FY 7 for Bd

SENATE BILL 1028

J2, J1

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CF HB 902

By: **Senators Madaleno, Ferguson, Guzzone, Kagan, Lee, Manno, Pinsky, Smith, ~~and Zucker~~ Zucker, and Young**
Introduced and read first time: February 5, 2018
Assigned to: Education, Health, and Environmental Affairs

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 23, 2018

CHAPTER _____

AN ACT concerning

Health Occupations – Conversion Therapy for Minors – Prohibition
(Youth Mental Health Protection Act)

FOR the purpose of prohibiting certain mental health or child care practitioners from engaging in conversion therapy with individuals who are minors; providing that a certain mental health or child care practitioner who engages in conversion therapy with an individual who is a minor shall be considered to have engaged in unprofessional conduct and shall be subject to discipline by a certain licensing or certifying board; prohibiting the use of State funds for certain purposes; requiring the Maryland Department of Health to adopt certain regulations; defining certain terms; making this Act severable; and generally relating to conversion therapy.

BY adding to
Article – Health Occupations
Section 1–212.1
Annotated Code of Maryland
(2014 Replacement Volume and 2017 Supplement)

Preamble

WHEREAS, Contemporary science recognizes that being lesbian, gay, bisexual, or transgender (LGBT) is part of the natural spectrum of human identity and is not a disease, a disorder, or an illness; and

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets] indicate matter deleted from existing law.
Underlining indicates amendments to bill.
~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

WHEREAS, The American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation that conducted a systematic review of peer–reviewed journal literature on sexual orientation change efforts and concluded in its 2009 report 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, suicidal intentions, 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 in 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; and

WHEREAS, The American Psychological Association issued a resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009 stating that it "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"; and

WHEREAS, The American Psychiatric Association stated in 2000 that "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"; and

WHEREAS, The American Psychiatric Association also stated in 2000 that "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"; and

WHEREAS, The American Psychiatric Association further stated in 2000 that it "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 the a priori assumption that a patient should change his/her sexual homosexual orientation"; and

WHEREAS, The American Academy of Pediatrics in 1993 published an article in its journal "Pediatrics" stating "[t]herapy 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"; and

WHEREAS, The American Medical Association Council on Scientific Affairs prepared a report in 1994 in which it stated "[a]version 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"; and

WHEREAS, The American Medical Association Council on Scientific Affairs further stated in its 1994 report that "[t]hrough psychotherapy, gay men and lesbians can become comfortable with their sexual orientation and understand the societal response to it"; and

WHEREAS, The National Association of Social Workers prepared a 1997 policy statement in which it stated "[s]ocial 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"; and

WHEREAS, The American Counseling Association Governing Council issued a position statement in April 1999 that stated it opposed the promotion of reparative therapy as a "cure" for homosexual individuals; and

WHEREAS, The American School Counselor Association issued a position paper in 2014 in which it stated that "[i]t is not the role of the professional school counselor to attempt to change a student's sexual orientation or gender identity" and that "[p]rofessional school counselors do not support efforts by licensed mental health professionals to change a student's sexual orientation or gender as these practices have been proven ineffective and harmful"; and

WHEREAS, The American Psychoanalytic Association issued a position statement in June 2012 regarding attempts to change sexual orientation, gender identity, or gender expression, and in the position statement the Association states "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"; and

WHEREAS, The American Psychoanalytic Association also stated in June 2012 that "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"; and

WHEREAS, The American Academy of Child and Adolescent Psychiatry published

in 2012 an article in its journal entitled "The Journal of the American Academy of Child and Adolescent Psychiatry", stating "[c]linicians 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"; and

WHEREAS, The Pan American Health Organization, a regional office of the World Health Organization, issued a statement in May 2012 that states "[t]hese 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"; and

WHEREAS, The Pan American Health Organization also noted that reparative therapies "lack medical justification and represent a serious threat to the health and well–being of affected people"; and

WHEREAS, The American Association of Sexuality Educators, Counselors, and Therapists issued a statement in 2014 that states "same sex orientation is not a mental disorder and that [it] opposes any 'reparative' or conversion therapy that seeks to 'change' or 'fix' a person's sexual orientation"; and

WHEREAS, The American Association of Sexuality Educators, Counselors, and Therapists further stated in 2014 its belief that sexual orientation is not "something that needs to be 'fixed' or 'changed'" and provided as its rationale for this position that "[r]eparative therapy (for minors, in particular) is often forced or nonconsensual[,]", has "been proven harmful to minors[,]", and that "[t]here is no scientific evidence supporting the success of these interventions"; and

WHEREAS, The American Association of Sexuality Educators, Counselors, and Therapists also stated in 2014 that "[r]eparative therapy is grounded in the idea that non–heterosexual orientation is 'disordered'" and that "[r]eparative therapy has been shown to be a negative predictor of psychotherapeutic benefit"; and

WHEREAS, The American College of Physicians wrote a position paper in 2015 stating that it "opposes the use of 'conversion,' 'reorientation,' or 'reparative' therapy for the treatment of LGBT persons[,]", that "[a]vailable research does not support the use of reparative therapy as an effective model in the treatment of LGBT persons[,]", and that "[e]vidence shows that the practice may actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young persons"; and

WHEREAS, Minors who experience family rejection based on their sexual orientation face especially serious health risks; and

WHEREAS, In a study published in 2009 in the journal "Pediatrics", 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 when compared with peers from families that reported no or low levels of family rejection; and

WHEREAS, Maryland has a compelling interest in protecting the physical and psychological well–being of minors, including LGBT youth, and in protecting minors against exposure to serious harm caused by sexual orientation change efforts; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health Occupations

1–212.1.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) (I) "CONVERSION THERAPY" MEANS A PRACTICE OR TREATMENT BY A MENTAL HEALTH OR CHILD CARE PRACTITIONER THAT SEEKS TO CHANGE AN INDIVIDUAL'S SEXUAL ORIENTATION OR GENDER IDENTITY.

(II) "CONVERSION THERAPY" INCLUDES ANY EFFORT TO CHANGE THE BEHAVIORAL EXPRESSION OF AN INDIVIDUAL'S SEXUAL ORIENTATION, CHANGE GENDER EXPRESSION, OR ELIMINATE OR REDUCE SEXUAL OR ROMANTIC ATTRACTIONS OR FEELINGS TOWARD INDIVIDUALS OF THE SAME GENDER.

(III) "CONVERSION THERAPY" DOES NOT INCLUDE A PRACTICE BY A MENTAL HEALTH OR CHILD CARE PRACTITIONER THAT:

1. PROVIDES ACCEPTANCE, SUPPORT, AND UNDERSTANDING, OR THE FACILITATION OF COPING, SOCIAL SUPPORT, AND IDENTITY EXPLORATION AND DEVELOPMENT, INCLUDING SEXUAL ORIENTATION–NEUTRAL INTERVENTIONS TO PREVENT OR ADDRESS UNLAWFUL CONDUCT OR UNSAFE SEXUAL PRACTICES; AND

2. DOES NOT SEEK TO CHANGE SEXUAL ORIENTATION OR GENDER IDENTITY.

(3) "MENTAL HEALTH OR CHILD CARE PRACTITIONER" MEANS:

(I) A PRACTITIONER LICENSED OR CERTIFIED UNDER TITLE 14, TITLE 17, TITLE 18, TITLE 19, OR TITLE 20 OF THIS ARTICLE; OR

(II) ANY OTHER PRACTITIONER LICENSED OR CERTIFIED UNDER THIS ARTICLE WHO IS AUTHORIZED TO PROVIDE COUNSELING BY THE PRACTITIONER'S LICENSING OR CERTIFYING BOARD.

(B) A MENTAL HEALTH OR CHILD CARE PRACTITIONER MAY NOT ENGAGE IN CONVERSION THERAPY WITH AN INDIVIDUAL WHO IS A MINOR.

(C) A MENTAL HEALTH OR CHILD CARE PRACTITIONER WHO ENGAGED IN CONVERSION THERAPY WITH AN INDIVIDUAL WHO IS A MINOR SHALL BE CONSIDERED TO HAVE ENGAGED IN UNPROFESSIONAL CONDUCT AND SHALL BE SUBJECT TO DISCIPLINE BY THE MENTAL HEALTH OR CHILD CARE PRACTITIONER'S LICENSING OR CERTIFYING BOARD.

(D) NO STATE FUNDS MAY BE USED FOR THE PURPOSE OF:

(1) CONDUCTING, OR REFERRING AN INDIVIDUAL TO RECEIVE, CONVERSION THERAPY;

(2) PROVIDING HEALTH COVERAGE FOR CONVERSION THERAPY; OR

(3) PROVIDING A GRANT TO OR CONTRACTING WITH ANY ENTITY THAT CONDUCTS OR REFERS AN INDIVIDUAL TO RECEIVE CONVERSION THERAPY.

(E) THE DEPARTMENT SHALL ADOPT REGULATIONS NECESSARY TO IMPLEMENT THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That, if any provision of this Act or the application thereof to any person or circumstance is held invalid for any reason in a court of competent jurisdiction, the invalidity does not affect other provisions or any other application of this Act that can be given effect without the invalid provision or application, and for this purpose the provisions of this Act are declared severable.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2018.