GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2023

H HOUSE BILL 519

Short Title:	Mental Health Protection Act.	(Public)
Sponsors:	Representatives Ball, Harrison, Butler, and Price (Primary Sponsors).	
	For a complete list of sponsors, refer to the North Carolina General Assembly w	eb site.
Referred to:	Rules, Calendar, and Operations of the House	

March 30, 2023

A BILL TO BE ENTITLED

AN ACT CONCERNING THE PROTECTION OF MINORS AND ADULTS WHO HAVE DISABILITIES FROM ATTEMPTS TO CHANGE SEXUAL ORIENTATION AND GENDER IDENTITY.

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 systematic 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."; and



 Whereas, in 2013, the American Psychiatric Association stated: "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 by subjecting 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 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: "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."; and

Whereas, in 2014, the American Association of Sexuality Educators, Counselors, and Therapists (AASECT) issued a statement, stating: "[S]ame 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...Reparative therapy (for minors, in particular) is often forced or nonconsensual. Reparative therapy has been proven harmful to minors. 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. Evidence shows that the practice may actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young persons."; 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."; and

Whereas, a 2019 study by The Trevor Project published in the American Journal of Public Health found that LGBTQ youth who underwent conversion therapy were more than twice as likely to report having attempted suicide and more than 2.5 times as likely to report multiple suicide attempts in the past year compared to those who did not. LGBTQ youth with lower family incomes, from the South, who are Hispanic/Latinx, and who are transgender or nonbinary were overrepresented in reports of undergoing conversion therapy; and

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

Whereas, North Carolina desires to protect its citizens within the State from harmful and discredited efforts to change sexual orientation or gender identity, including so-called "conversion" or "reparative" therapy, because such efforts lack medical justification, are unethical, violate fundamental human rights principles, and put people at risk of suicide and other long-term physical and psychological harms; and

Whereas, no other means of protecting citizens from the harms associated with conversion therapy would be effective; 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 1M.

"Mental Health Protection Act.

"§ 90-21.140. Short title.

This Article shall be known as the "Mental Health Protection Act."

"§ 90-21.141. Definitions.

The following definitions apply in this Article:

- (1) Adult under guardianship. An adult who has been adjudicated incompetent, in accordance with Chapter 35A of the General Statutes, and who is incapable of providing consent for conversion therapy or a similar course of therapy or treatment.
- (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 toward 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.

"§ 90-21.142. Conversion therapy prohibited.

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

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- 1 Licensed clinical social worker as defined in G.S. 90B-3. (1) 2
 - (2) Licensed marriage and family therapist as defined in G.S. 90-270.47.
 - Licensed clinical mental health counselor as defined in G.S. 90-330. (3)
 - Psychiatrist licensed in accordance with Article 1 of Chapter 90 of the General (4) Statutes.
 - Licensed psychologist as defined in G.S. 90-270.136. (5)
 - Conversion therapy practiced by any professional listed in subsection (a) of this (b) 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.
 - The Department of Health and Human Services shall report to the appropriate licensing entity any professional found to be in violation of this section. The Department may adopt rules to set forth and implement reporting requirements of violations of this section.

"§ 90-21.143. Prohibited State funding.

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.