
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1177 Session of
2017

INTRODUCED BY SIMS, MULLERY, O'BRIEN, HARKINS, FRANKEL,
DONATUCCI, KINSEY, SCHLOSSBERG, CALTAGIRONE, McCLINTON,
J. HARRIS, SCHWEYER, McNEILL, MADDEN, FREEMAN, V. BROWN,
NEILSON, RAVENSTAHL AND ROEBUCK, APRIL 12, 2017

REFERRED TO COMMITTEE ON HEALTH, APRIL 12, 2017

AN ACT

1 Prohibiting mental health professionals from engaging in
2 conversion therapy with an individual under 18 years of age.

3 The General Assembly finds and declares as follows:

4 (1) Being lesbian, gay or bisexual is not a disease,
5 disorder, illness, deficiency or shortcoming. The major
6 professional associations of mental health practitioners and
7 researchers in the United States have recognized this fact
8 for more than 40 years.

9 (2) The American Psychological Association convened a
10 Task Force on Appropriate Therapeutic Responses to Sexual
11 Orientation. The task force conducted a systematic review of
12 peer-reviewed journal literature on sexual orientation change
13 efforts and issued a report in 2009. The task force concluded
14 that sexual orientation change efforts can pose critical
15 health risks to lesbian, gay and bisexual people, including
16 confusion, depression, guilt, helplessness, hopelessness,
17 shame, social withdrawal, suicidality, substance abuse,

1 stress, disappointment, self-blame, decreased self-esteem and
2 authenticity to others, increased self-hatred, hostility and
3 blame toward parents, feelings of anger and betrayal, loss of
4 friends and potential romantic partners, problems with sexual
5 and emotional intimacy, sexual dysfunction, high-risk sexual
6 behaviors, a feeling of being dehumanized and untrue to self,
7 a loss of faith and a sense of having wasted time and
8 resources.

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

19 (4) The American Psychiatric Association published a
20 position statement in March 2000 which stated in part:

21 (i) "Psychotherapeutic modalities to convert or
22 'repair' homosexuality are based on developmental
23 theories whose scientific validity is questionable.
24 Furthermore, anecdotal reports of 'cures' are
25 counterbalanced by anecdotal claims of psychological
26 harm. In the last four decades, 'reparative' therapists
27 have not produced any rigorous scientific research to
28 substantiate their claims of cure. Until there is such
29 research available, the American Psychiatric Association
30 recommends that ethical practitioners refrain from

1 attempts to change individuals' sexual orientation,
2 keeping in mind the medical dictum to first, do no harm."

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

16 (iii) "Therefore, the American Psychiatric
17 Association opposes any psychiatric treatment such as
18 reparative or conversion therapy which is based upon the
19 assumption that homosexuality per se is a mental disorder
20 or based upon the a priori assumption that a patient
21 should change his/her sexual homosexual orientation."

22 (5) The American School Counselor Association's position
23 statement on professional school counselors and lesbian, gay,
24 bisexual, transgendered and questioning (LGBTQ) youths states
25 that "it is not the role of the professional school counselor
26 to attempt to change a student's sexual orientation/gender
27 identity but instead to provide support to LGBTQ students to
28 promote student achievement and personal well-being.

29 Recognizing that sexual orientation is not an illness and
30 does not require treatment, professional school counselors

1 may provide individual student planning or responsive
2 services to LGBTQ students to promote self-acceptance, deal
3 with social acceptance, understand issues related to coming
4 out, including issues that families may face when a student
5 goes through this process and identify appropriate community
6 resources."

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

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

22 (8) The National Association of Social Workers prepared
23 a 1997 policy statement in which it stated that "social
24 stigmatization of lesbian, gay and bisexual people is
25 widespread and is a primary motivating factor in leading some
26 people to seek sexual orientation changes. Sexual orientation
27 conversion therapies assume that homosexual orientation is
28 both pathological and freely chosen. No data demonstrates
29 that reparative or conversion therapies are effective, and,
30 in fact, they may be harmful."

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

6 (10) The American Psychoanalytic Association issued a
7 position statement in June 2012 on attempts to change sexual
8 orientation, gender identity or gender expression which
9 states in part:

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

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

23 (11) The American Academy of Child and Adolescent
24 Psychiatry in 2012 published an article in its journal,
25 *Journal of the American Academy of Child and Adolescent*
26 *Psychiatry*, stating that "clinicians should be aware that
27 there is no evidence that sexual orientation can be altered
28 through therapy, and that attempts to do so may be harmful.
29 There is no empirical evidence adult homosexuality can be
30 prevented if gender nonconforming children are influenced to

1 be more gender conforming. Indeed, there is no medically
2 valid basis for attempting to prevent homosexuality, which is
3 not an illness. On the contrary, such efforts may encourage
4 family rejection and undermine self-esteem, connectedness and
5 caring, important protective factors against suicidal
6 ideation and attempts. Given that there is no evidence that
7 efforts to alter sexual orientation are effective, beneficial
8 or necessary, and the possibility that they carry the risk of
9 significant harm, such interventions are contraindicated."

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

19 (13) Minors who experience family rejection based on
20 their sexual orientation face especially serious health
21 risks. In one study, lesbian, gay and bisexual young adults
22 who reported higher levels of family rejection during
23 adolescence were 8.4 times more likely to report having
24 attempted suicide, 5.9 times more likely to report high
25 levels of depression, 3.4 times more likely to use illegal
26 drugs and 3.4 times more likely to report having engaged in
27 unprotected sexual intercourse compared with peers from
28 families that reported no or low levels of family rejection.
29 This is documented by Caitlin Ryan, David Huebner, Rafael
30 Diaz and Jorge Sanchez in their article entitled, *Family*

1 *Rejection as a Predictor of Negative Health Outcomes in White*
2 *and Latino Lesbian, Gay, and Bisexual Young Adults* (2009) 123
3 Pediatrics 346.

4 (14) Pennsylvania has a compelling interest in
5 protecting the physical and psychological well-being of
6 minors, including lesbian, gay, bisexual and transgender
7 youths, and in protecting its minors against exposure to
8 serious harms caused by conversion therapy.

9 The General Assembly of the Commonwealth of Pennsylvania
10 hereby enacts as follows:

11 Section 1. Short title.

12 This act shall be known and may be cited as the Protection of
13 Minors from Conversion Therapy Act.

14 Section 2. 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 "Conversion therapy." Any practices or treatments by mental
19 health professionals that seek to change an individual's sexual
20 orientation or gender identity, including, but not limited to,
21 efforts to change behaviors or gender expressions, or to reduce
22 or eliminate sexual or romantic attractions or feelings toward
23 an individual of the same gender. The term does not include
24 counseling for an individual undergoing gender transition,
25 counseling that provides acceptance, support and understanding
26 of an individual or facilitates an individual's coping, social
27 support and identity exploration and development, including
28 sexual orientation-neutral interventions to prevent or address
29 unlawful conduct or unsafe sexual practices, or counseling that
30 does not seek to change sexual orientation or gender identity.

1 "Mental health professional." An individual who is licensed,
2 certified or otherwise authorized to administer or provide
3 professional mental health care or counseling under the act of
4 March 23, 1972 (P.L.136, No.52), known as the Professional
5 Psychologists Practice Act, the act of July 9, 1976 (P.L.817,
6 No.143), known as the Mental Health Procedures Act, the act of
7 December 20, 1985 (P.L.457, No.112), known as the Medical
8 Practice Act of 1985 or the act of July 9, 1987 (P.L.220,
9 No.39), known as the Social Workers, Marriage and Family
10 Therapists and Professional Counselors Act.

11 Section 3. Conversion therapy prohibited.

12 (a) General rule.--A mental health professional shall not
13 engage in conversion therapy with an individual under 18 years
14 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).

19 Section 4. Effective date.

20 This act shall take effect immediately.