



DEPARTMENT OF LEGISLATIVE SERVICES
OFFICE OF POLICY ANALYSIS
MARYLAND GENERAL ASSEMBLY

Victoria L. Gruber
Executive Director

Ryan Bishop
Director

March 8, 2019

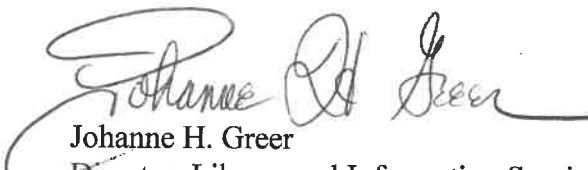
TO WHOM IT MAY CONCERN:

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 67 pages from the legislative history file of SB 1028 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.


Johanne H. Greer
Director, Library and Information Services

JHG/cm
Enclosure

Senate Education, Health, and Environmental Affairs Committee

Bill/Resolution Number: SB 1028

Vote Date: 3/21/18

Final Action: FWA

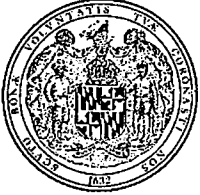
Voting Record - 2018 Session

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 Withdrawn by Sponsor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	✓					<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>MD DEPARTMENT OF LEGISLATIVE SERVICES OFFICE OF POLICY ANALYSIS – LIBRARY CERTIFIED COPY of Legislative History Record.</p> </div>
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 Report: **6-1** *[Signature]*



**SENATE EDUCATION, HEALTH, AND ENVIRONMENTAL
AFFAIRS COMMITTEE**

**JOAN CARTER CONWAY, CHAIR · COMMITTEE REPORT SYSTEM
DEPARTMENT OF LEGISLATIVE SERVICES · 2018 MARYLAND GENERAL ASSEMBLY**

FLOOR REPORT

Senate Bill 1028

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

SPONSORS: Senator Madaleno, et al.

COMMITTEE RECOMMENDATION: Favorable with ONE amendment

SUMMARY OF BILL:

This bill prohibits mental health or child care practitioners from engaging in “conversion therapy” with a minor, defined as a practice or treatment that seeks to change an individual’s sexual orientation or gender identity, and 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. A violation of this prohibition is considered unprofessional conduct and is subject to discipline by the appropriate licensing or certifying board.

COMMITTEE AMENDMENT: ONE

The amendment adds co-sponsors.

FISCAL IMPACT: No material impact is expected.

BACKGROUND:

Under the bill, “mental health or child care practitioner” means a practitioner licensed or certified by the State Board of Physicians; the State Board of Professional Counselors and Therapists; the State Board of Examiners of Psychologists; the State Board of Social Work Examiners; and the State Board for Certification of Residential Child Care Program Professionals. The definition also includes any other practitioner who is licensed or certified to provide counseling by the practitioner’s board.

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.

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.

Amendment Created by A.O. as Finalized at 13:49:00 on 21 MAR 18

SB1028/664932/1

BY: Education, Health, and Environmental Affairs Committee

AMENDMENT TO SENATE BILL 1028

(First Reading File Bill)

On page 1, in the sponsor line, strike “and Zucker” and substitute “Zucker, and Young”.

**Floor Sheet – SB1028
Youth Mental Health Protection Act**

(Ban on Use of Conversion Therapy with Minors by Licensed Mental Health Providers)

- Conversion therapy = practices that seek to change an individual’s sexual orientation or gender identity.
- These widely debunked practices are based on false notion that being LGBT is an illness or disorder that needs to be “cured.”
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide.
- The nation’s leading mental health associations have issued position statements warning about the dangers of these practices, including the:
 - American Psychiatric Association
 - American Psychological Association
 - American Counseling Association
 - American Academy of Pediatrics
 - American Association for Marriage and Family Therapy
- The U.S. Department of Health and Human Services has warned that conversion therapy has no basis in science and should be outlawed for youth.
- A 2017 Williams Institute at UCLA Law report found that in states without protections, approximately 20,000 LGBTQ youth will be subjected to conversion therapy by a licensed mental health provider.

THIS BILL WILL:

- Prevent state-licensed mental health care providers from practicing conversion therapy with youth below 18
- Expressly 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 entity
- Protect parents from being taken advantage of by conversion therapy practitioners by making it clear that these practices are ineffective and harmful to their children

THIS BILL DOES NOT:

- Apply to counseling that provides assistance to a person undergoing gender transition, or to evidence-based therapy or counseling that facilitates a person’s identity development and exploration.

Vulnerability of Youth (State Responsibility to protect children from dangerous practices)

- SB1028 is similar to many other laws that protect youth from known dangers. For instance, state law protects young people from child abuse and neglect at the hands of their parents and other adults.

Parental Rights

- The fundamental rights of parents do not include endangering their children by forcing them to undergo medical practices that have been rejected by the scientific community as discredited and harmful.

Religious Freedom and Other First Amendment Protections

- This bill does not restrict any protected First Amendment speech, as it only applies to discredited treatments by state-licensed mental health care professionals.
- This bill also does not apply to clergy or religious instructors not acting pursuant to a state-issued professional license.
- This bill does not prevent anyone from holding or expressing any viewpoint regarding sexual orientation, gender identity, or anything else.

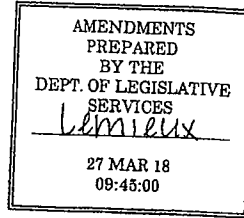
Other States/Districts Protecting Youth from Conversion Therapy

- | | |
|----------------|------------------------|
| - New Jersey | - Illinois |
| - Rhode Island | - District of Columbia |
| - California | - Vermont |
| - Nevada | - New Mexico |
| - Oregon | - Connecticut |
| - New York | |



SB0610/183425/1

BY: Senator Cassilly



AMENDMENT TO SENATE BILL 610, AS AMENDED

On page 2 of Senator Young's Amendments (SB0610/903729/1), in line 6 of Amendment No. 2, strike "two" and substitute "six"; in line 8, strike "14" and substitute "18"; in line 14, after "(v)" insert "two representatives from the Maryland Forestry Association:"

(vi)";

in lines 15, 16, and 17, strike "(vi)", "(vii)", and "(viii)", respectively, and substitute "(vii)", "(viii)", and "(ix)", respectively; and in line 17, strike "two" and substitute "four".

On page 3 of Senator Young's Amendments, in line 1 of Amendment No. 2, strike "(ix)" and substitute "(x)".

We want to get at the

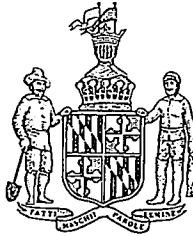
licensing not consumer issues

Make it happen

BRIAN E. FROSH
Attorney General

ELIZABETH HARRIS
Chief Deputy Attorney General

CAROLYN QUATTROCKI
Deputy Attorney General



STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

FACSIMILE No.

WRITER'S DIRECT DIAL No.

March 7, 2018

To: The Honorable Joan Carter Conway
Chair, Education, Health, and Environmental Affairs Committee

From: The Office of the Attorney General

Re: Senate Bill 1028 Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act) (SUPPORT)

The Office of the Attorney General submits the following written testimony in support of Senate Bill 1028. The bill prohibits licensed mental health or child care practitioners from engaging in conversion therapy with a minor. Conversion therapy is a practice or treatment that seeks to change an individual's sexual orientation or gender identity. The bill also prohibits the use of State funds in connection with conversion therapy for any individual. We support the bill because evidence establishes the serious, long-lasting harm suffered by minors subjected to conversion therapy, and that conversion therapy is ineffective and lacking in benefits. <http://www.nclrights.org/bornperfect-survivor-stories-and-survivor-network/>

Over the last thirty years, experts in medicine, psychiatry and psychology have contested and ultimately rejected the notion that being gay is a mental disorder that can or should be treated with the goal of being changed. "Because being gay is not considered a mental disorder, most psychological organizations don't endorse treatments to change sexual orientation, which may be influenced by a person's genes. Research suggests that gay conversion therapy does not produce long-lasting sexual-orientation change in people who undergo it. In 2009, an American Psychological Association task force conducted a review of studies on gay conversion therapy between 1963 and 2007. They found that sexual-orientation change was uncommon; participants continued to be attracted to members of their own sex and not to those of the opposite sex. In addition, because the therapy isn't approved by any psychological organizations, there are no guidelines on how to conduct it, and no standard metrics of success." <https://www.livescience.com/50453-why-gay-conversion-therapy-harmful.html>

Following its landmark 2009 study, the American Psychological Association (APA) issued the following statements of Professional Consensus on Conversion Therapy with Minors in July 2015:

- Same-gender sexual orientation (including identity, behavior and/or attraction) and variations in gender identity and gender expression are a part of the normal spectrum of human diversity and do not constitute a mental disorder.
- There is limited research on conversion therapy efforts among children and adolescents; however, none of the existing research supports the premise that mental or behavioral health interventions can alter gender identity or sexual orientation.
- Interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation, are coercive, can be harmful, and should not be part of behavioral health treatments. Directing the child to be conforming to any gender expression or sexual orientation, or directing the parents to place pressure for specific gender expressions, gender identities, and sexual orientations, are inappropriate and reinforce harmful gender and sexual orientation stereotypes.

<http://www.apa.org/advocacy/civil-rights/sexual-diversity/lgbtq-therapy.aspx>

Under the leadership of the Obama administration, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) collaborated with the APA in 2015 to address ways to support LGBTQ youth. SAMHSA's report entitled "Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth" concluded:

The research, clinical expertise, and expert consensus make it clear that conversion therapy efforts to change a child's or adolescent's gender identity, gender expression, or sexual orientation are not an appropriate therapeutic intervention. No evidence supports the efficacy of such interventions to change sexual orientation or gender identity, and such interventions are potentially harmful. Appropriate therapeutic approaches to working with sexual and gender minority youth include: providing accurate information on the development of sexual orientation and gender identity and expression, increasing family and school support, and reducing family, community and social rejection of sexual and gender minority children and adolescents. Social transition and medical interventions, including pubertal suppression and hormone therapy, are additional therapeutic approaches that are appropriate for some gender minority youth. Careful evaluation, developmentally-appropriate informed consent of youth and their families, and a weighing of potential risks and benefits are vital when considering interventions with gender minority youth."

<https://obamawhitehouse.archives.gov/the-press-office/2016/06/09/fact-sheet-obama-administrations-record-and-lgbt-community>

Senate Bill 1028 protects minors from the harmful effects of conversion therapy which has been discredited by experts in medicine, psychiatry and psychology. For these reasons, we ask that this Committee return a favorable report on the bill.

cc: Members of the Education, Health, and Environmental Affairs Committee

**Testimony in Opposition to Senate Bill 1028
(regarding practices to change sexual orientation or gender identity in minors)**

By Mary Beth Waddell (J.D., Mercer University)
Family Research Council, Washington, D.C.

Education, Health, and Environmental Affairs Committee
Maryland State Senate
Annapolis, Maryland
March 7, 2018

My name is Mary Beth Waddell and I represent the Family Research Council from Washington, DC.

I urge you to oppose Senate Bill 1028.

This type of legislation is unprecedented in nature. It violates several core principles of the counseling profession, and of our constitutional order.

Until the first bill of this nature was enacted in California just a few years ago, there had never been—in all of history—a form of talk therapy prohibited by law solely because of the goal which the client seeks to achieve. The state may regulate the qualifications of a therapist, or even the procedures they use. But it has no business telling either a therapy client or a therapist that they may not pursue a personal goal of their own choosing.

Indeed, this violates not only legal precedent, but a longstanding ethical principle of the counseling profession itself known as “client autonomy.” It states that the client has the right to choose the goal of therapy. A therapist has no right to override the client’s goal, nor to impose one of his or her own choosing. It is inconceivable that the state should have such a right.

The proposed bill also violates the confidentiality of the relationship between therapist and client—which is a longstanding principle of both ethics and the law. The legal principle is that the state has no right or power to even inquire into—let alone interfere with or punish—the verbal communication that takes place within certain special relationships. Those include the relationship of attorney and client, of priest and confessor, or of doctor and patient—as well as within the relationship of therapist and client.

A strong argument also can be made that this bill violates the First Amendment guarantee of free speech. At its most basic level, what this bill does is prohibit licensed professionals from saying certain words to their clients. Such verbal expression may not be punished by the state merely because some people may disagree with the viewpoint being expressed.

Finally, this bill poses a threat to religious liberty as well. Although the current bill does not apply to purely religious counselors such as pastors, it is probably fair to say that most licensed mental health practitioners who participate in sexual orientation change efforts are motivated at least in part by their religious faith. The same is true of many (but not all) clients who voluntarily seek professional help to overcome unwanted same-sex attractions. The free exercise of religion, guaranteed by the First Amendment to the Constitution, surely includes the right to live in a manner consistent with the teachings of one’s faith—and to seek and receive the help of others in doing so.

I urge you to oppose SB 1028.

TESTIMONY IN SUPPORT OF BILL #SB1028

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

Date: March 7th, 2018

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

To: Chairman Joan Carter Conway, Vice Chair Paul G. Pinsky and Members of the Education, Health, and
Environmental Affairs Committee

Re: SUPPORT FOR BILL #SB1028

Dear Chairman Conway, Vice Chair Pinsky and Members of the Education, Health, and Environmental
Affairs Committee,

We're writing to ask you to support #SB1028.

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.**"¹*

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.**"² 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.'**"³

¹ Source: https://www.washingtonpost.com/opinions/outlaw-conversion-therapy-in-maryland/2018/02/23/fdf69554-167b-11e8-b681-2d4d462a1921_story.html?utm_term=.8b709eba3c5e.

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

³ 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.**"⁴

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.**"⁵

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 #SB1028.

Respectfully submitted,

Alexandra Bell, Resident of Rockville, Maryland
Eric Hamme, Resident of Silver Spring, Maryland
Joe Shaffner, Resident of Silver Spring, Maryland
Melissa Stone, Resident of Takoma Park, Maryland
Elizabeth Wallace, Resident of Rockville, Maryland

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

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



everychild.onevoice.®

LATE TESTIMONY

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**Written Testimony Submitted for the Record to the
Maryland Senate
Education, Health and Environmental Affairs Committee
For the Hearing on
Health Occupations – Conversion Therapy for Minors – Prohibition
(Youth Mental Health Protection Act)
(SB 1028)
March 7, 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 Senate Bill 1028 —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 SB 1028 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 6-12

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 Senate Bill 1028 and recommends a favorable report.

Testimony is presented on the behalf of

Latisha Corey

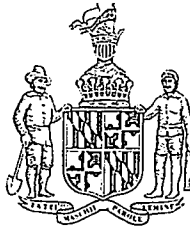
Latisha Corey, President
Maryland Parent Teacher Association
president@mdpta.org

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.
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.
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.

RICHARD S. MADALENO, JR.
18th Legislative District
Montgomery County

Vice Chair
Budget and Taxation Committee



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The Senate of Maryland
ANNAPOLIS, MARYLAND 21401

March 7, 2017

SB 1028
Health Occupations – Conversion Therapy for Minors – Prohibition
(Youth Mental Health Protection Act)

Senate Education, Health, and Environmental Affairs Committee

Sponsor Testimony

SB 1028 prohibits specified mental health or child care practitioners from engaging in “conversion therapy” with a minor. The bill also prohibits the use of State funds to conduct or refer an individual to receive conversion therapy, provide health coverage for conversion therapy, and provide a grant to any entity that conducts or refers an individual to receive conversion therapy.

Conversion therapy is “therapy” that seeks to change an individual’s sexual orientation or gender identity and 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 feeling towards someone of the same sex. In 2009 the American Psychological Association concluded that this practice can pose critical health risks to those in the LGBTQA community including depression, social withdrawal, suicidal intentions, substance abuse, and self-hatred. The American Psychiatric Association is fully opposed to the practice and has done in-depth research about the full effects of conversion therapy.

As of February 2018 the following states have already banned this practice:

- California
- Connecticut
- Illinois
- Nevada
- New Jersey
- New Mexico
- Oregon
- Rhode Island
- Vermont
- District of Columbia

Conversion therapy denies young people their humanity. It is a cruel practice that has no basis in science. With teen suicide rates on the rise, we should do everything we can to encourage young people to live true and fulfilling lives. In Maryland we have made great progress on expanding the rights of LGBTQA Marylanders. This is another step in ensuring that Maryland is a welcoming place to everyone.

I am also offering an amendment to add Senator Young on as a sponsor.

I urge a favorable report of SB 1028.

EXHIBIT 6-14



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 Joan Carter Conway, Chair
Education, Health, and Environmental Affairs Committee
Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21041

Support for Senate Bill 1028

Dear Chairwoman Conway,

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. Senate Bill 1028 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 SB 1028.** 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 with a long horizontal line extending to the right.

Allan H. Kittleman
County Executive



<http://secularmaryland.org> Secular Coalition for
America <http://secular.org>

March 07, 2018

The Honorable Joan Carter Conway
Education, Health, and Government Affairs Committee
2 West Miller Senate Office Building Annapolis, MD 21401

RE: SUPPORT FOR SB 1028 Health Occupations - Conversion Therapy for Minors - Prohibition
(Youth Mental Health Protection Act)

Chairwoman and Members of the Committee:

The Secular Coalition for Maryland supports this bill. Youth are vulnerable to pressure from their parents and other adults and are therefore entitled to extra legal protections. The overall available empirical evidence indicates that conversion therapy rarely works and is correlated with worse outcomes for the targets of the treatment. Sexual orientation change efforts (SOCE) have a history of employing unethical pressure tactics and appear to be ideologically motivated.

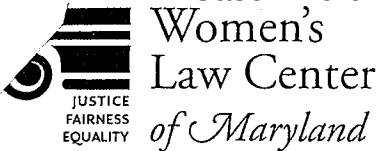
Most people want to reproduce and want their children to reproduce. It would be helpful in that regard for everyone to clearly self-identify with a single gender matching their genetilia at birth and for everyone of each gender to be attracted to the other gender. Furthermore, it can be difficult to reconcile a belief that a deity who created our universe for our benefit, with two genders that must join to reproduce, also intended for some people to change their gender identity or maintain an intimate relationship with someone of the same gender. Our wants and beliefs, however, do not defeat or displace facts and should not be mistaken for facts. Our laws should match the facts.

The Public Policy Portal sponsored by Columbia Law School asks "What does the scholarly research say about whether conversion therapy can alter sexual orientation without causing harm?" They identified 47 peer-reviewed studies that met their criteria for adding to knowledge about whether conversion therapy (CT) can alter sexual orientation without causing

harm, see <http://whatweknow.law.columbia.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-whether-conversion-therapy-can-alter-sexual-orientation-without-causing-harm/>. Thirteen of those studies included primary research. Of those, 12 concluded that CT is ineffective and/or harmful, finding links to depression, suicidality, anxiety, social isolation and decreased capacity for intimacy. Only one study concluded that sexual orientation change efforts could succeed—although only in a minority of its participants and its entire sample self-identified as religious. The remaining 34 studies do not make an empirical determination about whether CT can alter sexual orientation. Most of the studies lacked control groups, and none used nationally representative probability samples.

After reviewing the research, Columbia Law School's Public Policy Portal concluded that there is no credible evidence that sexual orientation can be changed through therapeutic intervention and "powerful evidence" that trying to change a person's sexual orientation can be extremely harmful. Similar reviews of the peer-reviewed literature from multiple professional organizations, including the American Psychiatric Association, the American Psychological Association, and the American Academy of Child and Adolescent Psychiatrists, have also found no evidence that conversion therapy treatments result in changes in sexual orientation and at the same time found evidence suggesting these treatments are harmful.

SOCE practitioners have discredited themselves to some extent as a result of a tendency to rely on unethical pressure tactics. Common practices associated with SOCE include telling patients that homosexuality is a mental disorder because of practitioner beliefs. Breaches of confidentiality, i.e., counselors in religious schools informing administration officials about a patient's sexual behavior discussed in therapy, sometimes leading to expulsion. Improper pressure placed on patients, i.e., threatening to end treatment if the patients do not submit to the therapist's authority. Abandoning patients who eventually decide to come out as gay or lesbian, i.e., unwillingness to refer a patient to a gay or lesbian affirmative therapist when conversion therapy fails. Indiscriminate use of treatment, i.e. regardless of the probability of success, conversion therapists will recommend their treatments to anyone. Typically, low patient motivation, rather than the skill of a therapist or efficacy of the conversion treatment, is credited as the primary factor interfering with change. This is a set-up for "patient blaming" as most people who try to change do not.



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BILL NO.: Senate Bill 1028
 TITLE: Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act)
 COMMITTEE: Education, Health, and Environmental Affairs
 DATE: March 7, 2018
 POSITION: **SUPPORT**

Senate Bill 1028 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, from 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 SB 1028.

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.



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**Senate Bill 1028 Health Occupations – Conversion Therapy for Minors
(Youth Mental Health Protection Act)**

Education, Health and Environmental Affairs Committee

March 7, 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 Senate Bill 1028.

SB 1028 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 SB 1028 and urges a favorable report.

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

March 7, 2018

Hon. Joan Carter Conway
Education, Health and Environmental Affairs Committee
2 West Miller Senate Building
6 Bladen Street
Annapolis, MD 21401

Re: SB 1028 – Health Occupations – Conversion Therapy for Minors – Prohibition
(Youth Mental Health Protection Act)

Position: **SUPPORT**

Dear Chair Conway and Members of the Education, Health and Environmental Affairs Committee:

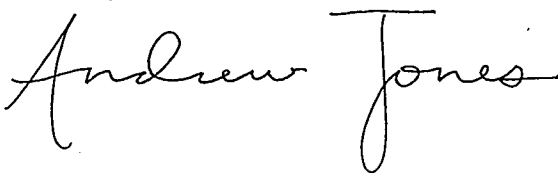
My name is Andrew Jones, and I write to express my deepest support of SB 1028, the Youth Mental Health Protection Act. I am a member of the LGBT community, but more importantly I am a son, a friend, and a proud Maryland citizen.

Growing up as a sexual minority youth is not easy for anyone – constantly hearing your sexual orientation used as a slur can have a serious negative effect on one’s mental wellbeing. Fortunately, I am lucky to have a loving, accepting family and, now, many friends who accept me for who I am. Many other individuals, however, are not so lucky. Some, in addition to the usual societal pressures, are also subjected to “conversion therapy.”

Conversion therapy is an umbrella term for a number of discredited practices that essentially constitute torture. No credible research has shown that conversion therapy has ever been successful or even has the potential to be successful. On the contrary, conversion therapy has been proven to lead to increased rates of depression, high-risk behaviors, and suicide (among many other contraindications) among its “patients.”

Protecting the most vulnerable citizens is an essential hallmark of a just society. Children, and LGBT children in particular, are very vulnerable citizens in our democracy. Denied the right of self-determination due to their status as minors, children do not have any say as to whether they participate in these programs. As Marylanders, we should step up to protect these children from such false, discredited, and harmful practices. As such, I urge your favorable report on SB 1028.

Thank you,

A handwritten signature in cursive script that reads "Andrew Jones". The signature is written in black ink and is positioned below the "Thank you," text.

Andrew Jones
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Gaithersburg, MD 20877
301-330-0230

EXHIBIT 6-21



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**Testimony of the University of Maryland Student Government Association for the
Senate Education, Health, and Environmental Affairs Committee in Support of SB 1028**

Chairwoman Conway and Members of the Committee,

On behalf of all undergraduate students at the University of Maryland, College Park, we strongly support SB 1028 (Youth Mental Health Protection Act).

Conversion therapy is a process through which a licensed therapist tries to change the sexual orientation or gender identity of his or patient. This practice is patently harmful to the minors who are too often subjected to it. A number of highly reputable groups of medical professionals, including the American Psychological Association and the American Psychiatric Association, have denounced the practice as harmful. People have been through conversion therapy have reported suicidal thoughts, depression, and anxiety. Studies show that LGBTQ youth who have experienced some level of rejection from their families are eight times more likely to have attempted suicide than their peers.

Ostensibly, this bill might seem to little to do with college students. However, it is certainly possible for one to be both a college student and a minor. Additionally, the traumas associated with conversion therapy will not simply disappear once young people being attending college. The transition from high school to college comes with its own unique set of challenges, LGBTQ students do not deserve to have the additional burden of stress of coping with their past exposure to conversion therapy. It is our hope that by prohibiting conversion therapy for minors, LGBTQ college students will face fewer obstacles as they work toward earning their degrees.

The University of Maryland's campus is a diverse one. In keeping with our organization's and our State's mission to promote diversity and inclusion and health and wellness among college students, we strongly urge a favorable report on SB 1028.

Mihir Khetarpal
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AJ Pruitt
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HUMAN
RIGHTS
CAMPAIGN[®]

Senate Education, Health, and Environmental Affairs Committee
2 West Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

March 6, 2018

Re: SUPPORT for SB 1028, 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 Conway 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 Senate Bill (SB) 1028, 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, SB 1028 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.¹

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

¹ 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).



NARAL Pro-Choice Maryland

SB1028 Health Occupations - Conversion Therapy for Minors – Prohibition (Youth Mental Health Protection Act)

Presented to the Hon. Joan Carter-Conway and
Members of the Senate Education, Health, & Environmental Affairs Committee
March 7, 2018, 1:00 p.m.

POSITION: SUPPORT

NARAL Pro-Choice Maryland urges the Senate Education, Health, & Environmental Affairs Committee a favorable report for SB1028, Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act), sponsored by Sen. Richard Madaleno.

SB1028 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.ⁱ

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."ⁱⁱ 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.ⁱⁱⁱ

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

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cites evidence that these therapies actually increase the risk of causing or exacerbating mental health conditions in young individuals.^{iv}

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.^v 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.”^{vi}

Therefore, NARAL Pro-Choice Maryland urges a favorable report on SB1028. Thank you for your time and thoughtful consideration.

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

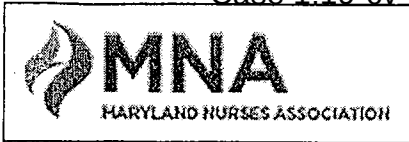
ⁱⁱ American Psychological Association. (2009). *Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts*. Retrieved from <http://www.apa.org/about/policy/sexual-orientation.aspx>

ⁱⁱⁱ 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>

^{iv} 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

^v 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>

^{vi} 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>



Support

SB 1028 – Youth Mental Health Protection Act.

Senate Education, Health & Environmental Affairs Committee

March 7, 2018

The Maryland Nurses Association (MNA) strongly supports SB 1028- 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.¹

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 SB 1028. If you have any questions, please contact Robyn Elliott, at relliott@policypartners.net or (443) 926-3443.

¹ *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=2292051>.



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www.plannedparenthood.org/maryland

Planned Parenthood of Maryland

Support

SB 1028 – Youth Mental Health Protection Act.

Senate Education, Health, and Environmental Affairs Committee

March 7, 2018

Planned Parenthood of Maryland (PPM) strongly supports SB 1028- Youth Mental Health Protection Act. This bill is essential in protecting LGBTQ youth from the harmful effects of “conversion therapy” provided by licensed health care providers. The bill also protects parents who may not be aware of the long-term harm caused by “conversion therapy”.

PPM stands with other major health care organizations in stating that conversion therapy is not therapy at all. It is not an accepted clinical practice among health care providers. We join with the American Psychological Association, American Psychiatric Association, the National Association of Social Workers, the American Counseling Association Governing Council, the American School Counselor Association, the American Psychoanalytic Association, the Pan American Health Organization, the American Association of Sexuality Educators, Counselors, and Therapists, and the American College of Physicians in our position that the practice of conversion therapy is harmful.

Please protect our LGBTQ youth and vote favorably on SB 1028. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.



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March 7, 2018

SB 1028 (Senator Madaleno) – Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act)

Senate Education, Health and Environmental Affairs Committee

Madame Chair Carter, Vice Chairman Pinsky and members of the Senate Education, Health and Environmental Affairs 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 SB1028, 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 issues¹. 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 depression². Being a LGBT person of color, or having a disability or living in poverty, means facing multiple levels of discrimination and stigma.

¹ 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

² 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 SB1028.

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

Jessica Honke, MSW
Policy & Advocacy Director
NAMI Maryland
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410.884.8691 (office)
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AMERICAN ATHEISTS

March 7, 2018

The Honorable Senator Joan Carter Conway
Chair, Senate Committee on Education, Health and Environmental Affairs
2 West
Miller Senate Office Building
Annapolis, Maryland 21401

Re: SUPPORT for SB 1028, Testimony from American Atheists in support of legislation to protect minors in Maryland from the dangerous practice of conversion therapy

Dear Senator Conway and Members of the Committee:

American Atheists, on behalf of its more than 700 constituents in Maryland, thanks you for considering SB 1028, 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 gender non-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

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EXHIBIT 6-31

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.¹ 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 18.²

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.³ 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 SB 1028, please contact Alison Gill, American Atheists Legal and Policy Director, at 908.276.7300 x9 or by email at agill@atheists.org.

Sincerely,



Samantha McGuire
Maryland Assistant State Director
American Atheists

¹ 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.

² 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>.

³ 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).

MARYLAND PSYCHIATRIC SOCIETY



OFFICERS 2017-2018

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Steven R. Daviss, M.D.

March 7, 2018

The Honorable Joan Carter Conway, Chair
Education, Health, & Environmental Affairs Committee
2 West, Miller Senate Office Building
Annapolis, MD 21401

RE: SUPPORT: SB 1028: Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act)

Dear Chairwoman Conway 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 Senate Bill 1028 (SB 1028), because MPS, along with several national organizations including the American Psychiatric Association (APA) and the American Association of Child and Adolescent Psychiatry, does 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 Senate Bill 1028: 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.

Respectfully submitted,

The Legislative Action Committee for the Maryland Psychiatric Society

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 6-35

Abbie M. Ellicott, Ph.D.
Clinical Psychologist
479 Jumpers Hole Rd. Suite 304B
Severna Park, MD 21146

HB902/SB1028 SUPPORT Youth Mental Health Protection Act

I am Dr. Abbie Ellicott and I am a licensed psychologist in Anne Arundel County. I have practiced for more than 30 years. I am here because I believe that Maryland needs the Youth Mental Health Protection Act which is narrowly targeted at preventing licensed healthcare professionals from conducting conversion therapy with youth.

Conversion therapy is a range of dangerous and discredited practices that falsely claim to change a person's sexual orientation or gender identity. In other words, it attempts to make LGBTQ youth heterosexual and gender conforming. It is based on the false assumption that being LGBTQ is abnormal. It has been proven to be totally ineffective, as well as harmful.

There are three main reasons why we need the youth mental health protection act.

1) First and foremost, conversion therapy is harmful to youth. Research shows that conversion therapy poses significant risks for LGBTQ youth, including depression, decreased self-esteem, substance abuse, homelessness, and suicide. It is condemned by every major medical and mental health organization, including the American Medical Association and the American Psychological Association. Research from the Williams Institute at UCLA indicates that an estimated 20,000 minors in states without protections will be subjected to conversion therapy by a licensed healthcare professional (<https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>)

2) Conversion therapy goes against basic principles of psychotherapy. Psychotherapy must be a place of trust and safety where clients can explore all issues without judgment or bias from their therapist. Conversion therapy presumes that being LGBTQ is wrong and reflects a psychological disorder. It assumes that LGBTQ youth are unacceptable as they are and need to change to be more conforming. This is simply wrong. Clients should never be treated in shaming, intimidating, or abusive ways by health professionals. As therapists, we strive to do no harm, and conversion therapy is clearly harmful. It is especially dangerous to young people, who have no protection against being subjected to these practices, as they cannot give their own consent for treatment.

3) Conversion therapy is fraudulent. Conversion therapy purports to be able to change sexual orientation. Research has shown that this is simply not possible for therapy to do. Therefore, the child and family are led to believe that conversion therapy will have an outcome that is not possible. Parents and youth must be protected from this fraudulent practice.

While conversion therapy is banned in ten states and the District of Columbia, it is still legal in Maryland. Please take action to protect our vulnerable youth and to ensure that children never have to experience the physical and emotional trauma caused by conversion therapy.

Abbie M. Ellicott, Ph.D.



Testimony for the Senate Education, Health and Environmental Affairs
Committee
March 7, 2017

SB 1028 - Health Occupations - Conversion Therapy for Minors -
Prohibition (Youth Mental Health Protection Act)

JOANNA DIAMOND
ADVOCACY CONSULTANT

SUPPORT

The American Civil Liberties Union of Maryland (ACLU) supports SB 1028, The Youth Mental Health Protection Act, which 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.

As an organization committed to equality, liberty, and freedom for all people, the ACLU strongly supports government policies that prevent discrimination and protect LGBT rights. The government should not be in the business of providing licenses to discriminate against entire groups of people because of who they are or who they love. This type of discrimination has no place in our state, and it should be abolished.

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. National and statewide leaders in medicine, mental healthcare, and human services have rejected this practice.¹

By preventing state-licensed mental health care providers from engaging in conversion therapy with youth below the age of 18, The Youth Mental Health Protection Act would send a clear message that Maryland does not condone conversion therapy. 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. Additionally, this bill 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.

¹ See American Psychological Association, *Just the Facts About Sexual Orientation & Youth: A Primer for Principals, Educators and School Personnel*, available at <http://www.apa.org/pi/lgbcfacts.pdf> (“The most important fact about ‘reparative therapy,’ also sometimes known as ‘conversion’ therapy, is that it is based on an understanding of homosexuality that has been rejected by all the major health and mental health professions. The American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the National Association of School Psychologists, and the National Association of Social Workers, together representing more than 477,000 health and mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus there is no need for a ‘cure.’”).

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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. Maryland must be next in protecting LGBTQ youth from the abusive and fraudulent practice of conversion therapy.

For these reasons, we urge you to issue a favorable recommendation for SB 1028.

AMERICAN CIVIL
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BILL NO: Senate Bill 1028
TITLE: Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act)
COMMITTEE: Senate Education, Health, and Environmental Affairs Committee
HEARING DATE: March 7, 2018
POSITION: SUPPORT

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To the Chair, Vice-Chair, 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 (SB 1028) 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 Marriage

March 6, 2018
Page 2 of 2

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.¹ Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.² 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.³

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

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

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

³ 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).



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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 6-41

**SENATE BILL 1028:
YOUTH MENTAL HEALTH PROTECTION ACT
TESTIMONY OF DAVID S. FISHBACK, MARYLAND ADVOCACY CHAIR,
METRO DC CHAPTER OF PFLAG,
IN SUPPORT
BEFORE THE MARYLAND SENATE EDUCATION, HEALTH,
AND ENVIRONMENTAL AFFAIRS COMMITTEE
MARCH 7, 2018**

My name is David Fishback, and I am testifying in support of HB 902 on behalf of the Metro DC Chapter of PFLAG, an organization that supports LGBTQ people and their families. As a PFLAG dad, I have been active for many years to protect LGBTQ people, and particularly children. My wife and I are grateful for the steps taken by the General Assembly, including the enactment of Civil Marriage Equality. I cannot present this testimony in person because we are visiting our older son and his husband and our grandchildren in California.

The State of Maryland properly oversees the licensing of medical and mental health providers, requiring that they comport with appropriate standards of care. In so doing, the lodestar is the Hippocratic oath, which begins, "First, do no harm." HB 902 would bar licensed providers from practicing on minors the long-discredited practice of "conversion therapy," which purports to change a person's sexual orientation or gender identity. In enacting such a law, Maryland would be joining a number of states and localities who have already taken this important step.

What is clear and undisputable is that every American mainstream medical and mental health professional association, including the American Medical Association, opposes "conversion therapy." See <https://www.hrc.org/resources/policy-and-position-statements-on-conversion-therapy> and <https://www.apa.org/pi/lgbt/resources/just-the-facts.pdf> This uniform opposition is based on the findings that such therapies not only are ineffective, but that they inflict great psychological harm on patients exposed to them, causing great distress, depression, and, often, suicide.

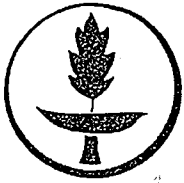
In my roles as a parent, as Chair of the Montgomery Public Schools' Citizens Advisory Committee on Family Life and Human Development (2003-2005), and as Metro DC PFLAG Advocacy Chair since 2006, I have learned much about the notion of conversion therapy. I learned not just from study, but from speaking with people who were subjected to such therapy. Trying to push round pegs into square holes never works, and does damage to the pegs. The instances of emotional devastation, depression, and suicide on the part of those who, for example, were told that God condemned them for being gay have been legion. To do this with the imprimatur of state licensing added to the outrage, and may even have convinced perhaps well-meaning but unwitting parents to send their LGBT children to such "therapists."

For many years, the leading conversion therapy group was Exodus International. But one Exodus leader after another — people who had asserted they were "cured" — "fell off the wagon." For example, in 2008, I had a televised debate with Exodus representative Randy Thomas. Mr. Thomas's response to the fact that the AMA opposed conversion therapy was simply to assert that it is "just another professional association taken over by gay activists." See <http://vigilance.teachthefacts.org/2008/05/david-fishback-on->

[newschannel-8.html](#). In 2015, Mr. Thomas, who had for years said he was an "ex-gay," left Exodus, announcing that he was, in fact, gay. See <https://truthwinsout.org/opinion/2015/01/40517/>. And later that year, Alvin Chambers, the last president of Exodus, admitted that the therapies were both useless and harmful, and the organization was shut down. See <https://www.theatlantic.com/politics/archive/2015/10/the-man-who-dismantled-the-ex-gay-ministry/408970/> These examples were not simply anecdotal; rather, they were consistent with what the mainstream medical and scientific community had already learned.

None of the should have been a surprise. In my role as Chair of the MCPS Citizens Advisory, I was presented with numerous "studies" that purported to support the notion that conversion therapy was viable. On close examination, in conjunction with medical professionals, I learned that those studies typically were not submitted for scientific peer review and were funded by professional anti-LGBTQ groups like the Family Research Council. While the Family Research Council has now seized control of LGBTQ-related policy in the Trump Administration, that does not make the falsehoods they have been peddling about sexual orientation and gender identity any more valid than they were before.

Maryland should not allow such dangerous "therapies" to be imposed on children under the imprimatur of state licensing. Thank you for your consideration of this important piece of legislation. It could save the lives of Maryland children.



The Unitarian Universalist Church of Annapolis

333 Dubois Ave. Annapolis, MD 21401
Reverend Kathleen C. Rolenz, Interim Senior Minister

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

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

I am writing to strongly urge you to support the Youth Mental Health Protection Act. As a member of the clergy whose denomination has been historically pro-active on LGBTQI issues, I can personally attest to the need to protect youth from the dangerous practice known as conversion therapy. My reasons for asking your support are below.

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, and as minister of the Unitarian Universalist Church of Annapolis, I supports HB 902/SB1028. We respectfully urge a favorable report, and thank you in advance for your attention to this important matter of protecting the most vulnerable among us. If you have any questions, concerns or would like a personal testimony, please do not hesitate to contact me.

Respectfully submitted,

Rev. Kathleen C. Rolenz, Senior Interim Minister, Unitarian Universalist Church of Annapolis

EXHIBIT 6-44

Jennifer Haber, concerned citizen Severna Park, Maryland
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

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

I am writing as a concerned citizen dismayed that Maryland still allows conversion therapy. Here is a quote from Sam Brinton's Op Ed in the New York Times, 1/24/18 titled, *I Was Tortured In Gay Conversion Therapy. It Is Still Legal In 41 States.* He states: *For over two years, I sat on a couch and endured emotionally painful sessions with a counselor. I was told that my faith community rejected my sexuality; that I was the abomination we had heard about in Sunday school; that I was the only gay person in the world; that it was inevitable I would get H.I.V. and AIDS. But it didn't stop with these hurtful talk-therapy sessions. The therapist ordered me bound to a table to have ice, heat and electricity applied to my body. I was forced to watch clips on a television of gay men holding hands, hugging and having sex. I was supposed to associate those images with the pain I was feeling to once and for all turn into a straight boy. In the end it didn't work. I would say that it did, just to make the pain go away.*

As a mother and a person that support equal rights for everyone and believes that every person should be treated with dignity and respect and embraced for who they are, I cannot abide the fact that there are children in Maryland being subjected for being who they are. All children should be embraced and loved and conversion therapy does the exact opposite. It teaches children to be ashamed and hateful of who they are and does irreparable damage in the process. Not only is conversion completely ineffective, it has dangerous consequences. 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.

It is the responsibility of every Legislator to protect Maryland's children and failing to pass this bill would not only be negligent but supportive of the abuse that occurs in conversion therapy. 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.

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. I respectfully urge a favorable report.



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February 27, 2018

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

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

I write to you in support of HB 902/SB 1028, the *Youth Mental Health Protection Act*.

The Youth Mental Health Protection Act (HB 902/SB1028) would protect LGBT youth from 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 in the U.S.

The National Center for Lesbian Rights (NCLR) is a national nonprofit legal organization dedicated to protecting and advancing the civil rights of lesbian, gay, bisexual, and transgender (LGBT) people and their families. NCLR's youth project was founded in 1993 specifically to address the mistreatment of LGBT youth in the mental health system. As part of the #BornPerfect campaign, we support a network of survivors of these dangerous and discredited practices through the process of telling what can be deeply re-traumatizing stories. We have seen firsthand the devastating impact on parents and families when they are misled by state-licensed professionals who give them false information that therapy can change a child's sexual orientation or gender identity. Tragically, based on our direct experience as well as that of others who serve this young population, all the children subjected to these dangerous practices are harmed, but not all of them survive.'

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.



NATIONAL CENTER FOR LESBIAN RIGHTS

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.

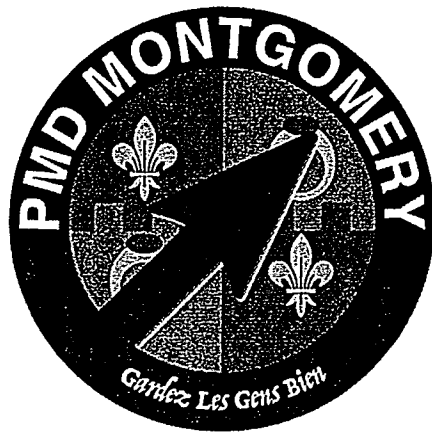
For these reasons, NCLR supports HB 902/SB1028. We respectfully urge a favorable report.

Respectfully,

A handwritten signature in cursive script that reads "Carolyn Reyes".

Carolyn Reyes, Esq., MSW

Youth Policy Counsel & #BornPerfect Campaign Coordinator



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

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

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, the Progressive Maryland Montgomery County Chapter supports HB 902/SB1028. We respectfully urge a favorable report.

GREGORY C. FEY, MD
GENERAL AND FORENSIC PSYCHIATRY
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February 25, 2018

BILL NO: House Bill 902
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 writing to support HB 902, the Youth Mental Health Protection Act. It is widely accepted within the medical community that conversion therapy, also known as reparative therapy, is not only ineffective, but even more importantly, is harmful to youth who are generally subjected to the therapy by perhaps well-intentioned, but misinformed, therapists or parents. Policy and position statements on conversion therapy are universally condemnatory, and state law should be in accordance with the preponderance of scientific evidence and with evolving standards of societal decency. First, let me summarize some of the position statements of medical associations.

- 1) American Medical Association (reaffirmed 2012)—“opposes the use of ‘reparative’ or ‘conversion’ therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation.”
- 2) American Psychiatric Association (2000)—“Psychotherapeutic modalities to convert or ‘repair’ homosexuality are based on developmental theories whose scientific validity is questionable.... In the last four decades, ‘reparative’ therapists have not produced any rigorous scientific research to substantiate their claims of cure.... 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.... 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.”
- 3) American Academy of Child and Adolescent Psychiatry (2018)—“finds no evidence to support the application of any ‘therapeutic intervention’ operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological.... ‘Conversion therapies’ lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, ‘conversion therapies’ should not be part of any behavioral health treatment of children and adolescents.

These positions are in concordance with other large organizations, including the American Academy of Pediatrics, American College of Physicians, American Counseling Association, American Psychological Association, National Association Social Workers, and more.

It is important to be clear that these positions are the result of decades of medical research and scientific evidence, not merely because of cultural shifts. Sexual orientation has a strong biological component, which is then influenced by genetic, hormonal and environmental factors. There is no scientific evidence that sexual orientation is a choice. There is no evidence that conversion therapies have been at all efficacious. There is evidence that these treatments have been harmful.

EXHIBIT 6-51

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GCF

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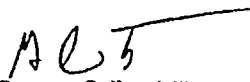
The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-I), the first edition in 1952, classified Homosexuality as a type of "sociopathic personality disturbance." The second edition (DSM-II), 1968, still listed homosexuality as a "sexual deviation," but not a sociopathic personality disturbance. In the early 1970's, the American Psychiatric Association designated a committee to look at the scientific research. This resulted in a series of changes in the DSM over the next decade, beginning in 1974, when Homosexuality was removed as a mental disorder from the 7th edition of the DSM-II. That was nearly 44 years ago, and it continues to be the overwhelming consensus of the medical community that sexual orientation is not pathology and not a choice.

My experiences as a psychiatrist began in the United States Air Force, where I served as an officer and practicing psychiatrist for 9 years between 1993 and 2002. This was in the midst of the "Don't Ask, Don't Tell" policy, instituted by the Clinton Administration in 1994. During this period of time, I observed in my clinical practice the negative effect that that policy had on military personnel. I also had good friendships with well-respected colleagues, who had to deal with the personal effects of that policy. I gained an understanding of the challenges that exist for LGBT youth, as they come to terms with their sexual orientation in the midst of communities or families that are not accepting of what is their orientation, not preference. One colleague will now be retiring this year as a full bird colonel after 25 years of service in the USAF. He has benefitted from changes in Department of Defense policy in recent years. For decades he had to live in the so-called closet due to negative cultural biases and arcane policies. Allowing conversion therapy to remain legal would effectively perpetuate these unfounded dangerous practices.

Sexual orientation conversion efforts have no scientific evidence for being effective. Instead, there is more evidence that the practice is harmful. Over the years, the practice of these therapies have diminished, as the standing of sexual conversion therapists has diminished within the medical community because of the wealth of available scientific evidence demonstrating the lack of efficacy and potential harm of this treatment. If there were medically trained practitioners 50 years ago, who practiced conversion therapy before we understood the harm of this treatment, the therapists who remain are doing so with less training, ostracized from the medical community and without regulation.

As the practice of medicine continues to evolve with the benefits of the accumulation of knowledge that research brings, we have moved on from such harmful treatments as lobotomies, bloodletting and mercury treatment. Conversion therapy, however, may be sustained because of cultural biases or religious beliefs. While this bill does nothing to curtail any type religiously perpetuated practice, it would censure practitioners licensed in the state of Maryland from continuing to conduct such therapies. Legal involvement is necessary in order to protect potentially vulnerable youth from this harmful treatment. It is understood that as a practitioner the ethical obligation is to "First, do no harm." In the spirit of that ethical obligation, I support the Youth Mental Health Protection Act.

Respectfully submitted,


Gregory C. Fey, MD



Susan C. Westgate, MBA, MSW, LCSW-C
Clinical Instructor

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February 27, 2018

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

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

I offer this testimony (as health care worker, a licensed clinical social worker, and educator) and affirm my support for the proposed ban on conversion therapy for LGBTQ minors in the State of Maryland. I am simultaneously amazed that this could finally change and fundamentally astonished that it has *not* already changed. I would like to amplify that today's motion is explicitly addressing the need to ban conversion therapy and deployment of these deplorable tactics on a particularly socially and legally vulnerable population: LGBTQ children. I intentionally use the word *vulnerable* not only to indicate the absence of legal consent for the aforementioned *treatment*, but because vulnerability (as defined by author and researcher Samia Hurst) results in, "an increased likelihood of incurring additional or greater wrong."

I would like to elaborate upon the *greater wrong* done. First, there is no meaningful efficacy to conversion therapy because in essence it is an intervention imposed upon the client as a result of a perceived deficiency in the client's identity and/ or character. This type of highly subjective intervention assumes that one's identity lacks legitimacy and that it can and *should* be changed via coercion, persuasion, or through the imposition of shame-based tactics. This type of intervention also presumes that there is a greater good derived from manipulation of and the relentless questioning of a child's self-disclosed identity.

When we speak of potential greater wrong being done, we also must be sensitive to the key developmental and neuro-biological changes that occur in youth and adolescents. During this stage of life, youth and adolescents are particularly sensitive to stress overall. Consequently, major stressors such as perceived *rejection* by a primary parent or caretaker or influential adult stand to have profoundly enduring adverse effects ranging from poor health to poor educational attainment to poor mental health over the course of the individual's life. How could triaging a youth to a conversion therapy program not be perceived as fundamental rejection of one's true self?

It is critical to note that at baseline, LGBTQ youth face more than enough adversity. A review of health disparities, social disparities and high concentrations of risk for suicidality solidify that assertion. According to the *Trevor Project*:

- LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth.
- LGB youth are almost 5 times as likely to have attempted suicide compared to heterosexual youth.
- In a national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25.



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LGBTQI youth present with these staggering statistics not because something is innately wrong with them, but rather because something is intrinsically wrong with the climate and culture of our largely society. Something is intrinsically wrong when forced suppression of one's true self has been regarded as a legally permissible. Something is intrinsically wrong when any form of law fails to formally discourage licensed providers from providing interventions that result in harm and subsequent emotional trauma. I would add to this that major governing bodies such as National Association for Social Workers, the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American Medical Association etc. have formally and publically rejected conversion therapy.

In closing I would offer that self-realization and self-actualization through coming out should not be met with a myriad of oppressive *treatment options* to *correct* for courageous self-disclosure. Instead, such courage should be met with the awareness that the recipient of that truth stands to play an instrumental role in influencing what happens next.

Hermann Hesse once said, "I wanted only to live in accord with the promptings which came from my true self. Why was that so very difficult?" Self-discovery and self-disclosure can be among the most terrifying and exhilarating moment in one's life, and we truly have the opportunity to respond to Hesse's inquiry by making things less *difficult*. Pursuit of justice and equity, eliminating bad laws, and reforming our larger culture is in truth life-saving work. I know where I have been, I know where my clients have been, but I remain an optimist because I believe that we can seize this opportunity and do the right and powerful thing that is long overdue.

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

Respectfully,

A handwritten signature in black ink, appearing to be the initials "SW" followed by a long horizontal stroke.

Susan C. Westgate, MBA, MSW, LCSW-C

Kate MacShane, M.Ed., MSW, LCSW-C
Clinical Social Worker in Private Practice, Frederick, Maryland
Specializing in Affirmative Care for LGBTQ+ Children, Adolescents, and Adults

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**

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

My name is Kate MacShane, and I support the Youth Mental Health Protection Act (HB 902/SB 1028). I'm a licensed clinical social worker here in Maryland, and I am proud to be a resident of Frederick City and a constituent of Senator Ron Young and Delegate Karen Lewis-Young, co-sponsors of this bill. I received my master's degree in social work from the Smith College School for Social Work. I also hold a master's degree in education from American University. I am a member of the World Professional Association of Transgender Health; the American Association of Sexuality Educators, Counselors, and Therapists; and the National Association of Social Workers. I maintain a private therapy practice in Frederick, the focus of which is the care of people of diverse genders and sexual orientations. I see people ages three and up, and most of my clients are youth and young adults who are lesbian, gay, bisexual, transgender, or queer (LGBTQ). I work from an affirmative perspective and seek to help people explore and become their authentic selves, by their own determination.

It is a great privilege to be a therapist because people who seek therapy are fundamentally brave. It takes immense courage to, in the midst of suffering, make oneself vulnerable to a stranger. This is especially true for young people who hold gender and sexual identities that are still widely subject to discrimination. The therapeutic relationship should be one in which all people have confidence that they will not be condemned, exploited, or harmed. Unfortunately, many of my clients have experienced family members, teachers, doctors, and even previous therapists trying to dissuade and even prevent them from being themselves. Imagine seeking help from a professional and being told that the path to healing is to destroy, ignore, or deny a part of yourself that you couldn't change even if you wanted to. I have personally treated people who identify as survivors of conversion therapy, and I can attest that it can take years to overcome the traumatic violation of trust that this type of "therapy" represents. I urge you to vote in support of this bill that would prevent licensed mental health professionals from abusing the therapeutic privilege by harming the LGBTQ youth and families in their care.

I support the Youth Mental Health Protection Act because every day in my practice, I see firsthand the grievous emotional harm that can be done to LGBTQ young people who are forbidden, discouraged, or otherwise made afraid to be themselves by adults in positions of authority. We must ensure that mental health care providers are not among these. It is the overwhelming consensus among mental health professionals that conversion therapy is at best ineffective and at worst, dangerous. It is important that the few in my field who still choose to practice conversion therapy with young people are explicitly prevented from harming anyone else. Passing this bill would send a clear message that in the state of Maryland, LGBTQ youth are valued and considered worthy of protection.



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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.

We at WATER support laws that treat LGBTQ youth with dignity and respect, what I want for my child. The *Youth Mental Health Protection Act* is a necessary step in the right

direction. I urge Maryland legislators to vote for it. We must provide queer youth with resources that help them embrace and celebrate their identities, not treat them with faulty, discriminatory practices. Imagine if we lived in a world where queer youth were able to thrive? That is the world we at WATER seek to create, starting at home in Maryland.

Mary E. Hunt, Ph.D. is a Catholic feminist theologian, co-founder and co-director of the Women's Alliance for Theology, Ethics, and Ritual (WATER) in Silver Spring, MD.

February 26, 2018

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

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. I work as a school social worker in a high school in Anne Arundel County Public schools. I have seen first-hand when youth are not allowed to express their true sexual identity and sexual preference and how this "closeted" mentality deliberately contributes to depression and suicidal thinking.

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, Kristine Smith, LCSW-C supports HB 902/SB1028. I respectfully urge a favorable report.

State of Maryland Commission on Civil Rights

"Our vision is to have a State that is free from any trace of unlawful discrimination."



Officers

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Cleveland L. Horton II, Deputy Director
Nicolette Young, Assistant Director
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Dominique S. Moore, Esq.
Naima Said, Esq.
DeWayne Wickham

March 7, 2018

Letter of Support: Senate Bill 1028 – Health Occupations – Conversion Therapy for Minors – Prohibition (Youth Mental Health Protection Act)

Dear Chairperson Conway, Vice Chairperson Pinsky, and members of the Senate Education, Health, & Environmental Affairs Committee:

The Maryland Commission on Civil Rights (“MCCR”; “The Commission”) is the State agency responsible for the enforcement of laws prohibiting discrimination in employment, housing, public accommodations, and state contracts based upon race, color, religion, sex, age, national origin, marital status, familial status, sexual orientation, gender identity, genetic information, and physical and mental disability.

Senate Bill 1028 bans a mental health or child care practitioner from providing conversion therapy services to minors, as defined in the legislation. The Commission supports this bill based on its merit that an individual’s sexual orientation or gender identity is not a disorder or a sickness that must be treated or cured.

The Maryland Commission on Civil Rights urges the committee to vote favorably on SB1028.

Kate MacShane, M.Ed., MSW, LCSW-C
Clinical Social Worker in Private Practice, Frederick, Maryland
Specializing in Affirmative Care for LGBTQ+ Children, Adolescents, and Adults

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**

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

My name is Kate MacShane, and I support the Youth Mental Health Protection Act (HB 902/SB 1028). I'm a licensed clinical social worker here in Maryland, and I am proud to be a resident of Frederick City and a constituent of Senator Ron Young and Delegate Karen Lewis-Young, co-sponsors of this bill. I received my master's degree in social work from the Smith College School for Social Work. I also hold a master's degree in education from American University. I am a member of the World Professional Association of Transgender Health; the American Association of Sexuality Educators, Counselors, and Therapists; and the National Association of Social Workers. I maintain a private therapy practice in Frederick, the focus of which is the care of people of diverse genders and sexual orientations. I see people ages three and up, and most of my clients are youth and young adults who are lesbian, gay, bisexual, transgender, or queer (LGBTQ). I work from an affirmative perspective and seek to help people explore and become their authentic selves, by their own determination.

It is a great privilege to be a therapist because people who seek therapy are fundamentally brave. It takes immense courage to, in the midst of suffering, make oneself vulnerable to a stranger. This is especially true for young people who hold gender and sexual identities that are still widely subject to discrimination. The therapeutic relationship should be one in which all people have confidence that they will not be condemned, exploited, or harmed. Unfortunately, many of my clients have experienced family members, teachers, doctors, and even previous therapists trying to dissuade and even prevent them from being themselves. Imagine seeking help from a professional and being told that the path to healing is to destroy, ignore, or deny a part of yourself that you couldn't change even if you wanted to. I have personally treated people who identify as survivors of conversion therapy, and I can attest that it can take years to overcome the traumatic violation of trust that this type of "therapy" represents. I urge you to vote in support of this bill that would prevent licensed mental health professionals from abusing the therapeutic privilege by harming the LGBTQ youth and families in their care.

I support the Youth Mental Health Protection Act because every day in my practice, I see firsthand the grievous emotional harm that can be done to LGBTQ young people who are forbidden, discouraged, or otherwise made afraid to be themselves by adults in positions of authority. We must ensure that mental health care providers are not among these. It is the overwhelming consensus among mental health professionals that conversion therapy is at best ineffective and at worst, dangerous. It is important that the few in my field who still choose to practice conversion therapy with young people are explicitly prevented from harming anyone else. Passing this bill would send a clear message that in the state of Maryland, LGBTQ youth are valued and considered worthy of protection.

Marla M. Sanzone, Ph.D.

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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 (HOUSE)
POSITION: **SUPPORT**

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

The Youth Mental Health Protection Act (HB 902) would 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 the relevant licensing authority.

Support of this bill 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.

I am a psychologist in Annapolis with 30 years experience in private practice, as past president of the Maryland Psychological Association, and a 2-term former member of the Board of Examiners of Psychologists. From both clinical and non-clinical perspectives I’ve witnessed the effects of practitioners whose unregulated and/or misguided practices harmed and/or exploited patients whose vulnerabilities were laid bare to their services. To serve the citizens of Maryland in a professional capacity is a privilege, not a right. As such and in order to ensure the safety of those who don’t have the knowledge base or life experience to defend themselves, we owe it to the public who seek professional and scientifically grounded guidance the respect to evolve the parameters that regulate as the evidence becomes available.

While we must all always aspire to standards that reach beyond the cultural prejudices that bathe each generation, part of our responsibility in this regard is to provide the young people in search of counsel the protective reassurance and insulation in the form of laws that add a measure of safeguard from oppressive forces.

Conversion therapy also called “reparative / sexual orientation change therapy” refers to the harmful, discredited unethical practices that falsely claim to change a person’s sexual orientation or gender identity expression. These practices are based on scientifically unfounded, culturally biased premises that being lesbian, gay, bisexual or transgender is a mental illness that can /needs to be cured.

The research shows that conversion therapy contributes to higher rates of dangerous health risks such as the following:

- depression, anxiety and low self-esteem
- substance abuse,
- homelessness,
- self-harm or self-injury such as cutting, and suicidality

Every major medical and mental health organization condemned these practices as scientifically invalid, ineffective, unethical and harmful, including but not limited to the following:

- American Medical Association
- American Psychological Association
- American Psychiatric Association
- American Academy of Child and Adolescent Psychiatry
- American Academy of Pediatrics
- American College of Physicians
- American Counseling Association
- National Association Social Workers

We in Maryland are right to be proud of our state's strong record of supporting and protecting youth and families. So in 2018 it is disquieting, to say the least that we are in the position of needing a law to protect children from a discredited and potentially damaging practice.

Were we considering a physical treatment lacking scientific rigor and efficacy, and that had been shown to cause harm such as heroin-laced aspirin called "diamorphine" to treat children's coughs and sore throats or "galvanic baths", electric shock belts strapped to men in bathtubs to treat kidney pain, sciatic nerve pain and impotence in the 1800s, would we even be having a discussion about passing a bill to outlaw such treatments by licensed providers, nonetheless on minors?

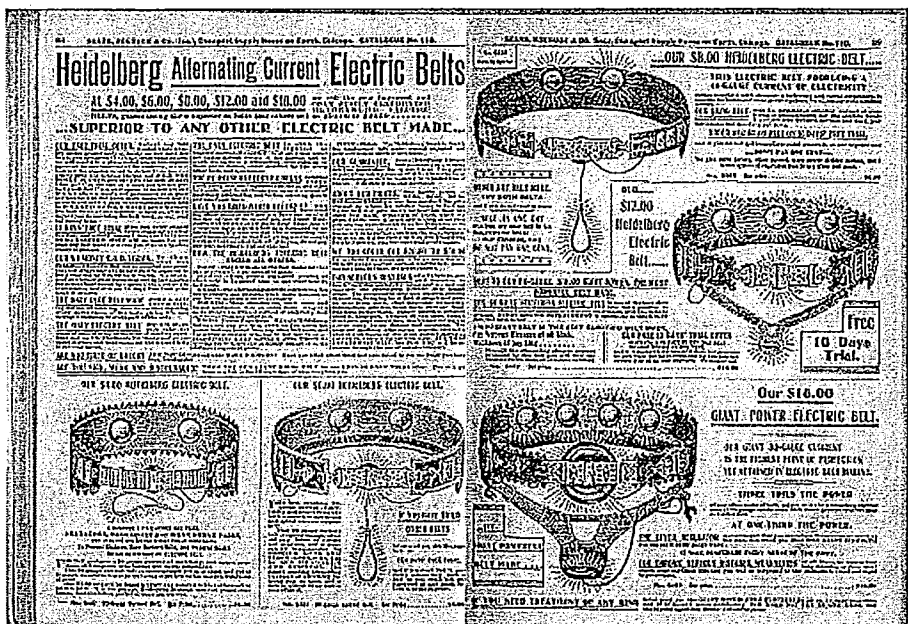


EXHIBIT 6-64

Are we accepting that Maryland's children will be among the 13,000 to 32,000 LGBT citizens who will be subjected to these harmful practices? That is the number of 13 to 17 year olds, kids who cannot advocate for themselves who will undergo conversion therapy from a licensed health care professional before their 18th birthdays?

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 LGBT youth from the abusive and fraudulent practice of conversion therapy. In this time when youth mental health / mental illness is in the headlines and states are eager to find ways to strengthen mental health provisions for the young, supporting HB902 adds momentum to Maryland's proactive support of the mental well-being and development of our young people.

Sincerely,

Marla M. Sanzone, PhD
Clinical Psychologist and Member of WISE

Education, Health, and Environmental Affairs

3/7/2018

LB67Q

1 of 2



SB1028 - Senator Madaleno

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

TOTALS: Panels: 2 FAV: 15 FW/A: 0 UNF: 1 INFO: 0 Oral: 12 Written: 8

3/7/2018 1:00 PM

Type	Position	Testify	Name	Organization	Address	Phone	Email
Panel - Bill Sponsor	FAV	Oral	Senator Madaleno				
	FAV	Oral	Mark Procopio	FreeState Justice	2526 St. Paul St, Baltimore, MD 21218	4106255428	mprocopio@freestate-justice.org
	FAV	Oral	Xavier Persad	Human Rights Campaign			xavier.persad@hrc.org
Panel - Public	FAV	Oral	Kate MacShane, MSW, LCSW-C, M.Ed.			301-547-1375	
	FAV	Oral	Matthew Shurka				shurka@me.com
	FAV	Oral	Mark Eckstein			305-773-3393	
	FAV	Oral	Marla Sanzone, PhD, MP			410-507-2939	
	FAV	Oral	Jennifer Kent	FreeState Justice			jkent@freestate-justice.org
Individual	FAV	Both	ROBYN ELLIOTT	MNA			
Individual	FAV	Both	Jessica Honke	National Alliance on Mental Illness			
Individual	FAV	Both	Alan Kittleman	Howard County			
Individual	UNF	Both	Mary Beth Waddell	Family Research Council	801 G St NW Washington, DC		
Individual	FAV	Written	Andrew Jones				
Individual	FAV	Written	Mihir Khetarpal	University of Maryland Student Government Association			

UNF ORAL Grace Harley

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Education, Health, and Environmental Affairs

3/7/2018

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Type	Position	Testify	Name	Organization	Address	Phone	Email
Individual	FAV	Written	Office of the Attorney General OAG				
Individual	FAV	Written	Tommy Tompsett	Maryland Psychiatric Society			