

LEGISLATIVE COMMITTEE MINUTES

HB1661

Bill as Introduced

HB 1661-FN - AS INTRODUCED

2016 SESSION

16-2114
01/05

HOUSE BILL ***1661-FN***

AN ACT relative to conversion therapy seeking to change a person's sexual orientation.

SPONSORS: Rep. Schleien, Hills. 37; Rep. Zaricki, Hills. 6; Rep. Eastman, Hills. 28; Rep. Sad, Ches. 1; Rep. C. Roberts, Hills. 4; Rep. Horrigan, Straf. 6; Rep. Simpson, Rock. 18; Rep. Eaton, Ches. 3

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill prohibits persons licensed to provide counseling services to engage in conversion therapy with a person under 18 years of age.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~in brackets and struckthrough.~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Sixteen

AN ACT relative to conversion therapy seeking to change a person's sexual orientation.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Findings and Purpose. The general court hereby finds:

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

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

14 III. The American Psychological Association issued a resolution on Appropriate Affirmative
15 Responses to Sexual Orientation Distress and Change Efforts in 2009, which states: "The American
16 Psychological Association advises parents, guardians, young people, and their families to avoid
17 sexual orientation change efforts that portray homosexuality as a mental illness or developmental
18 disorder and to seek psychotherapy, social support, and educational services that provide accurate
19 information on sexual orientation and sexuality, increase family and school support, and reduce
20 rejection of sexual minority youth."

21 IV. The American Psychiatric Association published a position statement in March of 2000
22 in which it stated:

23 (a) "Psychotherapeutic modalities to convert or 'repair' homosexuality are based on
24 developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of
25 'cures' are counterbalanced by anecdotal claims of psychological harm. In the last 4 decades,
26 'reparative' therapists have not produced any rigorous scientific research to substantiate their
27 claims of cure. Until there is such research available, the American Psychiatric Association
28 recommends that ethical practitioners refrain from attempts to change individuals' sexual
29 orientation, keeping in mind the medical dictum to first, do no harm;"

30 (b) "The potential risks of reparative therapy are great, including depression, anxiety
31 and self-destructive behavior, since therapist alignment with societal prejudices against

1 homosexuality may reinforce self-hatred already experienced by the patient. Many patients who
2 have undergone reparative therapy relate that they were inaccurately told that homosexuals are
3 lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the
4 person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian
5 is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization
6 discussed;" and

7 (c) "Therefore, the American Psychiatric Association opposes any psychiatric treatment
8 such as reparative or conversion therapy which is based upon the assumption that homosexuality
9 per se is a mental disorder or based upon the a priori assumption that a patient should change his
10 or her sexual homosexual orientation."

11 V. The American Academy of Pediatrics in 1993 published an article in its journal,
12 Pediatrics, stating: "Therapy directed at specifically changing sexual orientation is contraindicated,
13 since it can provoke guilt and anxiety while having little or no potential for achieving changes in
14 orientation."

15 VI. The American Medical Association Council on Scientific Affairs prepared a report in
16 1994 in which it stated: "Aversion therapy (a behavioral or medical intervention which pairs
17 unwanted behavior, in this case, homosexual behavior, with unpleasant sensations or aversive
18 consequences) is no longer recommended for gay men and lesbians. Through psychotherapy, gay
19 men and lesbians can become comfortable with their sexual orientation and understand the societal
20 response to it."

21 VII. The National Association of Social Workers prepared a 1997 policy statement in which
22 it stated: "Social stigmatization of lesbian, gay, and bisexual people is widespread and is a primary
23 motivating factor in leading some people to seek sexual orientation changes. Sexual orientation
24 conversion therapies assume that homosexual orientation is both pathological and freely chosen.
25 No data demonstrates that reparative or conversion therapies are effective, and, in fact, they may
26 be harmful."

27 VIII. The American Counseling Association Governing Council issued a position statement
28 in April of 1999, and in it the council states: "We oppose 'the promotion of "reparative therapy" as a
29 "cure" for individuals who are homosexual."

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

35 X. The American Psychoanalytic Association issued a position statement in June 2012 on
36 attempts to change sexual orientation, gender identity, or gender expression, and in it the
37 association states: "As with any societal prejudice, bias against individuals based on actual or
38 perceived sexual orientation, gender identity or gender expression negatively affects mental health,

1 contributing to an enduring sense of stigma and pervasive self-criticism through the internalization
 2 of such prejudice;" and "psychoanalytic technique does not encompass purposeful attempts to
 3 'convert' 'repair,' change or shift an individual's sexual orientation, gender identity or gender
 4 expression. Such directed efforts are against fundamental principles of psychoanalytic treatment
 5 and often result in substantial psychological pain by reinforcing damaging internalized attitudes."

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

17 XII. The Pan American Health Organization, a regional office of the World Health
 18 Organization, issued a statement in 2012 stating: "These supposed conversion therapies constitute
 19 a violation of the ethical principles of health care and violate human rights that are protected by
 20 international and regional agreements." The organization also noted that reparative therapies "lack
 21 medical justification and represent a serious threat to the health and well-being of affected people."

22 XIII. The American Association of Sexuality Educators, Counselors, and Therapists issued
 23 a statement in 2014 stating: "Same sex orientation is not a mental disorder and we oppose any
 24 'reparative' or conversion therapy that seeks to 'change' or 'fix' a person's sexual orientation.
 25 AASECT does not believe that sexual orientation is something that needs to be 'fixed' or 'changed.'
 26 The rationale behind this position is the following: Reparative therapy, (for minors, in particular) is
 27 often forced or nonconsensual. Reparative therapy has been proven harmful to minors. There is no
 28 scientific evidence supporting the success of these interventions. Reparative therapy is grounded in
 29 the idea that non-heterosexual orientation is 'disordered.' Reparative therapy has been shown to be
 30 a negative predictor of psychotherapeutic benefit."

31 XIV. The American College of Physicians wrote a position paper in 2015 stating: "The
 32 College opposes the use of 'conversion, 'reorientation,' or 'reparative' therapy for the treatment of
 33 LGBT persons.... Available research does not support the use of reparative therapy as an effective
 34 method in the treatment of LGBT persons. Evidence shows that the practice may actually cause
 35 emotional or physical harm to LGBT individuals, particularly adolescents or young persons."

36 XV. Minors who experience family rejection based on their sexual orientation face
 37 especially serious health risks. In one study, lesbian, gay, and bisexual young adults who reported
 38 higher levels of family rejection during adolescence were 8.4 times more likely to report having

1 attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to
2 use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual
3 intercourse compared with peers from families that reported no or low levels of family rejection.
4 This is documented by Caitlin Ryan et al. in their article entitled Family Rejection as a Predictor of
5 Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults (2009)
6 123 Pediatrics 346.

7 XVI. New Hampshire has a compelling interest in protecting the physical and psychological
8 well-being of minors, including lesbian, gay, bisexual, and transgender youth, and in protecting its
9 minors against exposure to serious harms caused by sexual orientation change efforts.

10 2 New Chapter; Prohibiting Conversion Therapy on Minors. Amend RSA by inserting after
11 chapter 332-K the following new chapter:

12 CHAPTER 332-L

13 PROHIBITING CONVERSION THERAPY ON MINORS

14 332-L:1 Definition. In this chapter:

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

24 II. "Department" means the department of health and human services.

25 332-L:2 Prohibition; Violations, and Enforcement.

26 I. A person who is licensed to provide professional counseling under RSA 326-B, RSA 328-D,
27 RSA 329, RSA 329-B, RSA 330-A:16, RSA 330-A:18, RSA 330-A:19, RSA-A:20, RSA 330-A:21, or RSA
28 330-C, including, but not limited to, a nurse, physician assistant, physician, psychologist, clinical
29 social worker, clinical mental health counselor, marriage and family therapist, or licensed alcohol
30 and drug counselor, or a person who performs counseling as part of the person's professional
31 training for any of these professions, shall not engage in conversion therapy with a person under 18
32 years of age.

33 II. Any conversion therapy practiced by a licensed professional, as listed in paragraph I, on
34 a patient under 18 years of age shall be considered unprofessional conduct and shall subject such
35 person to discipline by the relevant licensing authority.

36 III. The department shall have concurrent authority to initiate proceedings for violations of
37 this section. The department shall adopt rules, pursuant to RSA 541-A, relative to the proper
38 administration of this chapter.

HB 1661-FN - AS INTRODUCED

- Page 5 -

1 332-L:3 Unfair or Deceptive Acts and Practices Related to Conversion Therapy.

2 I. It shall be unlawful for any person to:

3 (a) Provide conversion therapy to any individual if such person receives monetary
4 compensation in exchange for such services; or

5 (b) Advertise for the provision of conversion therapy where such advertising claims:

6 (1) Propose to change another individual's sexual orientation or gender identity;

7 (2) Propose to eliminate or reduce sexual or romantic attractions or feelings toward
8 individuals of the same gender; or

9 (3) State that such efforts are harmless or without risk to individuals receiving such
10 therapy.

11 II. A violation of this section shall be considered an unfair or deceptive act or practice, as
12 defined in RSA 358-A:2, and shall be subject to the same enforcement, liabilities, and penalties as
13 set forth in RSA 358-A.

14 332-L:4 Prohibition on State Funding for Conversion Therapy. No state funds, nor any funds
15 belonging to a municipality, agency, or political subdivision of this state, shall be expended for the
16 purpose of conducting conversion therapy, referring a person for conversion therapy, health benefits
17 coverage for conversation therapy, or a grant or contract with any entity that conducts conversion
18 therapy or refers individuals for conversion therapy.

19 3 New Paragraph; Consumer Protection; Acts Unlawful. Amend RSA 358-A by inserting after
20 paragraph XVI the following new paragraph:

21 XVII. Conducting or advertising for the provision of conversion therapy, as defined in RSA
22 332-L:1, I.

23 4 Effective Date. This act shall take effect January 1, 2017.

HB 1661-FN- FISCAL NOTE

AN ACT relative to conversion therapy seeking to change a person's sexual orientation.

FISCAL IMPACT:

The Department of Health and Human Services, Judicial Branch, Office of Professional Licensure and Certification, and New Hampshire Association of Counties state this bill, as introduced, may increase state and county expenditures by an indeterminable amount in FY 2017 and each year thereafter. There will be no impact on state, county and local revenue or local expenditures.

METHODOLOGY:

The Department of Health and Human Services states this bill prohibits any person licensed to provide counseling from engaging in conversion therapy on a patient under the age of 18. In addition, the bill prohibits any person licensed to provide counseling from advertising conversion therapy. The bill provides the Department with concurrent jurisdiction to initiate proceedings for any violations, and requires the Department to develop rules relative to this matter. The Department states there may be some costs related to drafting the rules and bringing proceedings against practitioners, should that be necessary. The Department indicates such costs cannot be determined.

The Judicial Branch states this bill has two points of potential impact on the Branch. First, proposed RSA 332-L:2, II provides for professional discipline by the relevant licensing board upon a covered professional who engages in conversion therapy with a person under 18 years of age. All of the boards listed in proposed RSA 332-L:2, I, provide for appeals to the Supreme Court pursuant to RSA 541. The Branch has no information on the number of potential administrative appeals. The Supreme Court has discretionary review of such appeals, therefore the Branch states another variable is whether the court accepts the appeal for full appellate review, for more limited review, or declines the appeal. The second point of potential fiscal impact on the Branch is proposed RSA 332-L:3, II, which provides that a violation of proposed RSA 332-L:3, I, shall be considered an unfair or deceptive act or practice under the Consumer Protection Act. The Branch has no information on the potential volume of such cases, but indicates such claims are often hard-fought and carry with them the potential for enforcement actions by the Attorney General under RSA 358-A:4, criminal actions under RSA 358-A:6, and private actions with the potential of treble damages RSA 358-A:10.

The Office of Professional Licensure does not have information on the potential number of disciplinary actions that may result from this bill and cannot determine the impact on Board expenditures.

The New Hampshire Association of Counties states under proposed RSA 332-L:3, II, a violation considered to be an unfair or deceptive act or practice under the Consumer Protection Act could result in additional prosecution and incarceration costs. County prosecution costs vary statewide and county incarceration costs range from \$85 to \$110 per day.

The Department of Justice states the Consumer Protection and Antitrust Bureau of the Department enforces the Consumer Protection Act. The Department indicates any investigations and enforcement actions brought under this section could be accomplished with existing resources and the bill would have no fiscal impact on the Department.

The Judicial Council assumes violations of the proposed statute by a person would take place within the context of that person's role as a professional therapist and it would be unlikely that he or she would meet the eligibility standards for appointment of counsel. The Council assumes most violations of the law would be brought in the first instance as class B misdemeanors and not trigger the right to counsel at State expense. The Council states, even though the proposed legislation could conceivably lead to future prosecutions, the legislation regulates commercial activities, and the Council assumes it would not experience an increase in expenditures. Typically anyone charged with a crime in the context of a business or occupation would be defend or indemnified by their insurer or employer and would obtain private counsel.

Amendments

Rep. Schleien, Hills. 37
January 14, 2016
2016-0067h
01/04

Amendment to HB 1661-FN

1 Amend the introductory paragraph of RSA 332-L:3, I(b) as inserted by section 2 of the bill by
2 replacing it with the following:

3

4 (b) Advertise for the provision of conversion therapy for monetary compensation in
5 exchange for such services where such advertising claims:

6

7 Amend the bill by deleting RSA 332-L:4 as inserted by section 2 of the bill.

Speakers

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 1661-FN

BILL TITLE: relative to conversion therapy seeking to change a person's sexual orientation.

DATE: February 4, 2016

LOB ROOM: 205

Time Public Hearing Called to Order: 2:15 p.m.

Time Adjourned: 3:50 p.m.

Committee Members: Reps. Kotowski, LeBrun, Emerson, McMahon, S. Schmidt, Guthrie, J. Ward, Fothergill, MacKay, B. French, Deloge, Ticehurst, Weber, Freitas, P. Gordon, Snow and Nelson

Bill Sponsors:

Rep. Schleien

Rep. Zaricki

Rep. Eastman

Rep. Sad

Rep. C. Roberts

Rep. Horrigan

Rep. Simpson

Rep. Eaton

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. Schleien – introduced the bill – This bill protects children from abusive behavior via conversion therapy – 1/3 of LGBT goes through conversion therapy- this bill only applies to state licensed professional – not clergy (unless licensed).

***Dr. J. Smith** – MD, MPH – NH Public Health – in support – handout submitted.

Rev. Alice Courtright – Episcopal Church of NH – in support

L. Stanley – National Assoc of Social Workers – In support – Conversion therapy is also call “sexual orientation change efforts”.

Rev. Lauren Smith – In support

Rev. Emily Heath – Congregational Church – Exeter – In support – having someone going through this therapy is Religion abuse.

Michele Merritt – New Futures/CBHC – No position - some people can practice without a license.

Rep. Eastman – In Support – told a story of someone who went through this therapy.

Geri Cannon – PFLOG – TRIESS, NHUCC – In support – Q: How many conversion therapists are in NH? A: Non that I know of.

***Trevon Chanler** – Human Rights Campaign – In Support – Submitted written testimony.

Bryan McCormack – Cornerstone – Opposed – Some of the treatments – shock treatment etc. is not used.

Samantha Ames- National Center for Lesbian Rights - In support - The UN/President of US opposes conversion therapy.

Tricia Lucas - DHHS - No position - provided written info - Reviewed - 4 Line 36 - Dept is unclear - Dept can not pull out info on who provides this service - would like to know what is expected of DHH.

***Seth Anderson** - in support - submitted written testimony.

Michael Ferguson - in support - a survivor of conversion therapy gave his experience.

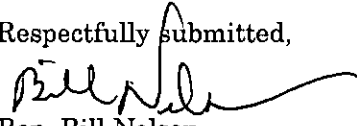
Jansun WU - G.L.A.D. (Gay and Lesbian) - in support - submitted written testimony - gives talks to different groups - gives what has been done and what is still needed.

Scott McCoy - Southern Poverty Law Center - In support - Conversion therapists promise something - They were sued for consumer fraud in NJ for false advertising that were paid for - In NJ they call themselves "Life Coaches" that often are not licensed.

Q: Why only under age 18, why not all ages? A: Maybe that should be considered. Q: Is this therapy recognized in NH? Can licensing boards regulate this now? A: Unsure.

Blue sign in Sheets: 15 support - 1 opposed - 2 no position.
Amendment 2016-0067 was not discussed at this time.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Bill Nelson", with a long, sweeping horizontal flourish extending to the right.

Rep. Bill Nelson
Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 1661-FN

BILL TITLE: relative to conversion therapy seeking to change a person's sexual orientation.

DATE: 2/2/14

ROOM: 205 Time Public Hearing Called to Order: 2:15

Time Adjourned: 3:50

(please circle if present)

Committee Members: Reps. Kotowski, LeBrun, Emerson, McMahon, Martel, S. Schmidt, Stepanek, Guthrie, J. Ward, Donovan, Pothengill, Mackay, B. French, Deloge, Sherman, Ticehurst, Weber, Freitas, R. Gordon, Snow and Nelson, Rosenwall

Bill Sponsors:

Rep. Schleien
Rep. Sad
Rep. Simpson

Rep. Zaricki
Rep. C. Roberts
Rep. Eaton

Rep. Eastman
Rep. Horrigan

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. Schleien Introduced bill.

This bill protects children from abusive behavior via conversion therapy. 1/3 of LGBT goes through conversion therapy. The bill only applies to state licensed professional - not clergy (unless licensed)

Dr. J Smith ^{MD, MPH} - NA Public Health - in support - gave a handout

Rev. Alice Courtwright - Episcopal Church of NH - supports bill

L. Stanley - National Association of Social Workers - supports conversion therapy is also called "sexual orientation change efforts"

Rev. Lauren Smith - supports bill -

Rev. Emily Heath - Congo Church - Exeter supports bill
Having someone going through this ~~type~~
therapy is Religious abuse

michele Meunier ~~new futures~~ new Futures / GBHC
- Some people can practice
without a license. No Position

Rep. Eastman - supports bill - told a story
of someone who went through this therapy

GERRI Cannon - PFADG, TALES, NHAUC ~~un # # # #~~
supports bill.

Q How many conversion therapists are in NH.
A None that I know of

Trevon Charles - Human Rights Campaign - supports bill
- Has testimony

Bryon Mc Cormack - Conversion - opposes bill
Some of the treatments - shock treatment etc - is
not used

Samantha Ames - NATIONAL CTR. for Lesbian Rights

- supports bill

the UN / President of U.S. opposes
conversion therapy

Tricia Lucas DHHS - No position - provided

info - reviewed: 4 use \$6. - Dept is unclear

Dept can not pull out info on who provides
this service. Would like to know what is
expected of DHHS

Seth Anderson - supports bill - testimony provided

Michael Ferguson - supports bill -

a survivor of conversion therapy

Gave his experience

JANSEN WU

G.L.A.D.
- Gay & Lesbian

supports bill - has testimony

- Gives talks to different groups, gives
what has been done & what is still needed

Scott McCoy

Southern Poverty Law CTR - supports

conversion therapists promise something.

They were sued in N.Y. for false advertising (?)

that were paid for ^(conversion therapy) IN N.Y. they call ^{promise}

themselves as "life coaches" that often are

not licensed

Q Why only under age 18. Why not all ages.
 (A) maybe that should be considered

Q Is this therapy recognized in N.H.

~~IT seems we are legislating~~

Can licensing boards regulate this law - unsure

Matthew Shurka - NCLR - supports bill

His conversion therapy cost \$30,000

Therapists tend to target young teens - they feel this is when it is most successful

15 - supports bill

1 - opposed

2 - no position

Amendment 2016 - 0067 Not discussed at this time

Testimony



HUMAN
RIGHTS
CAMPAIGN®

The Honorable Representative Frank Kotowski
Chairperson, House Committee on Health,
Human Services and Elderly Affairs
107 North Main Street LOB 205
Concord, New Hampshire 03301

February 1, 2016

Re: SUPPORT for HB 1661, Testimony from the Human Rights Campaign in support of the bill to protect minors in New Hampshire from the abusive practice of conversion therapy

Dear Chairperson Kotowski and Members of the House Health, Human Services and Elderly Affairs Committee:

The Human Rights Campaign (HRC), on behalf of its more than 7,200 members in New Hampshire, thanks you for hosting a hearing on HB 1661, a vital measure that will protect young people in New Hampshire from dangerous and discredited practices that falsely claim to change one's sexual orientation or gender identity or expression. We urge you to swiftly pass this important legislation.

The Human Rights Campaign is America's largest civil rights organization working to achieve lesbian, gay, bisexual and transgender (LGBT) equality. By inspiring and engaging all Americans, HRC strives to end discrimination against LGBT citizens and realize a nation that achieves fundamental fairness and equality for all. As an advocate for LGBT young people, HRC believes that no young person should be coerced or subjected to dangerous practices that lack legitimate medical purpose, such as conversion therapy.

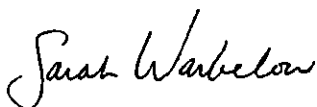
Conversion therapy, sometimes referred to as "sexual orientation change efforts," are practices, sometimes performed by licensed mental health providers, which seek to change an individual's sexual orientation or gender identity or expression. These practices are based on the false idea that being LGBT is a mental illness that needs to be cured, an idea which has been rejected by every major mental health group for decades. Conversion therapy does not include therapies that provide acceptance, support, or understanding of LGBT identities; that facilitate coping, social support, or identity exploration; or that address unlawful conduct or unsafe sexual practices. This legislation enacts professional standards for state-licensed mental health providers to clarify that sexual orientation change efforts are not an acceptable or responsible professional practice when applied to young people under age 18.

There is no credible evidence that conversion therapy can change a person's sexual orientation or gender identity or expression, and it is abundantly clear that conversion therapy poses devastating health risks for LGBT 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 roundly decried them.¹ Unfortunately, due to discrimination against LGBT people and the fact that professional rules have not kept up with this widespread understanding, some licensed mental health professionals continue to engage in conversion therapy.

Research shows that young people experience conversion therapy as a form of family rejection, and LGBT 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.² On the other hand, family acceptance has been shown to be an important protective factor that can help to prevent suicide behavior and mental health issues. Providers who engage in conversion therapy under state license can mislead families about the risks involved, leading to negative psychological outcomes and irreparable damage to family cohesiveness. This legislation is needed to protect families from these damaging practices.

Thank you for the opportunity to submit testimony in favor of this critical bill to protect LGBT youth.

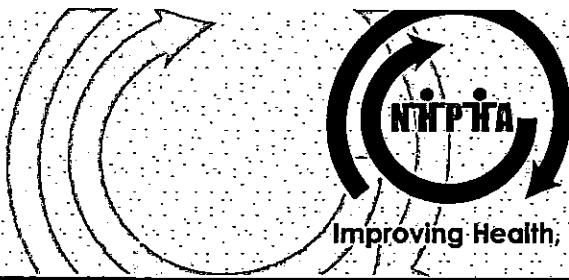
Sincerely,



Sarah Warbelow
Legal Director
Human Rights Campaign

¹ For example, the American Psychological Association, American Medical Association, American Academy of Pediatrics, American Counseling Association, American Psychiatric Association, and American Association for Marriage and Family Therapy all have position statements criticizing conversion therapy.

² 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).



NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION

Improving Health, Preventing Disease, Reducing Costs for All

4 Park Street, 4th Floor
Concord, NH 03301
603.228.2983 | info@nhpha.org
www.nhpha.org

TO: Chairman Frank Kotowski and Members of the Health, Human Services, and Elderly Affairs Committee

DATE: February 2, 2016

RE: HB1661 Testimony

My name is Jeanie Holt. I am a retired public health nurse and the Co-Chair of the Public Policy Committee of the New Hampshire Public Association. The NH Public Health Association is a private statewide membership organization composed of health care and public health professionals. For the last 25 years, the New Hampshire Public Health Association has brought together members who share a common goal of making sure that all of New Hampshire citizens live, learn, work and play in safe and healthy environments. I am here today, on behalf of our individual and organizational members, to state our strong support for HB1661 to prohibit conversion therapy seeking to change an adolescent's sexual orientation.

The findings detail the compelling reasons this bill should become law. The first finding, "that being lesbian, gay, bisexual, or transgender is part of the natural spectrum of human identity and is not a disease, disorder, or illness," is the foundation of why a law prohibiting conversion therapy should be enacted. Since being homosexual, bisexual, or transgender is not a disease, it does not need to be "treated". This is not to say that youth in this part of the sexuality spectrum do not need therapy. Since our understanding of these variations in identity is still quite recent, homophobia and prejudice against such folks is rampant and often results in physical or emotional illnesses that do need attention but the sexual identity itself should be accepted and affirmed in every therapeutic encounter.

A second finding points out: "that no evidence that efforts to alter sexual orientation are effective, beneficial or necessary." Opponents of this bill are likely to cite the stories of successful conversion widely available on the internet. Being a science-based discipline, NHPHA does not argue that these anecdotes are a form of evidence. To date there have been no carefully constructed, rigorous studies conducted that demonstrate the effectiveness of conversion therapy. With new medicines or medical devices, testing in humans begins with adults and these new treatments are only approved for children and adolescents after they have been shown to be effective for adults. Until such testing is done, our position is that we must protect our youth from this questionable practice.

This leads to a third finding: "sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people." These health risks include depression, anorexia, drug and alcohol abuse, and suicide. Unlike the lack of evidence for the effectiveness of conversion therapy, the evidence of harm is solidly based on careful research.

In one study, for example, San Francisco State University found that “higher rates of family rejection were significantly associated with poorer health outcomes... (youth) who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.”¹ What greater rejection could there be than to subject one’s child to conversion therapy, saying, in essence “you cannot be who you are.”

NHPHA’s position on Child Health and Safety “supports...health care and injury prevention efforts for children to enable them to develop to their full potential.” We seek to “enact...laws which protect...children from injury, (and) abuse...”.² HB1661 would certainly provide protection from a practice that, based on current scientific knowledge, cannot be called anything but abuse. Opponents of this bill often proclaim that prohibitions of conversion therapy violate their freedom of speech. HB1661 does not deny believers the right to state their beliefs. It only prevents them from actions that are clearly harmful. NHPHA urges you to protect our youth and pass this bill prohibiting therapists from subjecting people under the age of 18 to the non-treatment of conversion therapy.

1. Ryan C, Huebner D, Diaz RM, Sanchez J. (2009). *Pediatrics*. Jan;123(1):346-52. doi: 10.1542/peds.2007-3524.
2. NHPHA position statement on Child Health and Safety. Available at http://nhpha.org/images/nhpha/Policy_Stuff_2015/REVISED_Policies/Child_Health_and_Safety_2013.pdf

My name is Gerri Cannon. I am a Somersworth, NH resident. I've been a NH resident since 1978. I am the Founder of Tri Ess New England (a support group for Transgender couples), a Council Member of PFLAG NH (a Group that provides support for Parents, Families, Friends and GLBT people that they love) and a member of the Open and Affirming concerns committee of the NH Conference of UCC churches.

Sixteen years ago I help start Tri Ess New England to help transgender people and their families cope with their Transgender member. While adding new members I encountered two members who had experienced Conversion therapy during the 60's and 70's. These teenagers at that time had been exposed to therapeutic practices that included electroshock therapy as well as intense therapy sessions to try to make them understand that the feelings they were experiencing were wrong. After these intense sessions they were released and they attempted to fit in with society. Around 20 years later these two people experienced similar experiences of severe depression and suicidal thoughts as they struggled with Gender Dysphoria- a medical diagnosis that many transgender individuals have, which describes the often painful distress associated with having a body that is inconsistent with their gender identity. It wasn't until they found other people like themselves that helped them grow into healthy, productive members of society.

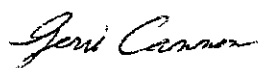
I also experienced similar experiences of pressure by loved ones to fit into "social norms" and forced to hide any feminine attributes I was experiencing as a male teenager. I was forced to accept that what I felt was not acceptable behavior in our Church community and society. It wasn't until the age of 47 that I came out to my family and friends. It was a shock to them and a struggle for me to maintain my connection with loved ones. This is not unlike the experience that my Tri Ess sisters experienced. This was and still is a challenge that young Transgender people face. As a PFLAG NH council member, we have recently heard of more transgender youth taking their own lives after undergoing conversion therapy programs or even when overbearing parents try to enforce social norms. I realize that this legislation does not address what goes on in our homes, but it will help reduce the number of Professional centers around the U.S. that claim to "Cure" people of their natural inclinations.

With more and more States adopting similar laws, we have heard of some Conversion Therapy Centers moving their practices to other jurisdictions where the laws are non-existent. This is a scary thought for many GLBT Americans when a Therapy Center, like these, moves into their community. This is one of the reasons why I am here. Our Community of GLBT people and our

friends and family have enough challenges trying to live normal lives in our society without having Conversion Therapy centers in our backyard, especially when the "services" they provide have been proven by numerous Medical Professionals to be ineffective and potentially dangerous to their Clients.

Therefore, on behalf of our GLBT Community and their families, I am asking you to pass this legislation to protect our citizens by making our Therapy professionals aware that this is not an acceptable practice in NH. And to create a deterrent for Conversion Therapy Centers looking for a new home.

Thank You,



Gerri Cannon

113 Indigo Hill Rd., Somersworth, NH 03878

Testimony of Scott D. McCoy – February 2, 2016
Southern Poverty Law Center/Senior Staff Attorney
Regarding H.B. 1661

Good afternoon Mr. Chairman and committee members. My name is Scott McCoy. I'm a senior staff attorney with the Southern Poverty Law Center's LGBT Rights Project. One of our priorities is to end the practice of reparative or conversion therapy. I appreciate the sponsor introducing this bill and the opportunity to speak in favor of its passage here today.

I would like to address conversion therapy from the frame of consumer fraud. The second section of this bill correctly focuses on this aspect of the practice.

Conversion therapy is based on a fundamental misrepresentation: that gay and lesbian people are sick or broken or deficient or suffer from a mental illness or disorder. According to conversion therapy proponents, people experience attraction to persons of the same sex because they suffered traumas in childhood or family and parenting dynamics that retarded their normal heterosexual development. In other words, conversion therapists tell potential clients that they are gay because they were sexually abused as a child or they had an overbearing mother and an absent father or because they were bullied by their peers at school and on the playground.

But these theories on the causes of homosexuality are rejected by the mainstream mental health and scientific communities. Rather the consensus in the mental health and scientific communities is that homosexuality is a normal variation of human sexuality. This is the first misrepresentation that conversion therapist make.

Second, conversion therapist then build on the first misrepresentation and claim that their techniques can change a person's sexual orientation from gay to straight. This is false. There is no valid scientific evidence that sexual orientation is subject to meaningful change. Again the mainstream mental health and scientific communities have reviewed the studies on sexual orientation change efforts and have concluded that conversion therapy is ineffective.

So based on these misrepresentations, conversion therapist take advantage of vulnerable and desperate individuals and families, often times from conservative religious backgrounds and communities. They sell them a sham service based on false information.

When the therapy doesn't work, the conversion therapists blame the client by suggesting that they didn't try hard enough to change and spend enough money on bogus therapy. This worsens the anxiety and depression clients feel for not changing and failing.

You don't have to take my word for this. This is exactly what a New Jersey jury unanimously found last summer in the case of Ferguson v. JONAH.

In that case, the jury heard expert testimony from mental health professionals, the testimony of conversion therapy survivors, and even so-called "success story" witnesses who claimed to have changed their sexual orientation. As to the so-called success stories, many of them admitted that they remained sexually attracted to persons of the same sex even after years and years of therapy. The jury concluded that those "success story" were not credible.

In addition, the judge found that the so-called experts offered to defend conversion therapy were not experts at all and were rather unreliable and discredited because they were well outside the generally accepted science on the subject. The judge refused to allow leading conversion therapy practitioners to testify for the defense because, he wrote, their opinions were based on the false premise that homosexuality is a disorder, a theory that "is not novel but – like the notion that the earth is flat and the sun revolves around it – instead is outdated and refuted."

After hearing three weeks of testimony, the jury found that the conversion therapists committed consumer fraud and engaged in unconscionable commercial practices.

This bill takes a lesson from that case and makes clear that it is illegal to commit consumer fraud against the people of New Hampshire in the form of ineffective and harmful conversion therapy. I encourage you to give the people of New Hampshire the tools they need to protect themselves and their families against the practice of conversion therapy.

Thank you for your time.

**TESTIMONY OF GAY & LESBIAN ADVOCATES & DEFENDERS
IN SUPPORT OF HB 1661**

New Hampshire General Court Health, Human Services and Elderly Affairs Committee
February 2, 2016

Submitted by:
Janson Wu
Executive Director

Gay & Lesbian Advocates & Defenders works in New England and nationally to create a just society free of discrimination based on gender identity and expression, HIV status, and sexual orientation through strategic litigation, public policy advocacy, and education. GLAD strongly supports HB 1661, which prohibits persons licensed to provide professional counseling from engaging in the discredited and harmful practice of seeking to change a minor's sexual orientation or gender identity. The imposition of "conversion therapy," especially on minors, is a remnant of our nation's shameful history of oppression of lesbian, gay, bisexual and transgender people. Its premise is that homosexuality is abnormal behavior and a mental disorder that must be changed. The New Hampshire legislature has a proud history of eradicating discrimination against LGBT people as well as enacting laws that ensure the health, safety, and welfare of children. The passage of HB 1661 is a critical step necessary to further these goals.

Summary of Points

GLAD submits this testimony to highlight the following points:

(1) The passage of HB 1661 is a significant step New Hampshire can take in creating a better world for all LGBT youth. LGBT youth devalue themselves, and are devalued by others, because our society has not yet fully eradicated the historical conception that it's not okay to be lesbian, gay, bisexual, or transgender. The prohibition of "conversion therapy," which has its

roots in the notion that it is not normal to be lesbian, gay, bisexual or transgender, is a powerful step the legislature can take to counter that harmful message.

(2) HB 1661 is necessary to protect the physical and psychological health, welfare and safety of minors in New Hampshire. The practice of conversion therapy has been discredited in the medical community as ineffective in changing sexual orientation or gender identity, and has been shown to be harmful to the psychological and physical well-being of all persons subjected to it – especially minors.

(3) Courts have upheld the constitutionality of bans on conversion therapy as within the state's well-established power to regulate healthcare and legislate for the welfare of children.

1. Passage of HB 1661 Will Help all LGBT Youth, Not Just Those Who May be Subjected to “Conversion Therapy.”

Although New Hampshire has been among our nation's leaders in establishing legal equality for LGBT people, remnants of discrimination remain and have a particularly harmful impact on LGBT youth. Many LGBT youth in our society still grow up believing that there is something “wrong” with them because of their sexual orientation or gender identity. In New Hampshire, suicide is the second leading cause of death for youth ages 15-24, and the fourth most common cause for youth ages 10-14.¹ Recent national research demonstrates that students who identify as lesbian, gay, bisexual or transgender are 2 to 7 times more likely to attempt suicide.² The harms that come to LGBT youth as a result of negative feelings about their own identities, as well as the prevalence of bullying and harassment by others can be traced in significant part to the underlying notion of abnormality or “otherness.” Many LGBT youth still

¹ New Hampshire Department of Health and Human Services. 2011 New Hampshire State Health Profile. Retrieved at <http://www.dhhs.nh.gov/dphs/documents/2011statehealthprofile.pdf>

² Ann P. Haas, Ph.D., et al., “Suicide and Suicide Risk in Lesbian, Gay, Bisexual and Transgender Populations: Review and Recommendations,” *Journal of Homosexuality*, Volume 58, Issue 1, 2011.

grow up believing that there is “something wrong” with who they are, increasing their risk of adverse mental health outcomes. Passage of HB 1661 will send a powerful and important message to all people: there is nothing about one’s sexual orientation or gender identity that needs to be changed because being gay, lesbian, bisexual or transgender is normal and healthy.

(I) “Conversion Therapy” has Been Discredited, is Contrary to Modern Medical Science, and Subjects Minors to Profound Harm.

The history of “conversion therapy” is a disgraceful chapter in our mistreatment of lesbian, gay, bisexual and transgender people. The practice of “conversion therapy” dates to the mid-twentieth century when homosexuality was considered to be a mental disorder and homosexual conduct was criminalized. Mental health professionals sought to “cure” homosexuality by a variety of techniques, which included horrific aversive therapies such as electroshock, nausea-inducing drugs, and even lobotomies and castration. Homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association in 1973. Nonetheless, some practitioners have continued to practice “conversion therapy,” most often under the guise of “talk therapy” aimed at eradicating same-sex desire and orientation.

Today there is a consensus among the medical and mental health professional groups that any such practices are ineffective and unethical and subject patients to significant harm. As referenced in HB 1661, the American Psychological Association concludes that conversion therapy “may pose serious risk of harm,” such as “confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, and suicidality.”³ The American Psychiatric Association states that “the potential risks of reparative therapy are great, including depression, anxiety, and

³ American Psychological Association. Report of the American Psychological Association Task Force on Appropriate Therapeutic Response to Sexual Orientation, 79, 50. Washington, DC, (2009). Retrieved from <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

self-destructive behavior.”⁴ In addition, the American Academy of Child and Adolescent Psychiatry has determined that there is “no evidence that sexual orientation can be altered through therapy,” and that there is no medically valid basis for attempting to prevent homosexuality, which is not an illness.”⁵ The legislature should enact HB 1661 in order to protect children and adolescents from those licensed health care professionals who subject minors to harm through a practice that has proven not to work, inflicts well-documented and profound suffering, and is far outside the bounds of any ethical or acceptable medical practice today.

(II) Courts Have Upheld the Authority of States to Regulate the Harmful Practice of Conversion Therapy.

This legislation falls squarely within the state’s well-established police. Moreover, New Hampshire recognizes the protection of minors within its jurisdiction as a compelling state interest.⁶

The two federal appeals courts that have addressed this type of legislation have upheld the state’s authority to regulate the practice of healthcare and in particular to ban harmful conversion therapy. In *Pickup v. Brown* and *Welch et al. v. Brown et al.*, the U.S. Court of Appeals for the Ninth Circuit ruled that a California law prohibiting state-licensed therapists from trying to change the sexual orientation or gender expression of a patient under 18 years old could be enforced.⁷ Similarly, in *King v. Governor of N.J.*, the U.S. Court of Appeals for the

⁴ Just the Facts Coalition. *Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel*, 6-7. Washington, DC: American Psychological Association, 2008. Retrieved from www.apa.org/pi/lgbcc/publications/justthefacts.html.

⁵ For a list of similar statements by medical and mental health organizations, see Human Rights Campaign, *The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity*, <http://www.hrc.org/resources/entry/the-lies-and-dangers-of-reparative-therapy> (last visited July 12, 2013).

⁶ See *In re R.A.*, 153 N.H. 82 (2012); *In re Sandra H.*, 150 N.H. 634 (2004)

⁷ See *Pickup v. Brown*, 740 F.3d 1208 (9th Cir. 2014)

Third Circuit affirmed that a New Jersey law prohibiting conversion therapy was constitutional.⁸ The New Hampshire legislature clearly has the authority to pass this law to regulate the practice of healthcare, particularly in the area of the welfare of children.

Conclusion

HB 1661 is narrowly tailored to prevent a well-documented risk of harm to minors and to eradicate a purported healthcare practice that is contrary to medical science and based on discredited views of sexual orientation and gender identity. GLAD strongly supports HB 1661.

⁸ See *King v. Governor of N.J.*, 767 F.3d 216 (3d Cir. 2014).

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1661-FN

BILL TITLE: relative to conversion therapy seeking to change a person's sexual orientation.

DATE: February 18, 2016

LOB ROOM: 205

MOTIONS: OUGHT TO PASS

Moved by Rep. Ticehurst

Seconded by Rep. LeBrun

Vote: 17-0

MOTIONS: OUGHT TO PASS WITH AMENDMENT

Moved by Rep. Fothergill

Seconded by Rep. Snow

AM Vote: 17-0

Amendment # 2016-0067h

CONSENT CALENDAR: YES

Statement of Intent: Refer to Committee Report

Respectfully submitted,



Rep Bill Nelson, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1661-FN

BILL TITLE: relative to conversion therapy seeking to change a person's sexual orientation.

DATE: 2/18/16

LOB ROOM: 205

MOTIONS: (OTP) OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr) (Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote: 17-0

Adoption of Amendment # ~~2016-0067~~

Moved by Rep. Trachner Seconded by Rep. LeBrun Vote: _____

X Amendment Adopted _____ Amendment Failed

MOTIONS: OTP (OTP/A) ITL, Retained (1st Yr), Interim Study (2nd Yr) (Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote: _____

Adoption of Amendment # _____

Moved by Rep. Fatherg: 11 Seconded by Rep. Snow Vote: 17-0

_____ Amendment Adopted _____ Amendment Failed

CONSENT CALENDAR: X YES _____ NO (Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Bill Nelson Bill Nelson, Committee Clerk



2016 SESSION

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: HB 1661-FIU Title: Relative to conversion therapy seeking to change a person's sexual orientation.

PH Date: 02/02/2016

Exec Session Date: 2/18/16

Motion: OTP

Amendment #: 2016-0067

MEMBER	YEAS	NAYS
Kotowski, Frank R., Chairman	17	
LeBrun, Donald L., V Chairman		
Emerson, Susan		—
McMahon, Charles E.	2	
Martel, Andre A.		—
Nelson, Bill G., Clerk	3	
Schmidt, Stephen J.	4	
Stepanek, Stephen B.		—
Guthrie, Joseph A.	5	
Ward, Joanne A.	6	
Donovan, Daniel A		—
Fothergill, John	7	
Mackay, James R.	8	
French, Barbara C	9	
Deloge, Helen M.	10	
Sherman, Thomas M.	11	
Ticehurst, Susan J.	12	
Weber, Lucy M.	13	
Freitas, Mary C.	14	
Gordon, Pamela S.	15	
Snow, Kendall A.	16	
TOTAL VOTE:	17	0



2016 SESSION

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: HB 1661-FW Title: Relative to conversion therapy seeking to change a person's sexual orientation

PH Date: 2/2/16 Exec Session Date: 2/18/16

Motion: OTR/A Amendment #: _____

MEMBER

YEAS

NAYS

MEMBER	YEAS	NAYS
Kotowski, Frank R., Chairman	17	
LeBrun, Donald L., V Chairman	1	
Emerson, Susan		
McMahon, Charles E.	2	
Martel, Andre A.		
Nelson, Bill G., Clerk	3	
Schmidt, Stephen J.	4	
Stepanek, Stephen B.		
Guthrie, Joseph A.	5	
Ward, Joanne A.	6	
Donovan, Daniel A		
Fothergill, John	7	
Mackay, James R.	8	
French, Barbara C	9	
Deloge, Helen M.	10	
Sherman, Thomas M.	11	
Ticehurst, Susan J.	12	
Weber, Lucy M.	13	
Freitas, Mary C.	14	
Gordon, Pamela S.	15	
Snow, Kendall A.	16	
TOTAL VOTE:	17	0

Committee Report

CONSENT CALENDAR

February 19, 2016

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Health, Human Services and Elderly
Affairs to which was referred HB 1661-FN,**

**AN ACT relative to conversion therapy seeking to
change a person's sexual orientation. Having considered
the same, report the same with the following
amendment, and the recommendation that the bill
OUGHT TO PASS WITH AMENDMENT.**

Rep. John Fothergill

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 1661-FN
Title:	relative to conversion therapy seeking to change a person's sexual orientation.
Date:	February 19, 2016
Consent Calendar:	CONSENT
Recommendation:	OUGHT TO PASS WITH AMENDMENT 2016-0067h

STATEMENT OF INTENT

This bill as amended prohibits licensed counselors to engage in conversion therapy with a person under 18 years of age. It also allows unlicensed counselors to be sued over conversion therapy. The committee heard overwhelming testimony as to the harms of conversion therapy and no evidence that it is even effective.

Vote 17-0.

Rep. John Fothergill
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 1661-FN, relative to conversion therapy seeking to change a person's sexual orientation.
OUGHT TO PASS WITH AMENDMENT.

Rep. John Fothergill for Health, Human Services and Elderly Affairs. This bill as amended prohibits licensed counselors to engage in conversion therapy with a person under 18 years of age. It also allows unlicensed counselors to be sued over conversion therapy. The committee heard overwhelming testimony as to the harms of conversion therapy and no evidence that it is even effective. **Vote 17-0.**

HB 1661-FN - Relative to conversion therapy seeking to change a person's sexual orientation

This bill prohibits licensed counselors to engage in conversion therapy with a person under 18 years of age. It also allows unlicensed counselors to be sued over conversion therapy. The committee heard overwhelming testimony as to the harms of conversion therapy and no evidence that it is even effective. The committee agrees with the legislation.

**Rep. John Fothergill
For the Committee
OTP/A - 17-0 - CC**

COMMITTEE REPORT

COMMITTEE: Health, Human Services and Elderly Affairs

BILL NUMBER: HB 1661-FN

TITLE: Relative to Conversion Therapy Seeking To Change a person's sexual orientation.

DATE: 2-18-16 CONSENT CALENDAR: YES NO

- OUGHT TO PASS
 OUGHT TO PASS W/ AMENDMENT
 INEXPEDIENT TO LEGISLATE
 INTERIM STUDY (Available only 2nd year of biennium)

Amendment No.
2016-0067h

STATEMENT OF INTENT:

This Bill prohibits licensed counselors to engage in conversion therapy with a person under 18 years of age. It also allows unlicensed counselors to be sued over conversion therapy. The committee heard overwhelming testimony as to the harms of conversion therapy and no evidence that it is ever effective. The committee agrees with the legislation.

OK
JRK

COMMITTEE VOTE: 17-0

RESPECTFULLY SUBMITTED,

- Copy to Committee Bill File
- Use Another Report for Minority Report

Rep. Fitzgerald
For the Committee

Other Referrals

TO: **FIRST NAMED REPRESENTATIVES ON COMMITTEES OF CONFERENCE**
FROM: Paul C. Smith, Clerk of the House
RE: **REQUIRED STATEMENTS FOR COMMITTEE OF CONFERENCE REPORTS**
DATE: MAY, 2016

The first-named Representative on every Committee of Conference must write a brief explanatory statement which will be printed and distributed in the House Calendar prior to floor action on the conference reports. (Rule 49-d)

Please use this form to write your statement and bring it to the Clerk's Office as soon as the conference report has been submitted to OLS.

House Bill # 1661

Senate Bill # _____

House and Senate conferees were unable to unanimously agree on HB 1661, ~~Relative to conversion therapy~~ seeking to change a person's sexual orientation, as amended by the Senate. The Senate was unwilling to accede to the language of the version passed by the House and the House conferees were not in unanimous agreement with the Senate version. The committee of conference chair and one of the Senate representatives felt that a bill acceptable to all concerned could not be prepared within the time limits remaining for acceptance.

Stephen Schmell

House Committee of Conference Chairman

5-24, 2016

Date