

**2017 -- S 0267 SUBSTITUTE A**

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**STATE OF RHODE ISLAND**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2017**

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A N A C T

RELATING TO HEALTH AND SAFETY - DEPARTMENT OF HEALTH

Introduced By: Senators Nesselbush, Ciccone, Miller, Conley, and Lombardo

Date Introduced: February 15, 2017

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1           SECTION 1. Legislative findings. – It is found and declared that:

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

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

15           (3) The American Psychological Association issued a resolution on Appropriate  
16 Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009, which states:  
17 "[T]he [American Psychological Association] advises parents, guardians, young people, and their  
18 families to avoid sexual orientation change efforts that portray homosexuality as a mental illness  
19 or developmental disorder and to seek psychotherapy, social support, and educational services

1 that provide accurate information on sexual orientation and sexuality, increase family and school  
2 support, and reduce rejection of sexual minority youth";

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

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

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

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

24 (5) The American Academy of Pediatrics in 1993 published an article in its journal,  
25 Pediatrics, stating: "Therapy directed at specifically changing sexual orientation is  
26 contraindicated, since it can provoke guilt and anxiety while having little or no potential for  
27 achieving changes in orientation";

28 (6) The American Medical Association Council on Scientific Affairs prepared a report in  
29 1994 in which it stated: "Aversion therapy (a behavioral or medical intervention which pairs  
30 unwanted behavior, in this case, homosexual behavior, with unpleasant sensations or aversive  
31 consequences) is no longer recommended for gay men and lesbians. Through psychotherapy, gay  
32 men and lesbians can become comfortable with their sexual orientation and understand the  
33 societal response to it";

34 (7) The National Association of Social Workers prepared a 1997 policy statement in

1 which it stated: "Social stigmatization of lesbian, gay, and bisexual people is widespread and is a  
2 primary motivating factor in leading some people to seek sexual orientation changes. Sexual  
3 orientation conversion therapies assume that homosexual orientation is both pathological and  
4 freely chosen. No data demonstrates that reparative or conversion therapies are effective, and, in  
5 fact, they may be harmful";

6 (8) The American Counseling Association Governing Council issued a position statement  
7 in April of 1999 and in it the council states: "We oppose the promotion of 'reparative therapy' as a  
8 'cure' for individuals who are homosexual";

9 (9) The American School Counselor Association issued a position statement in 2014  
10 which states that: "It is not the role of the professional school counselor to attempt to change a  
11 student's sexual orientation or gender identity. Professional school counselors do not support  
12 efforts by licensed mental health professionals to change a student's sexual orientation or gender  
13 as these practices have been proven ineffective and harmful";

14 (10) The American Psychoanalytic Association issued a position statement in June 2012  
15 on attempts to change sexual orientation, gender identity, or gender expression, and in it the  
16 association states: "As with any societal prejudice, bias against individuals based on actual or  
17 perceived sexual orientation, gender identity or gender expression negatively affects mental  
18 health, contributing to an enduring sense of stigma and pervasive self-criticism through the  
19 internalization of such prejudice"; and

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

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

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

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

16           (14) The American College of Physicians wrote a position paper in 2015 stating: "The  
17 College opposes the use of 'conversion,' 'reorientation,' or 'reparative' therapy for the treatment of  
18 LGBT persons .... Available research does not support the use of reparative therapy as an  
19 effective method in the treatment of LGBT persons. Evidence shows that the practice may  
20 actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young  
21 persons";

22           (15) Minors who experience family rejection based on their sexual orientation face  
23 especially serious health risks. In one study, lesbian, gay, and bisexual young adults who reported  
24 higher levels of family rejection during adolescence were 8.4 times more likely to report having  
25 attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely  
26 to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual  
27 intercourse compared with peers from families that reported no or low levels of family rejection.  
28 This is documented by Caitlin Ryan et al., in their article entitled Family Rejection as a Predictor  
29 of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults  
30 (2009) 123 Pediatrics 346; and

31           (16) Rhode Island has a compelling interest in protecting the physical and psychological  
32 well-being of minors, including lesbian, gay, bisexual, and transgender youth, and in protecting  
33 its minors against exposure to serious harms caused by conversion therapy.

34           SECTION 2. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby

1 amended by adding thereto the following chapter:

2 CHAPTER 94

3 PREVENTION OF CONVERSION THERAPY FOR CHILDREN

4 **23-94-1. Short title.**

5 This chapter shall be known and may be cited as the "Prevention of Conversion Therapy  
6 for Children Act."

7 **23-94-2. Definitions.**

8 As used in this chapter:

9 (1) "Conversion therapy" means any practices or treatments that seek to change an  
10 individual's sexual orientation or gender identity, including efforts to change behaviors or gender  
11 expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals  
12 of the same gender. Conversion therapy shall not include counseling that provides assistance to a  
13 person undergoing gender transition, or counseling that provides acceptance, support, and  
14 understanding of a person or facilitates a person's coping, social support, and identity exploration  
15 and development, including sexual-orientation-neutral interventions to prevent or address  
16 unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change  
17 an individual's sexual orientation or gender identity.

18 (i) "Conversion therapy" shall include any practice by any licensed professional that  
19 seeks or purports to impose change of an individual's sexual orientation or gender identity,  
20 practices which attempt or purport to change behavioral expression of an individual's sexual  
21 orientation or gender identity or attempt or purport to eliminate or reduce sexual or romantic  
22 attractions or feelings toward individuals of the same sex;

23 (ii) "Conversion therapy" shall not include practices which:

24 (A) Provide acceptance, support, and understanding of an individual's sexual orientation,  
25 gender identity, or gender expression and the facilitation of an individual's coping, social support,  
26 and identity exploration and development, including interventions to prevent or address unlawful  
27 conduct or unsafe sexual practices; or

28 (B) Provide acceptance, support, or understanding of an individual's gender expression or  
29 the facilitation of an individual's coping, social support, and identity exploration and  
30 development.

31 (2) "Department" means the Rhode Island department of health.

32 (3) "Licensed professional" means any licensed medical, mental health, or human service  
33 professional licensed pursuant to title 5 including, but not limited to, any psychologist,  
34 psychiatrist, social worker, nurse, mental health professional, human services professional, under

1 any provisions of the general law, rule or regulation to the contrary.

2 **23-94-3. Conversion therapy efforts for minors prohibited – Violations and**  
3 **enforcement.**

4 (a) No licensed professional shall advertise for or engage in conversion therapy efforts  
5 with or relating to a patient(s) under the age of eighteen (18).

6 (b) Any conversion therapy practiced by a licensed professional, as defined in §23-94-2,  
7 on a patient under the age of eighteen (18) shall be considered unprofessional conduct and shall  
8 subject them to discipline by the department, which discipline may include suspension and  
9 revocation of the professional's license.

10 (c) The department is hereby authorized to initiate proceedings for violations of this  
11 section.

12 (d) The department shall promulgate rules in accordance with the provisions of this  
13 section. These rules and regulations shall include, but not be limited to, a clear distinction  
14 between conversion therapy and other types of medically or clinically recognized therapies and  
15 practices, including, but not limited to, those practices referenced in §23-94-2(1)(ii) of this  
16 section.

17 **23-94-4. Prohibition on state funding for conversion therapy.**

18 No state funds, nor any funds belonging to a municipality, agency, or political  
19 subdivision of this state, shall be expended for the purpose of conducting conversion therapy,  
20 referring a person for conversion therapy, health benefits coverage for conversation therapy, or a  
21 grant or contract with any entity that conducts conversion therapy or refers individuals for  
22 conversion therapy.

23 **23-94-5. Severability.**

24 If any provision of this chapter or of any rule or regulation made under this chapter, or its  
25 application to any person or circumstance is held invalid by a court of competent jurisdiction, the  
26 remainder of the chapter, rule, or regulation and the application of the provision to other persons  
27 or circumstances shall not be affected by this invalidity. The invalidity of any section or sections  
28 or parts of any section or sections shall not affect the validity of the remainder of the chapter.

29 SECTION 3. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T  
RELATING TO HEALTH AND SAFETY - DEPARTMENT OF HEALTH

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1           This act would prohibit "conversion therapy" by licensed health care professionals with  
2   respect to children under eighteen (18) years of age. Violations of this act would subject the  
3   health care professional to disciplinary action and/or suspension and revocation of the license by  
4   the director of the department of health.

5           This act would take effect upon passage.

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