

HB0902

2018 Regular Session

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

Sponsored by: Delegate Cullison

Status: In the House - Favorable Report Adopted

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

April 10, 2018 12:09 A.M.

EXHIBIT 3



DEPARTMENT OF LEGISLATIVE SERVICES
OFFICE OF POLICY ANALYSIS
MARYLAND GENERAL ASSEMBLY

Victoria L. Gruber
Executive Director

Ryan Bishop
Director

March 8, 2019

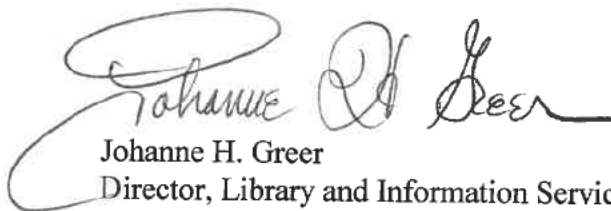
TO WHOM IT MAY CONCERN:

CERTIFICATION OF COPY OF LEGISLATIVE RECORDS

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

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

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



Johanne H. Greer
Director, Library and Information Services

JHG/cm
Enclosure



HEALTH AND GOVERNMENT OPERATIONS COMMITTEE

SHANE E. PENDERGRASS, CHAIR · COMMITTEE REPORT SYSTEM

DEPARTMENT OF LEGISLATIVE SERVICES · 2018 MARYLAND GENERAL ASSEMBLY

FLOOR REPORT

House Bill 902

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

BILL SUMMARY

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

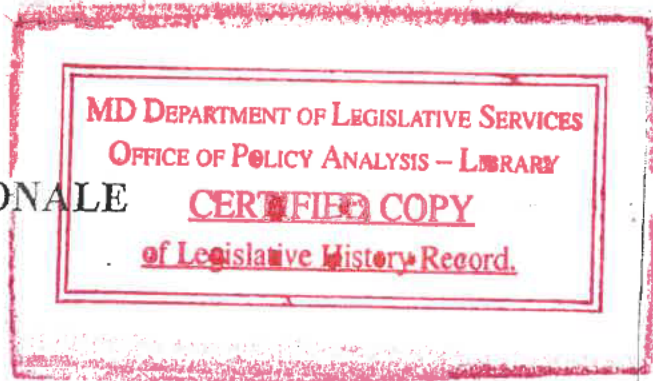
This bill is identical to Senate Bill 1028.

AMENDMENT SUMMARY AND RATIONALE

No amendments.

BACKGROUND:

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



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

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

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

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

ANALYST: Lisa Simpson

EXT: 5398

BRIAN E. FROSH
ATTORNEY GENERAL



SANDRA BENSON BRANTLEY
COUNSEL TO THE GENERAL ASSEMBLY

ELIZABETH F. HARRIS
CHIEF DEPUTY ATTORNEY GENERAL

KATHRYN M. ROWE
DEPUTY COUNSEL

CAROLYN A. QUATTROCKI
DEPUTY ATTORNEY GENERAL

JEREMY M. MCCOY
ASSISTANT ATTORNEY GENERAL

DAVID W. STAMPER
ASSISTANT ATTORNEY GENERAL

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

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

Dear Delegate Cullison:

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

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

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

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 345 of 506

The Honorable Bonnie Cullison
April 3, 2018
Page 2

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

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

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

Sincerely,



Kathryn M. Rowe
Assistant Attorney General

KMR/kmr
simonaire18

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

**Health and Government
Operations
Committee**

Bill/Resolution Number: HB 902

Voting Record - 2018 Session

Vote Date: 3/30/2018

Final Action: FAV

Motion:

Favorable Favorable with Amendment Unfavorable Withdrawn by Sponsor

No Motion: Referred to Interim - Summer Study Re-referred to: _____

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

Committee Reporter:

Virginia W Charles

EXHIBIT 4-5

JA342

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 347 of 506

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 348 of 506

EXHIBIT 4-6

JA343

SEQ NO. 864
In Chair: Mr. President

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

Senate of Maryland
2018 Regular Session

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

34 Yeas 12 Nays 1 Not Voting 0 Excused 0 Absent

Voting Yea - 34

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

Voting Nay - 12

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

Not Voting - 1

Muse

Excused from Voting - 0

Excused (Absent) - 0

Senate Education, Health, and Environmental Affairs Committee

Bill/Resolution Number: SB 1028

Vote Date: 3/21/18

Voting Record - 2018 Session

Final Action: FWA

Motion:

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

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

Committee Reporter: [Signature]

EXHIBIT 4-8

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 350 of 506

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

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

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

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

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

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

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

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

I urge you to oppose House Bill 902.

¹ “Report of the American Psychological Association Task Force on the Appropriate Therapeutic Responses to Sexual Orientation,” American Psychological Association, [“APA Task Force”], p. 72.

<http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

² “APA Task Force,” p. 73.

³ “APA Task Force,” p. 42.

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

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

I SUPPORT HOUSE BILL 902

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

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

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

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

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

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



Support

HB 902 – Youth Mental Health Protection Act.

House Health and Government Operations Committee

March 1, 2018

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

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

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

LGBTQ youth in Maryland face multiple challenges growing up and as nurses we reject any attempt to make the sexual orientation or gender identity of a child a pathological problem needing intervention. Youth who are subjected to conversion therapy show higher rates of depression, suicide, substance abuse, and higher rates of HIV and STIs transmission.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 HB 902. 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=2930511>

Pendergrass, Shane Delegate

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

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

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

Pendergrass, Shane Delegate

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

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

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 355 of 506



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

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

SUPPORT

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

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

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

EXHIBIT 4-14

JA351

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

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

Testimony is presented on the behalf of

Latisha Corey

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

Sources Cited

1. Ryan, Caitlin, et al. “Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults.” *Pediatrics*, May 2013, pp. 346-352, myhs.ucdmc.ucdavis.edu/documents/41620/0/LGBT+Youth+-+Ryan+Family+Rejection+as+a+Predictor+of+Negative+Health+Outcomes.pdf/705c8650-9a29-4881-b947-6f92a7666ff5.
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.



The American Society for Reproductive Medicine

Administrative Office
1209 Montgomery Highway
Birmingham, Alabama 35216-2809
tel (205)978-5000 • fax (205)978-5005 • email asrm@asrm.org
www.asrm.org • www.reproductivefacts.org • www.asrmcongress.org

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

Officers

Christos Coutifaris, M.D., Ph.D.
President

Peter Schlegel, M.D.
President-Elect

Catherine Racowsky, Ph.D.
Vice President

Richard Paulson, M.D.
Immediate Past President

Owen K. Davis, M.D.
Past President

Michael Thomas, M.D.
Secretary

Jim Toner, M.D.
Treasurer

Directors

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

Affiliated Societies

David Seifer, M.D.
President, SART

Cori Tanrikul, M.D.
President, SMRU

Arthur Chang, Ph.D.
President, SRBT

Larry Layman, M.D.
President, SREI

Samantha Pfeifer, M.D.
President, SRS

Administration

Richard Reindollar, M.D.
Chief Executive Officer

Sue Gillin, Ph.D.
Chief Scientific Officer

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

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

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

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

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

March 12, 2018

Maryland General Assembly
Annapolis, MD 21401

Dear Delegate:

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

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

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

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

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 358 of 506



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

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

Sincerely,

Christos Coutifaris, MD, PhD
President ASRM

David Seifer, MD
President, SART

Pendergrass, Shane Delegate

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

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

Pg: 360 of 506

Filed: 11/26/2019

Doc: 16-1

USCA4 Appeal: 19-2064



Maryland School Psychologists' Association, Inc.

March 5, 2018

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

Re: House Bill 902
SUPPORT

Dear Delegate Pendergrass:

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

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

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

Audrey H. Potter

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

Michelle L. Palmer, PsyS, NCSP

Michelle L. Palmer, PsyS, NCSP
President, MSPA

Pendergrass, Shane Delegate

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

Good Afternoon Delegate Pendergrass,

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

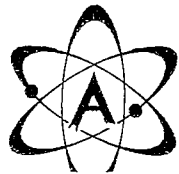
As a parent, child and family therapist working in Prince George's County and member of the American Counseling Association, I was appalled to learn that it is still legal for licensed mental health professionals to engage in conversion therapy with minors. Conversion therapy does not work, can cause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

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

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

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

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 362 of 506



AMERICAN ATHEISTS

March 1, 2018

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

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

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

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

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

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

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

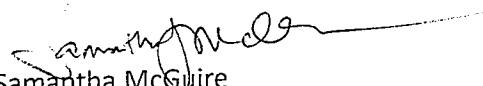
While there is no credible evidence that conversion therapy can change a person's sexual orientation or gender identity or expression, it is clear that conversion therapy poses devastating health risks for LGBTQ young people. These dangerous practices can lead to depression, decreased self-esteem, substance abuse, homelessness, and even suicidal behavior, and for this reason the nation's leading mental health organizations have criticized them.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 HB 902, 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).

February 28, 2018 Assigned to: Health and Government Operations

Testimony from Jayne Walsh Chairperson of PFLAG Leonardtown, MD

HB 0902 FAVORABLE

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

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

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

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

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



45191 Loblolly Court
Tall Timbers, MD
20690

PHONE 240-808-2667
EMAIL PFLAG.Leonardtown@gmail.com
WEBSITE www.facebook.com/PFLAGLeonardtown

EXHIBIT 4-23

JA360

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

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

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

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

Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth is available at:
<http://store.samhsa.gov/product/SMA15-4928>

For further information about SAMHSA please visit: www.samhsa.gov.

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

Jayne C. Walsh

Chairperson of PFLAG Leonardtown Chapter
On behalf of the PFLAG Leonardtown Chapter
Leonardtown, MD
(717) 823-1352
PFLAG.Leonardtown@gmail.com



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

March 1, 2018

OFFICERS

President
Elizabeth Williams-Plunkett, PhD

President-elect
Shreya Hessler, PsyD

Past President
Carol A. Robbins, PhD

Treasurer
Laura Estupiñan-Kane, PhD

Secretary
Linda McGhee PsyD

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

Representative to APA Council
Katherine Killeen, PhD

COMMITTEE CHAIRS

Communications
VACANT

Diversity
Jessica Rothstein, PsyD

Early Career Psychologists
Christina Brooks, PsyD
Shalena Heard, PhD

Education
Esther Finglass, PhD

Ethics
Jack Roth, PhD

Legislative
Kathy Seifert, PhD

Membership
Brian Corrado, PsyD

MPAGS
Leanna Brisson, MA

Professional Practice
Melinda Capaldi, PsyD

PROFESSIONAL AFFAIRS

OFFICER
Paul C. Berman, PhD

EXECUTIVE DIRECTOR
Stefanie J. Reeves, MA, CAE

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

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

Dear Chair Pendergrass and Members of the Committee,

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

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

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

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

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

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

Sincerely,

Elizabeth Plunkett
Elizabeth Plunkett, Ph.D.
President

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

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

EXHIBIT 4-25

JA362

USCA11 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 367 of 506

Pendergrass, Shane Delegate

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

Dear Shane Pendergrass,

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

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

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

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

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

Sincerely,
Jackie Melton



Pendergrass, Shane Delegate

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

Dear Shane Pendergrass,

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

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

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

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

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

Sincerely,

Victoria Taube

Pendergrass, Shane Delegate

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

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

Thanks,

John McConnell

5 Reef Court

Baltimore, MD 21219

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

David H. Pickup, M.A., LMFT
Licensed Marriage and Family Therapist (#202047)
16135 Preston Road, Suite 116
Dallas, TX 75248
(818) 481-2745

Dear Legislators,

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

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

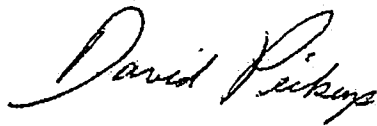
I am one of the experts in real Reparative Therapy in this country. The sponsors of this bill have not even bothered to ask professional therapists what goes on in these sessions. Real RT is about the rise of the authentic secure gendered self. It's about resolving the emotional issues that cause homosexual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

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

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

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

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

A handwritten signature in black ink that reads "David Pickup". The signature is written in a cursive, flowing style.

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

Robin Goodspeed – Testimony AGAINST Conversion Therapy Ban

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

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

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

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

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

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

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

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

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

Pendergrass, Shane Delegate

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

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

Re: MD HB 902 - Therapy Ban

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

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

Pendergrass, Shane Delegate

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

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

Thank you,
Stephen E. Kohler
Baltimore

Pendergrass, Shane Delegate

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

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

Re: MD HB 902 - Therapy Ban

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

These brief video testimonies explain more:

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

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

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

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

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

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

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

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

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

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

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

EXHIBIT 4-35

JA372

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 377 of 506

Pendergrass, Shane Delegate

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

Dear Delegate Pendergrass,

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

Thank you,
Cathy Stogel

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

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

MARYLAND PSYCHIATRIC SOCIETY



March 1, 2018

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

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

Dear Chairman Pendergrass and Honorable Members of the Committee:

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

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

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

The Maryland Psychiatric Society, Inc., A District Branch of the American Psychiatric Association
1101 St. Paul Street, Suite 305, Baltimore, Maryland 21202-6407, 410 625-0232, Fax 410 625-0277
mps@mdpsych.org, <http://www.mdpsych.org>

EXHIBIT 4-37

JA374

OFFICERS 2017-2018

Jennifer T. Palmer, M.D.
President

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

Marsden H. McGuire M.D.
Secretary-Treasurer

Merle C. McCann, M.D.
Council Chairman

EXECUTIVE DIRECTOR
Heidi Bunes

COUNCIL

Jason H. Addison, M.D.

Virginia L. Ashby, M.D.

Mark J. Ehrenreich, M.D.

Ann L. Hackman, M.D.

Annette L. Hanson, M.D.

Margo D. Lauterbach, M.D.

Karen L. Swartz, M.D.

Crystal C. Watkins, M.D., Ph.D.

EARLY CAREER

PSYCHIATRIST COUNCILOR

Jessica V. Merkel-Keller, M.D.

RESIDENT-FELLOW

MEMBER COUNCILOR

Paul Nestadt, M.D.

PAST PRESIDENTS

Brian Zimnitzky, M.D.

Sally A. Waddington, M.D.

APA ASSEMBLY

REPRESENTATIVES

Steven R. Daviss, M.D.

Annette L. Hanson, M.D.

Brian Zimnitzky, M.D.

APA PRESIDENT

Anita S. Everett, M.D.

MEDICAL DELEGATE

Steven R. Daviss, M.D.

Pg. 379 of 506

Filed: 1/26/2019

Doc: 16-1

USCA4 Appeal: 19-2064

MARYLAND PSYCHIATRIC SOCIETY



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

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

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

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

TESTIMONY IN SUPPORT OF BILL #HB902

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

Date: March 1st, 2018

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

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

Re: SUPPORT FOR BILL #HB902

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

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

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

*"The Youth Mental Health Protection Act would protect parents from being taken advantage of by conversion-therapy practitioners by making it clear these practices are ineffective and harmful to their children. It would protect children who are exploring their gender identity and sexual orientation to become the people they are meant to be in safe, supportive ways. And it would add Maryland to the growing number of states that protect LGBTQ youth from the abusive and fraudulent practice of conversion therapy."*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 #HB910.

Respectfully submitted,

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

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>.



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

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

Health and Government Operations Committee

March 1, 2018

Position: SUPPORT

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

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

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

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

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

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

EXHIBIT 4-41

JA378



Women's
Law Center
of Maryland

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

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

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

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

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

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



HOWARD COUNTY OFFICE OF COUNTY EXECUTIVE

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

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

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

February 27, 2018

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

Support for House Bill 902

Dear Chairwoman Pendergrass,

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

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

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

Sincerely,

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

Allan H. Kittleman
County Executive

EXHIBIT 4-43

JA380

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 385 of 506



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

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

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

February 27, 2018

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

Support for House Bill 902

Dear Chairwoman Pendergrass,

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

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

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

Sincerely,

Allan H. Kittleman
County Executive

EXHIBIT 4-44

JA381

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 386 of 506

Sarah Cuneo
9315 West Parkhill Drive
Bethesda, MD 20814

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

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

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

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

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

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

EXHIBIT 4-45

JA382



NAMI Maryland

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

February 13, 2018

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

House Health and Government Operations Committee

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

Position: Support

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

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

Being gay, lesbian, bisexual or transgender is not a mental illness. However, LGBT people face unique risks to their mental health. Many face discrimination from coworkers, family members and peers, as well as society at large. Studies indicate that experiencing social discrimination is a strong predictor of mental health 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, RM., Ayala, G., Bein, E., Jenne, J. & Marin, B.V. (2001). The impact of homophobia, poverty and racism on the mental health of gay and bisexual Latino men: findings from 3 US cities. *American Journal of Public Health*, 91(6), 927-932

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

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

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

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

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

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

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

TESTIMONY IN SUPPORT OF BILL #HB902

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

Date: March 1st, 2018

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

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

Re: SUPPORT FOR BILL #HB902

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

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

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

"The Youth Mental Health Protection Act would protect parents from being taken advantage of by conversion-therapy practitioners by making it clear these practices are ineffective and harmful to their children. It would protect children who are exploring their gender identity and sexual orientation to become the people they are meant to be in safe, supportive ways. And it would add Maryland to the growing number of states that protect LGBTQ youth from the abusive and fraudulent practice of conversion therapy."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/dfd69554-167b-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 #HB910.

Respectfully submitted,

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

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>.



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

February 13, 2018

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

House Health and Government Operations Committee

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

Position: Support

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

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

Being gay, lesbian, bisexual or transgender is not a mental illness. However, LGBT people face unique risks to their mental health. Many face discrimination from coworkers, family members and peers, as well as society at large. Studies indicate that experiencing social discrimination is a strong predictor of mental health 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, RM., Ayala, G., Bein, E., Jenne, J. & Marin, B.V. (2001). The impact of homophobia, poverty and racism on the mental health of gay and bisexual Latino men: findings from 3 US cities. *American Journal of Public Health*, 91(6), 927-932

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

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

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

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

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

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

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



NARAL Pro-Choice Maryland

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

POSITION: SUPPORT

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

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

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

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

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 HB902. 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>



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

Mark Procopio
Executive Director
mprocopio@freestate-justice.org

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

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

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

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

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

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

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

EXHIBIT 4-54

JA391

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 396 of 506

February 28, 2018
Page 2 of 2

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

Research shows that lesbian, gay, and bisexual (LGB) youth are four times more likely, and questioning youth are three times more likely to attempt suicide as their straight peers.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).



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

STATEMENT OF SUPPORT

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

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

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

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

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

Pediatrics
Dr. Faith Hackett
Dr. Jacalyn Ginsburg

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

WWW.SPDOCS.NET



Internal Medicine
Dr. Jeffrey Schmidlein

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

PEDIATRICS AND INTERNAL MEDICINE

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

BILL NO: House Bill 902/Senate Bill 1028

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

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

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

POSITION: SUPPORT

March 1, 2018

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

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

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

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

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

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

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

Thank you,

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

EXHIBIT 4-57

JA394

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 399 of 506

Pendergrass, Shane Delegate

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

Re: MD HB 902 and SB 1028

Dear Maryland Legislators,

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

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

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

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

Sincerely,

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

USCA4 Appeal: 19-2014-1 Doc 1 Filed 11/26/2019 Pg. 400 of 506

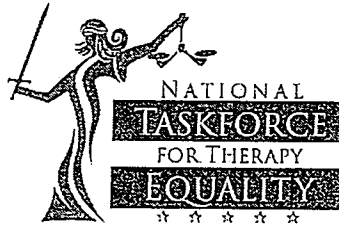


IMPORTANT CONFIDENTIAL NOTICE: This e-mail message, including attachments, is for the sole use of the intended recipient, or recipients, and contains confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient,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

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 401 of 506

EXHIBIT 4-59

JA396



January 2018

Dear Legislator,

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

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

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

The complaint to the FTC documents evidence of the following:

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

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

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

EXHIBIT 4-60

JA397

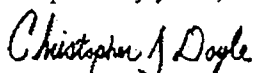
effort to ban psychotherapy by using deceptive and fraudulent practices. These practices are *misleading to the general public*, and, as this complaint documents, it is highly unlikely that the three organizations are unaware of the *false and misleading nature of how their statements distort the facts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

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

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

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

Respectfully yours,



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

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



Founders
Peggy Rajski
Randy Stone (1958-2007)
James Lecesne

Board of Directors

Michael Norton
Chair

Gina Munoz
Co-Vice Chair

Michaela Mendelsohn
Co-Vice Chair

Phil Armstrong
Treasurer

Brian Winterfeldt
Secretary

Mike Dillon
Member At Large

Meredith Kadlec
Chair Emeritus

Caroline Bird

Jason Cole

Carlos O. Turner Cortez, PhD

Brian Dorsey

Julian Moore

Kevin Potter

Peggy Rajski

Ruben Ramirez

Thomas Sanchez

Adam Shankman

Jeffrey Paul Wolff

Amit Paley
CEO & Executive Director

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

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

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

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

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

The Trevor Project
Los Angeles - 8704 Santa Monica Blvd. Suite 200 West Hollywood, CA 90069
New York - 575 8th Ave #501 New York, NY 10012
DC - 1200 New Hampshire Ave. NW Suite 200 Washington, DC 20036
p 310.271.8845 f 310.271.4646 www.thetrevorproject.org

EXHIBIT 4-62

JA399

USCA4 Appeal: 19-0064 Doc 15 Filed 11/09/20 Page 4 of 50

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

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

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

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

Sincerely,

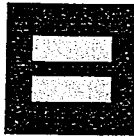


Sam Brinton
Head of Advocacy and Government Affairs / The Trevor Project
202.768.4413 / Sam.Brinton@thetrevorproject.org

The Trevor Project
Los Angeles - 8704 Santa Monica Blvd. Suite 200 West Hollywood, CA 90069
New York - 575 8th Ave #501 New York, NY 10012
DC - 1200 New Hampshire Ave. NW Suite 300 Washington, DC 20036
p 310.271.8845 / f 202.768.8846 www.thetrevorproject.org

EXHIBIT 4-63

JA400



HUMAN
RIGHTS
CAMPAIGN®

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

February 28, 2018

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

Dear Chairperson Pendergrass and Members of the Committee:

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

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


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

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



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

February 13, 2018

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

House Health and Government Operations Committee

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

Position: Support

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

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

Being gay, lesbian, bisexual or transgender is not a mental illness. However, LGBT people face unique risks to their mental health. Many face discrimination from coworkers, family members and peers, as well as society at large. Studies indicate that experiencing social discrimination is a strong predictor of mental health 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, RM., Ayala, G., Bein, E., Jenne, J. & Marin, B.V. (2001). The impact of homophobia, poverty and racism on the mental health of gay and bisexual Latino men: findings from 3 US cities. *American Journal of Public Health*, 91(6), 927-932

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 HB902.

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

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

Testimony Opposing Banning Therapy for Those with Unwanted Same Sex Attraction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

by HIS grace,
Karl Benzio, MD

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

Dear Legislator,

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

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

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

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

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

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

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

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

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

Sincerely,

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

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

References

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

Langstrom, N., Rahman, Q., Carlstrom, E., & Lichtenstein, P. (2010). Genetic and environmental effects on same-sex sexual behavior: A population study of twins in Sweden. *Archives of Sexual Behavior*, 39, 75-80. doi: 10.1007/s10508-008-9386-1

Ott, M.Q., Wypij, D., Corliss, H. L., Rosario, M., Reisner, S. L., Gordon, A. R., et al. (2013). Repeated changes in reported sexual orientation identity linked to substance use behaviors in youth. *Journal of Adolescent Health*, 52, 465-472. doi: 10.1016/j.jadohealth.2012.08.004

Savin-Williams, R. C., & Ream, G. L. (2007). Prevalence and stability of sexual orientation *components during adolescence and young adulthood*. *Archives of Sexual Behavior*, 36, 385-349. doi:10.1007/s10508-006-9088-5

Tierney, J. (2011, February 11). Social scientist sees bias within. *The New York Times*. Retrieved from http://www.nytimes.com/2011/02/08/science/08tier.html?_r=3

Yarhouse, M. (2009). The battle regarding sexuality. In N. C. Cummings, W. O'Donahue, & J. Cummings, (Eds.), *Psychology's War on Religion* (pp. 63-93). Phoenix, AZ: Zeig, Tucker & Theisen, Inc.

Zuckerman, D. (2008). Teenagers and cosmetic surgery: focus on breast augmentation and liposuction. *The Journal of Adolescent Health*, 43 (4), 318-24. doi: 10.1016/j.jadohealth.2008.04.018

Zuckerman, D. (2016, May 6). Teens and cosmetic surgery. Retrieved from <https://www.ourbodiesourselves.org/health-info/teens-cosmetic-surgery/> (See also <http://www.breastimplantinfo.org/newsroom-2/teens-and-breast-implants/>)

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

Dear Honorable Legislators,

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

The organizations I am representing urge you to oppose the bill that would ban so-called “conversion therapy” for minors. Many states have rejected these bans, along with several mainstream mental health and medical associations¹ collectively comprising tens of thousands of members who support a client’s right to self determination and parents’ rights.

- Our clients are boys who want to love girls, girls who want to love boys, and boys and girls who want to embrace their innate body sex. Our clients have the same freedom and the right as everyone else to resolve unwanted feelings, love who *they* want, and choose *their* own gender identity. No one should take that away from them.
- Some want to live and love in accordance with their religious faith. No one should take away their right to do so.
- According to the American Psychological Association, in its *APA Handbook of Sexuality and Psychology*² which the APA officially approved and declared authoritative,³ sexual orientation and gender identity are *not* inborn like skin color.⁴ They are *not determined* by genes, prenatal hormones, or brain structures. Psychological and family factors are involved.⁵ While it says sexual orientation variations are normal, it also now acknowledges childhood sexual abuse potentially leads to having a same-sex relationship for some.⁶ And it says there is some evidence family pathology may be involved in the development of transgender identity.⁷ The *Handbook* says sexual attraction and childhood gender dysphoria frequently shift or change.⁸ “Born that way and can’t change” is a theory that turned out not to be true.
- A rigorous study of 16-year-old boys who identified as exclusively same-sex attracted found that one year later, only 11% still did. 90% of the exclusively and strongly same-sex attracted boys experienced father absence or loss.⁹ Several rigorous studies show absence of a parent, especially the parent of the same sex as the child, can lead to same-sex attraction, behavior, and orientation identity.¹⁰
- According to the American Psychiatric Association *and* the American Psychological Association, as many as 98% of boys and 88% of girls,¹¹ and no less than 75 of boys and girls¹² come to identify with their innate body sex if supported through natural puberty and not socially transitioned.¹³

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

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

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

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

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

Sincerely,

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

Endnotes

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

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

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

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

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

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

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

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

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

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

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

¹² Calculated from Bockting, in *APA Handbook*, 1:744.

¹³ Bockting, 2014, in *APA Handbook*, 1: 744.

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

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

¹⁶ Bockting, 2014, in *APA Handbook*, 1:750.

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

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

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

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

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

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

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 422 of 506



American College of Pediatricians®
The Best *for* Children

PO Box 357190
Gainesville, FL 32635-7190
www.Best4Children.org

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

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

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

Proposed bans not rooted in science

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

Homosexuality is not like race

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

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

Phone: 352-376-1877 • Fax: 352-415-0922 • admin@acped.org

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

EXHIBIT 4-81

Homosexual attractions in minors are more fluid than fixed

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

Gender Dysphoria is not like race.

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

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

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

Non-heterosexual & Transgender Behavior Carries Grave Health Risks

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

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

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

Is therapy that affirms heterosexual potential harmful:

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

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

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

Sincerely,

Michelle Cretella, MD, FCP
President
American College of Pediatricians

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

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

Marie-Alberte Boursiquot, MD
President
Catholic Medical Association

References

¹ Collins, F. Language of God. Simon & Schuster. New York. 2006.

² Association of Gay and Lesbian Psychiatrists fact sheet available at: <http://www.aglp.org/pages/cfactsheets.html>. Accessed May 26, 2016.

³ Diamond LM and Tolman, DL (eds.) APA handbook of sexuality and psychology. Washington, DC: American Psychological Association, 2014

⁴ Savin-Williams, RC and Ream, GL (2007), "Prevalence and Stability of Sexual Orientation Components During Adolescence and Young Adulthood," *Archives of Sexual Behavior*, 36, 385-394.

⁵ Ott, MQ, Corliss, HL, et. al. (2011), "Stability and Change in Self-Reported Sexual Orientation Identity in Young People: Application of Mobility Metrics," *Archives of Sexual Behavior*. June; 40(30): 519-532. Published online 2010 December 2.

⁶ Diamond, M. "Transsexuality Among Twins: identity concordance, transition, rearing, and orientation." *International Journal of Transgenderism*, 14(1), 24-38.

⁷ Cohen-Kettenis, PT, Delemarre-van de Waal, HA, Gooren, LJG. "The Treatment of Adolescent Transsexuals: Changing Insights." *J Sex Med*. 2008 Aug;5(8):1892-7 Available at <http://www.ncbi.nlm.nih.gov/pubmed/18564158> Accessed 5/11/16.

⁸ Reyes FI, Winter JS, Faiman C. "Studies on human sexual development Fetal gonadal and adrenal sex steroids." *J Clin Endocrinol Metab*. 1973 Jul; 37(1):74-8; Lombardo, M. "Fetal Testosterone Influences Sexually Dimorphic Gray Matter in the Human Brain." *The Journal of Neuroscience*, 11 January 2012, 32(2); Campano, A. [ed]. Geneva Foundation for Medical Education and Research: human sexual differentiation (2016). Available at http://www.gfmer.ch/Books/Reproductive_health/Human_sexual_differentiation.html Accessed May 26, 2016.

⁹ Whitehead, N. "Is Transsexuality Biologically Determined?" *Triple Helix* (UK), Autumn 2000, p6-8 Available at <http://mygenes.co.nz/transsexuality.htm> Accessed May 26, 2016.

¹⁰ Gu, J. and Kanai, R. "What Contributes to individual differences in brain structure?" *Front Hum Neurosci*. 2014; 8: 262.

¹¹ Center for Disease Control Fact Sheet HIV and young men who have sex with men. Available at: http://ftp.cdc.gov/pub/Data/YRBS/2013/tobacco%20factsheets/hiv_factsheet_ymsm.pdf Accessed May 26, 2016

¹² Grossman, M. *You're Teaching My Child What?* Regnery Publishing, Inc. Washington, DC, 2009;p. 87.

¹³ Kann, L, Olsen, E., et.al. "Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009." *MMWR*/June 6, 2011/Vol. 60

¹⁴ Karten, EY and Wade, JC (2010). "Sexual Orientation Change Efforts in Men: A Client Perspective." *Journal of Men's Studies*. 18, 84-102.

¹⁵ Spitzer, R.L. (2003). Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behavior*. Oct;32(5):403-17; discussion 419-72.

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

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

EXHIBIT 4-85

JA422

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 427 of 506

RE: Opposing "Conversion Therapy"

Dear Honorable Legislator:

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

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

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

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

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

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

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

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

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

^{vi} Karten, E. L., & Wade, J. C. (2010). Sexual orientation change efforts in men: A client perspective. *Journal of Men's Studies*, 18, 84–102.

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

^{viii} *Homosexuality and the Politics of Truth*, Jeffrey Satinover (Baker Books, 1996) pp. 179-195.

^{ix} *Successful Outcomes of Sexual Orientation Change Efforts*, James E. Phelan (Phelan Consultants LLC, 2014).

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

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

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

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

#B902

Mathew Shurka
March 1, 2018

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank You.

Mathew Shurka
March 1, 2018

Health and Government Operations

3/1/2018



HB0902 - Delegate Cullison

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

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

3/1/2018 1:00 PM

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

EXHIBIT 4-94

JA431

Health and Government Operations

3/1/2018



HB0902 - Delegate Cullison

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

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

3/1/2018 1:00 PM

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

EXHIBIT 4-95



DEPARTMENT OF LEGISLATIVE SERVICES
OFFICE OF POLICY ANALYSIS
MARYLAND GENERAL ASSEMBLY

Victoria L. Gruber
Executive Director

Ryan Bishop
Director

March 8, 2019

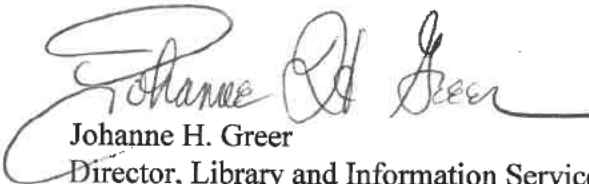
TO WHOM IT MAY CONCERN:

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

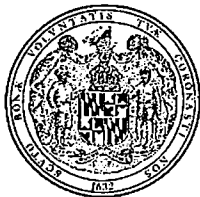
Senate Education, Health, and Environmental Affairs Committee

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				



**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.

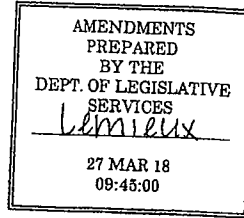
Other States/Districts Protecting Youth from Conversion Therapy

- | | |
|----------------|------------------------|
| - 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*

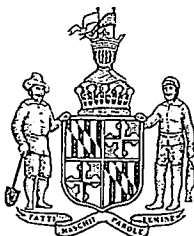
Maybe to support

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 444 of 506

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:

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 445 of 506

- 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>.

SB1028



everychild.onevoice.®

LATE TESTIMONY

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

Written Testimony Submitted for the Record to the
Maryland 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).

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

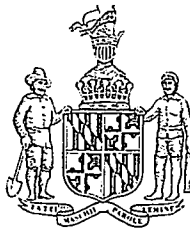
Latisha Corey, President
Maryland Parent Teacher Association
president@mdpta.org

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



Annapolis Office
Miller Senate Office Building
11 Bladen Street, Suite 3 West
Annapolis, Maryland 21401
301-858-3137 · 410-841-3137
800-492-7122 Ext. 3137
Richard.Madaleno@senate.state.md.us

District Office
1117 Dewey Road
Kensington, Maryland 20895
301-933-5212

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.

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 453 of 506



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 stroke at the end.

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.

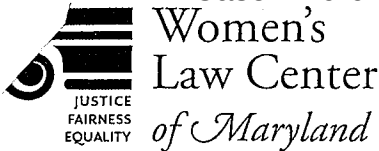
Most people want to reproduce and want their children to reproduce. It would be helpful in that regard for everyone to clearly self-identify with a single gender matching their genetilia at birth and for everyone of each gender to be attracted to the other gender. Furthermore, it can be difficult to 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.



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

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.



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

**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:

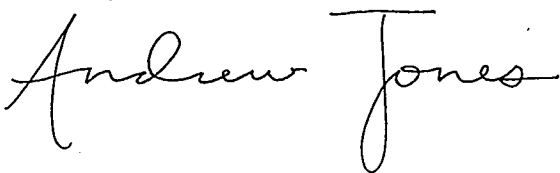
My name is Andrew Jones, and I write to express my deepest support of SB 1028, the Youth Mental Health Protection Act. I am a member of the LGBT community, but more importantly I am a son, a friend, and a proud Maryland citizen.

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,



Andrew Jones
8429 Meadow Green Way
Gaithersburg, MD 20877
301-330-0230



0209J Stamp Student Union
College Park, MD 20742
(301) 314-8329
www.umdsга.com

**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
SGA Director of Governmental Affairs
(240) 515-0296
KhetarpalMihir@gmail.com

AJ Pruitt
SGA President
(443) 421-3876
sgapresident@umd.edu



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.

HUMAN RIGHTS CAMPAIGN | 1640 RHODE ISLAND AVE., N.W., WASHINGTON, D.C. 20036
P 202-628-4160 | F 202-423-2861 | HRC@HRC.ORG

EXHIBIT 6-23

JA456

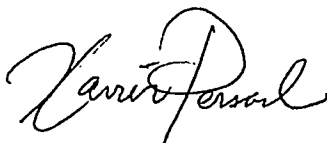
USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 461 of 506

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

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

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>

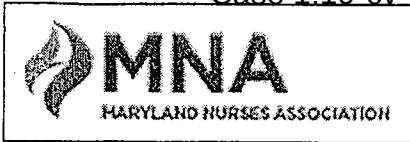
ⁱⁱⁱ American Psychological Association. (2009, August). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*, 42. Retrieved from <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

^{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>

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 464 of 506



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>.



330 N. Howard Street
Baltimore, MD 21201
410-576-1400
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.



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

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
advocacy@namimd.org
410.884.8691 (office)
804.564.3725 (cell)



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

American Atheists
225 Cristiani St.
Cranford, NJ 07016

phone 908.276.7300
fax 908.276.7402
www.atheists.org

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

Jennifer T. Palmer, M.D.
President

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

Marsden H. McGuire M.D.
Secretary-Treasurer

Merle C. McCann, M.D.
Council Chairman

EXECUTIVE DIRECTOR
Heidi Bunes

COUNCIL

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

EARLY CAREER

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

RESIDENT-FELLOW

MEMBER COUNCILOR
Paul Nestadt, M.D.

PAST PRESIDENTS

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

APA ASSEMBLY

REPRESENTATIVES
Steven R. Daviss, M.D.

Annette L. Hanson, M.D.

Brian Zimnitzky, M.D.

APA PRESIDENT

Anita S. Everett, M.D.

MEDICAL DELEGATE

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

The Maryland Psychiatric Society, Inc., A District Branch of the American Psychiatric Association
1101 St. Paul Street, Suite 305, Baltimore, Maryland 21202-6407, 410 625-0232, Fax 410 625-0277
mps@mdpsych.org, <http://www.mdpsych.org>

Filed: 11/26/2019 Pg: 471 of 506 Doc: 16-1 USCA4 Appeal: 19-2064

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.

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.’”).

AMERICAN CIVIL
LIBERTIES UNION
OF MARYLAND

MAIN OFFICE
& MAILING ADDRESS
3600 CLIPPER MILL ROAD
SUITE 350
BALTIMORE, MD 21211
T/410-889-8555
or 240-274-5295
F/410-366-7838

WWW.ACLU-MD.ORG

COLEMAN BAZELON
PRESIDENT

SUSAN GOERING
EXECUTIVE DIRECTOR

ANDREW FREEMAN
GENERAL COUNSEL

Filed: 11/26/2019 Pg: 475 of 506
USCA4 Appeal: 19-2064 Doc: 16-1

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
LIBERTIES UNION OF
MARYLAND

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 476 of 506



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

Mark Procopio
Executive Director
mprocopio@freestate-justice.org

BILL NO: 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

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

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

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 477 of 506

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).



Pediatrics
Dr. Faith Hackett
Dr. Jacalyn Ginsburg

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

WWW.SPDOCS.NET



Internal Medicine
Dr. Jeffrey Schmidlein

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

PEDIATRICS AND INTERNAL MEDICINE

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

BILL NO: House Bill 902/Senate Bill 1028

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

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

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

POSITION: SUPPORT

March 1, 2018

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

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

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

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

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

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

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

Thank you,

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

EXHIBIT 6-41

JA474

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 479 of 506

**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.

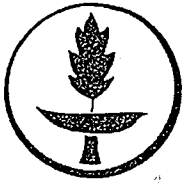
In my roles as a parent, as Chair of the Montgomery Public Schools' Citizens Advisory Committee on Family Life and Human Development (2003-2005), and as Metro DC PFLAG Advocacy Chair since 2006, I have learned much about the notion of conversion therapy. I learned not just from study, but from speaking 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

JA477

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 1/26/2019 Pg: 482 of 504

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.



NATIONAL CENTER FOR LESBIAN RIGHTS

NATIONAL OFFICE
870 Market St Suite 370
San Francisco CA 94102
tel 415 392 6257
fax 415 392 8442
info@nclrights.org
www.nclrights.org

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.

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 485 of 506



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 black ink that reads "Carolyn Reyes". The signature is fluid and cursive.

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.

www.pmdmontgomery.org

montgomerypmd@gmail.com



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
104A ANNAPOLIS STREET
ANNAPOLIS, MD 21401
TEL: 410-793-7050
FAX: 888-295-2403

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.

→
GCF

①

EXHIBIT 6-51

JA484

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

School of Social Work
525 West Redwood Street
Baltimore, MD 21201
410 706 1390
swestgate@ssw.umaryland.edu

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, LGBTQI 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.

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 491 of 506



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

School of Social Work
525 West Redwood Street
Baltimore, MD 21201
410 706 1390
swestgate@ssw.umaryland.edu

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 "SW", written over a horizontal line.

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.

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 494 of 506



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

Women's Alliance for Theology, Ethics, and Ritual

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

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 495 of 506

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.

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 496 of 506

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

Alvin O. Gillard, Executive Director
Cleveland L. Horton II, Deputy Director
Nicolette Young, Assistant Director
Glendora C. Hughes, General Counsel

Governor
Larry Hogan
Lt. Governor
Boyd K. Rutherford
Commissioners
Shawn M. Wright, Esq., Chairperson
Gary Norman, Esq., Vice Chairperson
Roberto N. Allen, Esq.
Laura M. Esquivel
Rabbi Binyamin Marwick
Gina McKnight-Smith, PharmD, MBA
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.

USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 500 of 506

Marla M. Sanzone, Ph.D.

104 – A Annapolis St.
Annapolis, MD 21401
410-626-1040
fax 410-626-1060

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:

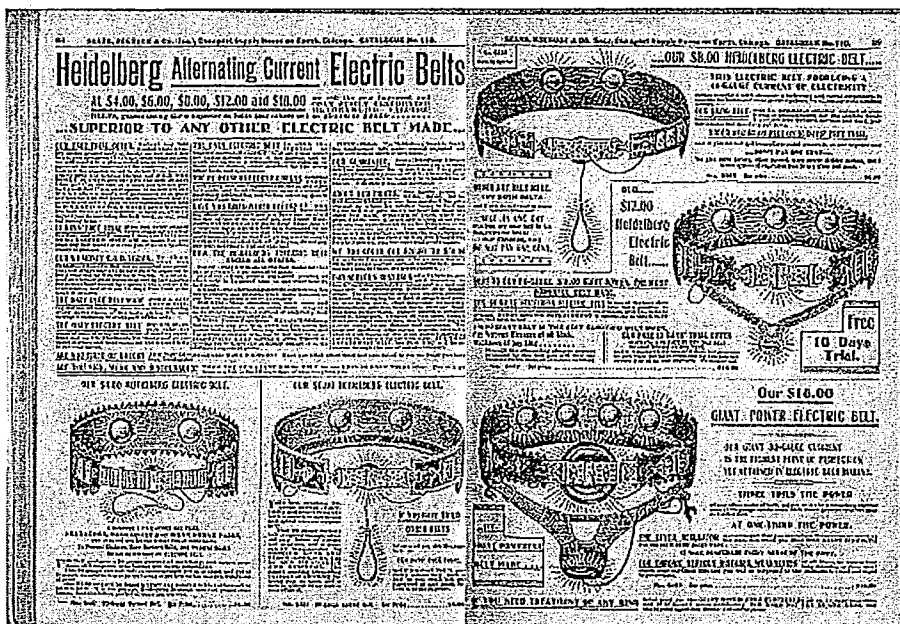
- depression, anxiety and low self-esteem
- substance abuse,
- homelessness,
- self-harm or self-injury such as cutting, and suicidality

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?



USCA4 Appeal: 19-2064 Doc: 16-1 Filed: 11/26/2019 Pg: 502 of 506

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

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			j.kent@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			

LB679

Witness Admin Sort By No Panel Priority - printed 3/7/2018 12:11:24 PM

UNF ORAL Grace Harley Jesus is the Answer Ministry

Education, Health, and Environmental Affairs

3/7/2018

2 of 2



SB1028 - Senator Madaleno

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

TOTALS: Panels: 2 FAV: 15 FWA: 0 UNF: 1 INFO: 0 Oral: 12 Written: 8

3/7/2018 1:00 PM

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			

CERTIFICATE OF SERVICE

I hereby certify that, on this November 26, 2019, a copy of the foregoing was electronically filed through the Court's CM/ECF system, which will effect service on the following counsel and parties of record:

Kathleen A. Ellis
Brett E. Felter
Office of the Attorney General of
Maryland
Suite 302, 300 West Preston Street
Baltimore, Maryland 21201
kathleen.ellis@maryland.gov
brett.felter@maryland.gov

Attorneys for Defendants-Appellees

s/ Roger K. Gannam _____
Roger K. Gannam
Attorney for Plaintiff - Appellant