

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2691 Session of
2012

INTRODUCED BY JOSEPHS, MCGEEHAN, FRANKEL AND CALTAGIRONE,
OCTOBER 17, 2012

REFERRED TO COMMITTEE ON HUMAN SERVICES, OCTOBER 17, 2012

AN ACT

1 Prohibiting mental health providers from engaging in sexual
2 orientation change efforts with minor patients.

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

5 Section 1. Short title.

6 This act shall be known and may be cited as the Prohibition
7 on Sexual Orientation Change Efforts in Mental Health Treatment
8 Act.

9 Section 2. Declaration of policy.

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, suicidality, substance abuse,
7 stress, disappointment, self-blame, decreased self-esteem and
8 authenticity to others, increased self-hatred, hostility and
9 blame toward parents, feelings of anger and betrayal, loss of
10 friends and potential romantic partners, problems in sexual
11 and emotional intimacy, sexual dysfunction, high-risk sexual
12 behaviors, a feeling of being dehumanized and untrue to self,
13 a loss of faith and a sense of having wasted time and
14 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 states:

19 "[T]he [American Psychological Association] advises
20 parents, guardians, young people, and their families to
21 avoid sexual orientation change efforts that portray
22 homosexuality as a mental illness or developmental
23 disorder and to seek psychotherapy, social support, and
24 educational services that provide accurate information on
25 sexual orientation and sexuality, increase family and
26 school support and reduce rejection of sexual minority
27 youth."

28 (4) The American Psychiatric Association published a
29 position statement in March of 2000 in which it stated:

30 "Psychotherapeutic modalities to convert or 'repair'

1 homosexuality are based on developmental theories whose
2 scientific validity is questionable. Furthermore,
3 anecdotal reports of 'cures' are counterbalanced by
4 anecdotal claims of psychological harm. In the last four
5 decades, 'reparative' therapists have not produced any
6 rigorous scientific research to substantiate their claims
7 of cure. Until there is such research available, [the
8 American Psychiatric Association] recommends that ethical
9 practitioners refrain from attempts to change
10 individuals' sexual orientation, keeping in mind the
11 medical dictum to first, do no harm. The potential risks
12 of reparative therapy are great, including depression,
13 anxiety and self-destructive behavior, since therapist
14 alignment with societal prejudices against homosexuality
15 may reinforce self-hatred already experienced by the
16 patient. Many patients who have undergone reparative
17 therapy relate that they were inaccurately told that
18 homosexuals are lonely, unhappy individuals who never
19 achieve acceptance or satisfaction. The possibility that
20 the person might achieve happiness and satisfying
21 interpersonal relationships as a gay man or lesbian is
22 not presented, nor are alternative approaches to dealing
23 with the effects of societal stigmatization discussed.
24 Therefore, the American Psychiatric Association opposes
25 any psychiatric treatment such as reparative or
26 conversion therapy which is based upon the assumption
27 that homosexuality per se is a mental disorder or based
28 upon the a priori assumption that a patient should change
29 his/her sexual homosexual orientation."

30 (5) The American School Counselor Association's position

1 statement on professional school counselors and lesbian, gay,
2 bisexual, transgendered and questioning (LGBTQ) youth states:

3 "It is not the role of the professional school counselor
4 to attempt to change a student's sexual
5 orientation/gender identity but instead to provide
6 support to LGBTQ students to promote student achievement
7 and personal well-being. Recognizing that sexual
8 orientation is not an illness and does not require
9 treatment, professional school counselors may provide
10 individual student planning or responsive services to
11 LGBTQ students to promote self-acceptance, deal with
12 social acceptance, understand issues related to coming
13 out, including issues that families may face when a
14 student goes through this process and identify
15 appropriate community resources."

16 (6) The American Academy of Pediatrics in 1993 published
17 an article in its journal, *Pediatrics*, stating:

18 "Therapy directed at specifically changing sexual
19 orientation is contraindicated, since it can provoke
20 guilt and anxiety while having little or no potential for
21 achieving changes in orientation."

22 (7) The American Medical Association Council on
23 Scientific Affairs prepared a report in 1994 in which it
24 stated:

25 "Aversion therapy (a behavioral or medical intervention
26 which pairs unwanted behavior, in this case, homosexual
27 behavior, with unpleasant sensations or aversive
28 consequences) is no longer recommended for gay men and
29 lesbians. Through psychotherapy, gay men and lesbians can
30 become comfortable with their sexual orientation and

1 understand the societal response to it."

2 (8) The National Association of Social Workers prepared
3 a 1997 policy statement in which it stated:

4 "Social stigmatization of lesbian, gay and bisexual
5 people is widespread and is a primary motivating factor
6 in leading some people to seek sexual orientation
7 changes. Sexual orientation conversion therapies assume
8 that homosexual orientation is both pathological and
9 freely chosen. No data demonstrates that reparative or
10 conversion therapies are effective, and, in fact, they
11 may be harmful."

12 (9) The American Counseling Association Governing
13 Council issued a position statement in April 1999, and, in
14 it, the council states:

15 "We oppose 'the promotion of "reparative therapy" as a
16 "cure" for individuals who are homosexual.'"

17 (10) The American Psychoanalytic Association issued a
18 position statement in June 2012 on attempts to change sexual
19 orientation, gender, identity or gender expression, and, in
20 it, the association states:

21 "As with any societal prejudice, bias against individuals
22 based on actual or perceived sexual orientation, gender
23 identity or gender expression negatively affects mental
24 health, contributing to an enduring sense of stigma and
25 pervasive self-criticism through the internalization of
26 such prejudice. Psychoanalytic technique does not
27 encompass purposeful attempts to 'convert,' 'repair,'
28 change or shift an individual's sexual orientation,
29 gender identity or gender expression. Such directed
30 efforts are against fundamental principles of

1 psychoanalytic treatment and often result in substantial
2 psychological pain by reinforcing damaging internalized
3 attitudes."

4 (11) The American Academy of Child and Adolescent
5 Psychiatry in 2012 published an article in its journal,
6 *Journal of the American Academy of Child and Adolescent*
7 *Psychiatry*, stating:

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

23 (12) The Pan American Health Organization, a regional
24 office of the World Health Organization, issued a statement
25 in May 2012, and, in it, the organization states:

26 "These supposed conversion therapies constitute a
27 violation of the ethical principles of health care and
28 violate human rights that are protected by international
29 and regional agreements."

30 The organization also noted that reparative therapies "lack

1 medical justification and represent a serious threat to the
2 health and well-being of affected people."

3 (13) Minors who experience family rejection based on
4 their sexual orientation face especially serious health
5 risks. In one study, lesbian, gay and bisexual young adults
6 who reported higher levels of family rejection during
7 adolescence were 8.4 times more likely to report having
8 attempted suicide, 5.9 times more likely to report high
9 levels of depression, 3.4 times more likely to use illegal
10 drugs and 3.4 times more likely to report having engaged in
11 unprotected sexual intercourse compared with peers from
12 families that reported no or low levels of family rejection.
13 This is documented by Caitlin Ryan et al. in their article
14 entitled "Family Rejection as a Predictor of Negative Health
15 Outcomes in White and Latino Lesbian, Gay, and Bisexual Young
16 Adults" (2009) 123 *Pediatrics* 346.

17 (14) The Commonwealth has a compelling interest in
18 protecting the physical and psychological well-being of
19 minors, including lesbian, gay, bisexual and transgender
20 youth, and in protecting its minors against exposure to
21 serious harms caused by sexual orientation change efforts.

22 Section 3. Definitions.

23 The following words and phrases when used in this act shall
24 have the meanings given to them in this section unless the
25 context clearly indicates otherwise:

26 "Mental health provider." A physician and surgeon
27 specializing in the practice of psychiatry, a psychologist, a
28 psychological assistant, intern or trainee, a licensed marriage
29 and family therapist, a registered marriage and family
30 therapist, intern or trainee, a licensed educational

1 psychologist, a credentialed school psychologist, a licensed
2 clinical social worker, an associate clinical social worker, a
3 licensed professional clinical counselor, a registered clinical
4 counselor, intern or trainee or any other person designated as a
5 mental health professional under Pennsylvania law or regulation.

6 "Sexual orientation change efforts." Any practices by mental
7 health providers that seek to change an individual's sexual
8 orientation. The term includes efforts to change behaviors or
9 gender expressions or to eliminate or reduce sexual or romantic
10 attractions or feelings toward individuals of the same sex. The
11 term does not include psychotherapies that:

12 (1) provide acceptance, support and understanding of
13 clients or the facilitation of clients' coping, social
14 support and identity exploration and development, including
15 sexual orientation-neutral interventions to prevent or
16 address unlawful conduct or unsafe sexual practices; and

17 (2) do not seek to change sexual orientation.

18 Section 4. Sexual orientation change efforts.

19 (a) General rule.--Under no circumstances shall a mental
20 health provider engage in sexual orientation change efforts with
21 a patient under 18 years of age.

22 (b) Disciplinary action.--Any sexual orientation change
23 efforts attempted on a patient under 18 years of age by a mental
24 health provider shall be considered unprofessional conduct and
25 shall subject a mental health provider to discipline by the
26 licensing entity for that mental health provider.

27 Section 5. Construction.

28 Nothing in this act is intended to prevent a minor from
29 consenting to any mental health treatment or counseling
30 services, consistent with the act of February 13, 1970 (P.L.19,

1 No.10), entitled "An act enabling certain minors to consent to
2 medical, dental and health services, declaring consent
3 unnecessary under certain circumstances," other than sexual
4 orientation change efforts.

5 Section 6. Effective date.

6 This act shall take effect in 60 days.