

Chapter 685

**(Senate Bill 1028)**

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

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

**EXHIBIT 2**

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.

**Approved by the Governor, May 15, 2018.**

**HB0902**

2018 Regular Session

**Entitled:** Health Occupations - Conversion Therapy for Minors - Prohibition  
(Youth Mental Health Protection Act)

**Sponsored by:** Delegate Cullison

**Status:** In the House - Favorable Report Adopted

Chamber	Calendar Date	Legislative Date	Action	Proceedings
House	2/5/2018	2/5/2018	First Reading Health and Government Operations	
	2/14/2018	2/14/2018	Hearing 3/01 at 1:00 p.m.	
	4/3/2018	4/3/2018	Favorable Report by Health and Government Operations	
	4/3/2018	3/25/2018	Favorable Report Adopted	59

April 10, 2018 12:09 A.M.

**EXHIBIT 3**



DEPARTMENT OF LEGISLATIVE SERVICES  
OFFICE OF POLICY ANALYSIS  
MARYLAND GENERAL ASSEMBLY

Victoria L. Gruber  
Executive Director

Ryan Bishop  
Director

March 8, 2019

***TO WHOM IT MAY CONCERN:***

**CERTIFICATION OF COPY OF LEGISLATIVE RECORDS**

***STATE OF MARYLAND, COUNTY OF ANNE ARUNDEL, to wit:***

I, Johanne H. Greer, Director, Library and Information Services, Office of Policy Analysis, Department of Legislative Services, General Assembly of Maryland, hereby certify and attest that materials attached hereto are true and full copies of 95 pages from the legislative history file of HB 902 from the 2018 Session of the General Assembly of Maryland; and that these materials are part of the records in the Library and Information Services Division; and that I am the lawful custodian of such records.

*IN WITNESS WHEREOF*, I have set my hand, at my office in the City of Annapolis, County of Anne Arundel, State of Maryland, this 8th day of March 2019.

A handwritten signature in cursive script that reads "Johanne H. Greer".

Johanne H. Greer  
Director, Library and Information Services

JHG/cm  
Enclosure





## FLOOR REPORT

### House Bill 902

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

#### BILL SUMMARY

This bill prohibits specified mental health or child care practitioners from engaging in “conversion therapy” with a minor. A violation of this prohibition is considered unprofessional conduct and must be subject to discipline by the appropriate licensing or certifying board. Additionally, the bill prohibits the use of State funds to (1) conduct or refer an individual to receive conversion therapy; (2) provide health coverage for conversion therapy; or (3) provide a grant to, or contract with, any entity that conducts or refers an individual to receive conversion therapy. The Maryland Department of Health (MDH) must adopt implementing regulations.

This bill is identical to Senate Bill 1028.

#### AMENDMENT SUMMARY AND RATIONALE

No amendments.

#### BACKGROUND:

According to a January 2018 report from The Williams Institute at the University of California Los Angeles School of Law, approximately 698,000 lesbian, gay, bisexual, or transgender (LGBT) adults have received conversion therapy in the United States, including about 350,000 LGBT adults who received treatment as adolescents.

MD DEPARTMENT OF LEGISLATIVE SERVICES  
OFFICE OF POLICY ANALYSIS – LIBRARY  
**CERTIFIED COPY**  
of Legislative History Record.

Additionally, approximately 20,000 LGBT youth (ages 13 to 17) are estimated to receive conversion therapy from a licensed health care professional before the age of 18.

According to The Williams Institute, conversion therapy has been practiced in the United States for over a century. Conversion therapy involves a range of techniques; talk therapy is the most common technique, but other more physical treatments are also used (e.g., aversion treatments). Several professional associations, including the American Medical Association, the American Psychological Association, and the American Academy of Pediatrics, have issued statements opposing the use of conversion therapy.

A federal bill, the Therapeutic Fraud Prevention Act, was introduced in April 2017. The bill prohibits conversion therapy from being provided in exchange for monetary compensation and prohibits associated advertisements.

According to the Movement Advancement Project, as of February 2018, nine states (California, Connecticut, Illinois, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, and Vermont) and the District of Columbia have banned conversion therapy for minors.

**ANALYST: Lisa Simpson**

**EXT: 5398**

BRIAN E. FROSH  
ATTORNEY GENERAL

ELIZABETH F. HARRIS  
CHIEF DEPUTY ATTORNEY GENERAL

CAROLYN A. QUATTROCKI  
DEPUTY ATTORNEY GENERAL



SANDRA BENSON BRANTLEY  
COUNSEL TO THE GENERAL ASSEMBLY

KATHRYN M. ROWE  
DEPUTY COUNSEL

JEREMY M. MCCOY  
ASSISTANT ATTORNEY GENERAL

DAVID W. STAMPER  
ASSISTANT ATTORNEY GENERAL

THE ATTORNEY GENERAL OF MARYLAND  
OFFICE OF COUNSEL TO THE GENERAL ASSEMBLY  
April 3, 2018

The Honorable Bonnie Cullison  
350 House Office Building  
Annapolis, Maryland 21401-1991

Dear Delegate Cullison:

You have asked for advice concerning House Bill 902, "Health Occupations – Conversion Therapy for Minors – Prohibition (Youth Mental Health Protection Act)." Specifically, you have asked for advice concerning the scope of the definition of "conversion therapy." It is my view that the bill applies to mental health and child care professionals acting in their professional capacity, but would not apply to clergy while providing pastoral or religious counseling unless the person holds themselves out as acting pursuant to their professional license.

House Bill 902 prohibits a mental health or child care practitioner from engaging in conversion therapy with an individual who is a minor. Conversion therapy is defined as a "practice or treatment by a mental health or child care practitioner that seeks to change an individual's sexual orientation or gender identity." It includes "any effort to change the behavioral expression of an individual's sexual orientation, change gender expression, or eliminate or reduce sexual or romantic attraction or feelings toward individuals of the same gender." There is no criminal penalty, but a mental health or child care practitioner who violates the prohibition "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."

The issue of the coverage of laws similar to House Bill 902 has been addressed by courts in other states. In *Pastors Protecting Youth v. Madigan*, 237 F. Supp. 3d 746, 750 (N.D. Ill. 2017) the court entered a declaratory judgment that the penalties under Illinois law applied only to mental health professionals and to those who deceptively advertise conversion therapy for commercial purposes. In *Welch v. Brown*, 834 F.3d 1041 (9th Cir. 2016), the court stated that the California law applied only to "(1) therapeutic treatment, not expressive speech, by (2) licensed mental health professionals acting within the confines of the counselor-client relationship." *Id.* at 1044, citing *Pickup v. Brown*, 740 F.3d 1208, 1229-1230 (9th Cir. 2014). That court relied on the plain language of the statute, which referred to actions taken "with a patient under 18 years of age," legislative history reflecting that the prohibition would not apply to members of the clergy who are acting in their roles as clergy or pastoral counselors who are acting in their pastoral or religious

The Honorable Bonnie Cullison  
April 3, 2018  
Page 2

capacity,<sup>1</sup> and the doctrine of constitutional avoidance, *Welch*, 834 F.3d at 1044-1045. The last presumably reflects the view of the court that prohibition would raise First Amendment issues if applied to pastoral counselors and clergy who do not hold themselves out as acting pursuant to their professional license. *Id.* at 1045.

While House Bill 902 refers to an individual who is a minor rather than a “patient,” it is my view that it also would not apply to pastoral or religious counseling so long as the minister or clergy is not acting in a professional capacity under his or her State license. The law is clearly aimed at professional practice, because the only penalty is disciplinary action by a licensing board. Counseling in a pastoral setting does not ordinarily fall within the purview of a licensing board. *See e.g.*, Health Occupations Article, § 17-101(bb) (“Practice professional counseling means to engage professionally and for compensation in counseling and appraisal activities while representing oneself to be a professional counselor.”).

For the above reasons, it is my view that House Bill 902 would not apply to counseling of a minor who comes to a state licensed counselor at a church who shares Biblical views of opposition to same sex relationships in an attempt to help the minor change his or her sexual orientation unless the counselor purports to act under his or her professional license.

Sincerely,



Kathryn M. Rowe  
Assistant Attorney General

KMR/kmr  
simonaire18

---

<sup>1</sup> Counsel for the State emphasized that the law “exempts pastoral counselors, clergy, etc., as long as they don’t hold themselves out as operating pursuant to their license.” *Id.* at 1045.

**Health and Government  
Operations  
Committee**  
Voting Record - 2018 Session

Bill/Resolution Number: HB 902  
Vote Date: 3/30/2018  
Final Action: FAV

**Motion:**

Favorable     Favorable with Amendment     Unfavorable     Withdrawn by Sponsor

No Motion:     Referred to Interim - Summer Study     Re-referred to: \_\_\_\_\_

Name	Yea	Nay	Abstain	Excused	Absent	Amendment Numbers, Consent Bill Lists, Other
Pendergrass, S., Chair	✓					
Bromwell, E., Vice Chair	✓					
Angel, A.			✓			
Barron, E.			✓			
Cullison, B.	✓					
Hayes, A.	✓					
Hill, T.	✓					
Kelly, A.	✓					
Kipke, N.			✓			
Krebs, S.		✓				
McDonough, P.		✓				
Metzgar, R.		✓				
Miele, C.	✓					
Morales, M.	✓					
Morgan, M.		✓				
Pena-Melnyk, J.	✓					
Platt, A.					✓	
Rosenberg, S.	✓					
Saab, S.				✓		
Sample-Hughes, S.	✓					
Szeliga, K.		✓				
West, C.	✓					
Young, K.	✓					
<b>Totals</b>	<b>13</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>1</b>	

Committee Reporter:

Virginia W Charles

EXHIBIT 4-6

SEQ NO. 864  
In Chair: Mr. President

Calendar Date: Mar 28, 2018 11:40 (AM)  
Legislative Date: Mar 24, 2018

Senate of Maryland  
2018 Regular Session

<p><b>SB 1028</b> Third Reading (SB) Calendar No.77          Sen. Madaleno et al (EHE)          Health Occupations - Conversion Therapy for Minors          - Prhbtn (Youth Mental Health Protection Act)          On Third Reading</p>
---

34 Yeas 12 Nays 1 Not Voting 0 Excused 0 Absent

**Voting Yea - 34**

Mr. President	Kasemeyer	Oaks
Astle	Kelley	Peters
Benson	King	Pinsky
Brochin	Klausmeier	Ramirez
Conway	Lee	Reilly
Currie	Madaleno	Robinson
DeGrange	Manno	Rosapepe
Eckardt	Mathias	Smith
Feldman	McFadden	Young
Ferguson	Middleton	Zirkin
Guzzone	Nathan-Pulliam	Zucker
Kagan		

**Voting Nay - 12**

Bates	Hough	Salling
Cassilly	Jennings	Serafini
Edwards	Norman	Simonaire
Hershey	Ready	Waugh

**Not Voting - 1**

Muse

**Excused from Voting - 0**

**Excused (Absent) - 0**

**Senate Education, Health, and Environmental Affairs Committee**

Bill/Resolution Number: SB 1028

Vote Date: 3/21/18

Voting Record - 2018 Session

Final Action: FWA

Motion:

- Favorable      Favorable with Amendment      Unfavorable      Withdrawn by Sponsor  
 No Motion      Referred to Interim - Summer Study      Re-referred to: \_\_\_\_\_

Name	Yea	Nay	Abstain	Excused	Absent	Amendment Numbers, Consent Bill lists, Other
CONWAY, J., CHAIR	✓					
PINSKY, P., VICE CHAIR	✓					
BATES, G.		✓				
KAGAN, C.	✓					
NATHAN-PULLIAM, S.	✓					
ROBINSON, B.	✓					
SALLING, J.		✓				
SIMONAIRE, B.		✓				
WAUGH, S.		✓				
YOUNG, R.	✓					
ZUCKER, C.	✓					
Totals	7	4				

Committee Reporter: [Signature]  
**EXHIBIT 4-8**



## Testimony in Opposition to House Bill 902 (regarding practices to change sexual orientation or gender identity in minors)

By Peter Sprigg  
Senior Fellow for Policy Studies, Family Research Council, Washington, D.C.  
Resident, Montgomery County, Maryland  
Health and Government Operations Committee  
Maryland House of Delegates  
Annapolis, Maryland  
March 1, 2018

Advocates of legislation like this make two central claims about so-called “conversion therapy” (which is known more accurately as sexual orientation change efforts, or SOCE). First, they claim it is ineffective, and second, they claim that it is harmful.

The preamble to the bill contains a long list of quotations from *policy* statements (not scientific studies) by various organizations that have sought to discourage (not prohibit) this type of therapy. But what is the scientific evidence proving these claims?

The answer is that there is none—particularly with respect to minors, the population addressed by this bill. The American Psychological Association’s 2009 task force report is the first source cited in the bill. Yet it actually came up empty in its search for an empirical foundation—beyond mere anecdotal evidence—for these two key arguments against SOCE.

The task force reported, “There is a lack of published research on SOCE among children”<sup>1</sup> under age 12. It went on to say, “We found no empirical research on adolescents [age 12-18] who request SOCE.”<sup>2</sup> Regarding adult clients, the APA reported *anecdotal* evidence of both harms and benefits, but ultimately declared that “the recent studies do not provide valid causal evidence of the efficacy of SOCE or of its harm.”<sup>3</sup> In reality, there are many clients and mental health providers and who have reported success in overcoming unwanted same-sex attractions—including Nicholas Cummings, a former *president* of the American Psychological Association.<sup>4</sup>

You may also not realize that although the scientific evidence on this type of therapy is not as strong as one might like, there is no scientific doubt about a different key point—sexual orientation can change, especially in youth. Ritch Savin-Williams, who is the nation’s leading expert on homosexual teenagers, wrote that in one major study, “[O]f the . . . boys who indicated that they had exclusive same-sex romantic attraction, only 11 percent reported exclusive same-sex attraction one year later . . .”<sup>5</sup>

This bill infringes upon privacy, confidentiality, and client self-determination; and upon free speech and, in some cases, the free exercise of religion. Such infringements would require the weightiest of scientific evidence to support them—evidence that is completely absent.

I urge you to oppose House Bill 902.

---

<sup>1</sup> “Report of the American Psychological Association Task Force on the Appropriate Therapeutic Responses to Sexual Orientation,” American Psychological Association, [“APA Task Force”], p. 72.  
<http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

<sup>2</sup> “APA Task Force,” p. 73.

<sup>3</sup> “APA Task Force,” p. 42.

<sup>4</sup> Nicholas A. Cummings, “Sexual reorientation therapy not unethical: Column,” *USA Today*, July 30, 2013, accessed on March 19, 2014, <http://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientationtherapy-not-unethical-column/2601159/>

<sup>5</sup> Ritch C. Savin-Williams, “Who’s Gay? Does It Matter?” *Current Directions in Psychological Science* 15 (2006): 42.

I SUPPORT HOUSE BILL 902

March 1, 2018 - Testimony to House Health and Government Operations Committee

Good afternoon, my name is Mark Eckstein and my family lives in Rockville. I strongly support House Bill 902. I am the father of a transgender child who attends one of our state's amazing elementary schools. I firmly believe that this bill will go a long way to protecting the already marginalized population of LGBT youth throughout MD. I am here to give a voice to my son and others like him; and, to help all of you better understand the mindset of these wonderful children--especially since they can't adequately advocate for themselves (for many reasons, including their age and security/privacy concerns).

Informed from direct experiences, I will specifically focus on elementary-aged trans youth. In this context, the word, "trans", is often used as an umbrella term that encompasses such identities as gender-nonconforming, gender-expressive, and non-binary. MSDE finds it helpful to try to describe this concept by explaining that our students are on a gender spectrum, in which there aren't simply the binary expressions of just BOY or just GIRL -- like was the case when we were in elementary school, (many years ago!).

As all of us think back to our youth and our elementary school experiences, I am sure all these terms relating to gender can be confusing, and maybe even a bit upsetting. I understand; two years ago I was in the same boat: I would have never been able to articulate these concepts and concerns. In fact, I admit to be judgmental of "these parents" that were allowing their young kids to express their authentic gender. But, when your kid is slipping away and your family is in crisis, you are forced to understand quickly...and, I am so glad I did. These trans youth, including my son, are some of the most mature, amazing kids that I have ever known—and, they have given me increased empathy to relate to so many other marginalized and stigmatized young kids.

I realize that most of you probably agree with the general concept that we need to that our Youth need Mental Health Protections, but I you may be asking yourself, "why"... "why do we need this specific bill—WE live in Maryland, which some call an East Coast Blue State." We need this bill, and we need it now, because, as we have seen from the testimonies today, our kids are still being subjected to this conversion therapy and we need a law to stop it.

In conclusion, I support this conversion therapy ban, sometimes called reparative therapy, because I can assure you that my son does not need to be Converted, or Repaired. Thanks you.



**Support**

**HB 902 – Youth Mental Health Protection Act.**

House Health and Government Operations Committee

March 1, 2018

The Maryland Nurses Association (MNA) strongly supports HB 902- Youth Mental Health Protection Act. This bill will protect minors from the harmful effects of conversion therapy by:

- Prohibiting a licensed mental health provider or child care practitioner from engaging in conversion therapy to a minor under the age of 18.
- Defining the practice of conversion therapy or any practice that attempts to change the behavioral expression of sexual orientation or gender identity.
- Refer mental health providers or child care practitioners who engage in conversion therapy to their disciplinary licensing or certifying boards.
- Prevent state funds from being used to support, refer, or assist licensed professionals who provide conversion therapy.

MNA joins other medical, mental health, and social work organizations in recognizing the harmful effects of clinical practices that attempt to change or discourage an individual's sexual orientation or true gender identity. These practices can include coercive techniques and shaming to some of the more extreme practices that include electrical shocks and emetics when individuals are shown homoerotic imagery.

LGBTQ youth in Maryland face multiple challenges growing up and as nurses we reject any attempt to make the sexual orientation or gender identity of a child a pathological problem needing intervention. Youth who are subjected to conversion therapy show higher rates of depression, suicide, substance abuse, and higher rates of HIV and STIs transmission.<sup>1</sup>

Conversion therapy is “junk science” that no reputable clinician supports. The effects of conversion therapy is dangerous and the Maryland Nurses Association strongly supports efforts that protect the health and well-being of children and adolescents.

We request a favorable report on HB 902. If you have any questions, please contact Robyn Elliott, at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

---

<sup>1</sup> *Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians*, Ann Intern Med. Published Online (2015), available at <http://annals.org/article.aspx?articleid=2930511>

**Pendergrass, Shane Delegate**

---

**From:** lesslawsue@comcast.net  
**Sent:** Tuesday, March 6, 2018 1:23 PM  
**To:** Pendergrass, Shane Delegate; Saab, Sid Delegate  
**Subject:** HB902 --Protection of Kids from Conversion Therapy

Dear Delegates Pendergrass and Saab, I urge you to support HB902 to protect children in Maryland from conversion therapy. My sister is gay. She came out when she was 20 years old. Looking back at her life, there is no doubt in my mind that she was simply born with a different preference. Similarly, my sister's wife knew that she was gay from her earliest memories on the subject. No child or teenager should be forced into therapy for something which is simply not a medical or psychological condition. It is simply a state of being. I cannot imagine the horrible damage that is done to kids or teenagers who are forced to endure some form of bogus therapy –and that is what this is – to change what is an essential part of their being. Please help kids and teenagers by supporting this bill in committee.

Thank you.

Sue Lawless  
303 Holland Road  
Severna Park, Maryland 21146  
443-956-4312

**Pendergrass, Shane Delegate**

---

**From:** no-reply  
**Sent:** Thursday, March 8, 2018 7:16 PM  
**To:** Pendergrass, Shane Delegate  
**Subject:** EMAIL FROM MGA WEBSITE - SUPPORT HB 902

Name: Carl Ihli Phone Number: 4105071080 Address: 104 Annapolis St City: Annapolis Zip Code: 21401  
Email Address: bonvivantantiques@yahoo.com Dear Chair, Delegate Pendergrass: I am a constituent of yours and am urging you to support HB 902, the Youth Mental Health Protection Act. Every major health, mental health, child advocacy, and human rights organization condemns this coercive, damaging practice, yet it is still legal in Maryland. There is no evidence-based scientific data that shows that conversion therapy works. To the contrary, the evidence shows that it causes grievous harm. Valid, reliable psychotherapy does not define a fixed outcome of treatment. Professional therapy is necessarily specific to each individual and his/her presenting problems, and then tailored accordingly. Conversion therapy by definition claims to change one's sexual orientation/attraction from day one of treatment. This bill would classify the provision of conversion therapy to minors by state-licensed mental health care providers as unprofessional conduct subject to discipline by the relevant licensing boards. It would protect minors from being harmed by the scientifically invalid practice of conversion therapy. It would protect parents from being taken advantage of by conversion therapy practitioners. This bill does not restrict First Amendment speech as it only applies to discredited treatments by state-licensed mental health care professionals. It does not limit the practices of clergy or religious instructors not acting pursuant to a state-issued professional license. Please support this important bill, HB 902.



5 Central Avenue  
Glen Burnie, MD 21061  
Phone: (410) 760-6221  
(800) 707-7972  
Fax: (410) 760-6344  
www.mdpta.org

Written Testimony Submitted for the Record to the  
Maryland House of Delegates  
Health Government Operations Committee  
For the Hearing on  
Health Occupations – Conversion Therapy for Minors – Prohibition  
(Youth Mental Health Protection Act)  
(HB 902)  
March 1, 2018

**SUPPORT**

Maryland PTA represents thousands of volunteer members and families in 900 public schools. For nearly 103 years, our mission has been to make every child’s potential a reality by engaging and empowering families and communities to advocate for all children. Maryland PTA is comprised of families, students, teachers, administrators, and business as well as community leaders devoted to the educational success of children and family engagement in Maryland. As the state’s oldest and largest child advocacy organization, Maryland PTA is a powerful voice for all children, a relevant resource for families, schools and communities and a strong advocate for public education.

**Maryland PTA submits this testimony in support of House Bill 902 —Youth Mental Health Protection Act.** This bill prohibits mental health or childcare practitioners licensed under Maryland law from engaging in conversion therapy, also known as “reparative” therapy or “ex-gay” therapy with minors. Additionally, this bill prohibits the use of state funds toward coverage of any cost incurred as a result of referral for or conduct of conversion therapy, including health insurance coverage, and allocation of state funds in the form of contracts or grants with any entity that has conducted or issued referrals for conversion therapy, defined in HB 902 as “any effort to change the behavioral expressions of an individual’s sexual orientation, gender expression, or eliminate or reduce sexual or romantic attractions or the feelings toward individuals of the same gender.”

Conversion therapy, usually performed with the stated goal of “fixing” those who are Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ), has been classified as ineffective and harmful by every major medical and mental health organization, including the American Psychiatric Association, the American Psychological Association, the American Medical Association, and the American College of Pediatrics. Utilizing shaming tactics related to sexual/gender orientation and potentially including sexual, physical and psychological abuse and manipulation, the emotional result of conversion therapy is too often a deep sense of self – rejection/lack of acceptance and shame. According to a San Francisco State University study, in comparison to LGBT youth who are accepted, youth who experienced rejection based on their sexual orientation or gender identity were eight times more likely to have attempted suicide, nearly six times more likely to report high levels of depression, and more than three times as likely to have used illicit drugs (1). In response to the research and realities of conversion therapy and its dangerous consequences, the Pan American Health Organization, the regional subsidiary of the World Health Organization for the Americas, labeled conversion therapy a human rights violation, stating that it “constitute[s] a violation of the ethical principles of health care and violate human rights that are protected by international and regional agreements” (2).

**EXHIBIT 4-14**

In light of the broad consensus in the medical and scientific establishments that conversion therapy is ineffective in its stated goal and harmful, potentially lethally so to students, and of the fact that the entire premise of conversion therapy rests on the debilitating and inhumane notion that to be LGBTQ is to be diseased and “curable,” Maryland PTA, in line with our mission to advocate for all students and the ability of every student to reach their potential, believes that this bill’s conversion therapy prohibition for minors is necessary to ensure the protection, wellbeing, and support of LGBTQ youth. Maryland PTA strongly encourages our state to join the nine other states and the District of Columbia who have implemented this vital protection against harassment and abuse for an already vulnerable student population. The passage of this bill ensures that none of the practitioners who are expected to perform conversion therapy on an estimated 20,000 teens in the 41 states where conversion therapy is legal before they turn eighteen (3) will be able to call Maryland home and, correspondingly, ensure that fewer Maryland LGBTQ students will be subjected to conversion therapy, its humiliation, and its potentially dangerous ramifications.

For the reasons stated above, Maryland PTA **strongly** encourages your vote to SUPPORT House Bill 902 and recommends a favorable report.

Testimony is presented on the behalf of

*Latisha Corey*

Latisha Corey, President  
Maryland Parent Teacher Association  
president@mdpta.org

#### Sources Cited

1. Ryan, Caitlin, et al. “Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults.” *Pediatrics*, May 2013, pp. 346-352, [myhs.ucdmc.ucdavis.edu/documents/41620/0/LGBT+Youth+-+Ryan+Family+Rejection+as+a+Predictor+of+Negative+Health+Outcomes.pdf/705c8650-9a29-4881-b947-6f92a7666ff5](https://myhs.ucdmc.ucdavis.edu/documents/41620/0/LGBT+Youth+-+Ryan+Family+Rejection+as+a+Predictor+of+Negative+Health+Outcomes.pdf/705c8650-9a29-4881-b947-6f92a7666ff5).
2. Pan American Health Organization. *"Therapies" to change sexual orientation lack medical justification and threaten health*, 2012, [www.paho.org/hq/index.php?option=com\\_content&view=article&id=6803%3A2012-therapies-change-sexual-orientation-lack-medical-justification-threaten-health&Itemid=1926&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=6803%3A2012-therapies-change-sexual-orientation-lack-medical-justification-threaten-health&Itemid=1926&lang=en).
3. Mallory, Christy, et al. *Conversion Therapy and LGBT Youth*. UCLA School of Law, 2018, [williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf](http://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf).



## The American Society for Reproductive Medicine

**Administrative Office**  
1209 Montgomery Highway  
Birmingham, Alabama 35216-2809  
tel (205)978-5000 • fax (205)978-5005 • email [asrm@asrm.org](mailto:asrm@asrm.org)  
[www.asrm.org](http://www.asrm.org) • [www.reproductivfacts.org](http://www.reproductivfacts.org) • [www.asrmcongress.org](http://www.asrmcongress.org)

**J. Benjamin Younger**  
Office of Public Affairs  
409 12th Street S.W., Suite 602  
Washington, D.C. 20024-2155  
tel (202)863-4985 • fax (202)484-4039

### Officers

Christos Coutilaris, M.D., Ph.D.  
*President*

Peter Schlegel, M.D.  
*President-Elect*

Catherine Racowsky, Ph.D.  
*Vice President*

Richard Paulson, M.D.  
*Immediate Past President*

Owen K. Davis, M.D.  
*Past President*

Michael Thomas, M.D.  
*Secretary*

Jim Toner, M.D.  
*Treasurer*

### Directors

Paula Amato, M.D.  
Robert Brannigan, M.D.  
Clarisa Gracia, M.D.  
David A. Grainger, M.D., M.P.H.  
Elizabeth Ginsburg, M.D.  
James Segars, M.D.

### Affiliated Societies

David Seifer, M.D.  
*President, SART*

Cori Tanrikul, M.D.  
*President, SMRU*

Arthur Chang, Ph.D.  
*President, SRBT*

Larry Layman, M.D.  
*President, SREI*

Samantha Pfeifer, M.D.  
*President, SRS*

### Administration

Richard Reindollar, M.D.  
*Chief Executive Officer*

Sue Gillin, Ph.D.  
*Chief Scientific Officer*

Sean Tiplon, M.A.  
*Chief Advocacy,  
Policy and Development Officer*

Dan Carré, C.P.A.  
*Chief Financial Officer*

Vickie Gamble, M.P.P.M.  
*Chief Operations Officer*

Craig Niederberger, M.D.  
Antonio Pellicer, M.D.  
*Co-Editors, Fertility and Sterility*

David Albertini, Ph.D.  
*Editor, Journal of Assisted  
Reproduction and Genetics*

March 12, 2018

Maryland General Assembly  
Annapolis, MD 21401

Dear Delegate:

On behalf of the American Society for Reproductive Medicine (ASRM) and the Society for Assisted Reproductive Technology (SART), we are writing to offer our strong support for HB 908.

ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the science and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health professionals and others. SART is an organization of nearly 400 member practices performing more than 95% of the assisted reproductive technology (ART) cycles in the United States. SART's mission is to set and help maintain the highest medical and professional standards for ART. SART works with the ASRM to create practice guidelines and minimum standards of care.

HB 908 would require fertility preservation services for those who may experience iatrogenic infertility due to other medical treatment that is likely to affect the reproductive organs or processes. As the medical professionals that treat patients with infertility, we know how devastating this diagnosis is for most.

The good news is that with advances in medical treatment, many diseases once thought fatal or chronic, such as cancer, are now treated and cured more than 85% of the time. However, the very treatment that saves lives also routinely costs both young men and women the potential of biological children. For a person in their childbearing years, particularly those who have not already had children, however grateful one is for their life; they are also devastated by the death of





this dream of a family. HB 908 preserves vital fertility options for those likely to face infertility due to their medical diagnosis.

We enthusiastically support this bill offered by Delegate Pena-Melnyk and the companion bill unanimously approved by your Senate colleagues. We urge you to vote to advance this important piece of legislation to allow for family building opportunities for patients facing iatrogenic infertility.

Sincerely,

A handwritten signature in black ink, appearing to read 'Christos Coutifaris, MD, PhD'. The signature is fluid and cursive, with the last name 'Coutifaris' being the most prominent part.

Christos Coutifaris, MD, PhD  
President ASRM

A handwritten signature in black ink, appearing to read 'David Seifer, MD'. The signature is fluid and cursive, with the first name 'David' being the most prominent part.

David Seifer, MD  
President, SART

**Pendergrass, Shane Delegate**

---

**From:** no-reply  
**Sent:** Wednesday, March 7, 2018 4:31 PM  
**To:** Pendergrass, Shane Delegate  
**Subject:** EMAIL FROM MGA WEBSITE - SUPPORT for HB902

Name: Marla Sanzone, PhD Phone Number: 4106261040 Address: 104 Annapolis st City: Annapolis Zip Code: 21401 Email Address: dr.msanzone@yahoo.com Dear Chairperson Pendergrass: I am a psychologist in Annapolis with 30 years experience in public and private sectors. I am past president of Maryland Psychological Association, and a 2-term former member and vice chair of the Board of Examiners of Psychologists. I am requesting your support of the Youth Mental Health Protection Act (HB 902) to help us protect LGBT youth from "conversion therapy." The bill narrowly targets the provision of conversion therapy to minors by state-licensed mental health care providers as unprofessional conduct subject to discipline by relevant licensing authorities. From clinical and non-clinical perspectives I've witnessed effects of practitioners whose uniformed practices harmed and/or exploited vulnerable patients. To serve the citizens of Maryland in a professional capacity is a privilege, not a right. We owe it to the public who seek our professional guidance the most basic respect of providing scientifically grounded, evidence-based therapies. This bill does not restrict First Amendment speech as it only applies to scientifically unfounded, discredited treatments by state-licensed mental health care professionals. Nor does it restrict clergy or religious instructors not acting pursuant to a state-issued professional license. Support would protect youth and their parents from being taken advantage of by conversion therapy practitioners by making it clear that these practices have been shown to be ineffective and harmful



*Maryland School Psychologists' Association, Inc.*

---

March 5, 2018

Delegate Shane E. Pendergrass  
Chair, Health and Government Operations Committee  
Maryland House of Delegates  
6 Bladen St. Annapolis, MD 21401

Re: House Bill 902  
SUPPORT

Dear Delegate Pendergrass:

We are writing to express support from the Maryland School Psychologists' Association (MSPA) for House Bill 902, presently before the Health and Government Operations Committee. This bill would prohibit the use of conversion therapy with individuals who are minors.

Conversion therapy refers to techniques used to attempt to eliminate individuals' sexual attraction toward members of their own sex. It is based on the idea that homosexuality is a mental health disorder, a claim that has been rejected by all major mental health professions including the American Psychological Association and the American Psychiatric Association. Conversion therapy has been shown to worsen internalized homophobia, interrupt healthy identity development, increase depression, anxiety, self-hatred, and self-destructive behaviors, and create mistrust of mental health professionals (Halpert, 2000). LGBTQ youth are already 2-4 times more likely than their heterosexual peers to attempt suicide (SPRC, 2008) and three times more likely to drop out of school (Bart, 1998). Allowing these already at-risk youth to be subjected to the harmful techniques and philosophies of conversion therapy is dangerous and irresponsible.

MSPA is ready to assist in any way possible as further considerations are made. Please feel free to contact us at [legislative@mspaonline.org](mailto:legislative@mspaonline.org) if we can be of assistance as the Committee continues to consider House Bill 902. Thank you for your support of this important bill.

*Audrey H. Potter*

---

Audrey H. Potter, MA, CAS, NCSP  
Chairperson, MSPA Legislative Committee

*Michelle L. Palmer, PsyS, NCSP*

---

Michelle L. Palmer, PsyS, NCSP  
President, MSPA

**Pendergrass, Shane Delegate**

---

**From:** Jessica Quaranto <jess.quaranto@gmail.com>  
**Sent:** Tuesday, March 27, 2018 1:40 PM  
**To:** Pendergrass, Shane Delegate  
**Subject:** Support for HB 902 to ban conversion therapy

Good Afternoon Delegate Pendergrass,

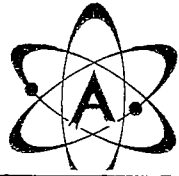
I'm writing to urge you to support HB 902 to ban conversion therapy for minors. I understand that SB 1028 passed the second reading in the senate today and am encouraged to know that it is likely to be adopted there soon. My understanding is that the Health and Government Operations Committee needs to vote before the House can consider this bill. Is that correct?

As a parent, child and family therapist working in Prince George's County and member of the American Counseling Association, I was appalled to learn that it is still legal for licensed mental health professionals to engage in conversion therapy with minors. Conversion therapy does not work, can cause harm, and attempts to "convert" sexual orientation, which is not recognized by the medical or mental health community as a disorder. Research by the American Psychological Association demonstrates it's harmful effects. It is an ethical and moral imperative to ban conversion therapy for minors.

I believe Maryland should join the ten other states which have already prohibited this practice with minors. I hope you will lend your support for this bill.

When can we expect to see HB 902 presented for vote in committee?

Sincerely,  
Jessica Quaranto  
8130 Hartford Ave  
Silver Spring, MD 20910



# AMERICAN ATHEISTS

---

March 1, 2018

The Honorable Del. Shane Pendergrass  
Chair, House Committee on Health and  
Government Operations  
Room 241  
House Office Building  
Annapolis, Maryland 21401

**Re: SUPPORT for HB 902, Testimony from American Atheists in support of legislation to protect minors in Maryland from the dangerous practice of conversion therapy**

Dear Delegate Pendergrass and Members of the Committee on Health and Government Operations:

American Atheists, on behalf of its more than 700 constituents in Maryland, thanks you for considering HB 902, a vital measure that will protect young people in Maryland from dangerous and discredited practices, often religiously based, that falsely claim to change one's sexual orientation or gender identity or expression. We urge you to swiftly pass this important legislation.

American Atheists is a national civil rights organization that works to achieve religious equality for all Americans by protecting what Thomas Jefferson called the "wall of separation" between government and religion created by the First Amendment. We strive to create an environment where atheism and atheists are accepted as members of our nation's communities and where casual bigotry against our community is seen as abhorrent and unacceptable. We promote understanding of atheists through education, outreach, and community-building and work to end the stigma associated with being an atheist in America. As advocates for the health, safety, and well-being of all Americans, American Atheists objects to efforts to subordinate medical care to the religious beliefs of providers and institutions. As the step-parent of a teen that is non-gender conforming and bisexual, this issue is important to me personally as well.

Conversion therapy consists of practices, sometime performed by licensed mental health providers, which seek to change an individual's sexual orientation or gender identity or expression. These practices are based on religious beliefs rather than medical facts, such as the false idea that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured. This idea which has been rejected by every major medical and mental health group for decades. Conversion therapy does not include therapies that provide acceptance, support, or understanding of LGBTQ identities; that facilitate coping, social support, or identity exploration; or that address unlawful conduct or unsafe sexual practices. This legislation would enact professional standards for state-licensed healthcare providers to clarify that conversion therapy is not an acceptable professional practice when applied to young people under age 18, and it subjects those who conduct such practices to disciplinary action. Moreover, the bill would prohibit Maryland from expending state funds to support conversion therapy, including health coverage for conversion

therapy and grants or contracts to organizations that conduct or refer individuals to conversion therapy.

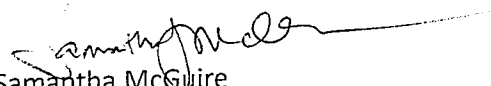
While there is no credible evidence that conversion therapy can change a person's sexual orientation or gender identity or expression, it is clear that conversion therapy poses devastating health risks for LGBTQ young people. These dangerous practices can lead to depression, decreased self-esteem, substance abuse, homelessness, and even suicidal behavior, and for this reason the nation's leading mental health organizations have criticized them.<sup>1</sup> Unfortunately, professional rules have not kept up with this widespread understanding, and some licensed mental health providers continue to engage in conversion therapy, often justifying these dangerous practices based on their religious beliefs. Researchers estimate that 20,000 LGBTQ youth ages 13-17 will receive conversion therapy from a licensed mental health professional before the age of 18.<sup>2</sup>

Researchers also estimate that 57,000 such LGBTQ youth will receive conversion therapy from a religious or spiritual advisor before age 18. Although this bill exempts conversion therapy practiced by unlicensed religious organizations as long as there is no monetary compensation, American Atheists condemns those practices as well. No young person should be subject to abuse or mistreatment based on the religious beliefs of their caretakers.

Young people experience conversion therapy as a form of family rejection, and LGBTQ youth who experience family rejection face increased health risks. In one study, such youth were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, and 3.4 times more likely to use illegal drugs compared with peers who had not experienced such rejection.<sup>3</sup> On the other hand, family acceptance has been shown to be an important protective factor that can help to prevent suicidal behavior and mental health issues. Providers who engage in conversion therapy with the validation indicated by a state license can mislead families about the risks involved, leading to negative psychological outcomes and irreparable damage to the whole family. This legislation is needed to protect families from these damaging practices.

Thank you for the opportunity to testify in favor of this important bill to protect the health and well-being of young people in Maryland. If you should have any questions regarding American Atheists' support for HB 902, please contact Alison Gill, American Atheists Legal and Policy Director, at 908.276.7300 x9 or by email at [agill@atheists.org](mailto:agill@atheists.org).

Sincerely,

  
Samantha McGuire  
Maryland Assistant State Director  
American Atheists

<sup>1</sup> For example, the American Psychological Association, American Medical Association, American Academy of Pediatrics, American Counseling Association, American Psychiatric Association, American Association for Marriage and Family Therapy, and many others have position statements criticizing conversion therapy.

<sup>2</sup> Mallory C, Brown TNT, and Conron KJ, *Conversion Therapy and LGBT Youth*. The Williams Institute (2018). Available at <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>.

<sup>3</sup> Caitlin Ryan, et al., *Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults*. PEDIATRICS 346 (2009).

**February 28, 2018 Assigned to: Health and Government Operations**

**Testimony from Jayne Walsh Chairperson of PFLAG Leonardtown, MD**

**HB 0902 FAVORABLE**

PFLAG of Leonardtown, Maryland submits this written testimony in favor of HB0902 which prohibits reparative or conversion therapy for minors in the state of Maryland.

As a lesbian and a loving parent my children would never face the nightmare of conversion therapy. I accept my children for who they love just as they accepted me when after my divorce from their father, I fell in love with a woman. They supported our relationship and when I decided to ask my wife to marry me, my kids even helped me stage the proposal.

Our family moved to rural Southern Maryland two years ago. We have met some like-minded, caring families who came together to form a Chapter of PFLAG Leonardtown serving Southern Maryland in St. Mary's, Calvert and Charles County. Unfortunately we have also come up against parents and residents who would never accept their children's same sex orientation or non-binary gender identity. These kids need our protection.

Conversion therapy has been rejected as legitimate therapy by the American Psychiatric Association, American Psychological Association, American Medical Association, and every other mainstream medical and mental health organization. Furthermore PFLAG National reported in October of 2015, "PFLAG's concern for LGBTQ youth is at the heart of our collective efforts in providing support to families and education in our communities... This harmful practice must be banned."

The Substance Abuse and Mental Health Services Administration (SAMHSA) released "Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth," a comprehensive report that provides an in-depth review of research and clinical expertise related to conversion therapy. This important resource makes it clear that conversion therapy is not an appropriate therapeutic approach based on the evidence,



45191 Loblolly Court  
Tall Timbers, MD  
20690

PHONE 240-808-2667  
EMAIL [PFLAG.Leonardtown@gmail.com](mailto:PFLAG.Leonardtown@gmail.com)  
WEBSITE [www.facebook.com/PFLAGLeonardtown](http://www.facebook.com/PFLAGLeonardtown)

**EXHIBIT 4-23**

and explores alternative ways to discuss sexual orientation, gender identity, and gender expression with young people.

This report includes the first publication of consensus statements developed by an expert panel held by the American Psychological Association in July 2015. The expert panel included researchers and practitioners in child and adolescent mental health with a strong background in gender development, gender identity, and sexual orientation in children and adolescents. Experts with a background in family therapy, ethics, and the psychology of religion also participated.

**Through a collaborative process, this panel found that variations in sexual orientation and gender identity are normal**, and that conversion therapies or other efforts to change sexual orientation or gender identity are not effective, are harmful, and are not appropriate therapeutic practices. The report provides an overview of existing efforts to eliminate the practice of conversion therapy.

These materials help providers, families, and caregivers support their LGBTQ and gender non-conforming children and adolescents. They also illuminate practices that may contribute to the health disparities facing LGBTQ youth, which should be avoided.

Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth is available at:

<http://store.samhsa.gov/product/SMA15-4928>

For further information about SAMHSA please visit: [www.samhsa.gov](http://www.samhsa.gov).

In conclusion, please protect our children of Maryland from this dangerous practice. Pass this important piece of legislation prohibiting conversion therapy which by any other name is Child Abuse.

Jayne C. Walsh

Chairperson of PFLAG Leonardtown Chapter  
On behalf of the PFLAG Leonardtown Chapter  
Leonardtown, MD

(717) 823-1352

[PFLAG.Leonardtown@gmail.com](mailto:PFLAG.Leonardtown@gmail.com)





10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044-3308. Office 410-992-4258. Fax: 410-992-7732. www.marylandpsychology.org

March 1, 2018

**OFFICERS**

**President**  
Elizabeth Williams-Plunkett, PhD

**President-elect**  
Shreya Hessler, PsyD

**Past President**  
Carol A. Robbins, PhD

**Treasurer**  
Laura Estupiñan-Kane, PhD

**Secretary**  
Linda McGhee PsyD

**Representatives-at-large**  
Kimberly Y. Campbell, PhD  
Peter Smith, PsyD

**Representative to APA Council**  
Katherine Killeen, PhD

**COMMITTEE CHAIRS**

**Communications**  
VACANT

**Diversity**  
Jessica Rothstein, PsyD

**Early Career Psychologists**  
Christina Brooks, PsyD  
Shalena Heard, PhD

**Education**  
Esther Finglass, PhD

**Ethics**  
Jack Roth, PhD

**Legislative**  
Kathy Seifert, PhD

**Membership**  
Brian Corrado, PsyD

**MPAGS**  
Leanna Brisson, MA

**Professional Practice**  
Melinda Capaldi, PsyD

The Honorable Shane Pendergrass, Chair  
House Health and Government Operations Committee  
240 House Office building  
Annapolis, MD 21401

**RE: H.B. 902–Youth Mental Health Protection Act (SUPPORT)**

Dear Chair Pendergrass and Members of the Committee,

The Maryland Psychological Association (MPA), which represents over 1100 doctoral-level psychologists from throughout the state, **supports H.B. 902 – Youth Mental Health Protection Act** which would prohibit the practice of “Conversion Therapy” by licensed mental health professionals in the State.

We recognize that the State is utilizing available science (as cited within the Bill from the American Psychological Association’s Task Force) to promote legislation that would protect the public, in particular minor children. Additionally, this bill enables us to promote our values of serving marginalized populations that tend to be disenfranchised and unable to use their voices. Recently, our Board of Directors put out the following statement:

*“The Maryland Psychological Association Board of Directors acknowledges the many colleagues who have been and/or have encountered clients, students, or colleagues who have been profoundly affected by the divisive events of the last several months in this country. The APA Code of Ethics states that we should work to, “minimize harm wherever it is unforeseeable and unavoidable”. As psychologists, we not only advocate for the use of psychological science for the creation of policies that promote public good - particularly for those who, due to their identities, are disenfranchised and marginalized - but we do not stand idly by while science is misused or ignored to further marginalize disenfranchised groups.”*

Our association promotes the highest ethical standards among our members and we respectfully ask for a favorable vote on this bill.

We welcome the opportunity to take part in this, or other, areas of mental health.

Thank you for considering our comments and ask the committee for a favorable vote on HB 902. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or [exec@marylandpsychology.org](mailto:exec@marylandpsychology.org).

Sincerely,

*Elizabeth Plunkett*  
Elizabeth Plunkett, Ph.D.  
President

*Julie Bindeman and Nicole Newhouse*  
Julie Bindeman, Psy-D and Nicole Newhouse, Psy-D  
Co-Chairs, MPA Legislative Committee

**PROFESSIONAL AFFAIRS**

**OFFICER**  
Paul C. Berman, PhD

**EXECUTIVE DIRECTOR**  
Stefanie J. Reeves, MA, CAE

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association  
J. William Pitcher, Esq., and Julia Worcester, MPA Government Affairs

**EXHIBIT 4-25**

**Pendergrass, Shane Delegate**

---

**From:** Jackie Melton <jmelton@iname.com>  
**Sent:** Thursday, February 22, 2018 10:59 PM  
**To:** Pendergrass, Shane Delegate  
**Subject:** Support the Youth Mental Health Protection Act

Dear Shane Pendergrass,

As a proud Marylander and a supporter of FreeState Justice, I am writing today to urge you to support the Youth Mental Health Protection Act which would protect LGBTQ youth in Maryland from the dangerous and discredited practice of so-called “conversion therapy.”

There is no credible evidence that conversion therapy can change a person’s sexual orientation or gender identity or expression. To the contrary, research has clearly shown that these practices pose devastating health risks for LGBTQ young people such as depression, decreased self-esteem, substance abuse, homelessness, and even suicidal behavior.

The harmful practice is condemned by every major medical and mental health organization, including the American Psychiatric Association, American Psychological Association, and American Medical Association.

Connecticut, California, Nevada, New Jersey, the District of Columbia, Oregon, Illinois, Vermont, New York, New Mexico, and Rhode Island all have laws or regulations protecting youth from this abusive practice.

I urge you make LGBTQ Marylanders a priority in policy-making this legislative session. Please vote YES on SB 1028 and HB 902 when it comes before you in Committee.

Sincerely,  
Jackie Melton



**Pendergrass, Shane Delegate**

---

**From:** Victoria Taube <victoriataube@gmail.com>  
**Sent:** Friday, February 23, 2018 8:31 AM  
**To:** Pendergrass, Shane Delegate  
**Subject:** Support the Youth Mental Health Protection Act

Dear Shane Pendergrass,

As a proud Marylander and a supporter of FreeState Justice, I am writing today to urge you to support the Youth Mental Health Protection Act which would protect LGBTQ youth in Maryland from the dangerous and discredited practice of so-called "conversion therapy."

There is no credible evidence that conversion therapy can change a person's sexual orientation or gender identity or expression. To the contrary, research has clearly shown that these practices pose devastating health risks for LGBTQ young people such as depression, decreased self-esteem, substance abuse, homelessness, and even suicidal behavior.

The harmful practice is condemned by every major medical and mental health organization, including the American Psychiatric Association, American Psychological Association, and American Medical Association.

Connecticut, California, Nevada, New Jersey, the District of Columbia, Oregon, Illinois, Vermont, New York, New Mexico, and Rhode Island all have laws or regulations protecting youth from this abusive practice.

I urge you make LGBTQ Marylanders a priority in policy-making this legislative session. Please vote YES on SB 1028 and HB 902 when it comes before you in Committee.

Sincerely,

Victoria Taube

**Pendergrass, Shane Delegate**

---

**From:** JOHN MCCONNELL <mccobalt@comcast.net>  
**Sent:** Thursday, February 22, 2018 3:08 PM  
**To:** Conway, Joan Carter Senator; Pinsky, Paul Senator; Bates, Gail Senator; Kagan, Cheryl Senator; Nathan-Pulliam, Shirley Senator; Robinson, Barbara Senator; Salling, Johnny Ray Senator; Simonaire, Bryan Senator; Waugh, Steve Senator; Young, Ronald Senator; Zucker, Craig Senator; Angel, Angela Delegate; Barron, Erek Delegate; Cullison, Bonnie Delegate; Hayes, Antonio Delegate; Hill, Terri Delegate; Kelly, Ariana Delegate; Kipke, Nicholas Delegate; Krebs, Susan Delegate; McDonough, Pat Delegate; Metzgar, Ric Delegate; Miele, Christian Delegate; Morales, Marice Delegate; Morgan, Matt Delegate; Pena-Melnyk, Joseline Delegate; Platt, Andrew Delegate; Rosenberg, Samuel Delegate; Saab, Sid Delegate; Sample-Hughes, Sheree Delegate; Szeliga, Kathy Delegate; West, Chris Delegate; Young, Karen Delegate; Pendergrass, Shane Delegate; Bromwell, Eric Delegate  
**Subject:** HB 902 andSB 1028

I am emailing you to indicate my support to BAN gay conversion therapy from the state of Maryland!

Thanks,

John McConnell

5 Reef Court

Baltimore, MD 21219

*Co-creating healthy men, women and children who seek authentic transformation*

**David H. Pickup, M.A., LMFT**

Licensed Marriage and Family Therapist (#202047)  
16135 Preston Road, Suite 116  
Dallas, TX 75248  
(818) 481-2745

Dear Legislators,

This Therapy Ban bill is child abuse. This naïve and destructive bill makes it illegal for little children to receive therapy for unwanted same-sex attractions caused by sexual abuse by older teens or pedophiles. Can you imagine a heterosexual boy walking into a therapist's office to be told that it's illegal to give him the therapy that resolves his sexual attractions experienced from an older man?

Do YOU know what it feels like to be heterosexual and sexually abused by a budding pedophile? I do. I underwent authentic Reparative Therapy for homosexual attractions because of emotional abuse and sexual abuse that I experienced as a child. And, during the sexual abuse, just like some children in your state, that sexual stimulation resulted in unwanted sexual attractions in puberty. Authentic Reparative Therapy helped save my life and I experienced change in my sexual feelings. And yet, with sexual abuse of children just like it happens in every other state, somehow this bill is being considered. If the sponsors of this bill really cared about children they would never hurt one group of children to help another group. They would have at least amended this bill to account for the professional, licensed therapy for unwanted attractions that truly works.

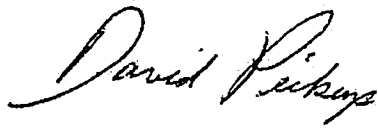
I am one of the experts in real Reparative Therapy in this country. The sponsors of this bill have not even bothered to ask professional therapists what goes on in these sessions. Real RT is about the rise of the authentic secure gendered self. It's about resolving the emotional issues that cause homosexual feelings for those who know that, for them, their feelings are not genetically inborn. It's about resolving inferiority, depression and suicide ideation. This bill would have you believe that we do electroshock, aversion and shaming techniques. It connotes that all this horror is going on and then describes it as religious shaming or some kind of pray away the gay boot camps, which has nothing to do with authentic therapy. In fact, we do not conduct "conversion therapy." This was a term invented by LGBT activists to push their agenda for bills like this one.

Real RT gets rid of all shame for having homosexual feelings. Real therapists love all children no matter what their beliefs are. I also love my Gay clients. I don't force them to change or tell them they're inferior, and we don't believe that this is a mental illness.

The American Psychological Association says there is no proof of harm of Reparative Therapy. They have not condemned this therapy, and they have not declared it unethical. Check their website [www.apa.org](http://www.apa.org) about therapy for these issues. Check pg. 82-83 of the APA Task Force on SOCE.

What if your heterosexual child or grandchild came to you and said they were bothered or traumatized by homosexual feelings from being abused from having their genitals stimulated beyond their control by their abuser? According to this bill, there's not a thing you could do to help them with suicide ideation, anxiety or depression resulting from unwanted homosexual feelings. Nothing you or a professional therapist could do except try to tell them it will all work out fine. That, or send them to a pray away the gay boot camp.

The lives of your children, ALL their children, are in your hands.

A handwritten signature in cursive script that reads "David Pickup".

David Pickup, LMFT  
Co-founder National Task Force for Therapy Equality  
16135 Preston Road, Suite 116  
Dallas, TX 75248  
818-481-2745

Robin Goodspeed – Testimony AGAINST Conversion Therapy Ban

My name is Robin Goodspeed. I'm a Christian ex-lesbian. I lived my adult life as a homosexual. In 2009, in my 50s, I was freed from the horrible, harmful homosexual life I chose by the grace of God and the power of Jesus Christ. I was not born homosexual. I was not "born that way." I was sexually abused as a small child by a pedophile babysitter without the knowledge of my family. I came from a middle class family in the Midwest with a working father and a stay-at-home mother. I went to school and attended church. However, as a result of being sexually abused, I began a life-long battle with anger, depression, addiction, and suicide and suffered a nervous breakdown at the age of 13. I began making choices that led to a life of homosexuality. I needed help desperately, but my family did not believe in therapy and I turned away from God and the church and became an atheist lesbian.

When I finally sought help for addiction and suicidal depression in the 1980s and 90s, I was told over and over by every therapist I saw that I was born homosexual. That was a bold faced lie. The psychotherapy community was already pushing the "born homosexual" lie when there was no scientific evidence of a homosexual gene. There is still no scientific proof. Homosexuality is a choice, a behavior, and a sin.

I was given "born gay, be happy, take a pill" therapy. I embraced the lie and lived my adult life as an "out" atheist lesbian, but the anger, depression, addiction, and suicide never went away and never healed. I just learned to manage the misery better. I believed the "born that way" lie because "professionals" told me so and because I never had to be accountable for the damage I did to myself and others. I could always blame my "genes." The harm done to me and the dysfunctional, addicted, miserable life I lived was because I chose to behave as a homosexual. During another suicidal crisis at the age of 40, even the therapist who helped me face the sexual abuse I suffered as a small child told me: "You're homosexual. That's who you are." This was while I was on suicide watch. The pain of the natural negative consequences of choosing a lesbian life never left. I could not find a therapist who would be honest and help me heal from sexual abuse and recover my real self. I sought out 12 Step groups that reinforced the same "born that way" lie, but kept me alive long enough to find real healing. In truth, I was recruited into the homosexual life as a small child by pedophile sexual abuse and enslaved as an adult by an abusive psychotherapy community perpetrating the "born gay" lie.

I did not choose to be sexually abused as a child, but I did choose homosexuality. I was not "born that way." I am one of thousands of ex-homosexuals who have chosen to leave homosexuality. There are now excellent Licensed Professional Therapists helping children, families, and adults heal from unwanted same sex attraction, sexual abuse, and gender confusion. The children, families, and adults in this state deserve the choice to heal. Today innocent and abused children, like me, are being deceived and recruited into homosexuality by a dishonest therapy community and a legal system that criminalizes, and then persecutes for profit, the professionals trying to help. This legislation makes heterosexual therapy illegal. Its agenda re-victimizes children who have already been traumatized by sexual predators and then enslaves them in a harmful homosexual life until the age of 18, when the harm done to them is harder to heal. This is what happened to me and it is cruel and inhumane punishment.

The natural negative consequences of my choice to live a homosexual life were; shame, depression, anger, addiction, disease, violence, and suicide. When I finally reached out for and received real help and healing, I was freed from all of it. Licensed Professional Therapists help people heal, recover their true selves, and leave the homosexual life. There is no such thing as conversion therapy because there is no such thing as genetic homosexuality. Homosexuality is a behavior, a choice, and a sin. The children, families, and adults in this state deserve the truth and that same choice. Do not condemn your children and grandchildren to travel the same difficult path that I was forced to take. Please vote against this legislation.

**EXHIBIT 4-31**

Page 33 of 96  
**SOCE** is a legitimate therapy for people with unwanted same-sex attractions and is supported by groups like the **Catholic Medical Association** and the **American College of Pediatricians**.

I received help from one of these counselors going on 30 years ago. The information I learned about myself and my relations to others was priceless. During the talk sessions I kept thinking, "Was this guy following me around when I was a kid? How did he know this about me?!" So, he was very helpful.  
But there was no "shock treatment" or cruel abuse involved in any of it (I only wish I knew about this therapy when I was a teenager).

I also learned that this therapy can only work with people with unwanted same-sex attractions, so I don't recommend it for everyone. Not all gays can or should change. I still have some of my old friends who are gay and are perfectly happy in their lives. I'm happy for them as long as they're happy. They know I'm no longer gay and they respect me for it. Nor do they support on any criminalizing of **SOCE**.  
I'm just asking that this valuable therapy not be demonized and eventually outlawed based on misinformation. Please contact me if you have any questions.

Sincerely,  
Kevin Petersen  
6536 Indiana Avenue North  
Minneapolis, MN 55429  
612-741-3607



## **Pendergrass, Shane Delegate**

---

**From:** National Task Force For Therapy Equality <nationaltaskforce@therapyequality.org>  
**Sent:** Tuesday, February 20, 2018 4:34 PM  
**To:** Pendergrass, Shane Delegate; Bromwell, Eric Delegate; Cullison, Bonnie Delegate; Kelly, Ariana Delegate; Kipke, Nicholas Delegate; Szeliga, Kathy Delegate; Saab, Sid Delegate  
**Cc:** Angel, Angela Delegate; Barron, Erek Delegate; Hayes, Antonio Delegate; Hill, Terri Delegate; Krebs, Susan Delegate; McDonough, Pat Delegate; Metzgar, Ric Delegate; Miele, Christian Delegate; Morales, Marice Delegate; Morgan, Matt Delegate; Pena-Melnyk, Joseline Delegate; Platt, Andrew Delegate; Rosenberg, Samuel Delegate; Sample-Hughes, Sheree Delegate; West, Chris Delegate; Young, Karen Delegate  
**Subject:** MD HB 902 - Testimonies AGAINST Therapy Ban  
**Attachments:** 1t-ACP Cretella MD SOCE SOGI JOINT THERAPY BAN LETTER.docx.pdf; 2t-Karl Benzio MD testimony.pdf; 3t-Van Mol MD SSA Therapy Ban Testimony 2017-12-5 (endnoted).pdf; 4t-2018 Rosik PhD SOCE ban legislators testimony letter.pdf; 5t-2018 Haynes PhD Testimony to Legislators.pdf; 6t-David Pickup LMFT testimony.pdf; 7t-Kevin Petersen testimony.pdf; 8t-2018 Robin Goodspeed Testimony.pdf

Dear MD State House Health & Government Operations Committee,  
Chair Shane Pendergrass, Vice Chair Eric Bromwell,  
Deputy Majority Whip Bonnie Cullison, Deputy Majority Whip Ariana Kelly,  
Minority Leader Nicholas Kipke, Minority Whip Kathy Szeliga, Deputy Minority Whip Sid Saab,

Re: MD HB 902 - Therapy Ban

Attached are testimonies from the National Task Force for Therapy Equality (NTFTE) opposed to this Therapy Ban.

1. Michelle Cretella, M.D., President American College of Pediatricians
2. Karl Benzio, M.D., Licensed Psychiatrist, Founder and Clinical Director of Lighthouse Network, and NTFTE Chair of Medical Ethics
3. Andre Van Mol, M.D., Board-Certified Family Physician, Co-chair Adolescent Sexuality, American College of Pediatricians
4. Christopher Rosik, Ph.D., Licensed Psychologist, Past-President Alliance for Therapeutic Choice and Scientific Integrity
5. Laura Haynes, Ph.D., Licensed Psychologist and NTFTE Chair of Research and Legislative Policy
6. David Pickup, L.M.F.T, Co-Founder NTFTE, Ex-Homosexual who received beneficial Reparative/Reintegrative Therapy
7. Kevin Petersen, Ex-Homosexual who received beneficial talk therapy.
8. Robin Goodspeed, Ex-Lesbian who was harmed by not receiving beneficial talk therapy.

**Pendergrass, Shane Delegate**

---

**From:** Stephen Kohler <stepps511@gmail.com>  
**Sent:** Thursday, February 22, 2018 11:19 AM  
**To:** Pendergrass, Shane Delegate  
**Subject:** HB902

Please vote in favor of HB 902 outlawing the practice of conversion therapy on LGBTQ youth in the State of Maryland. With passage of this bill, Maryland can lead the way, nationally, on the curtailing of this loathsome practice.

Thank you,  
Stephen E. Kohler  
Baltimore

**Pendergrass, Shane Delegate**

---

**From:** National Task Force For Therapy Equality <nationaltaskforce@therapyequality.org>  
**Sent:** Tuesday, February 20, 2018 4:22 PM  
**To:** Pendergrass, Shane Delegate; Bromwell, Eric Delegate; Cullison, Bonnie Delegate; Kelly, Ariana Delegate; Kipke, Nicholas Delegate; Szeliga, Kathy Delegate; Saab, Sid Delegate  
**Cc:** Angel, Angela Delegate; Barron, Erik Delegate; Hayes, Antonio Delegate; Hill, Terri Delegate; Krebs, Susan Delegate; McDonough, Pat Delegate; Metzgar, Ric Delegate; Miele, Christian Delegate; Morales, Marice Delegate; Morgan, Matt Delegate; Pena-Melnyk, Joseline Delegate; Platt, Andrew Delegate; Rosenberg, Samuel Delegate; Sample-Hughes, Sheree Delegate; West, Chris Delegate; Young, Karen Delegate  
**Subject:** MD HB 902 - Therapy Ban - Video & Website Links

Dear MD State House Health & Government Operations Committee,  
Chair Shane Pendergrass, Vice Chair Eric Bromwell,  
Deputy Majority Whip Bonnie Cullison, Deputy Majority Whip Ariana Kelly,  
Minority Leader Nicholas Kipke, Minority Whip Kathy Szeliga, Deputy Minority Whip Sid Saab,

Re: MD HB 902 - Therapy Ban

What happens when therapy is banned? These harms and injustices:  
NTFTE Therapy Ban Harm Fact Sheet - What Happens When Therapy Is Banned? Document Attached.  
NTFTE Website - <http://www.therapyequality.org/FactSheet>

These brief video testimonies explain more:

Video Link - <https://youtu.be/gx9A7L-bpZE> - Conversion Therapy "Victim" Exposed!

Video Link - <https://youtu.be/9-NQhDfIoaM> - Testimony of Michelle Cretella, M.D., President American College of Pediatricians

Video Link - <https://youtu.be/q-wFZre6ebI> - Testimony of Walter Heyer, Ex-Transgender

Video Link - <https://wp.me/p91YrA-YS> - Testimony of David Pickup, Ex-Homosexual who benefitted from Reparative/Reintegrative Therapy.

Video Link - <https://www.youtube.com/watch?v=psqJtHn6c3Q> - Testimony of David Pickup, L.M.F.T., Professional Reparative Therapist

Also enclosed is an NTFTE letter detailing the harm that is being done to children who cannot find the help they need because of Therapy Bans. It can be accessed at the following links:

NTFTE Website - <http://www.therapyequality.org/dear-legislator-2018>

NTFTE PDF - <http://www.therapyequality.org/wp-content/uploads/2018/02/Dear-Legislator-2018.pdf>

NTFTE has documented claims of aversive therapy to be fraudulent and reported them to the Federal Trade Commission in this report:

**National Task Force For Therapy Equality Report to the Federal Trade Commission**

**<http://www.therapyequality.org/wp-content/uploads/2017/08/NATIONAL-TASK-FORCE-FOR-THERAPY-EQUALITY-FTC-COMPLAINT.pdf>**

**EXHIBIT 4-35**

**Pendergrass, Shane Delegate**

---

**From:** Stogel, Cathy S. <cstogel@ccbcmd.edu>  
**Sent:** Wednesday, February 28, 2018 10:49 AM  
**To:** Pendergrass, Shane Delegate  
**Subject:** HB 902

Dear Delegate Pendergrass,

As you are the chair of the House Health and Government Operations committee I urge you make LGBTQ Marylanders a priority in policy-making this legislative session. Please vote YES on HB 902. Research has clearly shown that conversion therapy poses devastating health risks for LGBTQ young people such as depression, decreased self-esteem, substance abuse, homelessness, and even suicidal behavior. This harmful and totally unnecessary practice is condemned by every major medical and mental health organization. Ten states and the District of Columbia all have laws or regulations protecting youth from this abusive practice.

Thank you,  
Cathy Stogel

To assist us in responding as quickly and comprehensively as possible, please include the following information.

NAME: Cathy Stogel  
HOME ADDRESS AND ZIP CODE: 2581 Liter Dr. Ellicott City  
PHONE NUMBER: 410-418-8931

MARYLAND PSYCHIATRIC SOCIETY



OFFICERS 2017-2018

Jennifer T. Palmer, M.D.  
President

Patrick T. Triplett, M.D.  
President-Elect

Marsden H. McGuire M.D.  
Secretary-Treasurer

Merle C. McCann, M.D.  
Council Chairman

EXECUTIVE DIRECTOR  
Heidi Bunes

COUNCIL

Jason H. Addison, M.D.  
Virginia L. Ashby, M.D.  
Mark J. Ehrenreich, M.D.  
Ann L. Hackman, M.D.  
Annette L. Hanson, M.D.  
Margo D. Lauterbach, M.D.  
Karen L. Swartz, M.D.  
Crystal C. Watkins, M.D., Ph.D.

EARLY CAREER  
PSYCHIATRIST COUNCILOR  
Jessica V. Merkel-Keller, M.D.

RESIDENT-FELLOW  
MEMBER COUNCILOR  
Paul Nestadt, M.D.

PAST PRESIDENTS  
Brian Zimnitzky, M.D.  
Sally A. Waddington, M.D.

APA ASSEMBLY  
REPRESENTATIVES  
Steven R. Daviss, M.D.  
Annette L. Hanson, M.D.  
Brian Zimnitzky, M.D.

APA PRESIDENT  
Anita S. Everett, M.D.

MEDCHI DELEGATE  
Steven R. Daviss, M.D.

March 1, 2018

The Honorable Shane E. Pendergrass, Chair  
House Health & Government Operations Committee  
Room 241, House Office Building  
Annapolis, MD 21401

**RE: SUPPORT: HB 902: Health Occupations - Conversion Therapy for Minors -  
Prohibition (Youth Mental Health Protection Act)**

Dear Chairman Pendergrass and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) is a state medical organization whose physician members specialize in the diagnosis, treatment and prevention of mental illnesses including substance use disorders. Formed more than sixty years ago to support the needs of psychiatrists and their patients, MPS works to ensure available, accessible and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branch of the American Psychiatric Association covering the state of Maryland excluding the D.C. suburbs, MPS represents over 700 psychiatrists and physicians currently in psychiatric training.

MPS supports House Bill 902 (HB 902), because MPS, along with several national organizations including the American Psychiatric Association (APA) and the American Association of Child and Adolescent Psychiatry, do not support the use of conversion therapy, also known as reparative therapy, which is based on the false assumption that homosexuality is a disorder. Since 1973, the APA has held the position that homosexuality per se is not a diagnosable mental disorder; therefore, it does not require treatment or therapy.

MPS primarily believes that "treatments," such as conversion therapy or reparative therapy, have questionable scientific validity. Furthermore, these "treatments" can be very harmful to participating individuals contributing to anxiety, depression, and the possible attempts at

MARYLAND PSYCHIATRIC SOCIETY



self-harm. This is especially true in the case of young people whose mental and emotional development is still occurring.

For the reasons stated above, MPS strongly encourages a favorable report on House Bill 902 (HB 902), entitled, "Health Occupations – Conversion Therapy for Minors – Prohibition (Youth Mental Health Protection Act)."

If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett, Jr., lobbyist for MPS, at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Legislative Action Committee for the Maryland Psychiatric Society.

**TESTIMONY IN SUPPORT OF BILL #HB902**

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

**Date:** March 1<sup>st</sup>, 2018

**From:** Alexandra Bell (Rockville, MD), Eric Hamme (Silver Spring, MD), Joe Shaffner (Silver Spring, MD), Elizabeth Wallace (Rockville, MD)

**To:** Chairman Shane Pendergrass, Vice Chair Eric Bromwell and Members of the Health and Government Operations Committee

**Re:** SUPPORT FOR BILL #HB902

Dear Chairman Pendergrass, Vice Chair Bromwell and Members of the Health and Government Operations Committee,

We're writing to ask you to support #HB902.

On February 23rd, Rachel Cornwell, a Silver Spring pastor and parent of a transgender child, wrote an opinion piece for the Washington Post saying:

*"The Youth Mental Health Protection Act would protect parents from being taken advantage of by conversion-therapy practitioners by making it clear these practices are ineffective and harmful to their children. It would protect children who are exploring their gender identity and sexual orientation to become the people they are meant to be in safe, supportive ways. And it would add Maryland to the growing number of states that protect LGBTQ youth from the abusive and fraudulent practice of conversion therapy."<sup>1</sup>*

Conversion therapy has come to be widely regarded by the mental health and medical communities as ineffective and harmful. According to the American Psychiatric Association (APA), "the most important fact about these 'therapies' is that they are **based on a view of homosexuality that has been rejected by all the major mental health professions.**"<sup>2</sup> As of 1973, the Diagnostic and Statistical Manual of Mental Disorders **declassified homosexuality as a mental disorder.**

In fact, "the American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the American School Counselor Association, the National Association of School Psychologists, and the National Association of Social Workers, together representing **more than 480,000 mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus is not something that needs to or can be 'cured.'**"<sup>3</sup>

---

<sup>1</sup> Source: [https://www.washingtonpost.com/opinions/outlaw-conversion-therapy-in-maryland/2018/02/23/dfd69554-167b-11e8-b681-2d4d462a1921\\_story.html?utm\\_term=.8b709eba3c5e](https://www.washingtonpost.com/opinions/outlaw-conversion-therapy-in-maryland/2018/02/23/dfd69554-167b-11e8-b681-2d4d462a1921_story.html?utm_term=.8b709eba3c5e).

<sup>2</sup> Source: <http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf>.

<sup>3</sup> Source: <http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf>.

The LGBT Committee of the Group for the Advancement of Psychiatry, took that a step further in their research findings published by the National Institutes of Health's (NIH) National Center for Biotechnology Information (NCBI) in 2016. "Major mental health organizations have rejected conversion therapy as a treatment modality given that **there is no rigorous scientific evidence to support the claim that sexual orientation can be changed and there is evidence that these treatments can cause harm to patients.**"<sup>4</sup>

And in 2015, then Special Expert on LGBT Affairs – now Senior Advisor for LGBT Health - at the Substance Abuse and Mental Health Services Administration (SAMHSA), Elliot Kennedy, following the release of a SAMHSA report, said, "**Conversion therapies or other efforts to change sexual orientation, gender identity or gender expression are not effective, reinforce harmful gender stereotypes and are not appropriate mental health treatments.**"<sup>5</sup>

There is no evidence supporting conversion therapy practices. Instead, **conversion therapy causes greater depression, heightened anxiety, and increased chances of substance abuse and suicidal thoughts.** And these negative responses create a ripple effect among family members, friends, and the wider community.

Whether Rachel Cornwell's personal story resonates with you or you're more inclined to listen to research from NIH, APA, and SAMHSA or if the voices of 480,000 mental health professionals make more of an impact, they all are saying the same thing.

Conversion therapy had no place in 1973, and it has no place now. Children deserve better. The LGBT community deserves better. And the state of Maryland has the chance now to do better.

Please support #HB910.

Respectfully submitted,

**Alexandra Bell, Resident of Rockville, Maryland**  
**Eric Hamme, Resident of Silver Spring, Maryland**  
**Joe Shaffner, Resident of Silver Spring, Maryland**  
**Elizabeth Wallace, Resident of Rockville, Maryland**

---

<sup>4</sup> Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5040471/>.

<sup>5</sup> Source: <https://www.reuters.com/article/us-health-lgbt-conversion/conversion-therapy-endangers-lgbt-youth-and-must-stop-u-s-report-idUSKCN0S912520151015>.





Heaver Plaza  
1301 York Road, #505  
Lutherville, MD 21093  
phone 443.901.1550  
fax 443.901.0038  
www.mhamd.org

**House Bill 902 Health Occupations – Conversion Therapy for Minors  
(Youth Mental Health Protection Act)**

Health and Government Operations Committee

March 1, 2018

**Position: SUPPORT**

The Mental Health Association of Maryland is the state's only volunteer, nonprofit citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. We appreciate this opportunity to present testimony in support of House Bill 902.

HB 902 prohibits mental health or child care practitioners from engaging in conversion therapy with minors.

Conversion therapy has a demonstrated range of negative consequences in children who identify as members of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community. This intervention – designed to change the child's thoughts and feelings of their gender identity – has been found to increase depression, anxiety and loneliness, feelings of guilt and shame, suicidal thoughts, hostility and substance use. HB 902 would prevent youth from being forced to participate in a practice that has been condemned and deemed as dangerous and unsafe by national and local mental health organizations.

A similar bill was introduced during the 2014 legislative session with the belief that this issue could be resolved through regulatory actions. However, the practice persists and it is harming Maryland youth. The current process allows minors or their advocates to file a complaint with the state's health occupation boards, but this remedy is insufficient to protect LGBTQ youth from treatment that discourages them from feeling comfortable about their sexual orientation.

For these reasons, MHAMD supports HB 902 and urges a favorable report.

*For more information, please contact Irnande Altema at (410) 967-3164*

**EXHIBIT 4-41**



Women's  
Law Center  
of Maryland

305 West Chesapeake Avenue, Suite 201 Towson, MD 21204  
phone 410 321-8761 fax 410 321-0462 www.wlcmd.org

---

BILL NO.: House Bill 902  
 TITLE: Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act)  
 COMMITTEE: Health and Government Operations  
 DATE: March 1, 2018  
 POSITION: **SUPPORT**

---

House Bill 902 seeks to prohibit the harmful and unsubstantiated practice of “Conversion Therapy” for LGBTQ+ youth in Maryland. Conversion Therapy involves a medical practitioner attempting to change an adolescent’s sexual orientation or gender identity. This harmful practice has taken place across the country in a variety of guises, some talk therapy to aversion therapy, all with the same anti-LGBTQ+ agenda. Despite the fact that several professional associations, including the American Medical Association, the American Psychological Association, and the American Academy of Pediatrics, have issued statements opposing the use of conversion therapy, the practice continues with estimates of over 20,000 youth across the country having experienced forms of conversion therapy before they turn 18.

There is no scientific or medical data that conversion therapy is successful, or more importantly, necessary. An individual’s sexuality or gender identity is not a medical disability to be cured and treating it as such is a violation of that individual’s dignity and basic human rights. In fact, most medical professionals deem the scientifically unsound and discredited treatment to be harmful to patients as it can provoke depression, guilt, and anxiety.

The Women’s Law Center of Maryland believes in the dignity of all individuals and that medical treatment should be based on research and clinical evidence; medicine should be unbiased and not manipulated to further a discriminatory agenda. For the above reasons, the Women’s Law Center of Maryland urges a favorable report for HB 902.

*The Women’s Law Center of Maryland is a private, non-profit, membership organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change.*



HOWARD COUNTY OFFICE OF COUNTY EXECUTIVE

3430 Court House Drive ■ Ellicott City, Maryland 21043 ■ 410-313-2013

Allan H. Kittleman  
Howard County Executive  
akittleman@howardcountymd.gov

www.howardcountymd.gov  
FAX 410-313-3051  
TDD 410-313-2323

February 27, 2018

Honorable Shane E. Pendergrass, Chair  
Health and Government Operations Committee  
House Office Building  
6 Bladen Street  
Annapolis, MD 21041

**Support for House Bill 902**

Dear Chairwoman Pendergrass,

The practice of changing an individual's sexual orientation or gender identity, known as conversion therapy, has been attempted for over 100 years to no avail. Methods include physical techniques such as electric shock treatment, lobotomy operations, and chemical castration. Today conversion therapy is generally carried out in the form of psychological treatment, which includes attempts to intervene through prayer and spiritual pressure. The youth of Maryland are still at risk of being subjected to a practice deemed ineffective and damaging to their mental health. **The State of Maryland has always been a leader in the fight for diversity and acceptance, and it is time to become the 10th state to ban conversion therapy for minors.**

It is commendable the General Assembly considers this new effort to prevent mental health and child care practitioners from engaging in this harmful activity. To be homosexual, bisexual, or transgender is not a disease, illness, or disorder. House Bill 902 affirms these identities are natural, and in no need of medical treatment. Numerous institutions representing the medical community declare conversion therapy to be dangerous to the wellbeing of youth. Over 20 years of research indicates it contributes to the risks of drug addiction, homelessness, and even suicide. To ban conversion therapy further demonstrates the importance of providing a safe and nurturing environment for all young people.

Maryland is home to over 180,000 adults who identify as part of the LGBTQ community. These are people who own businesses, serve as police officers and fire fighters, and raise families here. **Please support our LGBTQ youth and vote in favor of HB 902.** I appreciate your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Allan H. Kittleman" with a long horizontal line extending to the right.

Allan H. Kittleman  
County Executive

EXHIBIT 4-43



HOWARD COUNTY OFFICE OF COUNTY EXECUTIVE  
3430 Court House Drive ■ Ellicott City, Maryland 21043 ■ 410-313-2013

Allan H. Kittleman  
Howard County Executive  
akittleman@howardcountymd.gov

www.howardcountymd.gov  
FAX 410-313-3051  
TDD 410-313-2323

February 27, 2018

Honorable Shane E. Pendergrass, Chair  
Health and Government Operations Committee  
House Office Building  
6 Bladen Street  
Annapolis, MD 21041

**Support for House Bill 902**

Dear Chairwoman Pendergrass,

The practice of changing an individual's sexual orientation or gender identity, known as conversion therapy, has been attempted for over 100 years to no avail. Methods include physical techniques such as electric shock treatment, lobotomy operations, and chemical castration. Today conversion therapy is generally carried out in the form of psychological treatment, which includes attempts to intervene through prayer and spiritual pressure. The youth of Maryland are still at risk of being subjected to a practice deemed ineffective and damaging to their mental health. **The State of Maryland has always been a leader in the fight for diversity and acceptance, and it is time to become the 10th state to ban conversion therapy for minors.**

It is commendable the General Assembly considers this new effort to prevent mental health and child care practitioners from engaging in this harmful activity. To be homosexual, bisexual, or transgender is not a disease, illness, or disorder. House Bill 902 affirms these identities are natural, and in no need of medical treatment. Numerous institutions representing the medical community declare conversion therapy to be dangerous to the wellbeing of youth. Over 20 years of research indicates it contributes to the risks of drug addiction, homelessness, and even suicide. To ban conversion therapy further demonstrates the importance of providing a safe and nurturing environment for all young people.

Maryland is home to over 180,000 adults who identify as part of the LGBTQ community. These are people who own businesses, serve as police officers and fire fighters, and raise families here. **Please support our LGBTQ youth and vote in favor of HB 902.** I appreciate your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Allan H. Kittleman". The signature is written in a cursive style and is followed by a horizontal line.

Allan H. Kittleman  
County Executive

**EXHIBIT 4-44**

Sarah Cuneo  
9315 West Parkhill Drive  
Bethesda, MD 20814

**BILL NO:** House Bill 902/Senate Bill 1028  
**TITLE:** Health Occupations - Conversion Therapy for Minors -  
Prohibition (Youth Mental Health Protection Act)  
**COMMITTEE:** Health and Government Operations/Education, Health and  
Environmental Affairs  
**HEARING DATE:** March 1, 2018  
**POSITION:** SUPPORT

To the Chair, Vice-Chair and Esteemed Members of the Committee:

I am a co-chair of the Human Rights Campaign's Parents for Transgender Equality Council and a parent to 12-year-old twins. After experiencing many years of turmoil and unhappiness, one of my twins found his voice and words and told us that he is transgender. My husband and I had no idea how to process that information so we sought guidance from mental health providers who specialize in youth and gender identity issues. We were told that our child had the insistent, consistent and persistent behaviors, which are key factors in determining a child's gender identity. In helping us decide how to best care for our child, we were presented with two options: 1) help our child socially transition by using his preferred name and pronouns and raise him as the boy he knew himself to be, or 2) continue raising our child as a girl and expect further depression, helplessness, anger, frustration, self-harm and suicidal tendencies. We chose the former.

By simply changing his name and pronouns and affirming his gender, our child's temperament drastically improved. Over the past two years our son's standardized test scores and grades have skyrocketed because he is now able to concentrate. He has made many more friends and is enjoying life more fully. He is happy and confident and he knows that his family and community love and support him unconditionally. Had we not had access to evidence-based affirming care, I am positive that my son would not be the joyful, healthy and thriving boy he is today.

The Youth Mental Health Protection Act is so important because it will protect vulnerable parents from being taken advantage of by conversion-therapy practitioners. I fear for the desperate parents and children who may encounter unethical practitioners. As a parent, it is very confusing when a child announces that their gender assigned at birth is not the gender in which they identify. Non-evidence based practitioners can take advantage of vulnerable parents and cause great harm to families. As has been stated over and over, there is clear evidence that conversion therapy techniques are ineffective and harmful. 42% of transgender people attempt suicide at least once in their lifetime. However, by affirming a child's gender identity, this percentage goes down dramatically.

For these reasons, my family and I, support HB 902/SB1028. We respectfully urge a favorable report.

**EXHIBIT 4-45**



**NAMI Maryland**

10630 Little Patuxent Parkway, Suite 475  
Columbia, MD 21044  
Phone: 410.884.8691 Fax: 410.884.8695  
Email: info@namimd.org Web: www.namimd.org

February 13, 2018

**HB 902 (Delegate Cullison) – Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act)**

House Health and Government Operations Committee

Madame Chair Pendergrass, Vice Chairman Bromwell and members of the House Health and Government Operations Committee

**Position: Support**

NAMI Maryland, and the 12 local affiliates across Maryland, encompasses a statewide network of more than 36,000 families, individuals, community-based organizations and service providers. These members and supporters are the face and voice of NAMI Maryland who have come together to celebrate recovery, honor those who are living with mental illness, share their lived-experience to combat stigma, promote awareness and advocate for others. It is our core principle that empowering individuals with mental illness and their family members is a critical factor in recovery, and a potent force in providing community education and bringing about systemic change. We are dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community. We also advocate on behalf of individuals simultaneously combating co-occurring disorders. As a matter of policy, NAMI does not endorse any specific treatment or service for mental illnesses. We do advocate for evidence based programs and practices, best practices, promising practices and clinical practices when they apply to the population being treated.

We support the passage of HB902, which would prohibit mental health or child care practitioners from engaging in “conversion therapy” with a minor. A violation of this prohibition would be considered unprofessional conduct and be subject to discipline by the appropriate licensing or certifying board. Additionally, the bill would prohibit the use of State funds to (1) conduct or refer an individual to receive conversion therapy; (2) provide health coverage for conversion therapy; or (3) provide a grant to, or contract with, any entity that conducts or refers an individual to receive conversion therapy. The Maryland Department of Health (MDH) must adopt implementing regulations.

Being gay, lesbian, bisexual or transgender is not a mental illness. However, LGBT people face unique risks to their mental health. Many face discrimination from coworkers, family members and peers, as well as society at large. Studies indicate that experiencing social discrimination is a strong predictor of mental health issues<sup>1</sup>. Some studies have shown that LGBT people are 2.5 times more likely than straight people to experience mental illness. In particular, LGBT adults are more likely to report depression, panic and anxiety disorders, and substance abuse. LGBT youth are especially at risk, being 20-40% more likely than their straight peers to attempt suicide, and more likely to experience anxiety and depression<sup>2</sup>. Being a LGBT person of color, or having a disability or living in poverty, means facing multiple levels of discrimination and stigma.

<sup>1</sup> Diaz, RM., Ayala, G., Bein, E., Jenne, J. & Marin, B.V. (2001). The impact of homophobia, poverty and racism on the mental health of gay and bisexual Latino men: findings from 3 US cities. *American Journal of Public Health*, 91(6), 927-932

<sup>2</sup> Kitts, R. L. (2005). Gay adolescents and suicide: Understanding the association. *Adolescence*, 40(159), 621-628.

Case 1:19-cv-00190-DKC, Document 25-5 Filed 03/08/19 Page 48 of 96  
NAMI Maryland rejects “reparative” therapies, which deny the natural diversity of sexual orientation and gender identity, and supports LGBT-affirming therapy, treatment and support groups. Persons of different cultures, including sexual orientations and gender identities, have unique characteristics that have been found to cause them to be partially or poorly served or excluded from existing mental health treatment, trainings, and rehabilitation programs, and to receive services that do not reflect their cultural needs and preferences. Treatment plans must be relevant to the individual’s culture, needs and life experiences. Plans need to be developed by providers who have the knowledge, skills and attitudes necessary to provide effective care for diverse populations.

So-called conversion “therapy” has been shown to be ineffective and has been discredited. It refers to a range of dangerous and discredited practices that seek to change a person’s sexual orientation or gender identity. One’s sexual orientation or gender identity is not an illness and is not something that needs to be or can be changed through this so-called therapy. Major medical, mental health, human services organizations, from the American Medical Association to the American Academy of Child and Adolescent Psychiatry, the National Association of Social Workers, the American Psychiatric Association, the American Psychological Association, and others have issued policies denouncing conversion therapy and discouraging their members from practicing it.

What is even worse, the practice is not only ineffective, it is damaging. Telling developing adolescents that they are not okay just as they are, or making them engage in practices that are counterproductive and damaging can cause extreme emotional distress, depression, suicidal ideation, and can have lifelong consequences. We need to protect young people from state-licensed therapists engaging in discredited practices, as well as support well-meaning parents in receiving good guidance from health professionals. It is hard enough to go through the different phases of becoming a young adult and exploring one’s sense of self and place in the world. During this exciting but also turbulent time in an adolescent’s life, it is important for their overall wellness (including their mental, physical, and emotional health) that families and communities affirm and embrace them as they are.

For these reasons, we respectfully request a favorable report on HB902.

**Please contact Jessica Honke with any questions or concerns that you may have at:**

Jessica Honke, MSW  
Policy & Advocacy Director  
NAMI Maryland  
[advocacy@namimd.org](mailto:advocacy@namimd.org)  
410.884.8691 (office)  
804.564.3725 (cell)

TESTIMONY IN SUPPORT OF BILL #HB902

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

Date: March 1<sup>st</sup>, 2018

From: Alexandra Bell (Rockville, MD), Eric Hamme (Silver Spring, MD), Joe Shaffner (Silver Spring, MD), Elizabeth Wallace (Rockville, MD)

To: Chairman Shane Pendergrass, Vice Chair Eric Bromwell and Members of the Health and Government Operations Committee

Re: SUPPORT FOR BILL #HB902

Dear Chairman Pendergrass, Vice Chair Bromwell and Members of the Health and Government Operations Committee,

We're writing to ask you to support #HB902.

On February 23rd, Rachel Cornwell, a Silver Spring pastor and parent of a transgender child, wrote an opinion piece for the Washington Post saying:

*"The Youth Mental Health Protection Act would protect parents from being taken advantage of by conversion-therapy practitioners by making it clear these practices are ineffective and harmful to their children. It would protect children who are exploring their gender identity and sexual orientation to become the people they are meant to be in safe, supportive ways. And it would add Maryland to the growing number of states that protect LGBTQ youth from the abusive and fraudulent practice of conversion therapy."<sup>1</sup>*

Conversion therapy has come to be widely regarded by the mental health and medical communities as ineffective and harmful. According to the American Psychiatric Association (APA), "the most important fact about these 'therapies' is that they are **based on a view of homosexuality that has been rejected by all the major mental health professions.**"<sup>2</sup> As of 1973, the Diagnostic and Statistical Manual of Mental Disorders **declassified homosexuality as a mental disorder.**

In fact, "the American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the American School Counselor Association, the National Association of School Psychologists, and the National Association of Social Workers, together representing **more than 480,000 mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus is not something that needs to or can be 'cured.'**"<sup>3</sup>

<sup>1</sup> Source: [https://www.washingtonpost.com/opinions/outlaw-conversion-therapy-in-maryland/2018/02/23/fdf69554-167b-11e8-b681-2d4d462a1921\\_story.html?utm\\_term=.8b709eba3c5e](https://www.washingtonpost.com/opinions/outlaw-conversion-therapy-in-maryland/2018/02/23/fdf69554-167b-11e8-b681-2d4d462a1921_story.html?utm_term=.8b709eba3c5e).

<sup>2</sup> Source: <http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf>.

<sup>3</sup> Source: <http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf>.



The LGBT Committee of the Group for the Advancement of Psychiatry, took that a step further in their research findings published by the National Institutes of Health's (NIH) National Center for Biotechnology Information (NCBI) in 2016. "Major mental health organizations have rejected conversion therapy as a treatment modality given that **there is no rigorous scientific evidence to support the claim that sexual orientation can be changed and there is evidence that these treatments can cause harm to patients.**"<sup>4</sup>

And in 2015, then Special Expert on LGBT Affairs – now Senior Advisor for LGBT Health - at the Substance Abuse and Mental Health Services Administration (SAMHSA), Elliot Kennedy, following the release of a SAMHSA report, said, "**Conversion therapies or other efforts to change sexual orientation, gender identity or gender expression are not effective, reinforce harmful gender stereotypes and are not appropriate mental health treatments.**"<sup>5</sup>

There is no evidence supporting conversion therapy practices. Instead, **conversion therapy causes greater depression, heightened anxiety, and increased chances of substance abuse and suicidal thoughts.** And these negative responses create a ripple effect among family members, friends, and the wider community.

Whether Rachel Cornwell's personal story resonates with you or you're more inclined to listen to research from NIH, APA, and SAMHSA or if the voices of 480,000 mental health professionals make more of an impact, they all are saying the same thing.

Conversion therapy had no place in 1973, and it has no place now. Children deserve better. The LGBT community deserves better. And the state of Maryland has the chance now to do better.

Please support #HB910.

Respectfully submitted,

**Alexandra Bell, Resident of Rockville, Maryland**  
**Eric Hamme, Resident of Silver Spring, Maryland**  
**Joe Shaffner, Resident of Silver Spring, Maryland**  
**Elizabeth Wallace, Resident of Rockville, Maryland**

---

<sup>4</sup> Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5040471/>.

<sup>5</sup> Source: <https://www.reuters.com/article/us-health-lgbt-conversion/conversion-therapy-endangers-lgbt-youth-and-must-stop-u-s-report-idUSKCN0S912520151015>.



10630 Little Patuxent Parkway, Suite 475  
Columbia, MD 21044  
Phone: 410.884.8691 Fax: 410.884.8695  
Email: info@namimd.org Web: www.namimd.org

February 13, 2018

**HB 902 (Delegate Cullison) – Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act)**

House Health and Government Operations Committee

Madame Chair Pendergrass, Vice Chairman Bromwell and members of the House Health and Government Operations Committee

**Position: Support**

NAMI Maryland, and the 12 local affiliates across Maryland, encompasses a statewide network of more than 36,000 families, individuals, community-based organizations and service providers. These members and supporters are the face and voice of NAMI Maryland who have come together to celebrate recovery, honor those who are living with mental illness, share their lived-experience to combat stigma, promote awareness and advocate for others. It is our core principle that empowering individuals with mental illness and their family members is a critical factor in recovery, and a potent force in providing community education and bringing about systemic change. We are dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community. We also advocate on behalf of individuals simultaneously combating co-occurring disorders. As a matter of policy, NAMI does not endorse any specific treatment or service for mental illnesses. We do advocate for evidence based programs and practices, best practices, promising practices and clinical practices when they apply to the population being treated.

We support the passage of HB902, which would prohibit mental health or child care practitioners from engaging in “conversion therapy” with a minor. A violation of this prohibition would be considered unprofessional conduct and be subject to discipline by the appropriate licensing or certifying board. Additionally, the bill would prohibit the use of State funds to (1) conduct or refer an individual to receive conversion therapy; (2) provide health coverage for conversion therapy; or (3) provide a grant to, or contract with, any entity that conducts or refers an individual to receive conversion therapy. The Maryland Department of Health (MDH) must adopt implementing regulations.

Being gay, lesbian, bisexual or transgender is not a mental illness. However, LGBT people face unique risks to their mental health. Many face discrimination from coworkers, family members and peers, as well as society at large. Studies indicate that experiencing social discrimination is a strong predictor of mental health issues<sup>1</sup>. Some studies have shown that LGBT people are 2.5 times more likely than straight people to experience mental illness. In particular, LGBT adults are more likely to report depression, panic and anxiety disorders, and substance abuse. LGBT youth are especially at risk, being 20-40% more likely than their straight peers to attempt suicide, and more likely to experience anxiety and depression<sup>2</sup>. Being a LGBT person of color, or having a disability or living in poverty, means facing multiple levels of discrimination and stigma.

<sup>1</sup> Diaz, RM., Ayala, G., Bein, E., Jenne, J. & Marin, B.V. (2001). The impact of homophobia, poverty and racism on the mental health of gay and bisexual Latino men: findings from 3 US cities. *American Journal of Public Health*, 91(6), 927-932

<sup>2</sup> Kitts, R. L. (2005). Gay adolescents and suicide: Understanding the association. *Adolescence*, 40(159), 621-628.

Case 1:19-cv-00190-DKC Document 25-5 Filed 03/08/19 Page 52 of 96  
NAMI Maryland rejects “reparative” therapies, which deny the natural diversity of sexual orientation and gender identity, and supports LGBT-affirming therapy, treatment and support groups. Persons of different cultures, including sexual orientations and gender identities, have unique characteristics that have been found to cause them to be partially or poorly served or excluded from existing mental health treatment, trainings, and rehabilitation programs, and to receive services that do not reflect their cultural needs and preferences. Treatment plans must be relevant to the individual’s culture, needs and life experiences. Plans need to be developed by providers who have the knowledge, skills and attitudes necessary to provide effective care for diverse populations.

So-called conversion “therapy” has been shown to be ineffective and has been discredited. It refers to a range of dangerous and discredited practices that seek to change a person’s sexual orientation or gender identity. One’s sexual orientation or gender identity is not an illness and is not something that needs to be or can be changed through this so-called therapy. Major medical, mental health, human services organizations, from the American Medical Association to the American Academy of Child and Adolescent Psychiatry, the National Association of Social Workers, the American Psychiatric Association, the American Psychological Association, and others have issued policies denouncing conversion therapy and discouraging their members from practicing it.

What is even worse, the practice is not only ineffective, it is damaging. Telling developing adolescents that they are not okay just as they are, or making them engage in practices that are counterproductive and damaging can cause extreme emotional distress, depression, suicidal ideation, and can have lifelong consequences. We need to protect young people from state-licensed therapists engaging in discredited practices, as well as support well-meaning parents in receiving good guidance from health professionals. It is hard enough to go through the different phases of becoming a young adult and exploring one’s sense of self and place in the world. During this exciting but also turbulent time in an adolescent’s life, it is important for their overall wellness (including their mental, physical, and emotional health) that families and communities affirm and embrace them as they are.

For these reasons, we respectfully request a favorable report on HB902.

**Please contact Jessica Honke with any questions or concerns that you may have at:**

Jessica Honke, MSW  
Policy & Advocacy Director  
NAMI Maryland  
[advocacy@namimd.org](mailto:advocacy@namimd.org)  
410.884.8691 (office)  
804.564.3725 (cell)



# NARAL Pro-Choice Maryland

HB902 Health Occupations - Conversion Therapy for Minors -  
Prohibition (Youth Mental Health Protection Act)  
Presented to the Hon. Shane E. Pendergrass and  
Members of the House Health and Government Operations Committee  
March 1, 2018, 1:00pm

---

## POSITION: SUPPORT

NARAL Pro-Choice Maryland urges the House Health and Government Operations Committee a favorable report for HB902, Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act), sponsored by Del. Cullison.

HB902 prohibits a mental health or child care practitioner from engaging in conversion therapy with a minor, and specifies that doing so is considered engaging in unprofessional conduct, which subjects the practitioner to discipline by the licensing or certifying board. "Conversion therapy" refers to a practice or treatment that attempts to change an individual's sexual orientation or gender expression or identity.

There is well-replicated data that lesbian, gay, bisexual, and transgender (LGBT) youth face higher rates of mental health conditions when compared to their heterosexual and cisgender counterparts. The Centers for Disease Control and Prevention (CDC) reports that LGB youth face a greater risk for depression, suicide, substance use, and sexual behaviors that place them at increased risk for HIV and other sexually transmitted infections (STIs). In the CDC's most recent data on the subject, approximately 29% of LGB youth had attempted suicide at least once in the past year relative to 6% of heterosexual youth.<sup>i</sup>

In 2009 the American Psychological Association (APA) Task Force on Appropriate Therapeutic Responses to Sexual Orientation published a report and an accompanying resolution, which blatantly affirmed that "same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality."<sup>ii</sup> The report itself included empirical data suggesting that sexual orientation change efforts (SOCE) may cause or exacerbate distress and poor mental health including depression and suicidal thoughts.<sup>iii</sup>

Further, in February of this year, the American Academy of Child and Adolescent Psychiatry (AACAP) approved a policy statement asserting that variations in sexual orientation and gender expression are not considered pathological, as evidenced by the fact that they are not included in the American Psychiatric Association's current *Diagnostic and Statistical Manual of Mental Disorders*, which defines and classifies mental disorders for diagnosis, treatment, and research. The statement explains that conversion therapies are "provided under the false premise that homosexuality and gender diverse identities are pathological," and

8905 Fairview Road, Suite 401- Silver Spring, MD 20910 (301)565-4154 - [www.prochoicemd.org](http://www.prochoicemd.org)

cites evidence that these therapies actually increase the risk of causing or exacerbating mental health conditions in young individuals.<sup>iv</sup>

In January of this year, the Williams Institute released a report estimating that in the states that currently do not ban the practice, 20,000 LGBT youth 13-17 years of age will undergo conversion therapy from a licensed health care professional before they reach 18 years of age.<sup>v</sup> As is currently stands, 41 states do not ban conversion therapy by a licensed health care professional. With this legislation, Maryland can continue to lead the way in protecting and expanding the rights of our youth.

NARAL Pro-Choice Maryland is an advocate for sexual and reproductive health, rights, and justice, recognizing that certain demographics are at higher risk for psychological distress and mental disorders, and may face sociocultural and purported “therapeutic” practices that actually cause or exacerbate such experiences and health conditions. As cited in the American Psychological Association’s 2009 resolution, “sexual minority children and youth are especially vulnerable populations with unique developmental tasks... who lack adequate legal protection from involuntary or coercive treatment.”<sup>vi</sup>

Therefore, NARAL Pro-Choice Maryland urges a favorable report on HB902. Thank you for your time and thoughtful consideration.

---

<sup>i</sup> Centers for Disease Control and Prevention. (2017, June 21). *LGBT Youth*. Retrieved from <https://www.cdc.gov/lgbthealth/youth.htm>

<sup>ii</sup> American Psychological Association. (2009). *Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts*. Retrieved from <http://www.apa.org/about/policy/sexual-orientation.aspx>

<sup>iii</sup> American Psychological Association. (2009, August). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*, 42. Retrieved from <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

<sup>iv</sup> American Academy of Child and Adolescent Psychiatry. (2018, February) *Conversion Therapy Policy Statement*. Retrieved from [https://www.aacap.org/AACAP/Policy\\_Statements/2018/Conversion\\_Therapy.aspx](https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx)

<sup>v</sup> The Williams Institute. (2018, January). *Conversion Therapy and LGBT Youth*. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>

<sup>vi</sup> American Psychological Association. (2009). *Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts*. Retrieved from <http://www.apa.org/about/policy/sexual-orientation.aspx>



2526 SAINT PAUL STREET  
BALTIMORE, MD 21218  
TEL (410) 625-LGBT (5428)  
FAX (410) 625-7423  
www.freestate-justice.org

Mark Procopio  
Executive Director  
mprocopio@freestate-justice.org

**BILL NO:** House Bill 902  
**TITLE:** Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act)  
**COMMITTEE:** Health and Government Operations  
**HEARING DATE:** March 1, 2018  
**POSITION:** SUPPORT

- STAFF**
- Mark A. Procopio  
*Executive Director*
  - Jennifer Kent, Esq.  
*Managing Attorney*
  - Laura DePalma, Esq.  
*Staff Attorney*
- BOARD**
- Jessica P. Weber, Esq.  
*President*  
*Brown, Goldstein & Levy, LLP*
  - Rianna P. Matthews-Brown, JD  
*Vice President*  
*Johns Hopkins University and Medicine*  
*Office of Government & Community Affairs*
  - Woody Derricks, CFP  
*Treasurer*  
*Partnership Wealth Management*
  - Ronald C. Hokemeyer  
*Secretary*
  - Vanessa Bowling Ajavon  
*Hispanic Association on*  
*Corporate Responsibility*
  - Lois Blum Feinblatt, LCPC
  - Theo George  
*Baltimore Arts Realty Corporation (BARCO)*
  - Nicholas T. Graff, PhD  
*Institute of Medicine, Psychology & Religion*
  - Brianna January, MPP
  - Susan Leviton, Esq.  
*Professor Emeritus,*  
*University of Maryland*  
*Carey School of Law*
  - Mala Malhotra-Ortiz, Esq.  
*Maryland Court of Special Appeals*  
*Alternative Dispute Resolution Division*
  - George Nilson, Esq.
  - Ellen Schwartz Patterson, LCSW-C
  - Joanne D. Rosen, Esq.  
*Johns Hopkins University*  
*Bloomberg School of Public Health*
  - Diane Stollenwerk, MPP  
*StollenWerks*
  - Ryland Sumner, Esq.  
*DSK Holdings*
  - Ebony Thompson, Esq.  
*Venable LLP*
  - Sam Williamson  
*University of Maryland Francis King*  
*Carey School of Law*

Chair Pendergrass, Vice-Chair Bromwell, and Esteemed Members of the Committee:

FreeState Justice advocates for the LGBTQ community across our state with a strong focus on youth issues and represents hundreds of LGBTQ clients each year. We consistently see the impacts of LGBTQ youth being denied affirming mental health care and the often long-lasting damage that can occur as a result. It is critical that LGBTQ youth have access to affirming mental health care. This is why we are concerned by so-called "conversion therapy," a range of dangerous and discredited practices that falsely claim to change a person's sexual orientation or gender identity or expression. The Youth Mental Health Protection Act (HB 902) would protect LGBTQ youth and families from these practices in Maryland.

Conversion therapy is a set of practices by mental health providers that seek to change an individual's sexual orientation, including efforts to change gender identity or expression. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for

*FreeState Justice, Inc. (formerly FreeState Legal Project, Inc., merging with Equality Maryland) is a social justice organization that works through direct legal services, legislative and policy advocacy, and community engagement to enable Marylanders across the spectrum of lesbian, gay, bisexual, transgender, and queer identities to be free to live authentically with safety and dignity in all communities throughout our state.*

February 28, 2018  
Page 2 of 2

Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are four times more likely, and questioning youth are three times more likely to attempt suicide as their straight peers.<sup>1</sup> Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.<sup>2</sup> Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 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.<sup>3</sup>

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.

HB902 would prevent licensed mental health providers in Maryland from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The bill will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBT youth. We thank you for introducing this important legislation.

We respectfully urge a favorable report.

Sincerely,

Mark A. Procopio

---

<sup>1</sup> CDC, "Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12."

<sup>2</sup> Arnold H. Grossman & Anthony R. D'Augelli, *Transgender Youth and Life-Threatening Behaviors*, 37(5) *SUICIDE LIFE THREAT BEHAV.* 527 (2007).

<sup>3</sup> Caitlyn Ryan et al., "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults," 123 *PEDIATRICS* 346 (2009).



8121 Georgia Avenue, Suite 310  
Silver Spring, Maryland 20910  
T 301.589.2509 • F 301.589.3150

## STATEMENT OF SUPPORT

Mary E. Hunt, Ph.D. February 9, 2018

The *Youth Mental Health Protection Act* is common sense law that responds to the pernicious efforts of some unscrupulous practitioners to try to convert, repair, or otherwise change individuals' sexual orientation and/or gender identity. These tactics are especially egregious when used on young people who are just coming into their adult selves. As a Catholic theologian, a mother, and a Maryland voter I urge the General Assembly to adopt this act as law, joining at least ten other states and many municipalities in protecting the well being of our children.

Conversion therapy is harmful according to the American Psychiatric Association, American Psychological Association, American Medical Association, and every other mainstream medical and mental health organization. Respected research shows that such change efforts pose numerous health risks to lesbian, gay, bisexual, transgender, and queer youth including depression, anxiety, guilt, shame, suicidal tendencies, and more.

My concern is with the religious aspects of this practice. I work with WATER, the Women's Alliance for Theology, Ethics, and Ritual, a global network, an educational and spiritual space, a center for dialogue on feminism, faith, and justice. We connect activists, religious leaders, students, scholars, and allies who are using feminist religious values to create social change.

Many religious traditions, including Christianity, Judaism, Islam, Buddhism, and others are in the midst of re-evaluating their teachings on sexuality in light of new research. Religions are dynamic, part of the shaping and being shaped by culture. The diverse options and fluid nature of both sex and gender are increasingly taken into account as religions reconfigure their moral teachings. Religious professionals minister in ways that must 'do no harm' and indeed can do a lot of good. This law does not coerce them.



**Pediatrics**  
**Dr. Faith Hackett**  
**Dr. Jacalyn Ginsburg**

**Phone: 410-647-8300**  
**Fax: 410-315-8444**

WWW.SPDOCS.NET



**Internal Medicine**  
**Dr. Jeffrey Schmidlein**

**Phone: 410-647-8829**  
**Fax: 410-315-8444**

PEDIATRICS AND INTERNAL MEDICINE

844 Ritchie Highway  
Suite 206  
Severna Park, MD 21146-4137

BILL NO: House Bill 902/Senate Bill 1028

TITLE: Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act)

COMMITTEE: Health and Government Operations/Education, Health and Environmental Affairs

HEARING DATE: March 1, 2018/March 7, 2018

POSITION: SUPPORT

March 1, 2018

To the Chair, Vice-Chair and Esteemed Members of the Committee:

I am a pediatrician in Severna Park, Maryland. In my many years of practice, I've had several patients who have confided in me that they are struggling with their sexual identity. Those lucky enough to have supportive families have grown to adulthood well adjusted. However, there are those whose families have not been so supportive and have recommended that they undergo treatment for their sexual orientation, treating it like a disease. I remember once such young man was sent to a summer camp for "conversion therapy", only to leave camp with his self esteem damaged immensely. Unfortunately, I've even had patients who have committed suicide because they didn't receive the positive support they needed.

The Youth Mental Health Protection Act (HB 902/SB1028) would protect LGBT youth from so-called "conversion therapy," a range of dangerous and discredited practices that falsely claim to change a person's sexual orientation or gender identity or expression. These practices are based on the false premise that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured, a theory which has been rejected by every major medical and mental health organization.

Research has shown that conversion therapy poses dangerous health risks for LGBTQ youth. Use of these harmful practices can lead to depression, decreased self-esteem, substance abuse, homelessness, and even suicidal behavior.

The Youth Mental Health Protection Act is narrowly targeted at preventing state-licensed mental health care providers from engaging in conversion therapy with youth below the age of 18. The bill also expressly provides that the provision of conversion therapy to minors by state-licensed mental health care providers is unprofessional conduct subject to discipline by the relevant licensing authority. And it also protects parents from being taken advantage of by conversion therapy practitioners by making it clear that these practices are ineffective and harmful to their children.

California, Connecticut, Illinois, Nevada, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont, and the District of Columbia have enacted laws or regulations to protect minors from being subjected to conversion therapy by state-licensed mental health providers. Additionally, a growing number of municipalities have enacted similar protections, including cities and counties in Ohio, Pennsylvania, Washington, Florida, and Arizona. The Youth Mental Health Protection Act would add Maryland to the growing number of states that protect LGBTQ youth from the abusive and fraudulent practice of conversion therapy.

For these reasons, I support HB 902/SB1028 and respectfully urge a favorable report.

Thank you,

Jacalyn Ginsburg, D.O., F.A.A.P.

**EXHIBIT 4-57**

**Pendergrass, Shane Delegate**

---

**From:** chrisdoyle@equalityandjusticeforall.org  
**Sent:** Monday, February 26, 2018 9:59 AM  
**To:** Conway, Joan Carter Senator; Pinsky, Paul Senator; Bates, Gail Senator; Kagan, Cheryl Senator; Nathan-Pulliam, Shirley Senator; Robinson, Barbara Senator; Salling, Johnny Ray Senator; Simonaire, Bryan Senator; Waugh, Steve Senator; Young, Ronald Senator; Zucker, Craig Senator; Pendergrass, Shane Delegate; Bromwell, Eric Delegate; Cullison, Bonnie Delegate; Kelly, Ariana Delegate; Kipke, Nicholas Delegate; Szeliga, Kathy Delegate; Saab, Sid Delegate; Barron, Erek Delegate; Hayes, Antonio Delegate; Hill, Terri Delegate; Krebs, Susan Delegate; McDonough, Pat Delegate; Metzgar, Ric Delegate; Miele, Christian Delegate; Morales, Marice Delegate; Morgan, Matt Delegate; Pena-Melnyk, Joseline Delegate; Platt, Andrew Delegate; Rosenberg, Samuel Delegate; Sample-Hughes, Sheree Delegate; West, Chris Delegate; Young, Karen Delegate  
**Subject:** ATTN: MD LEGISLATORS: Therapy Ban Legislation Constitutes Mass Fraud  
**Attachments:** In Their Own Words - Lies, Deception, and Fraud - National Task Force Complaint to the Federal Trade Commission.pdf; 2018 National Task Force Letter to State Legislatures on FTC Complaint.pdf

Re: MD HB 902 and SB 1028

Dear Maryland Legislators,

The National Task Force for Therapy Equality is concerned that Maryland legislators are being deceived and defrauded by current efforts to ban therapy for minors.

What you may not be aware of is that a report was submitted to the Federal Trade Commission on May 2, 2017 about the deceptive and fraudulent practices of three of the largest gay activists organizations promoting these therapy bans.

Please see attached letter, report to the Federal Trade Commission, and website below.

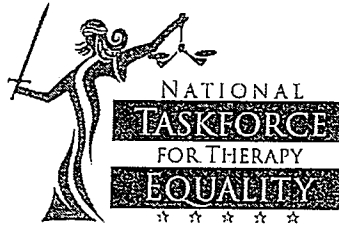
See: <http://www.therapiequality.org>

Sincerely,

Christopher Doyle, MA, LPC, LCPC  
Political Consultant and Co-Coordinator  
National Task Force for Therapy Equality  
Equality And Justice For All  
P.O. Box 15898  
Arlington, VA 22215  
703-371-8329  
[chrisdoyle@equalityandjusticeforall.org](mailto:chrisdoyle@equalityandjusticeforall.org)  
[www.equalityandjusticeforall.org](http://www.equalityandjusticeforall.org)



IMPORTANT CONFIDENTIAL NOTICE: This e-mail message, including attachments, is for the sole use of the intended recipient, or recipients, and contains confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.



January 2018

Dear Legislator,

The National Task Force for Therapy Equality represents thousands of clients who experience sexual and gender identity conflicts, as well as their parents, families, places of worship, and communities. In the last five years, our coalition of licensed psychotherapists, social workers, psychiatrists, and physicians have worked with legislatures across the country to educate them on efforts to ban licensed, voluntary psychotherapy for minors, and their families, that seek to resolve unwanted homosexual and gender identity conflicts. In the course of our work from 2012 to present, we have been supported by the majority of state legislatures where legislation to ban therapy has been introduced.<sup>1</sup> Unfortunately, eight states have passed bills into law that will deprive young people of their rights. Even more concerning is the nature of how these bills have been passed.

The purpose of the attached document is to alert you of the dangerous and irresponsible tactics of three of the largest gay activist organizations (Human Rights Campaign, Southern Poverty Law Center, and National Center for Lesbian Rights) that are responsible for introducing and lobbying for these bills. The nature of their deceptive work is so egregious that our Task Force thought it necessary to file a consumer fraud complaint with the Federal Trade Commission (FTC) titled: *In Their Own Words — Lies, Deception, and Fraud: The Southern Poverty Law Center, Human Rights Campaign, and National Center for Lesbian Rights' Hate Campaign to Ban Psychotherapy for Individuals with Sexual and Gender Identity Conflicts*.

This complaint was filed on behalf of nine organizations, representing over 20,000 licensed psychotherapists, psychiatrists, and physicians.<sup>2</sup> As the attached complaint details, these three organizations have been actively working together for at least five years in a deceptive and fraudulent hate campaign with the goal of deceiving law makers on the state, federal, and international level to enact legislation to ban licensed psychotherapy for minor clients that experience unwanted same-sex attractions and/or gender identity conflicts. To date, eight states and several cities and jurisdictions have passed such legislation into law, prompting several lawsuits across the country.

The complaint to the FTC documents evidence of the following:

- The three organizations have *actively and knowingly engaged in deceptive and fraudulent marketing practices of the kind the FTC considers malicious*, which are particularly deceptive and misleading to consumers and the general public. This complaint is pursuant to the FTC's definition of unfair practices, defined as those that "cause or are likely to cause substantial injury to consumers which is not reasonably avoidable by consumers themselves and not outweighed by countervailing benefits to consumers or to competition" (15 U.S.C. Sec. 45(n)).
- The three organizations have supported witnesses on the state, federal, and international level that have *delivered unverifiable and fraudulent testimony in front of law-making bodies* in the effort to persuade legislative action to ban psychotherapy. Through multiple examples, it has now been proven these witnesses have *lied and engaged in a variety of deceptive practices* on behalf of the organizations' hate campaigns to ban psychotherapy.
- The three organizations, through their marketing campaigns, are *actively raising large sums of money in the*

<sup>1</sup> These states include: New Hampshire, Arizona, Georgia, West Virginia, Nevada, Minnesota, Rhode Island, Pennsylvania, Ohio, Iowa, Colorado, Virginia, Washington, Florida, Texas, New York, Massachusetts, Maryland, and Hawaii.

<sup>2</sup> These organizations include: American College of Pediatricians, Christian Medical and Dental Associations, Alliance for Adolescent Health, Family Watch International, Voice of the Voiceless, Center for Family and Human Rights, Alliance for Therapeutic Choice and Scientific Integrity, Jewish Institute for Global Awareness, and Freedom X

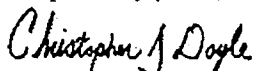
*effort to ban psychotherapy by using deceptive and fraudulent practices.* These practices are *misleading to the general public*, and, as this complaint documents, it is highly unlikely that the three organizations are unaware of the *false and misleading nature of how their statements distort the facts and research around psychotherapy* to help clients with sexual and gender identity conflicts. As such, they are knowingly misleading consumers in their efforts to protect from such activities.

- The three organizations, through their marketing campaigns, have *actively and knowingly distorted the research to promote efforts to ban psychotherapy for clients with sexual and gender identity conflicts*, including misleading statements regarding the 2009 American Psychological Association Task Force Report on Appropriate Therapeutic Responses to Sexual Orientation, as well as other research (e.g., Ryan et al., 2009). The three organizations use these statements to make false and misleading claims that psychotherapy is harmful and ineffective for minors who experience sexual and gender identity conflicts.
- The three organizations, through their marketing campaigns, have *actively distorted the scientific research in promoting the "Born Gay" hoax, a notion that has been disproved and refuted* by organizations such as the American Psychological Association through their 2008 Position Statement and 2014 *APA Handbook of Sexuality and Psychology*. The three organizations have *perpetrated this lie to further their respective political agendas*, and in so doing, have raised *untold sums of money* from unsuspecting consumers and the general public.
- The three organizations have also engaged in *smear and defamatory attacks* on licensed psychotherapists and faith-based ministries providing help and assistance to those who experience sexual and gender identity conflicts. Until recently, one of the organizations (SPLC) included an *interactive "Hate Map" that identified nearly 100 therapists and ministries* on their website. The SPLC recently removed this map in the aftermath of the crime of Floyd Corkins, a *gunman who was inspired by the SPLC's "Hate Map" to enter the Family Research Council in 2013 and attempt to murder conservatives*.
- One of the organizations (SPLC) was also reported to the Internal Revenue Service (IRS) in 2017 by the Federation for American Immigration Reform (FAIR) for engaging in practices of using "opinion-based smears and innuendos" as though they were educational while *violating governmental regulations and using tactics that it claims shields it from liability lawsuits*. The organization's *blatant engagement in political activity* is a clear violation of their 501(c) (3) status with the IRS, says the complaint.

By engaging in these deceptive and fraudulent practices, the three organizations are perpetrating undue harm on millions of consumers and the general public, thousands of licensed mental and medical health providers, and thousands of clients and potential clients that experience sexual and gender identity conflicts. Because their hate campaigns have already resulted in therapy bans enacted in at least eight states and several other cities and jurisdictions, this report respectfully requests the FTC to review these fraudulent and deceptive practices and to promptly order the organizations to cease their activities in the effort to protect therapists, clients, consumers, and the general public from further harm. In addition, we respectfully requested the FTC to order the three organizations to issue press releases, correct inaccurate statements on their websites, and actively work with legislators across the USA to reverse legislation that has been passed into law so that further harm can be avoided.

We hope you recognize the serious nature of these fraudulent and deceptive acts by these three organizations and take steps to ensure the therapy equality of all young people, and their families, in your state, city, or jurisdiction.

Respectfully yours,



Christopher J. Doyle, MA, LPC, LCPC  
Co-Coordinator, National Task Force for Therapy Equality

See attached enclosure: Complaint to the Federal Trade Commission (May 2, 2017)



<p>Founders Peggy Rajski Randy Stone (1958-2007) James Lecesne</p> <p>Board of Directors</p> <p>Michael Norton Chair</p> <p>Gina Munoz Co-Vice Chair</p> <p>Michaela Mendelsohn Co-Vice Chair</p> <p>Phil Armstrong Treasurer</p> <p>Brian Winterfeldt Secretary</p> <p>Mike Dillon Member At Large</p> <p>Meredith Kadlec Chair Emeritus</p> <p>Caroline Bird Jason Cole Carlos O. Turner Cortez, PhD Brian Dorsey Julian Moore Kevin Potter Peggy Rajski Ruben Ramirez Thomas Sanchez Adam Shankman Jeffrey Paul Wolff</p> <p>Amit Paley CEO &amp; Executive Director</p>	<p>BILL NO: House Bill 902/Senate Bill 1028</p> <p>TITLE: Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act)</p> <p>COMMITTEE: Health and Government Operations/Education, Health and Environmental Affairs</p> <p>HEARING DATE: March 1, 2018/March 7, 2018</p> <p>POSITION: SUPPORT</p>
---	--

As the leading national organization providing crisis intervention and suicide prevention services for LGBTQ youth, The Trevor Project urges the support of legislation to protect LGBTQ youth from conversion therapy. Conversion therapists falsely claim be able to change LGBTQ youth into straight and cisgender youth. Prominent professional health associations—including the American Medical Association, the American Psychological Association, and the American Academy of Pediatrics, among numerous others—oppose the use of conversion therapy on youth, calling the practice harmful and ineffective.

Maryland is on track to be the 10th state to pass legislation limiting the practice though another 40 states still allow this terrible crisis to continue. The Trevor Project frequently receives calls of LGBTQ youth in crisis stemming from their experience with conversion therapy and aims to advocate for the eventual end of state sanctioned conversion therapy across the country via the 50 Bills 50 States campaign.

I am a survivor of the dangerous and discredited idea that a therapist could change my sexual orientation or gender identity. Although some may say that conversion therapy should be allowed as a choice, I simply reply that I never chose the “therapy” my family subjected me to during my formative years as a child. My experiences in conversion therapy ranged from talking about my faith’s rejection of my bisexuality all the way to physically aversive techniques like the application of heat, cold, and electricity to try and forcibly train my body to have heterosexual attractions.

To respond to those painful years, I now serve as the Head of Advocacy and Government Affairs for The Trevor Project, the leading national organization providing crisis intervention and suicide prevention services to LGBTQ youth. The Trevor Project has been contacted by over **1,237 Maryland youth in crisis** in the past year. These youth call us considering suicide and needing someone to speak to when they feel alone and scared. Not all of these youth are victims of conversion therapy but all have been wounded by a culture that allows the idea of the choice of one’s sexual orientation to permit violence, bullying, and family rejection. In new research, released by the Williams Institute, we now estimate that more than 700,000 LGBTQ people will have experienced the horrors of conversion therapy in the past decades. Nearly 80,000 youth are still at risk of conversion therapy in the coming few

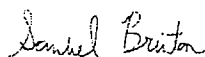
years including many in Maryland. You have an opportunity to stop that number from continuing to grow.

Conversion therapy does not have a political party. Of the nine states that now protect LGBTQ youth from conversion therapy, four have had Republican governors sign the legislation and five have had Democratic governors sign the legislation. When polled, most agree that the discredited snake oil of conversion therapy does not have a place in a state like Maryland that prides itself on respect and dignity and the freedom to love openly. States like Kansas, Missouri, Idaho, West Virginia, and Arizona and countless others are having the same debate you are hearing today and in many cases are agreeing that the protection of youth trumps any political party affiliation.

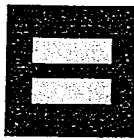
Conversion therapy does not have a scientific standing. Every major medical and mental health organization has stated that the treatment of conversion therapy is ineffective and potentially harmful. Conversion therapists are stealing from hard working American families who have their best interest of their children at heart. This is consumer fraud and the Supreme Court has agreed on this point time and time again.

The trauma of conversion therapy will remain with me for decades to come but, next year, when I marry the love of my life who works every day in Maryland, I will know that I did all I can to protect the thousands of youth in Maryland who are in crisis. **It is for this reason I am asking you to support these bills to protect LGBTQ youth from conversion therapy today.** Thank you for your time.

Sincerely,



Sam Brinton  
Head of Advocacy and Government Affairs / The Trevor Project  
202.768.4413 / [Sam.Brinton@thetrevorproject.org](mailto:Sam.Brinton@thetrevorproject.org)



HUMAN  
RIGHTS  
CAMPAIGN®

House Health and Government Operations Committee  
House Office Building, Room 241  
6 Bladen Street  
Annapolis, MD 21401

February 28, 2018

**Re: SUPPORT for HB 902, Testimony from the Human Rights Campaign in support of the bill to protect minors in Maryland from the abusive practice of conversion therapy**

Dear Chairperson Pendergrass and Members of the Committee:

On behalf of the Human Rights Campaign—the nation’s largest LGBTQ civil rights organization—and its nearly 145,000 members and supporters in Maryland, thank you for the opportunity to submit testimony on House Bill (HB) 902, a vital measure that will protect Maryland’s youth from the dangerous and discredited practice known as “conversion therapy.”

Sometimes called “sexual orientation change efforts” or “reparative therapy,” conversion therapy refers to practices that seek to change an individual’s sexual orientation or gender identity. These practices are based on the false idea that being LGBTQ is a mental illness that needs to be cured. There is simply no credible evidence that conversion therapy works, and it is abundantly clear that it poses devastating health risks for LGBTQ youth including depression, decreased self-esteem, substance abuse, homelessness, and even suicidality. For these reasons, every major medical and mental health organization—including the American Psychological Association, American Psychiatric Association, and American Academy of Pediatrics—have condemned the practice.

Importantly, HB 902 narrowly defines conversion therapy as practices by state-licensed medical or mental health care providers aimed at changing a minor’s sexual orientation or gender identity to a predetermined outcome. It does not prevent mental health practitioners from providing competent counseling in line with the mental health and scientific communities’ consensus that sexual orientation and gender identity cannot be changed at will, neither does it prevent counseling that facilitates a person’s coping and identity exploration and development. Rather, this bill very simply says that as a state-licensed provider, you must put the wellbeing of the patient—in this case, minors—first and foremost by refraining from debunked, harmful practices.

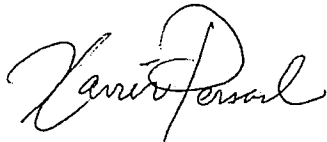


Unfortunately, due to discrimination against LGBTQ people and the fact that professional rules have not kept up with the medical and scientific consensus on this issue, some licensed mental health professionals continue to engage in conversion therapy. In fact, a recent Williams Institute report revealed that an estimated 20,000 LGBTQ minors in states without protections will be subjected to conversion therapy by a licensed healthcare professional if state officials fail to act.<sup>1</sup>

Providers who engage in conversion therapy under state license mislead families about the risks involved, leading to negative psychological outcomes and irreparable damage to family cohesiveness.

This legislation is critical to protecting Maryland's families and children. These protections simply cannot wait.

Sincerely,



Xavier Persad  
Legislative Counsel  
Human Rights Campaign

---

<sup>1</sup> Brown, Taylor N.T., Conron, Kerith J., and Mallory, Christy. *Conversion Therapy and LGBTQ Youth*, The Williams Institute at UCLA School of Law (Jan. 2018).



10630 Little Patuxent Parkway, Suite 475  
Columbia, MD 21044  
Phone: 410.884.8691 Fax: 410.884.8695  
Email: info@namimd.org Web: www.namimd.org

February 13, 2018

**HB 902 (Delegate Cullison) – Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act)**

House Health and Government Operations Committee

Madame Chair Pendergrass, Vice Chairman Bromwell and members of the House Health and Government Operations Committee

**Position: Support**

NAMI Maryland, and the 12 local affiliates across Maryland, encompasses a statewide network of more than 36,000 families, individuals, community-based organizations and service providers. These members and supporters are the face and voice of NAMI Maryland who have come together to celebrate recovery, honor those who are living with mental illness, share their lived-experience to combat stigma, promote awareness and advocate for others. It is our core principle that empowering individuals with mental illness and their family members is a critical factor in recovery, and a potent force in providing community education and bringing about systemic change. We are dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community. We also advocate on behalf of individuals simultaneously combating co-occurring disorders. As a matter of policy, NAMI does not endorse any specific treatment or service for mental illnesses. We do advocate for evidence based programs and practices, best practices, promising practices and clinical practices when they apply to the population being treated.

We support the passage of HB902, which would prohibit mental health or child care practitioners from engaging in “conversion therapy” with a minor. A violation of this prohibition would be considered unprofessional conduct and be subject to discipline by the appropriate licensing or certifying board. Additionally, the bill would prohibit the use of State funds to (1) conduct or refer an individual to receive conversion therapy; (2) provide health coverage for conversion therapy; or (3) provide a grant to, or contract with, any entity that conducts or refers an individual to receive conversion therapy. The Maryland Department of Health (MDH) must adopt implementing regulations.

Being gay, lesbian, bisexual or transgender is not a mental illness. However, LGBT people face unique risks to their mental health. Many face discrimination from coworkers, family members and peers, as well as society at large. Studies indicate that experiencing social discrimination is a strong predictor of mental health issues<sup>1</sup>. Some studies have shown that LGBT people are 2.5 times more likely than straight people to experience mental illness. In particular, LGBT adults are more likely to report depression, panic and anxiety disorders, and substance abuse. LGBT youth are especially at risk, being 20-40% more likely than their straight peers to attempt suicide, and more likely to experience anxiety and depression<sup>2</sup>. Being a LGBT person of color, or having a disability or living in poverty, means facing multiple levels of discrimination and stigma.

<sup>1</sup> Diaz, R.M., Ayala, G., Bein, E., Jenne, J. & Marin, B.V. (2001). The impact of homophobia, poverty and racism on the mental health of gay and bisexual Latino men: findings from 3 US cities. *American Journal of Public Health*, 91(6), 927-932

<sup>2</sup> Kitts, R. L. (2005). Gay adolescents and suicide: Understanding the association. *Adolescence*, 40(159), 621-628.

NAMI Maryland rejects “reparative” therapies, which deny the natural diversity of sexual orientation and gender identity, and supports LGBT-affirming therapy, treatment and support groups. Persons of different cultures, including sexual orientations and gender identities, have unique characteristics that have been found to cause them to be partially or poorly served or excluded from existing mental health treatment, trainings, and rehabilitation programs, and to receive services that do not reflect their cultural needs and preferences. Treatment plans must be relevant to the individual’s culture, needs and life experiences. Plans need to be developed by providers who have the knowledge, skills and attitudes necessary to provide effective care for diverse populations.

So-called conversion “therapy” has been shown to be ineffective and has been discredited. It refers to a range of dangerous and discredited practices that seek to change a person’s sexual orientation or gender identity. One’s sexual orientation or gender identity is not an illness and is not something that needs to be or can be changed through this so-called therapy. Major medical, mental health, human services organizations, from the American Medical Association to the American Academy of Child and Adolescent Psychiatry, the National Association of Social Workers, the American Psychiatric Association, the American Psychological Association, and others have issued policies denouncing conversion therapy and discouraging their members from practicing it.

What is even worse, the practice is not only ineffective, it is damaging. Telling developing adolescents that they are not okay just as they are, or making them engage in practices that are counterproductive and damaging can cause extreme emotional distress, depression, suicidal ideation, and can have lifelong consequences. We need to protect young people from state-licensed therapists engaging in discredited practices, as well as support well-meaning parents in receiving good guidance from health professionals. It is hard enough to go through the different phases of becoming a young adult and exploring one’s sense of self and place in the world. During this exciting but also turbulent time in an adolescent’s life, it is important for their overall wellness (including their mental, physical, and emotional health) that families and communities affirm and embrace them as they are.

For these reasons, we respectfully request a favorable report on HB902.

**Please contact Jessica Honke with any questions or concerns that you may have at:**

Jessica Honke, MSW

Policy & Advocacy Director

NAMI Maryland

[advocacy@namimd.org](mailto:advocacy@namimd.org)

410.884.8691 (office)

804.564.3725 (cell)

**Testimony Opposing Banning Therapy for Those with Unwanted Same Sex Attraction**

My name is Karl Benzio, MD. I am a psychiatrist licensed to practice in Pennsylvania and Florida and have been treating patients since 1989. A psychiatrist is a medical doctor specializing in how the brain works, how we think and make decisions, how this can go wrong, and how to fix it. With this expertise, I am skilled to order medical tests, prescribe medications when helpful, and perform psychotherapy (often called "talk therapy").

To give you some brief background, I have worked in Iraq, Uganda, and Kenya with traumatized, abused, and despairing people. I've been honored to testify in front of various state legislatures, U.S. Congress, and the President's Bioethics Committee. I am also the Pennsylvania state director of the American Academy of Medical Ethics.

As I go on and use the terms "treatment" and "therapy," I am using this in the context of an appropriate psychotherapy using evidenced-based, research validated talk therapy treatments by a state licensed therapist. I am not talking about forms of so-called "treatment" by well-meaning lay people or people with a certificate, masters, or even a PhD, but not in a mental health or psychology discipline. This is a very important distinction because some non-trained people have tried to treat same sex attraction, but not using scientifically based treatment methods, and have hurt people.

I have treated many people over the years who have opposite sex attraction (heterosexual orientation) and same sex attraction (homosexual orientation). They come to my office for various reasons most common of which are depression, anxiety, relationship issues, difficulty managing stress, or they want more out of life.

As we define goals and work on their present issues, we need to look back into their past experiences to see why and how they developed the present lenses they now see life through and how their present skills, or lack thereof, developed. The reason for their present struggle is the incorrect or smudged lenses they presently have in combination with some ineffective skills in understanding and managing their present life circumstances.

As we start to uncover past experiences that pertain to present day lenses and skills, we invariably discover some past unhealed relational wounds that still hurt and interferes with an accurate view of themselves and present situations leading to some inefficient, and often dysfunctional coping mechanisms. These coping mechanisms are in place to avoid the past hurts happening again, or experiencing similar scenarios.

The amazing phenomena I have discovered is the following. As we work on uncovering, exploring, and healing the past wounds, while correcting misinformation from their past that was stored in their brain's databanks, many of my patients with same sex attraction start to lose this impulse and feeling and develop opposite sex attraction and feel very comfortable with this new choice. The same sex attraction was actually a coping mechanism to deal with some past wounding. Amazingly, I have never seen it go the other way where the patient has, after a healing and appropriate therapeutic process, switched from opposite sex attraction to same sex attraction.

Thinking this was only my observation; I looked through all the medical literature, research studies, and single case presentations to see what others have found. Looking at tens of thousands of cases, I have found many situations like the one I described, patients changing their attraction from same sex to opposite sex, but never going from opposite sex to same sex attraction. The lone exceptions were several cases of heterosexual male patients who were sexually molested by their male therapists (obviously not an appropriate therapy technique or process), and then developed same sex attraction. For some it was unwanted feelings and others it was embraced.

You might think my database was biased, but it includes both patients from religious backgrounds and non-religious, as well as those who were uncomfortable with their same sex attraction and those who were very comfortable, but who later changed.

The research I looked through also bore this out. It didn't matter the sex, religion, or sexual orientation of the therapist, nor did it matter what the religion, sex, or whether the same sex attraction was wanted or unwanted, with sound psychological therapy and healing, many changed to opposite sex attraction. They were also happy about the change and not fighting or unhappy about it.

This amazing, real life phenomena, shows what the medical and brain science, genetic studies, and sociological research has always born out. Same sex attraction is a choice. No one is born with it. Although many who have same sex attraction don't think it is a choice, for most it is an unconscious choice, made over time deep in their core, that is their way of avoiding pain or coping with unresolved issues, usually emanating from developmental issued with parents and/or premature exposure to sex in some form. The third most common reason is same sex peer or sibling issues during their early childhood.

The data I present to you about those who undergo therapy and change can't be ignored. It shows 2 powerful points:

1. Same sex attraction is a choice as evidenced by the many people who have comfortably changed to opposite sex attraction and lead happy, healthy and fulfilling lives.
2. When looking on a spectrum of pathology or illness on one end and full health on the other end, opposite sex attraction is closer to the full health side than same sex attraction is. When a same sex attraction person gets therapy for their psychological struggles, they often become opposite sex attracted. But no opposite sex attracted patient, while getting therapy and becoming healthier ever becomes same sex attracted.
3. If there were cases out there where therapy moves someone from opposite to same sex attraction (haven't found it except for the abuse situations I shared), then this would also show how sexual attraction is a choice and fluid based on the psychological dynamics a person has going on inside, and static or innate state a person is born with.

Based on this data alone, please do not withhold or deny someone the opportunity of healing their desire and need. You are not a doctor, psychiatrist, or trained therapist. I don't expect you to be able to treat someone and give them the skills to enjoy a full life and

achieve their God-given potential. But your standing in the way of someone who wants to have this peace, joy, and fulfilled life would truly be cruel and unusual punishment.

By approving this bill and banning treatment options for those with same sex attraction, especially unwanted same sex attraction, you are limiting the therapeutic repertoire of doctors and others in the healing field. In essence, you would be forcing us to commit malpractice by not allowing us to provide the patient with the healing answers with the least side effects.

Finally, approving this bill and denying proven and effective treatment to a hurting person would not only be cruel and unusual punishment to the patient while forcing the therapist to engage in malpractice, you would also be trampling the First Amendment right of the patient to pursue treatment consistent with their religious beliefs (Jews, Christians, Mormons, and Muslims, as well as many other faith groups oppose same sex attraction) and trampling the Right of Conscience we need protected for all healthcare professionals. Right of Conscience is a necessary foundational building block of our healthcare system solidifying the trust necessary for a strong doctor-patient relationship. Without this trust, patients don't divulge important information to their treaters and health measures decline and healthcare costs dramatically rise.

I am not asking you to mandate treatment for those with same sex attraction. But please vote to oppose this bill as it denies scientifically proven healing options for those needing help who also have same sex attraction.

Thank you for your time, willingness to be open to these facts, and consideration,

by HIS grace,  
Karl Benzio, MD

Christopher Rosik, Ph.D. letter to legislators re therapy ban bill

Dear Legislator,

I am the Past-President of the Alliance for Therapeutic Choice and Scientific Integrity. I am also a licensed psychologist and a longtime member of the American Psychological Association. I am writing you to request that you vote against the therapy ban bill. While there are many things wrong with this bill, let me address just a few of them here.

1. This bill assumes that the components of sexual orientation (e.g., attractions and behavior) are fixed and enduring and cannot change. However, as summarized by Ott et al., (2013), **“Reported sexual identity, attraction, and behavior have been shown to change substantially across adolescence and young adulthood”** (p. 466). Dickson and colleagues (2013) further asserted that, **“People with changing sexual attractions may be reassured to know that these are common rather than atypical”** (p. 762). Research on youth ages 15 to 21 noted a naturally occurring decline in non-heterosexuality over the time of the study and further observed: **“All attraction categories other than opposite-sex were associated with a lower likelihood of stability over time”** (Savin-Williams and Ream, 2007; p. 389). A recent longitudinal study of non-heterosexual youth reported, **“In the LGB population, the dominant pattern was change”** (Hu, Xu, and Tornello, 2016). Clearly the possibility of change for many minors is scientifically established, and the experience of Alliance clinicians indicates that professional psychological care for minors with unwanted same-sex attractions and behaviors can promote this naturally occurring change for some individuals on a continuum of change.

2. Proponents of the therapy ban would have you believe that people are simply born gay. However, the absence of genetic or biological determinism in sexual orientation is underscored and clarified by large scale studies of identical twins. These studies indicate that **if one twin sibling has a non-heterosexual orientation the other sibling shares this orientation only about 11% of the time** (Bailey, Dunne, & Martin, 2000; Bearman & Brueckner, 2002; Langstrom, Rahman, Carlstrom, & Lichtenstein, 2010). If factors in common like genetics or conditions in the womb overwhelmingly caused same-sex attractions, then identical twins would *always* be identical for same-sex attraction, as is the case for race. These studies instead suggest that the largest influence in the development of same-sex attractions are environmental factors that effect one twin sibling but not the other, such as unique events or idiosyncratic personal responses.

3. This bill creates the impression that the opinions of major mental health associations such as the American Psychological Association (APA) regarding sexual orientation change efforts (SOCE) represent scientifically established facts. However, these resolutions represent advocacy and ideology more than science. Consider the fact that **although many qualified conservative psychologists were nominated to serve on the task force that developed the APA Report on SOCE, all of them were rejected.** This fact was noted in a book co-edited by a past-president of the APA (Yarhouse, 2009). The director of the APA's Lesbian, Gay and Bisexual Concerns Office, Clinton Anderson, offered the following defense: "We cannot take into account what are fundamentally negative religious perceptions of homosexuality—they don't fit into our world view" (Carey, 2007). It appears that the APA operated with a litmus test when considering Task Force membership—the only views of homosexuality that were tolerated were those the APA deemed acceptable. The absence of divergent viewpoints as pertains to sexual orientation is further demonstrated in the **157-0** vote of the APA's leadership body—the Council of Representatives—to support same-sex marriage, a result that undoubtedly represents a "statistically impossible lack of diversity" (Jayson, 2011; Tierney, 2011). This lack of viewpoint diversity among the leaders of the APA and other mental health organizations has an inhibitory influence on the production of diverse scholarship in areas such as same-sex attraction change that might run counter to preferred world views and advocacy interests (Duarte et al., 2015).

4. In spite of these clear biases, the APA Report on SOCE, which I remind you is referenced by many of the mental health associations identified as opposing this therapy, explicitly states, "**Given the limited amount of methodologically sound research, we cannot draw a conclusion regarding whether recent forms of SOCE are or are not effective**" (APA, p. 43). Similarly, "[T]here are no scientifically rigorous studies of recent SOCE that would enable us to make a definitive statement about whether recent SOCE is safe or harmful and for whom" (APA, p. 83; cf. p. 67, 120). Therefore, definitive claims by therapy ban proponents that professionally conducted SOCE are by definition harmful and ineffective is not supported by the APA's own review of the scientific literature on SOCE. As the APA Report noted above, the prevalence of success and harm from SOCE cannot be determined at present. Given this backdrop, anecdotal accounts of harm, which are a focal point of attention by supporters of this bill, cannot serve as a basis for the blanket prohibition of an entire form of psychological care, however meaningful they may be on a personal level. The proper course of action for politicians to take given the current limited scientific base of knowledge regarding



SOCE should be to encourage further and ideologically diverse research, not place a ban on its professional practice that supersedes existing regulatory oversight and may create unintended consequences for licensed therapists.

5. If legislators want to address a genuine health threat to minors, they should address the frequent pursuit of elective cosmetic surgery among teens. In 2015 alone, 7,840 girls and young women between the ages of 13 and 19 underwent breast augmentation surgery, with an additional 1,797 teens receiving breast lifts, in spite of the lack of physical health benefits and well-documented health risks (Zuckerman, 2008, 2016). These risks include a 40% occurrence of at least one serious complication within three years post-surgery and a four times greater likelihood of committing suicide compared to their peers of the same age. While legislatively addressing this serious risk to the health of minors is not politically sexy, it would be an exponentially greater means of preventing scientifically established harm to youth than the political grandstanding currently going on over therapy bans.

6. The APA is quite clear that it supports the competence of a 17-year old girl to give consent to an abortion. Why does the 17-year old lose competence when it comes to SOCE? Similarly, the APA is on record as supporting the availability of sexual reassignment surgery for adolescents. Is it reasonable that 17-year olds who experience themselves to be the wrong biological sex be allowed to surgically alter genitalia while others with unwanted same-sex attractions and behavior be prohibited from even *talking* to a licensed therapist in a manner that could be construed as promoting the pursuit of change?

These considerations are just scratching the surface regarding what is wrong with this bill. On behalf of the Alliance and our affiliated licensed mental health professionals, I strongly urge you to support the normal process of scientific discovery relative to SOCE rather than side with activists who would stifle science through a highly premature legislative ban. **Please vote against banning therapy.**

Sincerely,

Christopher Rosik, Ph.D.  
Licensed Psychologist  
Past-President, ATCSI  
<https://www.therapeuticchoice.com/>

For a more detailed discussion of these issues please visit my MercatorNet interview at <https://www.mercatornet.com/articles/view/sexual-orientation-change-efforts-and-the-campaign-to-ban-them/16522>

### References

- American Psychological Association. (2009). *Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Retrieved from <http://www.apa.org/pi/lgbt/resources/therapeuticresponse.pdf>
- Bailey, J. M., Dunne, M.P., & Martin, N.G. (2000). Genetic and Environmental influences on sexual orientation and its correlates in an Australian twin sample. *Journal of Personality and Social Psychology*, 78, 524-536. doi: 10.1037//0022-3514.78.3.524
- Bearman, P. S., & Bruckner, H. (2002). Opposite-sex twins and adolescent same-sex attraction. *American Journal of Sociology*, 107, 1179-1205.
- Carey, D. (2007, September 20). Group to review therapy stance. *Oakland Tribune*. Retrieved from [http://findarticles.com/p/articles/mi\\_qn4176/is\\_20070711/ai\\_n19358074](http://findarticles.com/p/articles/mi_qn4176/is_20070711/ai_n19358074)
- Duarte, J. L., Crawford, J. T., Stern, S., Haidt, J., Jussim, L., & Tetlock, P. E. (2105). Political diversity will improve psychological science. *Behavioral and Brain Sciences*, 38, 1-13. doi:10.1017/S0140525X14000430
- Dickson, N., Paul, C., & Herbison, P. (2003). Same-sex attraction in a birth cohort: Prevalence and persistence in early adulthood. *Social Science & Medicine*, 56, 1607-1615. doi: 10.1016/S0277-9536(02)00161-2
- Hu, Y., Xu, Y., & Tornello, S. L. (2016). Stability of self-reported same-sex and both-sex attracted attraction from adolescence to young adulthood. *Archives of Sexual Behavior*, 45, 651-659. doi : 10.1007/s10508-015-0541-1
- Jayson, S. (2011, August 5). Citing new research, psychology group supports gay marriage. *USA Today*. Retrieved from <http://usatoday30.usatoday.com/news/health/wellness/marriage/story/2011/08/Citing-new-research-psychology-group-supports-gay-marriage/49798054/1>

- Langstrom, N., Rahman, Q., Carlstrom, E., & Lichtenstein, P. (2010). Genetic and environmental effects on same-sex sexual behavior: A population study of twins in Sweden. *Archives of Sexual Behavior, 39*, 75-80. doi: 10.1007/s10508-008-9386-1
- Ott, M.Q., Wypij, D., Corliss, H. L., Rosario, M., Reisner, S. L., Gordon, A. R., et al. (2013). Repeated changes in reported sexual orientation identity linked to substance use behaviors in youth. *Journal of Adolescent Health, 52*, 465-472. doi: 10.1016/j.jadohealth.2012.08.004
- Savin-Williams, R. C., & Ream, G. L. (2007). Prevalence and stability of sexual orientation *components during adolescence and young adulthood. Archives of Sexual Behavior, 36*, 385-349. doi:10.1007/s10508-006-9088-5
- Tierney, J. (2011, February 11). Social scientist sees bias within. *The New York Times*. Retrieved from [http://www.nytimes.com/2011/02/08/science/08tier.html?\\_r=3](http://www.nytimes.com/2011/02/08/science/08tier.html?_r=3)
- Yarhouse, M. (2009). The battle regarding sexuality. In N. C. Cummings, W. O'Donahue, & J. Cummings, (Eds.), *Psychology's War on Religion* (pp. 63-93). Phoenix, AZ: Zeig, Tucker & Theisen, Inc.
- Zuckerman, D. (2008). Teenagers and cosmetic surgery: focus on breast augmentation and liposuction. *The Journal of Adolescent Health, 43* (4), 318-24. doi: 10.1016/j.jadohealth.2008.04.018
- Zuckerman, D. (2016, May 6). Teens and cosmetic surgery. Retrieved from <https://www.ourbodiesourselves.org/health-info/teens-cosmetic-surgery/> (See also <http://www.breastimplantinfo.org/newsroom-2/teens-and-breast-implants/>)

Laura Haynes, Ph.D., Testimony in *opposition* to banning so-called “conversion” therapy

Dear Honorable Legislators,

I am Dr. Laura Haynes, licensed psychologist, representing both the National Task Force for Therapy Equality—for which I am the Chair of Research and Legislative Policy, and the American College of Pediatricians—for which I am a Consultant. In addition, I am a member of the research committee of the Alliance for Therapeutic Choice and Scientific Integrity and a 38-year member of the American Psychological Association.

The organizations I am representing urge you to oppose the bill that would ban so-called “conversion therapy” for minors. Many states have rejected these bans, along with several mainstream mental health and medical associations<sup>1</sup> collectively comprising tens of thousands of members who support a client’s right to self determination and parents’ rights.

- Our clients are boys who want to love girls, girls who want to love boys, and boys and girls who want to embrace their innate body sex. Our clients have the same freedom and the right as everyone else to resolve unwanted feelings, love who *they* want, and choose *their* own gender identity. No one should take that away from them.
- Some want to live and love in accordance with their religious faith. No one should take away their right to do so.
- According to the American Psychological Association, in its *APA Handbook of Sexuality and Psychology*<sup>2</sup> which the APA officially approved and declared authoritative,<sup>3</sup> sexual orientation and gender identity are *not* inborn like skin color.<sup>4</sup> They are *not determined* by genes, prenatal hormones, or brain structures. Psychological and family factors are involved.<sup>5</sup> While it says sexual orientation variations are normal, it also now acknowledges childhood sexual abuse potentially leads to having a same-sex relationship for some.<sup>6</sup> And it says there is some evidence family pathology may be involved in the development of transgender identity.<sup>7</sup> The *Handbook* says sexual attraction and childhood gender dysphoria frequently shift or change.<sup>8</sup> “Born that way and can’t change” is a theory that turned out not to be true.
- A rigorous study of 16-year-old boys who identified as exclusively same-sex attracted found that one year later, only 11% still did. 90% of the exclusively and strongly same-sex attracted boys experienced father absence or loss.<sup>9</sup> Several rigorous studies show absence of a parent, especially the parent of the same sex as the child, can lead to same-sex attraction, behavior, and orientation identity.<sup>10</sup>
- According to the American Psychiatric Association *and* the American Psychological Association, as many as 98% of boys and 88% of girls,<sup>11</sup> and no less than 75 of boys and girls<sup>12</sup> come to identify with their innate body sex if supported through natural puberty and not socially transitioned.<sup>13</sup>

- This bill legislates gender dysphoric children onto a path of experimental puberty blockers and toxic sex-change hormones—that often sterilize them for life, having their breasts chopped off, potential castration, and a lifetime of being a medical patient, with the assumption minors are able to consent to such treatment, all before they are old enough to drive, yet forbids them *talk* therapy to help them *embrace* their body.
- Pro-gay professional organizations have formed to oppose social or medical transitioning and support psychotherapy that considers underlying causes for gender dysphoric minors. They are YouthTransCritical Professionals and 4thWaveNow. They report that letting children live as the opposite sex—a practice unheard of until recently—virtually assures children will not resolve their gender identity.<sup>14</sup>
- They warn that *social contagion* is tragically leading some vulnerable adolescents, including whole Facebook peer groups, to attach to the idea they are transgender and their problems will all be solved if they transition to the opposite sex. In addition, autistic traits and socioeconomically disadvantaged families predict greater vulnerability to persisting in transgender identity.<sup>15</sup>
- The American Psychological Association's authoritative *Handbook* also cautions against socially transitioning gender dysphoric children, and warns the full acceptance of transgender identity approach “runs the risk of neglecting individual problems the child might be experiencing....”<sup>16</sup>
- Yet vocal transgender activists do not hesitate to pressure legislators, clinicians, and parents for acquiescence, laws, and treatments that do not distinguish among types of gender dysphoric children.<sup>17</sup>
- The coercion of these vocal activists tragically rushes vulnerable adolescents to mutilating treatments, and it also opposes therapy for children and adolescents who want to love and identify as they choose and opposes parents' rights. Coercing acquiescence is dangerous and unjust for children and parents, but when encased in law, it is legalized viewpoint discrimination and unconstitutional. No one should force their ideology on someone else.

Talk therapy treats individual problems that may be *causing* gender distress or unwanted same-sex attraction. A therapy ban takes away a child's right to that specific talk therapy.

- Even the Southern Poverty Law Center affirms “conversion therapy” uses only non aversive methods. Stories of “therapy torture” and “aversion therapy” have been documented to be fraudulent in a report sent to the Federal Trade Commission.<sup>18</sup>
- More than 100 years of research have found that, when the therapy is done right, it can effectively and safely lead to significant and meaningful change for some.<sup>19</sup> A new

five-year study of adult male clients who have unwanted same-sex attraction feelings is currently underway and meets APA standards. Results in the first year found distress *decreased*, sense of wellbeing *increased*, heterosexual thoughts and feelings *increased*, and homosexual thoughts and feelings *decreased*.<sup>20</sup>

- Leading pro LGBT researchers, Dr. Michael Bailey and Dr. Ray Blanchard, report that it is simply not true that gender dysphoric children must be transitioned or they will commit suicide. “[S]uicide is rare even among gender dysphoric persons. There is no persuasive evidence that gender transition reduces gender dysphoric children’s likelihood of killing themselves.” The higher suicide rates for individuals who began or completed medical gender transition in the liberal and accepting countries of the Netherlands and Sweden “hardly support the curative effects of transition.”<sup>21</sup>
- Leading suicide researchers found that, world-wide, 90% of people who commit suicide had mental disorders. The researchers’ number one prevention recommendation is to let them have psychotherapy.<sup>22</sup>

Sincerely,

Laura Haynes, Ph.D., Licensed CA Psychologist  
Chair, Research and Legislative Policy, National Task Force for Therapy Equality  
Consultant, American College of Pediatricians  
Research Committee Member, Association for Therapeutic Choice and Scientific Integrity/  
NARTH Institute  
38 year member, American Psychological Association

#### Endnotes

<sup>1</sup> American Association of Physicians and Surgeons, American College of Pediatricians, American Association of Christian Counselors, Christian Medical and Dental Association, Catholic Medical Association, International Network of Orthodox (Jewish) Mental Health Professionals, and Alliance for Therapeutic Choice and Scientific Integrity.

<sup>2</sup> Tolman, Deborah L. (Ed); Diamond, Lisa M. (Ed); Bauermeister, José A. (Ed); George, William H. (Ed); Pfaus, James G. (Ed); Ward, L. Monique (Ed). (2014). *APA Handbook of Sexuality and Psychology*, Vol. 1: Person-based approaches. Washington, DC, US: American Psychological Association. xxviii 804 pp., <http://dx.doi.org/10.1037/14193-000>

<sup>3</sup> Series Preface, in *APA Handbook of Sexuality and Psychology*, 1:xvi.

<sup>4</sup> Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for Sexual Minorities. “[A]dvocates for sexual minorities have...[argued] that sexual orientation is a fixed, biologically based trait that cannot be chosen or changed,” but, “We hope that our review of scientific findings and legal rulings regarding immutability will deal these arguments a final and fatal blow.” The authors are two highly regarded LGBT civil rights activists—psychology professor Lisa Diamond, who is a co-editor-in-chief of the *APA Handbook of Sexuality and Psychology*, and law professor Clifford Rosky, who won the Equality award from the Human Rights Campaign.

<sup>5</sup> The *APA Handbook of Sexuality and Psychology* states clearly, “Biological explanations...do not entirely explain sexual orientation,” and psychological factors are causes of sexual orientation. Rosario & Schrimshaw, 2014, in *APA Handbook*, v. 1, p. 583.

<sup>6</sup> Mustaky, B., Kuper, L., and Geene, G. (2014) Chapter 19: Development of sexual orientation and identity. In *APA Handbook of Sexuality and Psychology*, pp. 609-610. Refers to: Wilson, H. & Widom, C. (2010). Does physical abuse, sexual abuse, or neglect in childhood increase the likelihood of same-sex sexual relationships and cohabitation? A prospective 30-year follow-up. *Archives of Sexual Behavior*, 39, 63–74. doi:10.1007/s10508-008-9449-3.

<sup>7</sup> Bockting, W. (2014). Chapter 24: Transgender Identity Development. In *APA Handbook of Sexuality and Psychology*, 1:743.

<sup>8</sup> "[R]esearch on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attractions, behaviors, or [orientation] identities over time" (Diamond, 2014, in *APA Handbook*, 1:636). "Although change in adolescence and emerging adulthood is understandable, change in adulthood contradicts the prevailing view of consistency in sexual orientation" (Rosario & Schrimshaw, 2014, *APA Handbook*, 1:562). "Over the course of life, individuals experience the following:...changes or fluctuations in sexual attractions, behaviors, and romantic partnerships" (Mustanski, Kuper, & Greene, 2014, in *APA Handbook*, 1:619).

<sup>9</sup> Udry, J.R., & Chantala, K. (2005). Risk factors differ according to same-sex and opposite-sex interest. *Journal of Biosocial Science*, 37, 481–497. <http://dx.doi.org/10.1017/S0021932004006765>, p. 486; also reported in Savin-Williams, R. (2006) Who's Gay? Does it matter? *Current Directions in Psychological Science*, 15: p. 40)

<sup>10</sup> Udry, J.R., & Chantala, K. (2005). Risk factors differ according to same-sex and opposite-sex interest. *Journal of Biosocial Science*, 37, 481–497. <http://dx.doi.org/10.1017/S0021932004006765>. See also Frisch, M. and Hviid, A. (2006), Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes, *Archives of Sexual Behavior*, 35:533-547; Frisch, M. & Hviid, A. (2007). Reply to Blanchard's (2007) "older-sibling and younger-sibling sex ratios in Frisch and Hviid's (2006) national cohort study of two million Danes," *Archives of Sexual Behavior*, 36:864-867. Francis, A. M.(2008), Family and sexual orientation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research*, 45 (4):371-377, DOI: 10.1080/00224490802398357; D.M. Fergusson, L.J. Norwood, & A.L. Beautrais, (1999), Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, 56:876-880, esp. p. 879.

<sup>11</sup> Calculated from American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), p. 544. Arlington, VA: American Psychiatric Association, p 455.

<sup>12</sup> Calculated from Bockting, in *APA Handbook*, 1:744.

<sup>13</sup> Bockting, 2014, in *APA Handbook*, 1: 744.

<sup>14</sup> Bailey, M. & Blanchard, R. (Dec. 7, 2017) Gender dysphoria is not one thing. <https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing/>

<sup>15</sup> Bailey, M. & Blanchard, R. (Dec. 7, 2017) Gender dysphoria is not one thing. <https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing/>

<sup>16</sup> Bockting, 2014, in *APA Handbook*, 1:750.

<sup>17</sup> Bailey, M. & Blanchard, R. (Dec. 7, 2017) Gender dysphoria is not one thing. <https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing/>

<sup>18</sup> National Task Force for Therapy Equality, Report To the Federal Trade Commission: In Their Own Words—Lies, Deception, and Fraud, May 1, 2017. <http://americasurvival.org/wp-content/uploads/2017/05/In-Their-Own-Words-Lies-Deception-and-Fraud-National-Task-Force-Complaint-to-the-Federal-Trade-Commission.pdf>

<sup>19</sup> Phelan, J., Whitehead, N., & Sutton, P.M. (2009). What research shows: NARTH's response to the APA claims on homosexuality: A report of the scientific advisory committee of the National Association for Research and Therapy of Homosexuality. *Journal of Human Sexuality*, 1: 1-121. Available at [www.narth.com](http://www.narth.com) at the online bookstore, [https://media.wix.com/ugd/ec16e9\\_04d4fd5fb7e044289cc8e47dbaf13632.pdf](https://media.wix.com/ugd/ec16e9_04d4fd5fb7e044289cc8e47dbaf13632.pdf)

20 Pela, C. & Nicolosi, J. (March 10, 2016) Clinical outcomes for same-sex attraction distress: Well-being and change, Conference of the Christian Association for Psychological Studies (CAPS), Pasadena, CA. <http://www.josephnicolosi.com/collection/outcome-research>. Study is designed to meet standards of an APA 2009 task force.

21 Bailey, Michael, Blanchard, Ray (September 8, 2017). Suicide or Transition? The only options for gender dysphoric kids? <https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/>

22 Cavanagh, J., Carson, A., Sharpe, M. & Lawrie, S. (2003) Psychological autopsy studies of suicide: a systematic review. *Psychological Medicine*, 33: 395-405.





American College of Pediatricians®  
The Best *for* Children

PO Box 357190  
Gainesville, FL 32635-7190  
[www.Best4Children.org](http://www.Best4Children.org)

**ACPeds, AAPS, CMDA and CMA Support Minors' Right to Therapy**

**Legislators must NOT ban therapy for minors with *unwanted* same-sex attractions and/or gender dysphoria. The State must not violate minors' right to seek psychotherapy they believe may aid them, and must not restrict the right of licensed professional counselors to provide this ethical care.**

So-called "conversion therapy bans" bar ethical talk therapy. Specifically, when minors present with unwanted same-sex attractions and/or gender dysphoria, therapists are blocked from exploring potential factors underlying the attractions or beliefs, including but not limited to, sexual abuse, family and peer dynamics, social media use and social contagion. Instead, therapists are required to engage solely in speech that affirms the child as lesbian, gay, bisexual or transgender. Therapists are barred from providing heterosexual-affirming psychotherapy even when the minor him or herself asks for help to identify as heterosexual. As a result, a number of youth will be legislated into a false sexual identity, and many others will unnecessarily begin the high-risk sex change process *prior to puberty that renders them permanently sterile. This fact alone makes it highly unethical, if not criminal, for the law to require therapists to affirm every child with gender dysphoria as transgender.*

**Proposed bans not rooted in science**

Therapy bans are rooted in four myths: First, that sexual orientation and gender dysphoria are fixed, inborn traits like race. Secondly, that homosexual attractions and gender dysphoria experienced by minors are enduring. Thirdly, that LGBTQ behaviors carry no increased health risks as compared to heterosexual behavior, and finally, that scientific research proves that psychotherapy to explore sexual attractions and gender identity (pejoratively dubbed 'conversion' therapy) is universally harmful.

**Homosexuality is not like race**

Identical twins share exactly the same genetic makeup and are exposed to the same pre-natal hormones. If homosexuality were genetic like race, or determined by pre-natal hormones alone, then identical twins would have the same sexual orientation 100% of the time. Instead, at most, identical twins are both homosexual only 20% of the time. Dr. Francis Collins, former director of the Human Genome Project, summed it up best when he wrote sexual orientation "is not hardwired by DNA, and whatever genes are involved represent predispositions, not predetermination."<sup>1</sup> This means that at least 80% of what causes homosexuality in one identical twin is postnatal and rooted in non-shared experiences.

The Association of Gay and Lesbian Psychiatrists acknowledges that "[s]ome people believe that sexual orientation is innate and fixed; however, sexual orientation develops across a person's lifetime."<sup>2</sup> The psychodynamic and social learning theories of homosexuality have never been disproven. There is good evidence that parental and social influences, including childhood trauma, can contribute to same sex attractions for some. These adolescents have the right to therapy for their trauma; they do not deserve the added trauma of being legislated into a false sexual identity.

Phone: 352-376-1877 • Fax: 352-415-0922 • [admin@acped.org](mailto:admin@acped.org)

American College of Pediatricians is a not-for-profit corporation organized for scientific and educational purposes, exempt from income tax under Section 501(c)(3) of the U.S. Internal Revenue Code.

**EXHIBIT 4-81**

Homosexual attractions in minors are more fluid than fixed

The American Psychological Association Handbook acknowledges that adolescence is well recognized for its sexual fluidity and instability of homosexual attractions.<sup>3</sup> In 2007, Savin-Williams and Ream examined data from the large longitudinal AdHealth study and documented changes in attraction so great between the ages of 16 and 17 that they questioned whether the concept of sexual orientation had any meaning for adolescents with homosexual attractions. Seventy-five percent of adolescents who had some initial homosexual attraction between the ages of 17-21 changed to experience heterosexual attraction only. This is in stark contrast to the stability they found among adolescents experiencing heterosexual attractions. Among these adolescents, fully 98% retained their heterosexual-only attractions into adulthood.<sup>4</sup> Another study demonstrating significant change away from homosexual attractions in adolescence involved 13,840 youth. Of those initially "unsure" of their sexual orientation, 66% became exclusively heterosexual.<sup>5</sup> It follows logically that if such high rates of change in homosexual attraction occur adventitiously among youth, then many adolescents who desire and receive therapeutic assistance should succeed.

Gender Dysphoria is not like race.

As with homosexual attraction, twin studies of transsexual adults prove definitively that prenatal genetic and hormonal influence is minimal. The largest twin study of transsexual adults found that only 20% of identical twins were both transgender-identified.<sup>6</sup> Since identical twins contain 100% of the same DNA from conception, and are exposed to the same prenatal hormones, if genes and/or prenatal hormones contributed to a significant degree to transgenderism, the concordance rates would be close to 100%. Instead, 80% of identical twin pairs were discordant. As with homosexual attractions, *this means that at least 80% of what contributes to transgenderism as an adult in one co-twin consists of one or more non-shared post-natal experiences.* This is consistent with the dramatic rates of resolution of gender dysphoria documented among children when they are not counseled to impersonate the opposite sex.

Gender Identity is FLUID: 80-95% of "trans-children" outgrow it with watchful waiting or therapy

Experts agree that when not affirmed, 80-95% of pre-pubertal youth with gender dysphoria will come to accept their biological sex by late adolescence.<sup>7</sup> One increasingly hears the fanciful claim that a child with gender dysphoria is born with a brain that is of the opposite sex of his body. This is biologically impossible. Every cell of the human body contains identical copies of a person's sex chromosomes and the brains of biologically normal infants are imprinted prenatally by their own endogenous sex hormones at 8 weeks' gestation.<sup>8</sup> Every infant boy is born with a brain imprinted by his own testosterone; every infant girl is born with a brain imprinted by endogenous estrogen. Brain studies of transgender adults that purport to show differences in brain microstructures are of notoriously poor quality and more than likely reflect the fact that long-term transgender behavior alters brain microstructures.<sup>9</sup> This latter phenomenon of behavior altering the chemical and physical structure of the brain is known as neuroplasticity, and is well established.<sup>10</sup>

Non-heterosexual & Transgender Behavior Carries Grave Health Risks

There are many reasons for an adolescent, especially males, who are distressed by unwanted homosexual attractions to seek therapy. According to the CDC, from 2006-2009, young men who have sex with men aged 13-24

years had the greatest percentage increase in diagnosed HIV infections of all age groups. Among all adolescent males aged 13-24 years, approximately 91% of all diagnosed HIV infections were from male-to-male sexual contact.<sup>11</sup> This is because receptive anal intercourse is 20 times riskier than receptive vaginal intercourse.<sup>12</sup>

Moreover, compared with heterosexual youth, non-heterosexual youth are at increased risk (by a median of 76% if bisexual; 63.8% if homosexual) for contracting other sexually transmitted infections, using tobacco, alcohol and other drugs, and engaging in behaviors that contribute to violence, depression and suicide.<sup>13</sup>

Is therapy that affirms heterosexual potential harmful:

Studies do not demonstrate harm to minors who want to diminish same-sex attractions in psychotherapy because no studies on youth have ever been published. However, there is significant documentation of successful outcomes among some adults who sought to increase their heterosexual potential in psychotherapy.<sup>14,15,16,17</sup> More importantly, no studies exist to demonstrate that the LGBTQ-affirming therapy mandated by these bills is universally helpful and without significant risk.

Bans condemn minors to a false sexual identity and/or toxic hormones and irreversible surgery

Therapy bans are crafted such that youth troubled by their sexual attractions and all youth with gender dysphoria will receive only one choice: in the first case, to be affirmed into a false sexual identity, and in the second case, to pursue a so-called sex change. In other words, therapists will be criminalized if they provide heterosexual affirming therapy, and help boys feel more like boys, or help girls feel more like girls, but not if they help children to feel, dress and act more like the opposite sex, and encourage them to use toxic cross-sex hormones followed by sex reassignment surgery to mutilate healthy body parts. *The state should not violate minors' right to choose therapy that they believe will aid them in aligning their sexual identity and/or gender identity with biological reality.*

Sincerely,



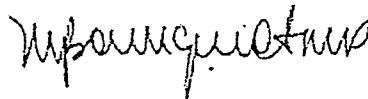
Michelle Cretella, MD, FCP  
President  
American College of Pediatricians



Jane Orient, MD  
Executive Director  
American Association of Physicians & Surgeons



David Stevens, MD, M.A. (Ethics)  
Chief Executive Officer  
Christian Medical & Dental Associations



Marie-Alberte Boursiquot, MD  
President  
Catholic Medical Association

## References

- <sup>1</sup> Collins, F. Language of God. Simon & Schuster. New York. 2006.
- <sup>2</sup> Association of Gay and Lesbian Psychiatrists fact sheet available at: <http://www.aglp.org/pages/cfactsheets.html>. Accessed May 26, 2016.
- <sup>3</sup> Diamond LM and Tolman, DL (eds.) APA handbook of sexuality and psychology. Washington, DC: American Psychological Association, 2014
- <sup>4</sup> Savin-Williams, RC and Ream, GL (2007), "Prevalence and Stability of Sexual Orientation Components During Adolescence and Young Adulthood," *Archives of Sexual Behavior*, 36, 385-394.
- <sup>5</sup> Ott, MQ, Corliss, HL, et. al. (2011), "Stability and Change in Self-Reported Sexual Orientation Identity in Young People: Application of Mobility Metrics," *Archives of Sexual Behavior*. June; 40(30): 519-532. Published online 2010 December 2.
- <sup>6</sup> Diamond, M. "Transsexuality Among Twins: identity concordance, transition, rearing, and orientation." *International Journal of Transgenderism*, 14(1), 24–38.
- <sup>7</sup> Cohen-Kettenis, PT, Delemarre-van de Waal, HA, Gooren, LJG. "The Treatment of Adolescent Transsexuals: Changing Insights." *J Sex Med*. 2008 Aug;5(8):1892-7 Available at <http://www.ncbi.nlm.nih.gov/pubmed/18564158> Accessed 5/11/16.
- <sup>8</sup> Reyes FI, Winter JS, Faiman C. "Studies on human sexual development Fetal gonadal and adrenal sex steroids." *J Clin Endocrinol Metab*. 1973 Jul; 37(1):74-8; Lombardo, M. "Fetal Testosterone Influences Sexually Dimorphic Gray Matter in the Human Brain." *The Journal of Neuroscience*, 11 January 2012, 32(2); Campano, A. [ed]. Geneva Foundation for Medical Education and Research: human sexual differentiation (2016). Available at [http://www.gfmer.ch/Books/Reproductive\\_health/Human\\_sexual\\_differentiation.html](http://www.gfmer.ch/Books/Reproductive_health/Human_sexual_differentiation.html) Accessed May 26, 2016.
- <sup>9</sup> Whitehead, N. "Is Transsexuality Biologically Determined?" *Triple Helix* (UK), Autumn 2000, p6-8 Available at <http://mygenes.co.nz/transsexuality.htm> Accessed May 26, 2016.
- <sup>10</sup> Gu, J. and Kanai, R. "What Contributes to individual differences in brain structure?" *Front Hum Neurosci*. 2014; 8: 262.
- <sup>11</sup> Center for Disease Control Fact Sheet HIV and young men who have sex with men. Available at: [http://ftp.cdc.gov/pub/Data/YRBS/2013/tobacco%20factsheets/hiv\\_factsheet\\_ymmsm.pdf](http://ftp.cdc.gov/pub/Data/YRBS/2013/tobacco%20factsheets/hiv_factsheet_ymmsm.pdf) Accessed May 26, 2016
- <sup>12</sup> Grossman, M. *You're Teaching My Child What?* Regnery Publishing, Inc. Washington, DC, 2009;p. 87.
- <sup>13</sup> Kann, L, Olsen, E., et.al. "Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009." *MMWR*/June 6, 2011/Vol. 60
- <sup>14</sup> Karten, EY and Wade, JC (2010). "Sexual Orientation Change Efforts in Men: A Client Perspective." *Journal of Men's Studies*. 18, 84-102.
- <sup>15</sup> Spitzer, R.L. (2003). Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behavior*. Oct;32(5):403-17; discussion 419-72.

---

<sup>16</sup> Nicolosi, J., Byrd, A.D., Potts, R.W. (2000). "Retrospective Self-reports of Changes in Homosexual Orientation: A Consumer Survey of Conversion Therapy Clients." *Psychological Reports*, 86, 1071-1088.

<sup>17</sup> Phelan J. Successful Outcomes of Sexual Orientation Change Efforts: an annotated bibliography. Phelan Consultants LLC, 2014.

RE: Opposing "Conversion Therapy"

Dear Honorable Legislator:

As a board-certified family physician I strongly encourage you to oppose the bill banning "Conversion Therapy." The bill is both unnecessary and misguided.

1. The bill is needless. Twenty-two states have voted down therapy bans. The legislature already has a process in place to address complaints of harmful practice and clinician malfeasance through the appointed licensed mental health professionals on the state licensing board. If clients had been harmed or treated unethically, the licensing boards would already have known, documented, and acted. No such complaints exist.
2. There is no evidence of harm from sexual orientation change therapy from licensed and trained professionals.<sup>i ii iii iv v</sup> Generations of supportive studies exist.<sup>vi vii viii ix</sup> Change therapy is talk therapy, just talk, by trained and licensed professionals working with willing and motivated clients. Anything less is not it. No licensed therapist wants unwilling clients, as therapy for any issue requires a willing patient. Even the Southern Poverty Law Center noted in their May 2016 report that SOCE/change therapists do not use electrical shocks or other aversion therapy. The "torture" stories have not involved trained therapists and generally are unsubstantiated. It is also ironic that no bill has been put forth to actually ban electro-aversion therapy altogether, if that is the problem.
3. The American Psychological Association 2014 *Handbook of Sexuality and Psychology* documents that same-sex attraction is neither inborn nor immutable. The APA website notes, "There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation," and "...no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors." In 2014 the UK's Royal College of Psychiatrists revised its position on same-sex attraction to say: "sexual orientation is determined by a combination of biological and postnatal environmental factors" . . . "[it] is not the case that sexual orientation is immutable or might not vary to some extent in a person's life. . . "
4. Both the APA Handbook<sup>x</sup> and numerous peer-reviewed studies acknowledge that childhood sexual abuse can be a cause of same-sex attraction in some.<sup>xi xii</sup> Children who have experienced abuse by teens or pedophiles can go on to experience undesired homosexual thoughts and impulses. Banning professional talk therapy to address wounds and undesired impulses can lead to depression and suicidality.
5. Religious counseling and camps, however well intentioned, are not therapy by licenses therapists, and the anti-therapy bill bans professional psychotherapy.<sup>xiii</sup>

6. Everyone should enjoy the basic right to choose the legal direction of their life, including those with undesired same-sex attractions who wish help with change. [Voices-of-change.org](http://Voices-of-change.org) provides 100 plus testimonials of people who have changed undesired same-sex attraction with professional therapy.

Most respectfully,  
Andre Van Mol, MD  
Board-certified family physician  
Co-chair of Committee on Adolescent Sexuality, American College of Pediatricians

<sup>i</sup> Sexual Orientation Change Efforts Do Not Lead to Increased Suicide Attempts (Summary of excerpt from Whitehead, N.) (2010). Homosexuality and Co-Morbidities: Research and Therapeutic Implications. *Journal of Human Sexuality*, 2, 125-176).

<sup>ii</sup> A.D. Byrd, Joseph Nicolosi, and R.W. Potts (February 2008), "Clients' Perceptions of How Reorientation Therapy and Self-Help Can Promote Changes in Sexual Orientation," *Psychological Reports* 102, pp. 3-28.

<sup>iii</sup> Nicolosi, Joseph, Byrd, D., Potts, R.W. (June, 2002). "A Meta-Analytic Review of Treatment of Homosexuality," *Psychological Reports* 90: 1139-1152.

<sup>iv</sup> Nicolosi, J., Byrd, A. Dean, Potts, R.W. (June 2000), "Retrospective Self-Reports of Changes in Homosexual Orientation, A Consumer Survey of Conversion Therapy Clients," *Psychological Reports*, 86: 1071-1088.

<sup>v</sup> *Essential Psychopathology and Its Treatment*, Third Ed, Maxmen, War, and Kilgus (W.W. Norton & Co.).

<sup>vi</sup> Karten, E. L., & Wade, J. C. (2010). Sexual orientation change efforts in men: A client perspective. *Journal of Men's Studies*, 18, 84-102.

<sup>vii</sup> Spitzer RL: "Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. *Arch of Sexual Behavior*, Vol. 32, No. 5, Oct. 2003, pp. 403-417.

<sup>viii</sup> *Homosexuality and the Politics of Truth*, Jeffrey Satinover (Baker Books, 1996) pp. 179-195.

<sup>ix</sup> *Successful Outcomes of Sexual Orientation Change Efforts*, James E. Phelan (Phelan Consultants LLC, 2014).

<sup>x</sup> *APA Handbook on Sexuality and Psychology* (American Psychological Association, 2014) Mustanski, Kuper, & Greene, pp. 609-610.

<sup>xi</sup> Tomeo, M.E., Templer, D. I., Anderson, S., & Kotler, D. (2001). Comparative Data of Childhood and Adolescence Molestation in Heterosexual and Homosexual Persons. *Archives of Sexual Behavior*, 30(5), 535-541.

<sup>xii</sup> Walker, M. D., Hernandez, A. M., & Davey, M. (2012). Childhood Sexual Abuse and Adult Sexual Identity Formation: Intersection of Gender, Race, and Sexual Orientation. *Family Therapy*, 40(5), 385-398.

<sup>xiii</sup> Jones, S. L., & Yarhouse, M.A. (2011). A longitudinal study of attempted religiously mediated sexual orientation change. *Journal of Sex and Marital Therapy*, 37, 404-427.



Mathew Shurka  
March 1, 2018

Ten years ago I knew exactly what I wanted in life. There was not a single constraint that could have stopped me from all the possibilities that lay before me. In the summer of 2004 I fell in love with a boy for the first time. Love is the human experience which drives us all. The licensed professional who attempted to treat me out of my homosexuality told me I suffered from an obsessive behavior/ addiction, and that there is no such thing as love between two men, nor such a thing as homosexuality. He knew better, right? When I was 16 years old, I told my father about my attraction to other boys. My father countered my statement, pointing out that I had dated girls. I explained to him that my attraction toward women never rivaled my attraction toward men. As I tried to describe my sexual orientation, I confessed to him that I had strong feelings for a boy I knew from my hometown. My father couldn't have given me a better answer as I wept and told him about my fears of possibly being humiliated at school and about my confusion around my feelings for this particular boy. He told me he loved me no matter what and would be there by my side always. His words comforted me; those words made me trust that he had my best interest in mind.

That following week, my father consulted my mother and two sisters. He feared what could happen to me if I grew up to live a life as a gay man living the "gay lifestyle." At the time, my parents knew very little of the gay community. There was not one gay member of my family and not one openly gay person in my town to relate to, or none that they knew of. My mother felt naive about the issue and thought it best to just leave me be. She was able to accept me as I was, whatever my orientation might be. My father, however, could not let go of his fears. He met with a dozen therapists -- some gay, some straight, and some who practiced "conversion" therapy. When my father offered me the idea of seeing a therapist who could possibly help me overcome "living the gay lifestyle," I was willing to try it. The idea that I might not actually be gay or might be able to resist my attraction to other boys was a relief. If it worked, I would never have to face my fears of coming out or being humiliated and rejected by society. My father's eagerness to get me "help" fed my fears that maybe my father wouldn't accept me if I did not at least try to change.

I would not describe my family as religious, so I can't blame these fears on religious convictions. We were more of a traditional Jewish family. My father's fears were based in the belief that our society is not very accepting of gay men and that a gay lifestyle would interfere with my ability to live my life to the fullest capacity. My father figured: if there really is something to this so-called "conversion therapy" and there is a possibility that his son may be truly straight, perhaps just suffering from a delusion, then why not give it a try? So I did. I went to therapy because I wanted my family's approval, and because I feared being rejected by society.

I began my five years of "conversion" therapy among four different therapists. The first who attempted to "help" seemed ineffective as he searched for my "disconnect" with my masculinity. My father then received another recommendation through an organization

known as JONAH (Jews Offering New Alternatives to Homosexuality). I was recommended to a therapist known in the industry of "conversion" therapists as "one of the best." I will refer to him as

"John" to keep his name anonymous. My father and I met with John first. Even though the recommendation came from JONAH, John was Christian, and as I learned over time, all religious figures worked together in supporting "conversion" therapy for their youth. John was a university professor with his own practice. He believed I would be an easy case considering my age and the fact that I had not been involved in many sexual experiences with men at that point. He believed that I would start to see results in as few as six weeks.

"Conversion" therapists believe there is no such thing as being gay. As the theory goes, men experience these attractions because they are suffering from a condition, not because they are gay. "Conversion" therapists call this condition "a void in their masculinity." They believe this "condition" is triggered by and rooted in early childhood experiences. These experiences can be as subtle as a father and his son not getting along or an overbearing mother, but can be attributed to something as severe as a child being raped or molested by an elder. From this broad range of experiences, the young man supposedly creates this so-called void in his own masculinity. They neither feel as though they belong with the other boys, nor do they feel close to their father. When the young boy reaches his age of puberty this void becomes sexualized and the young man will seek "homosexual" activity to fill this void. Conversion therapists call this SSA, short for "Same-Sex Attraction." The condition and symptoms that these young men "suffer" from (sexual and romantic attraction to other young men) is actually just their psyche attempting to fill the void. Young gay men then grow to become adults, spending their entire lives seeking homosexual activities in order to heal their wounds from childhood. This is then posed as the dramatic, loveless, and lonely life "conversion therapists" are here to save you from.

To cure a person of homosexuality, conversion therapists believe the young boy needs to be saturated with "healthy" male bonding. By healthy I mean nonsexual. This bonding takes place to fill the void the young man is experiencing. Through this supposedly natural process of male-bonding, the young man will start to regain his attractions for the opposite sex. These therapists believe that attraction to the opposite gender is natural and innate, and as such, those attractions will return as the healing of the psyche is completed.

When I began my therapy with John, I was subjected to this saturation of male-bonding and was told to avoid having relationships with the girls at school. As my father consulted with the therapist they believed it also was wise for me to limit any conversations or interactions with my mother and sisters. Because of this theory, I had minimal to no conversation with my mother and sisters for two years, as advised by my therapist. I lived with my mother and father, while my older sisters lived on their own.

Never in my life had I gone without talking to my mother and sisters. Every morning I woke up to find that my mother had made me breakfast, but I would leave our home without even talking to her. Throughout this process I became closer to my father; it seemed as though the therapy was working as I began to experience resentment toward my mother and sisters for possibly creating this void in me. There was a constant tensions between us, yet being closer to my father meant progress.

As I feared a loveless and lonely life, I gave this therapy my most sincere efforts, my mother would at times attempt to speak to me more than the usual "good morning" and "have a nice day;" I would enforce my detachment and remain estranged. As the time went on, and as I learned how to become closer with the other boys in school, I became popular, and was beginning to fit in more than I had ever before. However, my attractions towards men never weakened. Instead, I experienced an extreme form of denial, which led to depression. Becoming popular at school became an act of living a double life. My grades began to drop significantly, I started to find ways to avoid attending school and I became ever more distant from my family. Since the therapy claimed my homosexuality may be rooted from the detachment between my father and I, I kept looking for more reasons to blame him, as I realized my attraction for boys was not 'phasing' away. First I looked for reasons to blame my mother, then more so of my father. I was running down the rabbit hole, and ironically the therapy caused me to become distant from my father, and ever more resentful toward him. All along, I was taught to use masturbation and pornography as tools to stay away from homosexuality and practice my heterosexuality. This was the loneliest time I had ever felt and I experienced constant thoughts of suicide.

When I turned 18 I began my first romantic relationship with another young man, Jacob. I was more than willing to give it try, as it was my strongest desire. I experienced a tremendous amount of guilt and shame as I shared this news with my father and my therapist. I was told by my therapist that if I wanted to stay in a gay relationship then I was welcome to do so, and that if I was ever interested in changing, that was an option as well. I never believed my therapists' intention, that it was alright for me to be in a gay relationship. The fact that there was always an option that I could change who I was implied to me there was something wrong.

I was in a constant dilemma as I fell more in love with Jacob. Constantly blaming myself, I experienced levels of anguish and anxiety. When I had told my therapist I was experiencing love, he explained I was suffering from an obsession and that it was not love. Several months into my relationship, without my knowledge and with John's permission, my father told Jacob to stay away from me for a minimum of two years. Jacob himself never knew I was seeing a 'conversion' therapist, nor did he know that I was acknowledging my sexuality to my family, for he was still closeted. For seven months I continued to receive therapy while expressing despair for my missing lover, which my therapist claimed he knew nothing about. During that time I did my best to experience sexual intercourse with women. The experiences were torturous. I was not interested and felt overwhelmed and anxious. Anxiety is not sexy, and does not have me want to participate in sexual activities. I began to experience erectile dysfunction

with every woman. I felt more embarrassed as I believed it was a sign of relapse. It was then that my father, again with permission from my therapist, began to give me Viagra pills for those moments. I was only 18 years old and felt more disabled than ever before. After attempting to use Viagra pills two to three times, I eliminated all sexual activities. I no longer wanted to have sex. I felt more confused. I did not know what I liked or didn't like.

Just before my 19th birthday I learned from Jacob of my father's and John's motives to keep him away from me. I was heartbroken and enraged with anger. I immediately ended my therapy sessions with John and cut my ties with my father. I felt that I was conspired against. I no longer knew who to trust or who was "in" on controlling my life.

With my mother's support, I attempted to continue my education. I continued to see therapists, one who practiced general psychotherapy and then two who practiced "conversion" therapy. I continued to believe I failed the "conversion" therapy, and I reapplied myself. One of those "conversion" therapists was also a middle school guidance counselor. This fact deeply disturbs me: That a person of guidance for young adolescents may also be a "conversion" therapist.

I also attended "Journey into Manhood," a weekend of activities also promising to change gay men. I encountered the same feelings over and over again: I was not trying hard enough and I would live an empty life because there was no such thing as love between two people of the same gender. I gained 60 pounds during those two years as I used food to medicate my mood swings. I suffered from depression where I would not leave my apartment for days on end. The only communication I had with my family was with my mother and two sisters.

In 2009 at 21 years old, I dropped out of school, stopped seeing therapists altogether and began to work. For the next two years I became more and more comfortable with myself. I worked in an environment with other gay employees and a gay boss. I started to experience acceptance in my life for the first time. As I met supportive friends, mentors and role models, I became comfortable to come out. At age 23 in January of 2012 I came out of the closet to all my friends, family and employer. I no longer was hiding, however, I still held on to some regret, that I had maybe made a mistake by coming out as I was experiencing being openly gay for the first time.

October 2012 was the first time I heard the news of Governor Jerry Brown of California signing a ban on 'conversion' therapy for minors among licensed therapists. It was the single most affirmative action taken by a government official I had ever witnessed and experienced for myself. It gave me the clarity and acceptance I was seeking. My past no longer had to be some horrible nightmare. I'm not alone and my country is willing to take a stand for people like me and other LGBT youth.

I am in support of the "conversion" therapy ban for minors among licensed therapists in New York State. I have always known who I am and who I am attracted to. During my adolescence I did not get to experience embracing my sexuality and experiencing love without hesitation. I lost years of what would have been time spent with my family and

loved ones, on my education and on my career. I am 25 today, a full-time student for the first time since high school -- no longer using the imagery of pornography to find my heterosexual self, no longer estranged from my parents' love, and no longer fearing the world. A lot of work has been put into my "conversion" therapy. I've discovered something I already knew: I know exactly what I want in life and I have every possibility ahead of me. What makes today different is my peace of mind. Being alive today to tell you my story is a miracle of its own.

In 1973 the American Psychiatric Association declassified homosexuality as a disease. Since then numerous organizations have nonetheless attempted to "cure" gay people. To this day I've never met a single person who has been changed. The closest I've come across is abstinence. I believe it is necessary for government to enforce this ban. Allowing this bill to pass will protect minors from undergoing so-called "conversion" therapy. It will have parents think twice before considering taking a child to a "conversion" therapist. It will help parents accept their children and do what is best for them, along with the medical and educational professionals who adolescents seek throughout their childhood. There is no scientific basis for "conversion" therapy. There is not a single school or university that includes "conversion" therapy in their curriculum in the United States, and there is an enormous amount of evidence of the horrifying impact it has had on its patients. I believe it is a complete outrage that recent graduates with a

license in psychotherapy have the right to advertise themselves as a credible person to conduct "conversion" therapy. It is out of line with the entirety of accepted psychological practice and our educational standards. It is also complete misinformation to the consumer seeking psychological help.

Thank you for providing me with the opportunity to share my experience with you. I share this appreciation and honor of my story with great triumph over my past. I am requesting that the legislators of Maryland take it upon themselves to approve this bill, to protect our youth from psychological and physical harm, protect the standards and integrity of the medical and educational system, and lastly to end the notion that homosexuality is a disease. Affirming the APA's declassification from 1973 will bring our society closer to ending homophobia and will support bringing love and acceptance to all Americans. Your time and efforts are greatly appreciated, and the consideration for this bill has my upmost gratitude.

Thank You.

Mathew Shurka  
March 1, 2018

# Health and Government Operations

## 3/1/2018



### HB0902 - Delegate Cullison

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

TOTALS: Panels: 5 FAV: 20 FWA: 0 UNF: 1 INFO: 0 Oral: 17 Written: 16

3/1/2018 1:00 PM

Type	Position	Testify	Name	Organization	Address	Phone	Email
Panel - Bill Sponsor	FAV	Oral	Delegate Cullison				
	FAV	Oral	Mark Procopio, Executive Director	FreeState Justice		410-622-7341	improcopio@freestate-justice.org
	FAV	Oral	Matthew Shurka	Survivor and Advocate			
Panel - Public	FAV	Both	Jennifer Kent, Managing Attorney	FreeState Justice		954-990-9434	jkent@freestate-justice.org
	FAV	Both	Xavier Persad, Legislative Counsel	Human Rights Campaign (HRC)		202-572-8787	xavier.persad@hrc.org
	FAV	Both	Kate MacShane, M.Ed, LCSW-C	Clinical Social Worker		301-547-1375	kate@katemacshane.com
Panel - Public	FAV	Both	Marla Sanzone, Ph.D	Clinical Psychologist		410-917-7942	mmsanzone@yahoo.com
	FAV	Both	Abbie Ellicott Ph.D.	Clinical Psychologist		410-622-5428	ellicott3@verizon.net
Panel - Public	FAV	Both	Jeanna Diamond, Public Policy Associate	ACLU-MD		443-524-2558	Ddiamond@aclu-md.org
	FAV	Both	Mark Eckstein Bernardo	Parent Advocate			
Individual	FAV	Both	Sarah Cuneo	Parent Advocate			
	FAV	Both	ROBYN ELLIOTT	MNA, SMPS			
Individual	FAV	Oral	Julia Worcester				

EXHIBIT 4-94

# Health and Government Operations

3/1/2018



## HB0902 - Delegate Cullison

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

TOTALS: Panels: 5 FAV: 20 FWA: 0 UNF: 1 INFO: 0 Oral: 17 Written: 16

3/1/2018 1:00 PM

Type	Position	Testify	Name	Organization	Address	Phone	Email
Individual	FAV	Both	Jessica Honke, MSW, Policy & Advocacy Director	NAMI Maryland		417-884-8661	advocacy@namimd.org
Individual	FAV	Both	<del>Samantha</del> McGuire	American Atheists	Leontown		smcguire@atheists.org
Individual	FAV	Both	Samantha McGuire	American Atheists			
Individual	UNF	Both	Peter Sprigg	Family Research Council	20136 Club Hill Drive, Germantown, MD	202-393-2100	pss@frc.org
Panel - Public	FAV	Written	Andrew Jones				
Individual	FAV	Written	Tommy Tompsett	Maryland Psychiatric Society			
Individual	FAV	Written	Allan Kittleman	Howard County Executive			
Individual	FAV	None	PPM PPM	PLANNED PARENTHOOD OF MARYLAND			

EXHIBIT 4-95