



## RESEARCH BRIEF February 13, 2025

# Gender Medical Interventions for Minors in Maryland: What the Data Show

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### KEY TAKEAWAYS

Between 2019-2023, insurance claims of nearly \$2.5 million paid for 302 minor children & adolescents in the state of Maryland to receive gender altering procedures including hormones, puberty blockers, and surgeries.

The claims of limited “gender-affirming care” procedures for minor children/adolescents are not substantiated by the evidence.

Maryland should value each child and adolescent by protecting them from unproven, experimental and harmful procedures currently being performed by various medical/surgical providers and facilities in the state.

The worldwide debate over the true meaning of biologic sex versus “gender-identity” has become one of the most crucial policy issues of our time. It has transcended all sectors of society and nowhere has it raised more concern than in the area of medical/pharmacological and surgical procedures on minor children/adolescents. Serious concern for the well-being of minor children/adolescents has intensified the debate about using various unnatural, experimental, dangerous and permanent procedures that interfere, disrupt, disturb or alter their normal anatomy, physiology, function and gender appearance.

The term “gender affirming care” which is also known as “gender destroying care” or “gender altering procedures” refers to a diverse variety of medical/pharmacological, surgical, cosmetic, social, psychological, and behavioral procedures used to alter the natural gender of a person. Since 2019, insurance claims have totaled nearly \$2.5 million for 302 minor children/adolescents in the state of Maryland to receive gender altering procedures, which include,

but are not limited to hormones, puberty blockers, and surgeries.<sup>1</sup> This information was recently reported by the *Stop the Harm Database*, a new project launched by the Do No

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Harm organization. Using the last four years of medical data, the searchable database identifies which state facilities engage in so-called “gender affirming care” and presents the first-of-its kind, comprehensive catalog of the number of gender-altering procedures performed on minor children/adolescents across the country. The *Stop the Harm Database* project provides the public with current statistics on gender altering procedures in each state.

This position brief presents a background overview of current so-called “gender affirming care” practices, a review of the methodology employed by the Stop the Harm Database project and an analysis of Maryland’s statistical data compared to a selection of states across the region and the nation. The information presented by the *Stop the Harm Database* identifies the urgent need for safeguards and legislation aimed to protect minor children/adolescents in Maryland from these dangerous, experimental, and life-changing medical/pharmacological and surgical gender altering procedures.

### Background

Gender dysphoria is associated with discomfort and marked incongruence between one’s biologic gender and perceived gender. Since 2017, there has been a significant increase in minor children/adolescents being given a diagnosis of gender dysphoria. Between 2017 and 2020 there was a 20% annual increase in this diagnosis and between 2020 and 2021 the number of minor children/adolescents diagnosed with gender dysphoria increased by 80%.<sup>2</sup> Traditionally, around 90% of children and adolescents who experience gender dysphoria, and who are allowed to go through normal natural uninterrupted puberty, experience a natural resolution of gender dysphoria to the point they no longer hold that view as adults.<sup>3</sup> Today however, there is a rapidly accelerating push for medical/pharmacological and surgical providers, facilities and hospitals to start medical/pharmacological and surgical procedures which are classified as so-called “gender affirming care,” instead of starting and using natural, nonsurgical or nonmedical pharmacological procedures.

This recent trend towards so-called “gender affirming care,” in place of traditional noninvasive treatments and therapies, has led to serious concerns over the significant irreparable harm such medical/pharmacological and surgical procedures can cause minor children/adolescents. So-called “gender affirming care” treatments are often permanent and irreversible, and can lead to a multitude of complications including, but not limited to: depression, diminished bone density, cognitive impairment, cardiovascular problems, endocrine problems, infertility, loss of adult functioning, and death.<sup>4</sup> The serious nature of these interventions has raised opposition and alarm within medical organizations and medical policy communities, in part because such gender altering interventions are encouraged on minor children/adolescents who cannot provide informed consent and who are provided with only limited explanations and disclosures of the numerous potential risks and harms associated with such procedures.

Proponents of the so-called “gender affirming” model within US medical, educational and policy communities tout these procedures as necessary care for minor

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children/adolescents. Yet, while so-called “gender affirming care” is gaining support in the United States, other countries are taking a stronger stand against these medical/pharmacological and surgical procedures. The “Australian College of Physicians, the Royal College of General Practitioners in the United Kingdom, and the Swedish National Council for Medical Ethics have characterized these interventions in children as experimental and dangerous.”<sup>5</sup> Sweden, Finland and Great Britain have expressed increasing concerns over gender altering procedures. Based on their own reviews, they have found that benefits to such procedures do not outweigh the risks associated with them.<sup>6</sup> Furthermore, the lack of informed consent and parental approval has led to increasing wariness of making this standard practice.<sup>7</sup>

Although other countries are withdrawing their support for so-called “gender affirming care” and taking a serious look at the implications of gender altering procedures, many medical providers and facilities in the United States are pushing for an increased use of these unnatural, dangerous and experimental procedures. The number of prescriptions, including puberty-blockers and “cross-sex” hormones, which include estrogen and testosterone, are increasing. Likewise, surgical procedures to remove normal natural organs and replace them with artificial organ substitutes, prosthetics and implants are on the rise in the United States. As the number of gender-altering procedures increase so do the numbers and amounts of payment claims submitted to third-party payers.

In light of the child safety policy and medical debates surrounding these so-called “gender affirming care” procedures, Do No Harm has worked to identify all of the facilities nationwide that participate in so-called “sex-change treatments” under the term of “gender affirming care.” Until the recent *Stop the Harm Database* was launched on October 6, 2024, there was no comprehensive study to determine the frequency or cost of such gender altering procedures across the United States. While proponents have argued for the necessity of so-called “gender affirming care,” they have also claimed that such gender altering interventions are currently limited. Such a claim, however, has been clearly refuted by the numbers compiled by the Stop the Harm Children’s Hospital Database project.

### Methodology

Stop the Harm Children’s Hospital Database project was created as a resource to provide physicians, elected officials, policymakers and the public with a comprehensive catalog listing local facilities which are actively providing gender altering medical/pharmacological and surgical procedures for minor children/adolescents. Stop the Harm Children’s Database project calculated the cost of insurance claims for each state in the United States. The project identified and reviewed 200 children’s hospitals and medical care facilities across all 50 states. Data for each of the facilities providing gender related medical/pharmacological and surgical interventions to minor children/adolescents, is now accessible through the database at <https://stoptheharmdatabase.com/> and is searchable by state. Hospital and facility websites, as well as public information and thousands of insurance claims were reviewed to determine which methods of gender related procedures are offered by each

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facility. Data on puberty blockers, cross-sex hormones, and surgeries are reported by state and sub-referenced by medical facility.<sup>8</sup>

To create a reliable dataset, the *Stop the Harm Database* identified procedure and national drug codes used in “gender affirming care” procedures. Codes were cross-referenced with claims from commercial insurance companies, Medicaid, Medicare, and the Department of Veterans Affairs, with the exclusion of internal Veterans Affairs and internal Kaiser Permanente claims. These claims were then reviewed to establish the likelihood that they were used in “gender affirming care” procedures and cross-referenced with the patient’s gender related diagnoses. All findings were reviewed by multiple medical professionals to establish validity prior to reporting on the *Stop the Harm Database* website.<sup>9</sup>

The findings are real numbers aggregated by the project over the course of the study. However, these figures only include accessible insurance claims. These figures do not include patients who were self-pay or alternative-pay, as there is currently no way to determine these numbers. The limits to accessing the number of self-pay or alternative-pay patients means that it is almost certain that the numbers of claims and the subsequent cost for each state are actually higher than the figures aggregated in this study.

## Findings

The findings in the *Stop the Harm Database* show that the claims of limited “gender-affirming care” procedures for minor children/adolescents are not substantiated by the evidence. Between 2019 and 2023 gender altering procedures on minor children/adolescents have dramatically increased, with the most significant increases occurring between 2022 and 2023. Increases have occurred across-the-board for hormone therapy/ puberty blockers and surgeries.<sup>10</sup>

In Maryland, a total of 302 minor children/adolescents underwent “sex-change” surgeries or were recipients of hormone therapy and/or puberty blockers. Currently, 34 facilities Maryland participate in so-called “gender affirming” procedures.<sup>11</sup> The figures can be broken down into 134 “sex-change surgeries” for minor children/adolescents and 1224 written prescriptions, resulting in 171 minor children/adolescents being prescribed cross-sex hormone therapy or puberty blockers. Looking at the study’s trends for each year, “cross-sex” treatments began to spike in 2021 and have either continued to increase or remained at a significantly higher level than they were previously. Initial billing claims totaling \$2.5 million were submitted to insurance companies from Maryland alone, during this time period, and are rapidly increasing with no indication of slowing.<sup>12</sup>

Using United States Census Bureau population figures<sup>13</sup> for minor children/adolescents under 18, approximately one in 4,500 minor children/adolescents experienced gender altering interventions in Maryland between 2019 and 2023.<sup>14</sup> Other states have experienced similar high figures. Pennsylvania had 3,500 and New York had 3,900 children get gender altering procedures. In California one in 4,200 minor

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children/adolescents had gender altering interventions during the same time period. Pennsylvania, New York and California submitted a combined total of \$53,823,732 in insurance claims for gender altering procedures.<sup>15</sup> This data shows the exorbitant costs associated with these procedures and the real potential for such procedures to be a lucrative source of income to facilities that increasingly promote gender altering procedures.

On the opposite end of the spectrum, the number of gender-altering procedures on minor children/adolescents in Florida was one in 15,400. Texas had one in 16,500 minor children/adolescents receive gender altering procedures during the same period. Alabama had one in 31,700 minor children/adolescents receive gender altering procedures with only \$154,471 filed in insurance claims, contrasting with Maryland's much higher numbers. Finally, Maryland's rate of gender altering procedures, based on population, was almost two times more than the neighboring states of Virginia and West Virginia.<sup>16</sup>

Glen Echo Surgery Center LLC, in Maryland, had 65 surgery patients and submitted \$1.36 million in insurance claims, by far the highest in the state. MedStar Franklin Square Medical Center was the second highest in the Maryland with 44 patients and \$285,000 in payment claims. Other hospitals across the Maryland, including University of Maryland Medical Center and the Johns Hopkins Children's Center also performed gender altering procedures on minor children/adolescents. The entire list and dollar amount of claims submitted by each facility can be found in the Stop the Harm Children's Hospital Database.

### Conclusion

Nationwide statistics highlight the necessity and urgency of addressing the serious risks and potentially devastating impact of so-called "gender affirming care," and to control excessive profiting from these unnecessary, unnatural, experimental and risky interventions done on minor children/adolescents. Many states are taking a proactive approach and are already passing legislation to safeguard minor children/adolescents from these dangerous gender altering procedures. Maryland, in contrast, does not seem inclined to pass any common-sense legislation to protect minor children/adolescents from pharmaceutical and surgical interventions that could harm their lives irreparably. Instead, the state of Maryland seeks to limit access to treatments that protect and affirm true biologic sex. It appears that the state of Maryland is poised to strip parents of their natural rights to consent or deny medical/pharmacological and surgical treatment on their minor children/adolescents. This anti-family, anti-parent, anti-child approach to child rearing severely jeopardizes the health and welfare of children, adolescents, parents, families and all Marylanders. Maryland should value each child/adolescent, and actively protect them, their parents, and their families from all of the unproven, experimental and harmful procedures currently being performed by various medical/surgical providers and facilities in the state.

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<sup>1</sup> Maryland, State Breakdown. *Stop the Harm Database States*. 2024. <http://stoptheharmdatabase.com/state/maryland>.

<sup>2</sup> David H. Thompson, Brian W. Barnes and John Ramer. Cooper and Kirk, PLLC. "White Paper: The Justice for Adolescents and Transitioners Act." *Stop the Harm Database Method*. 2024. Available online at <https://stoptheharmdatabase.com/method/>. The resource and multiple others are listed on the Method page of the Stop the Harm Database website.

<sup>3</sup> Protecting Minors from Gender Ideology, *Stop the Harm Database*. 2024. Available at <https://stoptheharmdatabase.com/method>.

<sup>4</sup> Transgender Interventions Harm Children. American College of Pediatrics. 2024. Available at <https://stoptheharmdatabase.com/method/>.

<sup>5</sup> Ibid.

<sup>6</sup> David H. Thompson, Brian W. Barnes and John Ramer. Cooper and Kirk, PLLC. "White Paper: The Justice for Adolescents and Transitioners Act." *Stop the Harm Database Method*. 2024. Available online at <https://stoptheharmdatabase.com/method/>.

<sup>7</sup> Ibid.

<sup>8</sup> "Data Gathering and Analysis Methodology." *Children's Hospital Database Project, White Paper*. 2024. <https://stoptheharmdatabase.com/method/>.

<sup>9</sup> Ibid.

<sup>10</sup> Maryland, State Breakdown. *Stop the Harm Database*. Do No Harm. 2024. Available online at <https://stoptheharmdatabase.com/state/maryland>.

<sup>11</sup> To see the entire list go to <http://stoptheharmdatabase.com>

<sup>12</sup> Ibid. This figure does calculate reductions in billing costs subsequent to the initial claim.

<sup>13</sup> *Populations and People, United States*. US Census Bureau. US Department of Commerce. Accessed December 5, 2024. [https://data.census.gov/profile/United States?g=010XX00US](https://data.census.gov/profile/United%20States?g=010XX00US). All of the information used in this section is accessible by state on the US Census Bureau *Populations and People* Map. Final real numbers were rounded to the nearest hundred, based on 2020 & 2023 US Census Bureau data on state "Total Population" and "Families and Living Arrangements" profiles for CA, PA, NY, FL, TX, AL, VA and WV.

<sup>14</sup> *Maryland Profile*. US Census Bureau. US Department of Commerce. Accessed October 20, 2024. <https://data.census.gov/profile/Maryland?g=040XX00US24>. Figures based on current US Census Bureau Data, 2020 and 2023. Final real numbers were rounded to the nearest hundred, based on population figures from the US Census Bureau state profiles from 2020 to 2023.

<sup>15</sup> State Breakdown. *Stop the Harm Database*. Do No Harm. 2024. Available online at <https://stoptheharmdatabase.com/state/>. California, Pennsylvania and New York figures were pulled from their profiles at Stop the Harm Database under the "States" tab.

<sup>16</sup> State Breakdown. *Stop the Harm Database*. Do No Harm. 2024. Available online at <https://stoptheharmdatabase.com/state/>. Florida, Texas, Alabama, Virginia and West Virginia figures were pulled from their profiles at Stop the Harm Database under the "States."