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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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SENATE BILL

No. 45 Session of  
2015

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INTRODUCED BY WILLIAMS, SCHWANK, WILEY, FARNESE AND TARTAGLIONE,  
JANUARY 16, 2015

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REFERRED TO CONSUMER PROTECTION AND PROFESSIONAL LICENSURE,  
JANUARY 16, 2015

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AN ACT

1 Prohibiting mental health professionals from engaging in sexual  
2 orientation change efforts with an individual under 18 years  
3 of age.

4 The General Assembly of the Commonwealth of Pennsylvania  
5 hereby enacts as follows:

6 Section 1. Short title.

7 This act shall be known and may be cited as the Protection of  
8 Minors from Sexual Orientation Change Counseling Act.

9 Section 2. Legislative findings.

10 The General Assembly finds and declares as follows:

11 (1) Being lesbian, gay or bisexual is not a disease,  
12 disorder, illness, deficiency or shortcoming. The major  
13 professional associations of mental health practitioners and  
14 researchers in the United States have recognized this fact  
15 for nearly 40 years.

16 (2) The American Psychological Association convened a  
17 Task Force on Appropriate Therapeutic Responses to Sexual  
18 Orientation. The task force conducted a systematic review of

1 peer-reviewed journal literature on sexual orientation change  
2 efforts and issued a report in 2009. The task force concluded  
3 that sexual orientation change efforts can pose critical  
4 health risks to lesbian, gay and bisexual people, including  
5 confusion, depression, guilt, helplessness, hopelessness,  
6 shame, social withdrawal, thoughts of suicide, substance  
7 abuse, stress, disappointment, self-blame, decreased self-  
8 esteem and authenticity to others, increased self-hatred,  
9 hostility and blame toward parents, feelings of anger and  
10 betrayal, loss of friends and potential romantic partners,  
11 problems in sexual and emotional intimacy, sexual  
12 dysfunction, high-risk sexual behaviors, a feeling of being  
13 dehumanized and untrue to self, a loss of faith and a sense  
14 of having wasted time and resources.

15 (3) The American Psychological Association issued a  
16 resolution on Appropriate Affirmative Responses to Sexual  
17 Orientation Distress and Change Efforts in 2009, which  
18 advises "parents, guardians, young people, and their families  
19 to avoid sexual orientation change efforts that portray  
20 homosexuality as a mental illness or developmental disorder  
21 and to seek psychotherapy, social support, and educational  
22 services that provide accurate information on sexual  
23 orientation and sexuality, increase family and school  
24 support, and reduce rejection of sexual minority youth."

25 (4) The American Psychiatric Association published a  
26 position statement in March of 2000, which stated:

27 (i) "Psychotherapeutic modalities to convert or  
28 'repair' homosexuality are based on developmental  
29 theories whose scientific validity is questionable.

30 Furthermore, anecdotal reports of 'cures' are

1 counterbalanced by anecdotal claims of psychological  
2 harm. In the last four decades, 'reparative' therapists  
3 have not produced any rigorous scientific research to  
4 substantiate their claims of cure. Until there is such  
5 research available, the American Psychiatric Association  
6 recommends that ethical practitioners refrain from  
7 attempts to change individuals' sexual orientation,  
8 keeping in mind the medical dictum to first, do no harm."

9 (ii) "The potential risks of reparative therapy are  
10 great, including depression, anxiety and self-destructive  
11 behavior, since therapist alignment with societal  
12 prejudices against homosexuality may reinforce self-  
13 hatred already experienced by the patient. Many patients  
14 who have undergone reparative therapy relate that they  
15 were inaccurately told that homosexuals are lonely,  
16 unhappy individuals who never achieve acceptance or  
17 satisfaction. The possibility that the person might  
18 achieve happiness and satisfying interpersonal  
19 relationships as a gay man or lesbian is not presented,  
20 nor are alternative approaches to dealing with the  
21 effects of societal stigmatization discussed."

22 (iii) "Therefore, the American Psychiatric  
23 Association opposes any psychiatric treatment such as  
24 reparative or conversion therapy which is based upon the  
25 assumption that homosexuality per se is a mental disorder  
26 or based upon the a priori assumption that a patient  
27 should change his/her sexual homosexual orientation."

28 (5) The American School Counselor Association's position  
29 statement on professional school counselors and lesbian, gay,  
30 bisexual, transgendered, and questioning (LGBTQ) youth states

1 that "it is not the role of the professional school counselor  
2 to attempt to change a student's sexual orientation/gender  
3 identity but instead to provide support to LGBTQ students to  
4 promote student achievement and personal well-being.

5 Recognizing that sexual orientation is not an illness and  
6 does not require treatment, professional school counselors  
7 may provide individual student planning or responsive  
8 services to LGBTQ students to promote self-acceptance, deal  
9 with social acceptance, understand issues related to coming  
10 out, including issues that families may face when a student  
11 goes through this process and identify appropriate community  
12 resources."

13 (6) The American Academy of Pediatrics in 1993 published  
14 an article in its journal, *Pediatrics*, stating that "therapy  
15 directed at specifically changing sexual orientation is  
16 contraindicated, since it can provoke guilt and anxiety while  
17 having little or no potential for achieving changes in  
18 orientation."

19 (7) The American Medical Association Council on  
20 Scientific Affairs prepared a report in 1994 in which it  
21 stated that "aversion therapy (a behavioral or medical  
22 intervention which pairs unwanted behavior, in this case,  
23 homosexual behavior, with unpleasant sensations or aversive  
24 consequences) is no longer recommended for gay men and  
25 lesbians. Through psychotherapy, gay men and lesbians can  
26 become comfortable with their sexual orientation and  
27 understand the societal response to it."

28 (8) The National Association of Social Workers prepared  
29 a 1997 policy statement in which it stated that "social  
30 stigmatization of lesbian, gay and bisexual people is

1 widespread and is a primary motivating factor in leading some  
2 people to seek sexual orientation changes. Sexual orientation  
3 conversion therapies assume that homosexual orientation is  
4 both pathological and freely chosen. No data demonstrates  
5 that reparative or conversion therapies are effective, and,  
6 in fact, they may be harmful."

7 (9) The American Counseling Association Governing  
8 Council issued a position statement in April of 1999, and in  
9 it the council states that they "oppose 'the promotion of  
10 "reparative therapy" as a "cure" for individuals who are  
11 homosexual.'"

12 (10) The American Psychoanalytic Association issued a  
13 position statement in June 2012 on attempts to change sexual  
14 orientation, gender, identity, or gender expression, and in  
15 it the association states:

16 (i) "As with any societal prejudice, bias against  
17 individuals based on actual or perceived sexual  
18 orientation, gender identity or gender expression  
19 negatively affects mental health, contributing to an  
20 enduring sense of stigma and pervasive self-criticism  
21 through the internalization of such prejudice."

22 (ii) "Psychoanalytic technique does not encompass  
23 purposeful attempts to 'convert,' 'repair,' change or  
24 shift an individual's sexual orientation, gender identity  
25 or gender expression. Such directed efforts are against  
26 fundamental principles of psychoanalytic treatment and  
27 often result in substantial psychological pain by  
28 reinforcing damaging internalized attitudes."

29 (11) The American Academy of Child and Adolescent  
30 Psychiatry in 2012 published an article in its journal,

1 *Journal of the American Academy of Child and Adolescent*  
2 *Psychiatry*, stating that "clinicians should be aware that  
3 there is no evidence that sexual orientation can be altered  
4 through therapy, and that attempts to do so may be harmful.  
5 There is no empirical evidence adult homosexuality can be  
6 prevented if gender nonconforming children are influenced to  
7 be more gender conforming. Indeed, there is no medically  
8 valid basis for attempting to prevent homosexuality, which is  
9 not an illness. On the contrary, such efforts may encourage  
10 family rejection and undermine self-esteem, connectedness and  
11 caring, important protective factors against suicidal  
12 ideation and attempts. Given that there is no evidence that  
13 efforts to alter sexual orientation are effective, beneficial  
14 or necessary, and the possibility that they carry the risk of  
15 significant harm, such interventions are contraindicated."

16 (12) The Pan American Health Organization, a regional  
17 office of the World Health Organization, issued a statement  
18 in May of 2012 and in it the organization states that "these  
19 supposed conversion therapies constitute a violation of the  
20 ethical principles of health care and violate human rights  
21 that are protected by international and regional agreements."  
22 The organization also noted that reparative therapies "lack  
23 medical justification and represent a serious threat to the  
24 health and well-being of affected people."

25 (13) Minors who experience family rejection based on  
26 their sexual orientation face especially serious health  
27 risks. In one study, lesbian, gay and bisexual young adults  
28 who reported higher levels of family rejection during  
29 adolescence were 8.4 times more likely to report having  
30 attempted suicide, 5.9 times more likely to report high

1 levels of depression, 3.4 times more likely to use illegal  
2 drugs and 3.4 times more likely to report having engaged in  
3 unprotected sexual intercourse compared with peers from  
4 families that reported no or low levels of family rejection.  
5 This is documented by Caitlin Ryan, David Huebner, Rafael  
6 Diaz and Jorge Sanchez in their article entitled *Family*  
7 *Rejection as a Predictor of Negative Health Outcomes in White*  
8 *and Latino Lesbian, Gay, and Bisexual Young Adults* (2009) 123  
9 *Pediatrics* 346.

10 (14) Pennsylvania has a compelling interest in  
11 protecting the physical and psychological well-being of  
12 minors, including lesbian, gay, bisexual and transgender  
13 youth, and in protecting its minors against exposure to  
14 serious harms caused by sexual orientation change efforts.

15 Section 3. Definitions.

16 The following words and phrases when used in this act shall  
17 have the meanings given to them in this section, unless the  
18 context clearly indicates otherwise:

19 "Mental health professional." An individual who is licensed,  
20 certified or otherwise authorized to administer or provide  
21 professional mental health care or counseling under the act of  
22 March 23, 1972 (P.L.136, No.52), known as the Professional  
23 Psychologists Practice Act, the act of July 9, 1976 (P.L.817,  
24 No.143), known as the Mental Health Procedures Act, the act of  
25 December 20, 1985 (P.L.457, No.112), known as the Medical  
26 Practice Act of 1985 or the act of July 9, 1987 (P.L.220,  
27 No.39), known as the Social Workers, Marriage and Family  
28 Therapists and Professional Counselors Act.

29 "Sexual orientation change efforts." Any practices by mental  
30 health professionals that seek to change an individual's sexual

1 orientation, including, but not limited to, efforts to change  
2 behaviors, gender identity or gender expressions, or to reduce  
3 or eliminate sexual or romantic attractions or feelings toward  
4 an individual of the same gender. The term does not include  
5 counseling for an individual seeking to transition from one  
6 gender to another, counseling that provides acceptance, support  
7 and understanding of an individual or facilitates an  
8 individual's coping, social support and identity exploration and  
9 development, including sexual orientation-neutral interventions  
10 to prevent or address unlawful conduct or unsafe sexual  
11 practices, or counseling that does not seek to change sexual  
12 orientation.

13 Section 4. Sexual orientation change efforts prohibited.

14 (a) General rule.--A mental health professional shall not  
15 engage in sexual orientation change efforts with an individual  
16 under 18 years of age.

17 (b) Consent of minors.--Nothing in this act shall be  
18 construed to prevent a minor from voluntarily consenting to  
19 mental health care as provided in the act of February 13, 1970  
20 (P.L.19, No.10), entitled "An act enabling certain minors to  
21 consent to medical, dental and health services, declaring  
22 consent unnecessary under certain circumstances."

23 Section 5. Effective date.

24 This act shall take effect immediately.