



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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