



2601 N HOWARD ST
BALTIMORE, MD 21218

TEL 410) 625-LGBT (5428)

FAX 410) 625-7423

www.freestate-justice.org

Judiciary Committee

100 Taylor House Office Building
101 Taylor House Office Building
Annapolis, Maryland 21401

Monday, March 2, 2026

Chair Bartlett, Vice Chair Davis, and Members of the Judiciary Committee:

My name is Phillip L. Westry Jr., Esq., and I am the Executive Director of FreeState Justice, Maryland's prominent statewide LGBTQ legal advocacy organization. We offer direct legal services, policy advocacy, and community education to address systemic inequities affecting LGBTQ Marylanders.

I am providing this testimony to strongly support **HB1209**.

HB1209 affirms what every major medical and mental health authority in this country has already concluded: conversion therapy is harmful, ineffective, and outside the standard of care. This bill guarantees accountability when licensed professionals cause psychological harm through practices aimed at changing a person's sexual orientation or gender identity.

HB1209 addresses a clear problem: survivors of conversion therapy often suffer significant psychological harm, yet existing malpractice law does not adequately recognize the delayed nature of that harm.

The bill's preamble reflects the medical consensus that conversion therapy causes depression, anxiety, shame, substance use, suicidality, and long-term psychological harm. The American Psychological Association's 2009 Task Force concluded that efforts to change sexual orientation are unlikely to succeed and pose risks of harm, including depression and suicidality. In 2021, the APA adopted a resolution stating that gender identity change efforts are harmful and ineffective.

The dangers are real. The Trevor Project's 2023 U.S. National Survey on LGBTQ Youth Mental Health revealed that LGBTQ young people who underwent conversion therapy were more than twice as likely to attempt suicide compared to those who did not.

The Movement Advancement Project has documented that conversion practices raise the risks of depression, anxiety, and suicide attempts and are rejected by leading medical organizations.

Despite this consensus, survivors often do not realize the link between their therapy and their later psychological injuries until years afterward. As **HB1209** recognizes, the

LEADERSHIP TEAM

Phillip Westry, Esq.
Executive Director

Lauren Pruitt, Esq.
Legal Director

Ronnie L. Taylor
Community Impact Director

BOARD

Andrew Adelman, Esq.
President
Correia & Puth PLLC

Adam Farra, Esq.
Vice-President
Farra & Wang, PLLC

Darien Nolin
Treasurer
Total Healthcare

Lauren Fleming, Esq.
Secretary
Miles & Stockbridge

Ben Galloway
Greenspring Advisors

Lauren DiMartino, Esq.
Brown, Goldstein & Levy, LLP

Tommy Lamont
Retired

Shawn McIntosh
Center for a Healthy Maryland

Bonnie Smith
Retired

Andrew Ansel
National Association of the
Education of Young Children

Diana Philip
DMP Consulting

Kaitlyn Drake
University of Maryland School of Law

Chris Uhl
Sweet Spot Baltimore

At FreeState Justice, we envision a Maryland where LGBTQ+ people live openly with the dignity they deserve. Facing discrimination shouldn't keep anyone from being themselves. Through pro bono legal services, policy advocacy, resource connections, and community support, FreeState works to break down those barriers so all Marylanders can thrive.

therapeutic relationship creates barriers to prompt disclosure, similar to those seen in childhood sexual abuse cases. Existing statutes of limitations do not account for that reality.

HB1209 fixes that gap.

HB1209 enhances Maryland law in several significant ways.

1. Recognizing Psychological Injury as Medical Injury

The bill clarifies that “medical injury” includes psychological harm resulting from conversion therapy. This is crucial. Survivors often show symptoms like depression, anxiety, PTSD, or engage in self-harm long after the sessions end. The law must explicitly acknowledge these as valid injuries.

2. Adjusted Statutes of Limitation

HB1209 allows individuals who underwent conversion therapy as minors to file claims at any time, and it grants adults up to 20 years from their last session to initiate a lawsuit. It also defines discovery as the point when the claimant knew or reasonably should have known that the psychological injury was caused, in whole or in part, by conversion therapy. This framework reflects the delayed realization and latent nature of trauma documented in the bill’s findings.

3. Removal of Noneconomic Damages Cap

The bill eliminates the cap on noneconomic damages in malpractice cases related to conversion therapy. Considering the serious psychological and relational damages outlined in the bill’s preamble, survivors should not be restricted by artificial limits on compensation for pain and suffering caused by identity-based harm.

4. Private Causes of Action and Employer Accountability

HB1209 allows actions not only against the individual provider but also against employers or supervisors who knew or should have known about the conduct and failed to act. This prevents institutional evasion and reinforces professional oversight obligations.

5. Criminal Prohibition and Consumer Protection

The bill makes it a felony to offer conversion therapy for payment or to promote false claims about its effectiveness. This aligns with the scientific consensus that such claims are false and misleading. The Federal Trade Commission has identified deceptive health claims as illegal under consumer protection laws. Claims that conversion therapy can change sexual orientation or gender identity clearly fall under this concern.

6. Insurance Surcharge and Survivor Reimbursement Fund

The 35% professional liability surcharge and the establishment of the Conversion Therapy Surcharge Fund create a way to compensate successful plaintiffs for expenses caused by conversion therapy. This shifts financial responsibility to providers who conduct discredited practices, rather than survivors who endure lifelong harm.

HB1209 does not ban legitimate therapy.

The bill's definition explicitly excludes practices that offer acceptance, support, identity exploration, and coping assistance, as long as they do not aim to change sexual orientation or gender identity. This distinction aligns with guidance from national mental health organizations and highlights the difference between ethical, exploratory therapy and interventions that are outcome-driven and predetermined.

Conversion therapy is not neutral exploration. As outlined in the GLAD and MAP guidance, it is agenda-driven and based on the idea that LGBTQ identities are wrong or are disordered. That idea has been rejected by every mainstream medical authority mentioned in the bill's preamble.

LGBTQ youth already face higher mental health risks due to stigma and discrimination. According to the CDC's 2021 Youth Risk Behavior Survey, 45% of LGBTQ high school students seriously considered attempting suicide.

State policy should minimize stigma-related harm, not reinforce it through discredited practices. Conversion therapy worsens existing disparities by increasing internalized shame and rejection.

HB1209 affirms that Maryland will not allow licensed professionals to profit from practices that target individuals based on sexual orientation or gender identity and cause predictable psychological harm.

HB1209 is based on medical consensus, trauma-informed legal reforms, and consumer protection principles.

It:

- Recognizes psychological injury as a form of medical injury.
- Provides realistic timelines for survivors to pursue justice.
- Eliminates artificial damages caps for identity-based harm.
- Establishes both civil and criminal accountability.
- Implements a reimbursement structure funded by those who participate in the practice.

Therefore, I respectfully urge the Committees to issue a positive report on **HB1209**.

In Community,
Phillip L. Westry Jr., Esq.

Sources:

1. <https://www.thetrevorproject.org/survey-2023/>
2. <https://www.cdc.gov/yrb/dstr/index.html>