

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1811 Session of
2013

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PAINTER, FLECK, BRADFORD, PARKER AND THOMAS, OCTOBER 29, 2013

REFERRED TO COMMITTEE ON HUMAN SERVICES, OCTOBER 29, 2013

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 The 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

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

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

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

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

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

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

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

29 (5) The American School Counselor Association's position
30 statement on professional school counselors and lesbian, gay,

bisexual, transgendered, and questioning (LGBTQ) youth states that "it is not the role of the professional school counselor to attempt to change a student's sexual orientation/gender identity but instead to provide support to LGBTQ students to promote student achievement and personal well-being.

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

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

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

(8) The National Association of Social Workers prepared a 1997 policy statement in which it stated that "social

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

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

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

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

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

30 (11) The American Academy of Child and Adolescent

1 Psychiatry in 2012 published an article in its journal,
2 *Journal of the American Academy of Child and Adolescent*
3 *Psychiatry*, stating that "clinicians should be aware that
4 there is no evidence that sexual orientation can be altered
5 through therapy, and that attempts to do so may be harmful.
6 There is no empirical evidence adult homosexuality can be
7 prevented if gender nonconforming children are influenced to
8 be more gender conforming. Indeed, there is no medically
9 valid basis for attempting to prevent homosexuality, which is
10 not an illness. On the contrary, such efforts may encourage
11 family rejection and undermine self-esteem, connectedness and
12 caring, important protective factors against suicidal
13 ideation and attempts. Given that there is no evidence that
14 efforts to alter sexual orientation are effective, beneficial
15 or necessary, and the possibility that they carry the risk of
16 significant harm, such interventions are contraindicated."

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

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

1 attempted suicide, 5.9 times more likely to report high
2 levels of depression, 3.4 times more likely to use illegal
3 drugs and 3.4 times more likely to report having engaged in
4 unprotected sexual intercourse compared with peers from
5 families that reported no or low levels of family rejection.
6 This is documented by Caitlin Ryan, David Huebner, Rafael
7 Diaz and Jorge Sanchez in their article entitled *Family*
8 *Rejection as a Predictor of Negative Health Outcomes in White*
9 *and Latino Lesbian, Gay, and Bisexual Young Adults* (2009) 123
10 *Pediatrics* 346.

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

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

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

30 "Sexual orientation change efforts." Any practices by mental

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

14 Section 4. Sexual orientation change efforts prohibited.

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

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

24 Section 5. Effective date.

25 This act shall take effect immediately.