

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill
3 No. 132 entitled “An act relating to the prohibition of conversion therapy on
4 minors” respectfully reports that it has considered the same and recommends
5 that the bill be amended by striking out all after the enacting clause and
6 inserting in lieu thereof the following:

7 * * * Findings * * *

8 Sec. 1. FINDINGS

9 In recognition that being lesbian, gay, bisexual, or transgender is part of the
10 natural spectrum of human identity and is not a disease, disorder, illness,
11 deficiency, or shortcoming, the General Assembly finds:

12 (1) After conducting an evaluation of peer-reviewed journal literature on
13 sexual orientation change efforts, the American Psychological Association’s
14 Task Force on Appropriate Therapeutic Responses to Sexual Orientation
15 concluded that sexual orientation change efforts can pose critical health risks to
16 lesbian, gay, and bisexual persons. Specific risks include confusion,
17 depression, guilt, helplessness, hopelessness, shame, social withdrawal,
18 suicidality, substance abuse, stress, disappointment, self-blame, decreased
19 self-esteem and authenticity to others, increased self-hatred, hostility and
20 blame toward parents, feelings of anger and betrayal, loss of friends and
21 potential romantic partners, problems in sexual and emotional intimacy, sexual

1 dysfunction, high-risk sexual behaviors, and a sense of having wasted time and
2 resources.

3 (2) The American Psychological Association issued a resolution on
4 Appropriate Affirmative Responses to Sexual Orientation Distress and Change
5 Efforts in 2009, which states: “[t]he American Psychological Association
6 advises parents, guardians, young people, and their families to avoid sexual
7 orientation change efforts that portray homosexuality as a mental illness or
8 developmental disorder and to seek psychotherapy, social support and
9 educational services that provide accurate information on sexual orientation
10 and sexuality, increase family and school support, and reduce rejection of
11 sexual minority youth.”

12 (3) The American Psychiatric Association published a position
13 statement in March 2000 stating: “[p]sychotherapeutic modalities to convert or
14 ‘repair’ homosexuality are based on developmental theories whose scientific
15 validity is questionable. Furthermore, anecdotal reports of ‘cures’ are
16 counterbalanced by anecdotal claims of psychological harm. In the last four
17 decades, ‘reparative’ therapists have not produced any rigorous scientific
18 research to substantiate their claims of cure. Until there is such research
19 available, [the American Psychiatric Association] recommends that ethical
20 practitioners refrain from attempts to change individuals’ sexual orientation,
21 keeping in mind the medical dictum to First, do no harm.”

1 (4) The American School Counselor Association recognized in a
2 position statement on professional school counselors and lesbian, gay,
3 bisexual, transgendered, and questioning (LGBTQ) youth that sexual
4 orientation is not an illness and does not require treatment. The statement
5 further provided that while “[i]t is not the role of the professional school
6 counselor to attempt to change a student’s sexual orientation/gender identity,”
7 the counselor may provide individual student planning or responsive services
8 to LGBTQ students to promote self-acceptance, deal with social acceptance,
9 understand issues related to coming out, and identify appropriate community
10 resources.

11 (5) The National Association of Social Workers prepared a 1997 policy
12 statement in which it states: “[s]ocial stigmatization of lesbian, gay and
13 bisexual people is widespread and is a primary motivating factor in leading
14 some people to seek sexual orientation changes.” It further states that
15 “[s]exual orientation conversion therapies assume that homosexual orientation
16 is both pathological and freely chosen. No data demonstrate that reparative or
17 conversion therapies are effective, and, in fact, they may be harmful.”

18 (6) In 1999, the American Counseling Association Governing Council
19 adopted a statement opposing reparative therapy as a cure for homosexual
20 individuals.

1 (7) The American Psychoanalytic Association issued a position
2 statement in June 2012 on attempts to change sexual orientation, gender,
3 identity, or gender expression, in which the Association states: “[a]s with any
4 societal prejudice, bias against individuals based on actual or perceived sexual
5 orientation, gender identity or gender expression negatively affects mental
6 health, contributing to an enduring sense of stigma and pervasive self-criticism
7 through the internalization of such prejudice.” The statement further explains
8 that “[p]sychoanalytic technique does not encompass purposeful attempts to
9 ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender
10 identity or gender expression. Such directed efforts are against fundamental
11 principles of psychoanalytic treatment and often result in substantial
12 psychological pain by reinforcing damaging internalized attitudes.”

13 (8) A 2012 article published in the Journal of the American Academy of
14 Child and Adolescent Psychiatry, entitled “Practice Parameter on Gay, Lesbian
15 or Bisexual Sexual Orientation, Gender-Nonconformity, and Gender
16 Discordance in Children and Adolescents,” states: “[t]here is no empirical
17 evidence adult homosexuality can be prevented if gender nonconforming
18 children are influenced to be more gender conforming. Indeed, there is no
19 medically valid basis for attempting to prevent homosexuality, which is not an
20 illness. On the contrary, such efforts may encourage family rejection and

1 undermine self-esteem, connectedness and caring, important protective factors
2 against suicidal ideation and attempts.”

3 (9) The Pan American Health Organization, a regional office of the
4 World Health Organization, issued a statement in May 2012 that: “[t]hese
5 supposed conversion therapies constitute a violation of the ethical principles of
6 health care and violate human rights that are protected by international and
7 regional agreements.” The organization also noted that reparative therapies
8 “lack medical justification and represent a serious threat to the health and
9 well-being of affected people.”

10 (10) Minors who experience family rejection based on their sexual
11 orientation face especially serious health risks. A 2009 article authored by
12 Caitlin Ryan, et al., entitled “Family Rejection as a Predictor of Negative
13 Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young
14 Adults,” found that lesbian, gay, and bisexual young adults who reported
15 higher levels of family rejection during adolescence were 8.4 times more likely
16 to report having attempted suicide, 5.9 times more likely to report high levels
17 of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more
18 likely to report having engaged in unprotected sexual intercourse compared
19 with peers from families that reported no or low levels of family rejection.

20 (11) A 2015 report published by the U.S. Substance Abuse and Mental
21 Health Service’s Administration states “conversion therapy...is a practice that

1 is not supported by credible evidence and has been disavowed by behavioral
2 health experts and associations. Conversion therapy perpetuates outdated views of
3 gender roles and identities as well as the negative stereotype that being a sexual or
4 gender minority or identifying as LGBTQ is an abnormal aspect of human
5 development. Most importantly, it may put young people at risk of serious harm.”

6 (12) Vermont has a compelling interest in protecting the physical and
7 psychological well-being of children, including lesbian, gay, bisexual, and
8 transgender youth, and in protecting its children against exposure to serious
9 harms caused by conversion therapy.

10 * * * Conversion Therapy * * *

11 Sec. 2. 18 V.S.A. chapter 196 is added to read:

12 CHAPTER 196. CONVERSION THERAPY

13 § 8351. DEFINITIONS

14 As used in this chapter:

15 (1) “Conversion therapy” means any practice by a mental health care
16 provider that seeks to change an individual’s sexual orientation, including
17 efforts to change behaviors or gender expressions or to eliminate or reduce
18 sexual or romantic attractions or feelings toward individuals of the same sex.

19 “Conversion therapy” does not include psychotherapies that:

20 (A) provide support to an individual undergoing gender
21 transition; and

1 (B) provide acceptance, support, and understanding of clients or the
2 facilitation of clients’ coping, social support, and identity exploration and
3 development, including sexual-orientation-neutral interventions to prevent or
4 address unlawful conduct or unsafe sexual practices and that do not seek to
5 change an individual’s sexual orientation or gender identity.

6 (2) “Mental health care provider” means a person licensed to practice
7 medicine pursuant to 26 V.S.A. chapter 23, 33, or 81 who specializes in the
8 practice of psychiatry; a psychologist, a psychologist-doctorate, or a
9 psychologist-master as defined in 26 V.S.A. § 3001; a clinical social worker as
10 defined in 26 V.S.A. § 3201; a clinical mental health counselor as defined in
11 26 V.S.A. § 3261; a licensed marriage and family therapist as defined in
12 26 V.S.A. § 4031; a psychoanalyst as defined in 26 V.S.A. § 4051; any other
13 allied mental health professional; or a student, intern, or trainee of any such
14 profession.

15 § 8352. TREATMENT OF MINORS

16 A mental health care provider shall not use conversion therapy with a client
17 younger than 18 years of age.

18 § 8353. UNPROFESSIONAL CONDUCT

19 Any conversion therapy used on a client younger than 18 years of age by a
20 mental health care provider shall constitute unprofessional conduct as provided
21 in the relevant provisions of Title 26 and shall subject the mental health care

1 provider to discipline pursuant to the applicable provisions of that title and
2 of 3 V.S.A. chapter 5.

3 * * * Physicians * * *

4 Sec. 3. 26 V.S.A. § 1354(a) is amended to read:

5 (a) The ~~board~~ Board shall find that any one of the following, or any
6 combination of the following, whether or not the conduct at issue was
7 committed within or outside the ~~state~~ State, constitutes unprofessional conduct:

8 * * *

9 (39) use of the services of a physician assistant by a physician in a
10 manner which is inconsistent with the provisions of chapter 31 of this title; or

11 (40) use of conversion therapy as defined in 18 V.S.A. § 8351 on a
12 client younger than 18 years of age.

13 * * * Osteopathy * * *

14 Sec. 4. 26 V.S.A. § 1842(b) is amended to read:

15 (b) Unprofessional conduct means the following conduct and conduct set
16 forth in 3 V.S.A. § 129a-;

17 * * *

18 (13) Use of conversion therapy as defined in 18 V.S.A. § 8351 on a
19 client younger than 18 years of age.

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* * * Psychologists * * *

Sec. 5. 26 V.S.A. § 3016 is amended to read:

§ 3016. UNPROFESSIONAL CONDUCT

Unprofessional conduct means the conduct listed in this section and in
3 V.S.A. § 129a:

* * *

(11) Use of conversion therapy as defined in 18 V.S.A. § 8351 on a
client younger than 18 years of age.

* * * Clinical Social Workers * * *

Sec. 6. 26 V.S.A. § 3210(a) is amended to read:

(a) The following conduct and the conduct set forth in 3 V.S.A. § 129a by a
licensed social worker constitutes unprofessional conduct. When that conduct
is by an applicant or a person who later becomes an applicant, it may constitute
grounds for denial of a license:

* * *

(12) failing to clarify the clinical social worker’s role with the parties
involved and to take appropriate action to minimize any conflicts of interest,
when the clinical social worker anticipates a conflict of interest among the
individuals receiving services or anticipates having to perform in conflicting
roles such as testifying in a child custody dispute or divorce proceedings
involving clients; or

1 (7) independently practicing outside or beyond a clinical mental health
2 counselor’s area of training, experience or competence without appropriate
3 supervision; or

4 (8) using conversion therapy as defined in 18 V.S.A. § 8351 on a client
5 younger than 18 years of age.

6 * * * Marriage and Family Therapists * * *

7 Sec. 9. 26 V.S.A. § 4042(a) is amended to read:

8 (a) Unprofessional conduct means the following conduct and the conduct
9 set forth in 3 V.S.A. § 129a:

10 * * *

11 (7) Using conversion therapy as defined in 18 V.S.A. § 8351 on a client
12 younger than 18 years of age.

13 * * * Psychoanalysts * * *

14 Sec. 10. 26 V.S.A. § 4062(a) is amended to read:

15 (a) Unprofessional conduct means the following conduct and the conduct
16 set forth in 3 V.S.A. § 129a:

17 * * *

18 (7) Using conversion therapy as defined in 18 V.S.A. § 8351 on a client
19 younger than 18 years of age.

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* * * Naturopathic Physicians * * *

Sec. 11. 26 V.S.A. § 4132(a) is amended to read:

(a) The following conduct and conduct set forth in 3 V.S.A. § 129a by a person licensed under this chapter or an applicant for licensure constitutes unprofessional conduct:

* * *

(11) Using conversion therapy as defined in 18 V.S.A. § 8351 on a client younger than 18 years of age.

* * * Effective Date * * *

Sec. 12. EFFECTIVE DATE

This act shall take effect on July 1, 2016, except Sec. 7 shall take effect on July 1, 2017.

(Committee vote: _____)

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Senator _____

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FOR THE COMMITTEE