/or experience trauma, abuse, bullying, neurodivergence, autism spectrum disorder,

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<sup>10</sup> Sam Levin, "More than 2.8m people in US identify as trans, including 724,000 youth, data shows," The Guardian, August 20, 2025, available at: <https://www.theguardian.com/world/2025/aug/20/trans-people-us-data>

<sup>11</sup> *E.g.*, Corzine, A., & Harrison, V. (2023). Social Contagion, from Suicide to Online Challenges to Eating Disorders: Current Research and Harm Mitigation Strategies for Youth Online. *Journal of Online Trust and Safety*, 2(1). <https://doi.org/10.54501/jots.v2i1.145>; and *e.g.* U.S. Senate Committee of the Judiciary, Sub-Committee Hearing, with testimony from a Meta Whistle-Blower, Arturo Bejar, available at <https://www.judiciary.senate.gov/committee-activity/hearings/social-media-and-the-teen-mental-health-crisis>

<sup>12</sup> Jonathan Turley, Shapiro Professor of Public Interest Law, George Washington University, "OpenAI's dark side: ChatGPT accused of causing suicide, murder," The Hill, August 30, 2025, available at <https://thehill.com/opinion/5478336-openais-dark-side-chatgpt-accused-of-causing-suicide-murder/>

<sup>13</sup> Lisa Littman, "Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria," *PLOS ONE*, August 16, 2018, available at: <https://doi.org/10.1371/journal.pone.0202330>.

sensory processing delays, executive processing delays, and other atypical presentations, experience such diagnostic overshadowing at elevated rates.<sup>14</sup>

Whereas: The American Society of Plastic Surgeons announced Feb. 3, 2026, a new policy that denounces pediatric gender surgeries because of the utter lack of scientific evidence for the efficacy of GAC (of which surgeries are one dimension).<sup>15</sup> Take notice, the ASPS not only denounces pediatric GAC surgeries, it does so because of serious evidentiary and ethical concerns about the entire GAC treatment pathway for youth, including social transition, puberty blockers, and cross-sex hormones.

Whereas: The AMA has weakened its support for GAC upon the same evidence as used by the ASPS.<sup>16</sup>

Whereas: The existent language of SB 0590 and HB 1209 conflates homosexuality with transgender /gender identity disorder and obfuscates the iatrogenic harms of GAC.

Whereas: The World Professional Association of Transgender Health (WPATH) is designated in the Maryland 2023 Trans Health Equity act as establishing the standard of care (SOC 8 is the current version) for transgender treatments and yet **WPATH has been discredited because** of establishing their SOC 8 with documented a) lack of scientific objectivity, b) widespread and deep conflicts of interest in its expert committee, c) politicization of its process in establishing SOC 8, d) intentionally burying scientific studies that produced data that conflicted with WPATH ideological goals, e) omitting any consideration of ETHICS from SOC 8, f) advocating, in a seeming return to an age of barbarism, that **some young men unavoidably need castration because they are inherently “eunuchs”**, g) deleting age limits on surgeries under the political pressure from Admiral Rachel Levine then at HHS, h) privately acknowledging that children cannot understand GAC and thus cannot consent and yet publicly advocating treatment based on “informed

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<sup>14</sup> A. Kallitsounaki, *et al.*, “Autism Spectrum Disorder and Gender Dysphoria/Incongruence. A systematic Literature Review and Meta-Analysis,” *Journal of Autism and Developmental Disorders*, May 2022, available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10313553/>. Fully one-third of the patients at the UK GIDs had an autism spectrum diagnosis. See, H. Cass, “Independent review of gender identity services for children and young people”: Final report, Appendix 5, *Epidemiology and Outcomes for Children and Young People with Gender Dysphoria: Retrospective Cohort Study Using Electronic Primary Care*, 2024.

<sup>15</sup> American Society of Plastic Surgeons Position Statement, Feb 3, 2026, available at: <https://www.apa.org/news/press/releases/2019/09/treatment-migrant-children>.

<sup>16</sup> See reporting at: <https://www.nationalreview.com/news/first-major-medical-org-comes-out-against-trans-surgeries-for-minors/> which quotes the AMA stating, “the evidence for gender-affirming surgical intervention in minors is insufficient for us to make a definitive statement . . . the AMA agrees with ASPS that surgical interventions in minors should be generally deferred to adulthood.”

consent”, i) abandoning the fundamental medical directives to *first do no harm*, obtain informed consent, and practice evidence-based medicine.<sup>17</sup>

## I. OPPOSITION

The bill should be flatly rejected by the committee. Moreover, the existing Maryland statutory ban on conversion therapy should be amended as per our recommended amendment below.

II. In the alternative to out-right rejection of this bill, the committee should adopt this AMENDMENT to 1 (c) 1 and 1 (c) 2:

1 (c) (1) : Amend the definition of “conversion” so that the definition includes the following:

“Conversion” shall include converting, or encouraging and/or aiding in the transition, of a child or youth, and in particular vulnerable youth, from their biological chromosomal sex — that is XX chromosomes for females and XY chromosomes for males— to an ideational identity that is divorced from their biological, chromosomal sex and yet concretized in and through conversion and transitioning practices which include GAC.

1 (c) 2 : Amend the definition of “conversion therapy” so that it shall include any and all practices whether within a social work consultation, a therapy session, a school lesson, a school health setting, and/or a hospital, doctor’s office, or clinic, that:

- 1) teach or lead children to believe they can be born in the wrong body (this anti-empirical and is a factual impossibility that is abusive to teach to children)
- 2) teach or lead children and youth, in particular vulnerable youth, to believe that their body is wrong and must be substantially altered by an array of practices including social conformity with opposite sex gender stereotypes, drugs, and surgeries.

### **Definitions:**

“Vulnerable” shall mean within this statute

- 1) those who have fragile psyches,
- 2) those who have suffered any form of trauma, abuse, neglect, family dissolution from dysfunction, death, or divorce, poverty, and/or any other damaging event;
- 3) those with any form of neurodivergence such as Autism spectrum disorder, thought processing delays, sensory processing disorders, or any other neurodivergence.

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<sup>17</sup> Democrats for an Informed Approach to Gender, “WPATH Exposed,” available at: <https://www.di-ag.org/wpath-exposed>. See also the leaked WPATH communications at, WPATH Files, pp.10-15, available at <https://static1.squarespace.com/static/56a45d683b0be33df885def6/t/6602fa875978a01601858171/1711471262073/WPATH+Report+and+Files111.pdf>. HHS Gender Dysphoria report *op cit.* and Cass Review *op cit.* both reveal WPATH as unscientific and discredited. The *U.S. v. Skrametti* decision portrayed an unsettled medical terrain with WPATH SOC8 cast into discredit.

4) those with mental health challenges such as depression, anxiety, anorexia or any other mental illness.

“Youth” shall mean within this statute:

any individual who has reached age 18 and has not yet passed age 25.

**SB 950 Conversion Therapy Jud Pro 03102026 UNF F**

Uploaded by: Nancy Egan

Position: UNF



## Testimony of American Property Casualty Insurance Association

### Senate Judicial Proceedings Committee

### Senate Bill 950 - Conversion Therapy - Prohibitions and Causes of Action

March 4, 2026

#### **Unfavorable**

The American Property Casualty Insurance Association (APCIA) is a national trade organization whose members write approximately 71 % of insurance market in Maryland. Senate Bill 950 would clarify that injury as a result of conversion therapy would be recognized as an action for health care malpractice as well stating what insurers can charge for coverage for such a provider, extending the statute of limitation (SOL) to 20 years and also removing the noneconomic caps for these types of malpractice suits. APCIA's concerns centers not on the ramifications of conversion therapy but rather concerns about setting certain precedents for removing the noneconomic damage caps and dictating fees which must meet certain standards under the insurance code and extending the SOL to 20 years.

In brief, eliminating the noneconomic damage caps for a specific type of treatment sets a hazardous precedent that could result in numerous patients with medical liability claims being treated differently not because of differences in their actual damages, but solely based on the public perception of the treatment.

In addition, creating an insurance surcharge related to conversion therapy creates an unnecessary administrative burden on medical liability insurers. If the desire of the state is to create a conversion therapy fund, it would be more appropriate to do so utilizing licensing fees for the healthcare practitioners who provide such therapy than for insurers making collections for the fund.

Finally, greatly extending or eliminating the statute of limitations regarding conversion therapy is of concern. It ensures that lawsuits will be filed in circumstances where essential evidence and witnesses' memories will have been lost to time, preventing necessary facts from being available to adequately adjudicate the claim. Reasonable statutes of limitations exist specifically to avoid such circumstances to ensure that evidence relevant to both claimant and defendant is available to help prove or disprove the claim.

For these reasons, APCIA urges the Committee to provide an unfavorable report on Senate Bill 950.

Nancy J. Egan, State Government Relations Counsel, Mid-Atlantic,  
[Nancy.egan@APCIA.org](mailto:Nancy.egan@APCIA.org)  
Cell: 443-841-4174

# **SB 950\_HB1209\_ Conversion Therapy - Prohibitions**

Uploaded by: Trudy Tibbals

Position: UNF

**SB 950/HB1209:** Conversion Therapy - Prohibitions and Causes of Action: Please vote to **OPPOSE** this bill.

Dear Judiciary Committee and Judicial Proceedings Committee:

I am writing to strongly urge you to **OPPOSE SB 950/HB 1209** during committee consideration or floor votes.

While I support protecting minors from harmful or coercive practices, this legislation is overly broad, infringes on parental rights, and threatens professional speech and therapeutic freedom. The definition of "conversion therapy" is vague and could encompass legitimate, evidence-based counseling that helps minors explore identity questions and address underlying trauma. **Banning voluntary, consensual talk therapy (even when requested by minors) based on the therapist's intent or the topic discussed sets a dangerous precedent for government regulation of professional speech.**

The private cause of action **invites abusive litigation** against therapists who simply discuss gender dysphoria, same-sex attraction, or related issues in good faith, potentially driving providers out of practice or discouraging open dialogue. **Maryland should focus on enforcing existing laws against fraud, coercion, or abuse rather than imposing sweeping bans that limit choice and professional judgment.**

For these reasons, I respectfully ask you to **vote against SB 950/HB 1209** and oppose legislation that overreaches into therapeutic autonomy and free speech in mental health care.

Thank you for your time and thoughtful consideration of this important legislation affecting families and mental health professionals across Maryland.

Sincerely,

Trudy Tibbals

# **SB 950 Letter of Information.pdf**

Uploaded by: Carville Collins

Position: INFO

**MARYLAND EMPLOYERS FOR CIVIL JUSTICE REFORM COALITION****INFORMATIONAL TESTIMONY ON SB 950****Conversion Therapy – Prohibitions and Causes of Action**

Maryland Employers for Civil Justice Reform Coalition, comprised of many of the largest employers, businesses, and health care providers in Maryland, hereby provides this letter of information on SB 950. Respecting the views of proponents and opponents of SB 950, the Coalition takes no position on the issue of conversion therapy. However, among the many provisions in this bill is a full repeal of Maryland's noneconomic damages caps for injuries arising from conversion therapy. The Coalition offers the following information in connection with this provision.

Persons in Maryland injured as a result of conversion therapy may deserve compensation, just as persons in Maryland deserve compensation for personal injuries attributable to the negligent acts of others. The Coalition's concerns are focused on the single provision in the bill, on page 9, lines 16-19, which would exempt persons injured as a result of conversion therapy from Maryland's long-standing caps on non-economic damages. For the reasons explained below, exempting one narrow class of plaintiffs from these important caps will erode and eventually eliminate a critical cost containment policy that benefits Maryland taxpayers and consumers who purchase liability insurance.

**Historical Context**

Caps on noneconomic damages have been an important public policy in Maryland for 40 years. Back in 1985, when the State faced a liability insurance crisis, two task forces were created to conduct a careful study of the problem and recommend solutions. One of those groups, the Governor's Task Force to Study Liability Insurance, concluded in its 1985 Report:

*The current availability and affordability crisis in certain lines of insurance... is not a manufactured crisis, as some have charged... The civil justice system can no longer afford unlimited awards for pain and suffering.*

*The ceiling on noneconomic damages will help contain awards within realistic limits, reduce the exposure of defendants to unlimited damages for pain and suffering, and lead to more accurate [insurance] rates because of the greater predictability of the size of the judgments. The limitation [cap] is designed to lend greater stability to the insurance market...*

*A cap on allowable pain and suffering awards will help reduce the incidence of unrealistically high liability awards, yet at the same time protect the right of the injured party to recover the full amount of economic loss, including all lost wages and medical expenses.<sup>1</sup>*

The Senate Judicial Proceedings Committee helped craft the 1986 legislative solution to the crisis, noting in its Committee Report that the legislative purpose was “assuring the availability of sufficient liability insurance, at a reasonable cost, in order to cover claims for personal injury.”

### **Impact of SB 950’s Provision Removing the Non-Economic Damage Cap**

The Coalition’s concern with the cap removal provision in SB 950 is that making an exception for one class of plaintiffs – those who are injured by conversion therapy – allows other plaintiffs in all other personal injury actions to argue to a court for a judicial repeal of the cap on all other tort actions, on the grounds of equal protection. Treating one class of plaintiffs one way, and another class of plaintiffs another way, creates the conditions for overturning the cap on all tort actions because of the discriminatory effect it could have on those plaintiffs with injuries not attributable to conversion therapy.

In light of the origin and 40-year history of the current caps on noneconomic damages, why *ever* would the General Assembly want to risk inviting back the insurance crisis of 1985 by enacting a provision that could lead to the elimination of these caps? This origin and history explains why well more than a dozen legislative proposals to repeal or erode the cap have failed each and every legislative session since first introduced back in the early 2000s.

A central reason favoring the preservation of caps on noneconomic damages has always been that these damages, for pain and suffering and other nonpecuniary injuries, are difficult to quantify. Quite simply, these damages involve no direct economic loss and have no precise monetary value. Given the emotional sensitivities and differing perspectives surrounding these injuries, courts and juries often struggle to calculate fair and rational awards. This would be especially true in the case of quantifying damages for the potential physical and psychological injuries that could result from conversion therapy. Caps have proven to be the correct and best public policy to balance the need for recovery for injuries with the avoidance of unrealistically high and excessive awards. For these reasons, more than half the states have caps currently in effect on noneconomic damages.

### **Maryland’s Current Non-Economic Damages Caps Are Reasonable**

The caps were originally set at \$350,000 when first enacted in 1986, and then in 1994 they were raised to \$500,000 and tied to an annual escalator of \$15,000 to adjust for inflation. Today, these inflation-adjusted caps in non-medical personal injury actions have risen to \$965,000 for the injured party. In most other states with caps, the caps range from \$250,000 to \$1,000,000, placing Maryland at the top of the range among the states.

Significantly, the caps do not end at \$965,000, they go higher under current law. In wrongful death cases, pain and suffering can be recovered on behalf of the person who died as a result of the negligent conduct, and in addition, two or more beneficiaries, such as immediate

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<sup>1</sup> *Franklin v. Mazda Motor Corp.*, 704 F. Supp. 1325, 1328 (D. Md. 1989) (quoting the Report of the Governor’s Task Force to Study Liability Insurance, issued Dec. 20, 1985). This issue also studied in 1985 by the Joint Executive/Legislative Task Force on Medical Insurance, resulting in a similar recommendation for statutory limits or caps.

family members, can also recover noneconomic damages in wrongful death cases. Accordingly, in actions where a person is alleged to have died as a result of negligence, the total availability of noneconomic damages in Maryland is up to \$2,412,5000 (\$965,000 for the decedent, plus \$1,447,500 for the immediate family). Noneconomic damages are not even a sole remedy, as damages for the full and unlimited amount of *economic* losses, together with *punitive* damages that are unlimited under Maryland law, are also available to plaintiffs in these actions. Clearly, the rights of injured parties to recover for their injuries are protected under current law.

### **Consequences if the Overall Cap on Non-Economic Damages is Eliminated**

Insurance costs for consumers and businesses will increase, as determined by the Maryland Insurance Administration (MIA) and the National Association of Insurance Commissioners. Legislation introduced in 2024, SB 538, as amended, would have raised the cap to \$1,750,000, producing insurance premium increases of 15.7% to 21.4% across all liability lines, according to an independent actuarial analysis.<sup>2</sup> SB 950's outright repeal of the cap – should it lead to the full repeal of the cap in all tort actions – would produce much larger adverse impacts on insurance costs.

The Coalition appreciates the opportunity to provide this information in connection with SB 950.

Carville B. Collins  
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410-847-5598

March 10, 2026

Counsel for Maryland Employers for  
Civil Justice Reform Coalition

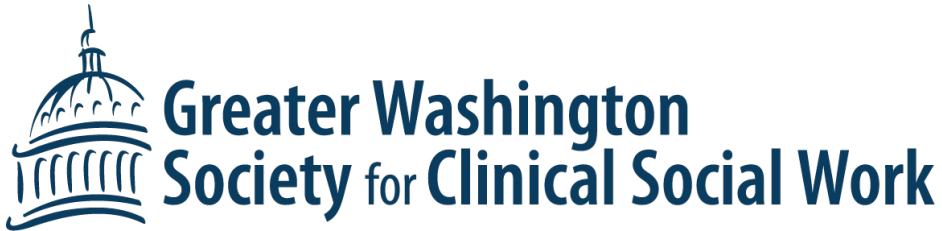
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<sup>2</sup> *Analysis of the Impact of Increasing Maryland's Economic Damages Cap*, Pinnacle Actuarial Resources, Inc., April 3, 2024 (actuarial analysis of Maryland insurance rates (all lines) conducted on a noneconomic damages cap of \$1,750,000 and an annual escalator of \$20,000).

# **SB0950\_LOI\_GWSCSW\_Conversion Therapy - Prohibition**

Uploaded by: Christine Krone

Position: INFO



Senate Judicial Proceedings Committee

March 10, 2026

Senate Bill 950 – *Conversion Therapy – Prohibitions and Causes of Action*

## LETTER OF INFORMATION

The Greater Washington Society for Clinical Social Work (GWSCSW) was established in 1975 to promote and advance the specialization of clinical practice within the social work profession. Through our lobbying, education, community building, and social justice activities, we affirm our commitment to the needs of those in our profession, their clients, and the community at large. On behalf of the Maryland Legislation and Advocacy Committee of GWSCSW, we submit this letter of information on Senate Bill 950.

GWSCSW strongly supports Senate Bill 950's central goal of prohibiting the practice of conversion therapy with minors. Conversion therapy is widely regarded by major medical, psychiatric, and behavioral health organizations as a harmful and scientifically unsupported practice that poses significant risk to the mental health and safety of LGBTQ youth. Evidence collected by reports, such as "It's Still Happening" from the Trevor Project, documents that conversion therapy continues to be practiced across the country, including by licensed mental health professionals, and is associated with elevated rates of depression, anxiety, and suicidality.

Clinical social workers are trained in evidence-based, trauma-informed, and ethically grounded approaches to care. The documented harms of conversion therapy conflict with social work values of dignity, self-determination, and person-centered practice. We appreciate that Senate Bill 950 seeks to reinforce Maryland's commitment to protecting vulnerable youth from this damaging practice.

While GWSCSW supports the intent of Senate Bill 950, we respectfully raise concerns regarding the proposed repeal of the noneconomic damages cap for conversion therapy-related civil causes of action. Noneconomic damages caps serve an important role in maintaining balance within malpractice and civil liability systems by promoting predictability and stability in professional liability insurance markets for licensed providers, including clinical social workers.

Creating an exception to existing caps for a specific category of malpractice claims may have broader implications for insurance underwriting, premium costs, and provider participation—particularly in a behavioral health system already facing workforce shortages and access challenges. These potential unintended consequences warrant careful consideration.

GWSCSW affirms that conversion therapy should be prohibited and that individuals harmed by such practice deserve meaningful remedies. At the same time, we respectfully urge the Committee to carefully consider whether repealing the noneconomic damages cap is necessary to achieve the bill's intent and to weigh the broader impact on Maryland's mental health workforce.

We appreciate the legislature's leadership in protecting LGBTQ youth and stand ready to work collaboratively on policies that both ensure accountability and preserve access to high-quality behavioral health care.

Greater Washington Society for Clinical Social Work: [www.gwscsw.org](http://www.gwscsw.org)

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# **SB 950- Conversion Therapy - Prohibitions and Caus**

Uploaded by: Jake Whitaker

Position: INFO



Maryland  
Hospital Association

## **Senate Bill 950- Conversion Therapy - Prohibitions and Causes of Action**

**Position: *Letter of Information***

March 10, 2026

Senate Judicial Proceedings Committee

### **MHA Position**

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to offer information on Senate Bill 950. This testimony outlines the bill's impact on the medical malpractice statute, Maryland's broader liability environment, and how the liability environment impacts hospitals.

### **The Precedent of Carveouts and the Damages Cap**

Removing the noneconomic damages cap for claims arising from this specific conduct may have unintended consequences on Maryland's medical and broader liability environment. Maryland adopted limits on noneconomic damages decades ago to address severe instability in the insurance market. This malpractice structure was carefully built to ensure injured patients can recover full economic losses and fair noneconomic damages, while simultaneously maintaining a stable professional liability market that keeps health care accessible. Creating a statutory carveout that removes these guardrails for one specific type of claim increases the risk that other plaintiffs will argue the cap should be weakened or eliminated for other procedures. A patchwork of legislative exceptions could ultimately place Maryland back in the volatile legal environment that originally prompted the adoption of these limits, driving up medical malpractice premiums across the entire health care system.

### **The Precedent of Statutory Strict Liability**

Beyond the damages cap, the bill also alters how negligence is established. Medical malpractice in Maryland is fundamentally built on the requirement of proving a deviation from the accepted, peer reviewed standard of care. By establishing new statutory procedures and making injuries from a specific act automatically malpractice, the bill introduces principles into the medical liability code that closely mirror strict liability. If the legislature uses the malpractice statute to establish strict liability for one specific issue today, it sets a structural precedent that could be used in the future to bypass the traditional standard of care for complex, legitimate medical procedures.

### **Destabilizing the Maryland Hospital Model**

Predictable rules help insurers set reasonable rates and allow hospitals to manage risk responsibly. This predictability is especially vital in Maryland, where hospitals operate under unique, fixed annual budgets. Because our revenue is strictly capped, hospitals cannot simply raise prices when liability and litigation costs rise. Every additional dollar that must be diverted

to cover rising liability costs and unpredictable malpractice premiums is a dollar taken directly away from bedside care, frontline staffing, and essential patient services.

### **Appropriate Statutory Placement**

Maryland already prohibits licensed providers from engaging in this practice on minors, and it is not recognized as a legitimate medical treatment under Maryland law. Because of this, placing this legislation inside the medical malpractice statute creates significant structural problems. Medical malpractice law is designed specifically to evaluate the delivery of legitimate medicine. When addressing harm resulting from a prohibited practice, the criminal code and existing civil remedies are the appropriate legal avenues. Moving such conduct into the medical malpractice framework distorts the fundamental purpose of that statute and introduces deep uncertainty into a system that relies entirely on predictability.

We want to emphasize that people harmed by conversion therapy, like all injured persons, should have access to meaningful legal remedies. Strong civil tools can achieve that goal without altering the medical malpractice statute. Creating a separate cause of action outside the malpractice framework would allow injured individuals to seek just compensation while preserving the stability and balance upon which Maryland's hospitals depend.

For more information, please contact:

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# **SB0950\_LOI\_MedChi\_Conversion Therapy - Prohibition**

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Senate Judicial Proceedings Committee  
March 10, 2026  
Senate Bill 950 – *Conversion Therapy – Prohibitions and Causes of Action*  
**LETTER OF INFORMATION**

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, submits this letter of information on Senate Bill 950.

This legislation proposes numerous changes in liability laws affecting health care providers who engage in conversion therapy. Initially, it is important to understand that Maryland acted in 2018 to ban physicians and other mental health providers from engaging in conversion therapy. *See* Health Occ. §1-212.1. Furthermore, the American Medical Association has declared that conversion therapy is not based on medical or scientific evidence.

Senate Bill 950 takes additional steps and establishes that conversion therapy is a basis for a medical malpractice action, allows any licensed mental health provider to be a qualified expert in any medical malpractice action related to conversion therapy, repeals the cap on noneconomic damages in any action related to conversion therapy, makes it a criminal offense to engage in conversion therapy, and extends the statute of limitations for actions arising from conversion therapy to the plaintiff's lifetime in the case of conversion therapy performed while the person was a minor, and for 20 years in the case of an adult.

Our principal concern with Senate Bill 950 is the proposed repeal of the noneconomic damages cap for conversion therapy cases. Currently, there is legislation pending that would remove the cap on noneconomic damages entirely on all non-medical malpractice cases, and MedChi has opposed even that legislation because we know the next step will be a repeal of all caps, including the one covering medical malpractice. Similarly, this legislation carves out one type of case from the cap, and it is our concern that other proposals will follow to carve out other cases. The cap ensures that we have a stable malpractice insurance market for physicians, and that our State is an affordable place for all providers, particularly when we have shortages of all types of providers. Removing the damage cap injects uncertainty into the malpractice marketplace, and our concern is that this bill begins a trend of removing that cap.

Thank you for your consideration of this information.

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