
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 26 Session of
2021

INTRODUCED BY A. WILLIAMS, STREET, COLLETT, FONTANA, KEARNEY,
SANTARSIERO, MUTH AND CAPPELLETTI, JANUARY 20, 2021

REFERRED TO CONSUMER PROTECTION AND PROFESSIONAL LICENSURE,
JANUARY 20, 2021

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 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 1999 "opposing
9 the promotion of 'reparative therapy' as a 'cure' for
10 individuals who are homosexual."

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

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

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

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

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

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

24 (13) Minors who experience family rejection based on
25 their sexual orientation face especially serious health
26 risks. In one study, lesbian, gay and bisexual young adults
27 who reported higher levels of family rejection during
28 adolescence were 8.4 times more likely to report having
29 attempted suicide, 5.9 times more likely to report high
30 levels of depression, 3.4 times more likely to use illegal

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

9 (14) Pennsylvania has a compelling interest in
10 protecting the physical and psychological well-being of
11 minors, including lesbian, gay, bisexual and transgender
12 youth, and in protecting its minors against exposure to
13 serious harms caused by sexual orientation change efforts.
14 Section 3. Definitions.

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

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

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

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

11 Section 4. Sexual orientation change efforts prohibited.

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

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

21 Section 5. Effective date.

22 This act shall take effect immediately.