
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1293 Session of
2019

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KENYATTA, YOUNGBLOOD, DAWKINS, BOYLE, DALEY AND WEBSTER,
APRIL 29, 2019

REFERRED TO COMMITTEE ON HEALTH, APRIL 29, 2019

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,

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

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

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

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

1 recommends that ethical practitioners refrain from
2 attempts to change individuals' sexual orientation,
3 keeping in mind the medical dictum to first, do no harm."

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

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

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

30 Recognizing that sexual orientation is not an illness and

1 does not require treatment, professional school counselors
2 may provide individual student planning or responsive
3 services to LGBTQ students to promote self-acceptance, deal
4 with social acceptance, understand issues related to coming
5 out, including issues that families may face when a student
6 goes through this process and identify appropriate community
7 resources."

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

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

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

1 in fact, they may be harmful."

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

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

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

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

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

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

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

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

1 Diaz and Jorge Sanchez in their article entitled, *Family*
2 *Rejection as a Predictor of Negative Health Outcomes in White*
3 *and Latino Lesbian, Gay, and Bisexual Young Adults* (2009) 123
4 *Pediatrics* 346.

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

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

12 Section 1. Short title.

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

15 Section 2. Definitions.

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

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

1 does not seek to change sexual orientation or gender identity.

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

12 Section 3. Conversion therapy prohibited.

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

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

22 Section 4. Effective date.

23 This act shall take effect immediately.