A BILL TO BE ENTITLED
AN ACT CONCERNING THE PROTECTION OF MINORS AND ADULTS WHO HAVE
DISABILITIES FROM ATTEMPTS TO CHANGE SEXUAL ORIENTATION, GENDER
IDENTITY, AND GENDER EXPRESSION.

Whereas, contemporary science recognizes that being lesbian, gay, bisexual, or
transgender is part of the natural spectrum of human identity and is not a disease, disorder, or
illness; and

Whereas, the American Psychological Association convened a Task Force on
Appropriate Therapeutic Responses to Sexual Orientation (Task Force). The Task Force
conducted a systemic review of peer-reviewed journal literature on sexual orientation change
efforts and issued a report on those efforts 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 towards 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, in 2009, the American Psychological Association issued a resolution on
Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts, stating:
"[T]he [American Psychological Association] 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 published a position statement in
March of 2000 in which it stated the following:
"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."
"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."

"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 the a priori assumption that a patient should change his or her sexual homosexual orientation."; and

Whereas, in 2013, the American Psychiatric Association expanded on that position, stating: "The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm bysubjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed."; and

Whereas, in 1993, the American Academy of Pediatrics published an article in its journal, Pediatrics, stating: "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."; and

Whereas, in 1994, the American Medical Association Council on Scientific Affairs prepared a report, stating: "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."; and

Whereas, the National Association of Social Workers prepared a 1997 policy statement, stating: "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."; and

Whereas, the American Counseling Association Governing Council issued a position statement in April of 1999, stating: "We oppose the promotion of "reparative therapy" as a "cure" for individuals who are homosexual."; and

Whereas, in 2014, the American School Counselor Association issued a position statement, stating: "It is not the role of the professional school counselor to attempt to change a student's sexual orientation or gender identity. Professional 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 on attempts to change sexual orientation, gender identity, or gender expression, stating: "As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affect mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice." The American Psychoanalytic Association further stated: "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
Whereas, in 2012, the American Academy of Child and Adolescent Psychiatry published an article in its journal, *Journal of the American Academy of Child and Adolescent Psychiatry*, stating: "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."; and

Whereas, in 2012, the Pan American Health Organization, a regional office of the World Health Organization, issued a statement, stating: "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."; and

Whereas, in 2014, the American Association of Sexuality Educators, Counselors, and Therapists (AASECT) issued a statement, stating: "Same sex orientation is not a mental disorder and we oppose any 'reparative' or conversion therapy that seeks to 'change' or 'fix' a person's sexual orientation. AASECT does not believe that sexual orientation is something that needs to be 'fixed' or 'changed.' The rationale behind this position is the following: Reparative therapy (for minors, in particular) is often forced or nonconsensual. Reparative therapy has been proven harmful to minors. There is no scientific evidence supporting the success of these interventions. Reparative therapy is grounded in the idea that non-heterosexual orientation is 'disordered.' Reparative therapy has been shown to be a negative predictor of psychotherapeutic benefit."; and

Whereas, in 2015, the American College of Physicians issued a position paper, stating: "The College opposes the use of 'conversion,' 'reorientation,' or 'reparative' therapy for the treatment of LGBT persons...Available research does not support the use of reparative therapy as an effective method in the treatment of LGBT persons. Evidence 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. 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, et al., in their article entitled "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults" (2009) 123 *Pediatrics* 346; and

Whereas, a 2018 study by the Family Acceptance Project found the following: "Rates of attempted suicide by LGBT young people whose parents tried to change their sexual orientation were more than double (48%) the rate of LGBT young adults who reported no conversion experiences (22%). Suicide attempts nearly tripled for LGBT young people who reported both home-based efforts to change their sexual orientation by parents and intervention efforts by therapists and religious leaders (63%)."
"High levels of depression more than doubled (33%) for young people whose parents tried to change their sexual orientation compared with those who reported no conversion experiences (16%), and more than tripled (52%) for LGBT young people who reported both home-based efforts to change their sexual orientation by parents and external sexual orientation change efforts by therapists and religious leaders."

"Sexual orientation change experiences during adolescence by both parents and caregivers and externally by therapists and religious leaders were associated with lower young adult socioeconomic status, less educational attainment, and lower weekly income."; and

Whereas, North Carolina has a compelling interest in protecting the physical and psychological well-being of minors, including lesbian, gay, bisexual, and transgender youth, and in protecting its minors against exposure to serious harms caused by conversion therapy; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 90 of the General Statutes is amended by adding a new Article to read:

"Article 1L. Mental Health Protection Act.

§ 90-21.130. Short title.
"Mental Health Protection Act.

The following definitions apply in this Article:

(1) Adult who has a disability. – A "disabled adult" as defined in G.S. 108A-101(d).
(2) Conversion therapy. – Any practices or treatments that seek to change an individual's sexual orientation or gender identity, including efforts to (i) change behaviors and gender expressions or (ii) eliminate or reduce sexual or romantic attractions or feelings towards individuals of the same gender. Conversion therapy shall not include counseling that provides assistance to an individual undergoing gender transition or 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, as long as such counseling does not seek to change an individual's sexual orientation or gender identity.

(a) The following professionals shall not engage in conversion therapy with an individual under 18 years of age or an adult who has a disability:

(1) Fee-based practicing pastoral counselor as defined in G.S. 90-382.
(2) Licensed clinical social worker as defined in G.S. 90B-3.
(3) Licensed marriage and family therapist as defined in G.S. 90-270.47.
(4) Licensed professional counselor as defined in G.S. 90-330.
(5) Psychiatrist licensed in accordance with Article 1 of Chapter 90 of the General Statutes.
(6) Psychologist as defined in G.S. 90-270.2.
(b) Conversion therapy practiced by any licensed professional in subsection (a) of this section shall be considered unprofessional conduct and shall subject each licensed professional who engages in the practice of conversion therapy to discipline under the licensed professional's respective licensing entity.
(c) The Department of Health and Human Services shall have concurrent authority to initiate proceedings for violations of this section. The Department shall promulgate rules in accordance with this section.

No State funds, nor any funds belonging to a municipality, agency, or political subdivision of this State, shall be expended for the purpose of conducting conversion therapy, referring an individual for conversion therapy, health benefits coverage for conversion therapy, or a grant or contract with any entity that conducts conversion therapy or refers individuals for conversion therapy."

SECTION 2. If any provision of this act or its application is held invalid, the invalidity does not affect other provisions or applications of this act that can be given effect without the invalid provisions or application, and to this end the provisions of this act are severable.

SECTION 3. This act is effective when it becomes law and applies to acts on or after that date.