AN ACT

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

The General Assembly finds and declares as follows:

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

(2) The American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation. The task force conducted a systematic review of peer-reviewed journal literature on sexual orientation change efforts and issued a report in 2009. The task force concluded that sexual orientation change efforts can pose critical health risks to lesbian, gay and bisexual people, including confusion, depression, guilt, helplessness, hopelessness,
shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems with sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith and a sense of having wasted time and resources.

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

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

(i) "Psychotherapeutic modalities to convert or 'repair' homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of 'cures' are counterbalanced by anecdotal claims of psychological harm. In the last four decades, 'reparative' therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, the American Psychiatric Association
recommends that ethical practitioners refrain from
attempts to change individuals' sexual orientation,
keeping in mind the medical dictum to first, do no harm."

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

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

(5) The American School Counselor Association's position
statement on professional school counselors and lesbian, gay,
bisexual, transgendered and questioning (LGBTQ) youths 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 stigmatization of lesbian, gay and bisexual people is widespread and is a primary motivating factor in leading some people to seek sexual orientation changes. Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrates that reparative or conversion therapies are effective, and,
in fact, they may be harmful."

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

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

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

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

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

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

(13) Minors who experience family rejection based on
their sexual orientation face especially serious health
risks. In one study, lesbian, gay and bisexual young adults
who reported higher levels of family rejection during
adolescence were 8.4 times more likely to report having
attempted suicide, 5.9 times more likely to report high
levels of depression, 3.4 times more likely to use illegal
drugs and 3.4 times more likely to report having engaged in
unprotected sexual intercourse compared with peers from
families that reported no or low levels of family rejection.
This is documented by Caitlin Ryan, David Huebner, Rafael
Pennsylvania has a compelling interest in protecting the physical and psychological well-being of minors, including lesbian, gay, bisexual and transgender youths, and in protecting its minors against exposure to serious harms caused by conversion therapy.

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

Section 1. Short title.

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

Section 2. Definitions.

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

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

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

Section 3. Conversion therapy prohibited.

(a) General rule.--A mental health professional may not engage in conversion therapy with an individual under 18 years of age.

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

Section 4. Effective date.

This act shall take effect immediately.