

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

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ANALYSIS

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

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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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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  
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19 men and lesbians can become comfortable with their sexual orientation and understand the societal  
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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  
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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.

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.

HB 1661-FN - AS AMENDED BY THE HOUSE

23Mar2016... 0067h

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HOUSE BILL        ***1661-FN***

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COMMITTEE:       Health, Human Services and Elderly Affairs

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4 This is documented by Caitlin Ryan et al. in their article entitled Family Rejection as a Predictor of  
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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.

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 for monetary compensation in  
6 exchange for such services where such advertising claims:

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

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

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

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

15 3 New Paragraph; Consumer Protection; Acts Unlawful. Amend RSA 358-A by inserting after  
16 paragraph XVI the following new paragraph:

17 XVII. Conducting or advertising for the provision of conversion therapy, as defined in RSA  
18 332-L:1, I.

19 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 amended by the House (Amendment #2016-0067h), 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 therefore cannot determine the impact on Board expenditures.

The New Hampshire Association of Counties states that 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 that 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 defended or indemnified by their insurer or employer and would obtain private counsel.

HB 1661-FN - AS AMENDED BY THE SENATE

23Mar2016... 0067h  
05/12/2016 1974s

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. Horigan, Straf. 6; Rep. Simpson, Rock.  
18; Rep. Eaton, Ches. 3

COMMITTEE:        Health, Human Services and Elderly Affairs

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AMENDED ANALYSIS

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

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Explanation:        Matter added to current law appears in ***bold italics***.  
Matter removed from current law appears [~~in brackets and struck through.~~]  
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 1 New Chapter; Prohibiting Conversion Therapy on Minors. Amend RSA by inserting after  
2 chapter 332-K the following new chapter:

3 CHAPTER 332-L

4 PROHIBITING CONVERSION THERAPY ON MINORS

5 332-L:1 Definition. In this chapter, "conversion therapy" means any practices or treatments  
6 that seek to change an individual's sexual orientation or gender identity, including efforts to change  
7 behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings  
8 toward individuals of the same gender. Conversion therapy shall not include counseling that  
9 provides assistance to a person undergoing gender transition, or counseling that provides  
10 acceptance, support, and understanding of a person or facilitates a person's coping, social support,  
11 and identity exploration and development, including sexual-orientation-neutral interventions to  
12 prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not  
13 seek to change an individual's sexual orientation or gender identity.

14 332-L:2 Prohibition; Violations, and Enforcement.

15 I. A person who is licensed to provide professional counseling under RSA 326-B, RSA 328-D,  
16 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  
17 330-C, including, but not limited to, a nurse, physician assistant, physician, psychologist, clinical  
18 social worker, clinical mental health counselor, marriage and family therapist, or licensed alcohol  
19 and drug counselor, or a person who performs counseling as part of the person's professional  
20 training for any of these professions, shall not engage in conversion therapy with a person under 18  
21 years of age.

22 II. Any licensed professional, as listed in paragraph I, who proposes to engage or engages in  
23 conversion therapy on a patient under 18 years of age shall be considered to have engaged in  
24 unprofessional conduct and shall be subject to such discipline as the relevant licensing authority  
25 deems appropriate.

26 332-L:3 Non-Infringement. Nothing in this chapter shall be construed to infringe on any  
27 constitutional right, including the free exercise of religion.

28 2 Effective Date. This act shall take effect January 1, 2017.

# Amendments



Amendment to HB 1661-FN

1 Amend the bill by replacing all after the enacting clause with the following:

2  
3 1 New Chapter; Prohibiting Conversion Therapy on Minors. Amend RSA by inserting after  
4 chapter 332-K the following new chapter:

5 CHAPTER 332-L

6 PROHIBITING CONVERSION THERAPY ON MINORS

7 332-L:1 Definition. In this chapter:

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

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

18 332-L:2 Prohibition; Violations, and Enforcement.

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

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

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

32 332-L:3 Unfair or Deceptive Acts and Practices Related to Conversion Therapy.



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

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

4 (b) Advertise for the provision of conversion therapy for monetary compensation in  
5 exchange for such services 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 Protection for Religious Freedom and Pastoral Counseling. Nothing in this chapter  
15 shall be construed to limit the counseling activities of rabbis, priests, ministers, Christian Science  
16 practitioners, clergy, or members of other religious groups or orders in the scope of the performance  
17 of their regular or specialized ministerial duties.

18 332-L:5 Protection for Parent-Child Relationship. Nothing in this chapter shall be construed to  
19 limit or restrict the right of parents to raise their children in accordance with their beliefs.

20 2 New Paragraph; Consumer Protection; Acts Unlawful. Amend RSA 358-A by inserting after  
21 paragraph XVI the following new paragraph:

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

24 3 Effective Date. This act shall take effect January 1, 2017.

Amendment to HB 1661-FN

1 Amend the title of the bill by replacing it with the following:

2

3 AN ACT establishing a commission to study conversion therapy.

4

5 Amend the bill by replacing all after the enacting clause with the following:

6

7 1 New Subdivision; Commission to Study Conversion Therapy. Amend RSA 126-A by inserting  
8 after section 69 the following new subdivision:

9

Commission to Study Conversion Therapy

10 126-A:70 Commission Established. There is established a commission to study conversion  
11 therapy.

12

I.(a) The members of the commission shall be as follows:

13

(1) One member of the senate, appointed by the president of the senate.

14

(2) Two members of the house of representatives, appointed by the speaker of the

15

16 house of representatives.  
17 society.

18

(3) A representative of the New Hampshire Medical Society, appointed by the

19

society.

20

(4) A representative of the New Hampshire Psychiatric Society, appointed by the

21

22 society.  
23 board.

24

(5) A representative of the board of mental health practice, appointed by the board.

25

(6) A representative of the family mediator certification board, appointed by the

26

board.

27

(7) A representative of the New Hampshire chapter of the National Center for  
28 Lesbian Rights, appointed by the governor.

29

(8) A representative of GLAD, appointed by the governor.

30

(9) A representative of Cornerstone Research, appointed by the speaker of the house  
31 of representatives.

32

(10) A representative of the Roman Catholic Diocese of Manchester, appointed by  
the senate president.

(b) Legislative members of the commission shall receive mileage at the legislative rate

when attending to the duties of the commission.

II.(a) The commission shall study the practice of conversion therapy, or treatment that

Amendment to HB 1661-FN  
- Page 2 -

1 seeks to change an individual's sexual orientation or gender identity. Specifically, the commission  
2 shall:

3 (1) Define conversion therapy and the procedures or services such therapy  
4 includes.

5 (2) Identify any other therapies which are or could be considered as abusive in New  
6 Hampshire.

7 (3) Determine whether conversion therapy is being offered in New Hampshire.

8 (4) Review the existing policies of state licensing boards providing for guidance  
9 and/or licensing for this type of therapy.

10 (5) Determine whether any of these therapies are paid for by Medicaid.

11 (6) Determine if licensed therapists are offering conversion therapy, should the  
12 service be posted and what, if any disclosures to parents should be considered.

13 (7) Investigate whether electro-shock therapy is being used as part of conversion  
14 therapy.

15 (8) Consider the circumstances under which parents, councilors, and clergy can  
16 participate in discussions with a teen about sexuality and when does it become conversion therapy.

17 (9) Consider the role of the general court in determining the limits of the First  
18 Amendment and religious beliefs and providing services to others concerning conversion therapy.

19 (10) Consider medical statements by New Hampshire medical boards and  
20 associations and how such boards and associations are managing their licensed practitioners.

21 (b) The commission shall solicit information from any person or entity the commission  
22 deems relevant to its study.

23 III. The members of the commission shall elect a chairperson from among the members.  
24 The first meeting of the commission shall be called by the senate member. The first meeting of the  
25 commission shall be held within 45 days of the effective date of this section. Six members of the  
26 commission shall constitute a quorum.

27 IV. The commission shall report its findings and any recommendations for proposed  
28 legislation to the president of the senate, the speaker of the house of representatives, the senate  
29 clerk, the house clerk, the governor, and the state library on or before March 1, 2017.

30 3 Repeal. RSA 126-A:70, relative to a commission to study conversion therapy, is repealed.

31 4 Effective Date.

32 I. Section 3 of this act shall take effect March 1, 2017.

33 II. The remainder of this act shall take effect upon its passage.



2016-1752s

AMENDED ANALYSIS

This bill establishes a commission to study conversion therapy.



Amendment to HB 1661-FN

1 Amend the title of the bill by replacing it with the following:

2

3 AN ACT establishing a commission to study conversion therapy.

4

5 Amend the bill by replacing all after the enacting clause with the following:

6

7 1 New Subdivision; Commission to Study Conversion Therapy. Amend RSA 126-A by inserting  
8 after section 69 the following new subdivision:

9 Commission to Study Conversion Therapy

10 126-A:70 Commission Established. There is established a commission to study conversion  
11 therapy.

12 I.(a) The members of the commission shall be as follows:

13 (1) One member of the senate, appointed by the president of the senate.

14 (2) Two members of the house of representatives, appointed by the speaker of the  
15 house of representatives.

16 (3) A representative of the New Hampshire Medical Society, appointed by the  
17 society.

18 (4) A representative of the New Hampshire Psychiatric Society, appointed by the  
19 society.

20 (5) A representative of the board of mental health practice, appointed by the board.

21 (6) A representative of the family mediator certification board, appointed by the  
22 board.

23 (7) A representative of the New Hampshire chapter of the National Center for  
24 Lesbian Rights, appointed by the governor.

25 (8) A representative of GLAD, appointed by the governor.

26 (9) A representative of Cornerstone Research, appointed by the speaker of the house  
27 of representatives.

28 (10) A representative of the Roman Catholic Diocese of Manchester, appointed by  
29 the senate president.

30 (11) An ordained minister, appointed by the senate president.

31 (b) Legislative members of the commission shall receive mileage at the legislative rate  
32 when attending to the duties of the commission.



1 II.(a) The commission shall study the practice of conversion therapy, or treatment that  
2 seeks to change an individual's sexual orientation or gender identity. Specifically, the commission  
3 shall:

4 (1) Define conversion therapy and the procedures or services such therapy  
5 includes.

6 (2) Identify any other therapies which are or could be considered as abusive in New  
7 Hampshire.

8 (3) Determine whether conversion therapy is being offered in New Hampshire.

9 (4) Review the existing policies of state licensing boards providing for guidance  
10 and/or licensing for this type of therapy.

11 (5) Determine whether any of these therapies are paid for by Medicaid.

12 (6) Determine if licensed therapists are offering conversion therapy, should the  
13 service be posted and what, if any disclosures to parents should be considered.

14 (7) Investigate whether electro-shock therapy is being used as part of conversion  
15 therapy.

16 (8) Consider the circumstances under which parents, councilors, and clergy can  
17 participate in discussions with a teen about sexuality and when does it become conversion therapy.

18 (9) Consider the role of the general court in determining the limits of the First  
19 Amendment and religious beliefs and providing services to others concerning conversion therapy.

20 (10) Consider medical statements by New Hampshire medical boards and  
21 associations and how such boards and associations are managing their licensed practitioners.

22 (b) The commission shall solicit information from any person or entity the commission  
23 deems relevant to its study.

24 III. The members of the commission shall elect a chairperson from among the members.  
25 The first meeting of the commission shall be called by the senate member. The first meeting of the  
26 commission shall be held within 45 days of the effective date of this section. Seven members of the  
27 commission shall constitute a quorum.

28 IV. The commission shall report its findings and any recommendations for proposed  
29 legislation to the president of the senate, the speaker of the house of representatives, the senate  
30 clerk, the house clerk, the governor, and the state library on or before March 1, 2017.

31 3 Repeal. RSA 126-A:70, relative to a commission to study conversion therapy, is repealed.

32 4 Effective Date.

33 I. Section 3 of this act shall take effect March 1, 2017.

34 II. The remainder of this act shall take effect upon its passage.



2016-1780s

AMENDED ANALYSIS

This bill establishes a commission to study conversion therapy.

Amendment to HB 1661-FN

1 Amend the title of the bill by replacing it with the following:


2

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4

5 Amend the bill by replacing all after the enacting clause with the following:

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7  New Subdivision; Commission to Study Conversion Therapy. Amend RSA 126-A by inserting  
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19 society.

20 (5) A representative of the board of mental health practice, appointed by the board.

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22 board.

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24 Lesbian Rights, appointed by the governor.

25 (8) A representative of GLAD, appointed by the governor.

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27 of representatives.

28 (10) A representative of the Roman Catholic Diocese of Manchester, appointed by  
29 the senate president.

30 (11) An ordained minister, appointed by the senate president.

31 (b) Legislative members of the commission shall receive mileage at the legislative rate  
32 when attending to the duties of the commission.

**Amendment to HB 1661-FN**  
**- Page 2 -**

1           II.(a) The commission shall study the practice of conversion therapy, or treatment that  
2 seeks to change an individual's sexual orientation or gender identity. Specifically, the commission  
3 shall:

4                   (1) Define conversion therapy and the procedures or services such therapy  
5 includes.

6                   (2) Identify any other therapies which are or could be considered as abusive in New  
7 Hampshire.

8                   (3) Determine whether conversion therapy is being offered in New Hampshire.

9                   (4) Review the existing policies of state licensing boards providing for guidance  
10 and/or licensing for this type of therapy.

11                   (5) Determine whether any of these therapies are paid for by Medicaid.

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13 service be posted and what, if any disclosures to parents should be considered.

14                   (7) Investigate whether electro-shock therapy is being used as part of conversion  
15 therapy.

16                   (8) Consider the circumstances under which parents, councilors, and clergy can  
17 participate in discussions with a teen about sexuality and when does it become conversion therapy.

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19 Amendment and religious beliefs and providing services to others concerning conversion therapy.

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21 associations and how such boards and associations are managing their licensed practitioners.

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30 clerk, the house clerk, the governor, and the state library on or before March 1, 2017.

31           3 Repeal. RSA 126-A:70, relative to a commission to study conversion therapy, is repealed.

32           4 Effective Date.

33           I. Section 3 of this act shall take effect March 1, 2017.

34           II. The remainder of this act shall take effect upon its passage.

2016-1800s

**AMENDED ANALYSIS**

**This bill establishes a commission to study conversion therapy.**

# Committee Minutes



**SENATE CALENDAR NOTICE**  
**Health and Human Services**

Sen Andy Sanborn, Chair  
Sen Molly Kelly, Vice Chair  
Sen Kevin Avar, Member  
Sen Sharon Carson, Member  
Sen Martha Fuller Clark, Member

Date: March 31, 2016

**HEARINGS**

Tuesday	04/05/2016	
(Day)	(Date)	
Health and Human Services	LOB 101	1:00 p.m.
(Name of Committee)	(Place)	(Time)

**EXECUTIVE SESSION MAY FOLLOW**

1:00 p.m.	<b>HB 1664-FN</b>	(New Title) relative to contracts between carriers or pharmacy benefit managers and certain pharmacies.
1:30 p.m.	<b>HB 1608-FN</b>	relative to uniform prior authorization forms.
2:00 p.m.	<b>HB 1570-FN</b>	repealing the law governing access to reproductive health care facilities.
2:30 p.m.	<b>HB 1661-FN</b>	relative to conversion therapy seeking to change a person's sexual orientation.

**Sponsors:**

**HB 1664-FN**  
Rep. Luneau

Rep. Myler

Rep. Butler

Sen. Feltes

**HB 1608-FN**

Rep. Fothergill  
Sen. Woodburn

**HB 1570-FN**

Rep. Hoell  
Rep. Abramson  
Rep. Groen

**HB 1661-FN**

Rep. Schleien  
Rep. C. Roberts

Rep. Sherman

Rep. Goulette  
Rep. W. O'Brien  
Rep. Seidel

Rep. Zaricki  
Rep. Horrigan

Rep. Hunt

Rep. Itse  
Rep. Rideout

Rep. Eastman  
Rep. Simpson

Sen. Bradley

Rep. Ingbretson  
Rep. Notter

Rep. Sad  
Rep. Eaton

Kelly Flathers 271-3091

Andy Sanborn  
Chairman

# REVISED

## SENATE CALENDAR NOTICE Health and Human Services

Sen Andy Sanborn, Chair  
Sen Molly Kelly, Vice Chair  
Sen Kevin Avard, Member  
Sen Sharon Carson, Member  
Sen Martha Fuller Clark, Member

Date: March 31, 2016

### HEARINGS

Tuesday

04/05/2016

(Day)

(Date)

Health and Human Services

LOB 204

1:00 p.m.

(Name of Committee)

(Place)

(Time)

### EXECUTIVE SESSION MAY FOLLOW

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**HB 1664-FN**

Rep. Luneau

**HB 1608-FN**

Rep. Fothergill

Sen. Woodburn

**HB 1570-FN**

Rep. Hoell

Rep. Abramson

Rep. Groen

**HB 1661-FN**

Rep. Schleien

Rep. C. Roberts

Rep. Myler

Rep. Sherman

Rep. Goulette

Rep. W. O'Brien

Rep. Seidel

Rep. Zaricki

Rep. Horrigan

Rep. Butler

Rep. Hunt

Rep. Itse

Rep. Rideout

Rep. Eastman

Rep. Simpson

Sen. Feltes

Sen. Bradley

Rep. Ingbretson

Rep. Notter

Rep. Sad

Rep. Eaton

Kelly Flathers 271-3091

Andy Sanborn  
Chairman

# Senate Health and Human Services Committee

*Kelly Flathers 271-3091*

**HB 1661-FN**, relative to conversion therapy seeking to change a person's sexual orientation.

**Hearing Date:** April 5, 2016

**Time Opened:** 3:43 p.m.

**Time Closed:** 6:20 p.m.

**Members of the Committee Present:** Senators Sanborn, Avard, Carson and Fuller Clark

**Members of the Committee Absent:** Senator Kelly

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

---

## **Sponsors:**

Rep. Schleien

Rep. Zaricki

Rep. Eastman

Rep. Sad

Rep. C. Roberts

Rep. Horrigan

Rep. Simpson

Rep. Eaton

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**Who supports the bill:** Rep. Eric Schleien - Hillsborough 37; Jeanie Holt - NH Public Health Association; Janet Monahan - NH Medical Society; Rep. Timothy Horrigan - Strafford 6; Rep. Tom Sherman - Rockingham 24; Rep. Dan Eaton - Cheshire 3; Samantha Ames - NCLR; Mathew Shurka - Self; Rep. Amanda Bouldin - Hillsborough 12; Rep. Elizabeth Edwards - Hillsborough 11; Rep. Joe Hannon - Strafford 25; Dr. Jeff Fetter - NH Psychiatric Society; Janson Wu - GLAD; Robin Nafshi - Temple Beth Jacob; Dr. John Cabibi - NHPA; Lynn Stanley - NH National Association of Social Workers; Rep. Alexis Simpson - Rockingham 18; Scott McCoy - Southern Poverty Law Center; Sr. Hilaire - Self; Berri Cannon - PFLAG-NH, Somersworth, NH; Rep. Ken Snow - Hillsborough 42; Sen. David Pierce - District 5; Rep. Caroletta Alicea - Merrimack 7; Rep. Ed Butler - Carroll 7; Rep. John Fothergill - Coos 2; Lauren Banker - Self; Sen. Andrew Hosmer - District 7

**Who opposes the bill:** Rep. Timothy Twombly - Hillsborough 34; Rep. Bill Ohm - Hillsborough 36; Rep. Chris True - Rockingham 4; Jen Robidoux - Self; Rev. Edward Carnahan - Self; Rep. Frank Edelblut - Hillsborough 38; Steven Walton - Manchester, NH; Len Cassidy - Manchester, NH; Dave Carlson - Manchester, NH; Erick Ness - Center Conway Baptist Church; Rep. Josh Moore - Hillsborough 21; Leslie Warner - Manchester, NH; Deborah Martel - Manchester, NH; Rep. Allen Cook - Rockingham 11; Ken Bosse - Raymond, NH; Thomas Peetz - Concord, NH; Sarah Koski - Cornerstone Policy Research; Ron Moore - Self; Rep. Edith Hogan - Hillsborough 34;

Bryan McCormack - Cornerstone Policy Research; Daryl J. Marma - Self; Elizabeth Green - Self; Catherine Deveau - Self; Bethany Schieding - Self; Rep. Warren Groen - Strafford 10; Rep. Leon H. Rideout - Coos 7; Rep. J. R. Hoell - Merrimack 23; Rep. Kurt Wuelper - Strafford 3; Rep. Larry Gagne - Hillsborough 13

**Who is neutral on the bill:** Kim Reeve - NH DHHS

**Summary of testimony presented in support:**

**Representative Eric Schleien - Hillsborough 37 (Prime)**

- This bill had a 17-0 Ought to Pass recommendation from the House committee.
- This bill protects youth from conversion therapy, a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. This kind of therapy is based on the false claim that being lesbian, gay, bisexual, or transsexual (LGBT) is a mental illness that needs to be fixed or cured. This bill protects young people and parents from state licensed therapists in NH who falsely claim that this is an illness.
- These harmful practices use rejection, shame, and psychological abuse to force children to try to change who they are. This can lead to depression, decreased self-esteem, substance abuse, and suicide.
- The American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have all issued position statements warning about the dangers of these practices.
- In NH, the NH Pediatric Society, the NH Psychiatric Society, and the NH chapter of the National Association of Social Workers have come out in support of this bill.
- NH has a responsibility to protect all children from these dangerous practices. This bill is similar to other laws that protect youth from known dangers. For instance, state law already protects young children from abuse and neglect at the hands of their parents and other adults.
- NH families have the right to expect that a therapist practicing under a license from the state will not put them at risk of harm.
- This bill has been drafted to clearly and narrowly define these discredited and dangerous practices: Conversion therapy does not include therapy that provides support or acceptance of LGBT identities, therapy that facilitates social support of identity exploration, or therapy that addresses unlawful conduct or unsafe sexual practices.
- This bill only regulates professional therapy. It does not restrict first amendment speech and does not apply to clergy or individuals who provide religious instruction. It also does not prevent anyone from publishing, discussing, or advocating any beliefs regarding sexual orientation.
- Right now, approximately 1/3 of LGBT youth get treated with conversion therapy at some point in their lifetime. LGBT youth have a higher rate of depression and suicide than the national average. After conversion therapy, LGBT youth increase their risk of clinical depression by 600%, increase their risk of illegal

drug use by 300%, increase their risk of HIV by 300%, and increase their risk of suicide by 800% compared to their LGBT peers.

#### **Senator Carson**

- (Q) I've received a lot of emails about this and some people are using the acronym LGBTQA+. What does this mean?
  - (A) **Rep. Schleien:** I am unsure, but others who testify may be able to answer that.

#### **Senator David Pierce - District 5**

- I am speaking in support of this bill. Notwithstanding what I experienced as a child, I want my two daughters to grow up without being told that they should not be who they are.
- I remember, being raised in a very religious household, praying as hard as I could to be changed. I only saw a life of pain and suffering ahead of me.
- This worsened to the point of considering suicide at 12 and 13 years old. No child should have to go through that. I'm sure there are many others in NH with similar stories.
- No child should be told that they are not equal, not worthy, or should somehow conform to be like everybody else. That is the antithesis of freedom and human dignity.
- When I came out to my parents, my mother was sad that because I hadn't told her sooner, she had not been there for me when I needed support.
- I was pleased to see the results of the House vote on this. The bill's scope is limited to licensed professionals and those who charge money for their services.

#### **Representative Edward Butler - Carroll 7**

- I am speaking in support of this bill. Conversion therapy is damaging and is not supported by most professional organizations and groups.
- I will echo what Senator Pierce just said. When my husband and I got together about 40 years ago, we decided that the environment was not supportive enough for us to have children. Younger gay and lesbian couples often have kids and are wonderful parents.
- Homosexuality is not something that needs to be converted. There are many negative effects of conversion therapy. This bill applies only to licensed professionals and does not impact people who are getting spiritual counseling.
- This bill passed 17-0 in the Health and Human Services committee in the House and came to the floor with the expectation that it had good support. However, we had a lot of bills toward the end of that session day and it was heard one day later than anticipated.
- I got lunch with one of the Baptist ministers who was standing outside of Representatives Hall talking about his dislike of the bill. Our perspectives are different but knowing each other's positions was good for both of us. This bill does not prevent him from teaching his scripture the way he feels it should be. However, leading a young homosexual away from that identity is not the best thing for that child.

- There are therapists who are performing conversion therapy in NH. One of the psychiatrists in the House knows of a colleague who has been promoting this therapy for a while here in Concord.

### **Representative Alexis Simpson - Rockingham 18**

- I am speaking in support of this bill. Before I had children I was a pastor in Virginia and Atlanta. Part of my ministry was pastoral support of young people, some of whom were in the process of coming out. I know first hand how important it is for young people to be supported throughout that process and how harmful it is to do the opposite.
- I am a co-sponsor of this bill because I believe it protects the spiritual health and wellbeing of children. I also acknowledge that it stops short of effecting the ministry of clergy.
- I do not believe this bill impacts religious freedom. Pastors are not licensed by the state and do not accept fee-for-service.

### **Samantha Ames - National Center for Lesbian Rights**

- I am speaking in support of this bill. I have seen first hand the devastating impact on parents and families when they are misled by state-licensed professionals to think that their child's gender identity and sexual orientation can be changed. You will hear from some survivors but not all kids survive.
- We work with a number of independent researchers. Dr. Caitlin Ryan runs the Family Acceptance Project and has done a significant amount of research on family rejection. Conversion therapy is one component of this. Columbia University has collected all of the studies done to date on this issue at the "What We Know Project". I encourage you to look at the data yourself.
- There is an overwhelming scientific consensus that these practices are ineffective and there are a lot of reports that they are harmful. A study to prove that these practices are harmful would be unethical to do. Dr. George Rekers did this kind of study about 20 years ago with a child who was 5 years old named Kirk Murphy. A lot of the data used to support conversion therapy are based on this study. The study involved rewarding the child if he played with masculine toys and punishing the child if he played with feminine toys. Kirk grew up and eventually committed suicide. Dr. Rekers has continued publishing supporting conversion therapy using these data and Kirk's sister is campaigning to get him to stop.
- Every single one of the nation's leading medical and mental health organizations have issued policy statements condemning them as ineffective and likely to cause harm.
- The federal Department of Health and Human Services issued a report called "Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth", in which they gathered the nation's foremost experts, including the author of the APA's report. The report described these practices as ineffective, inappropriate, and called for their end.
- Last year the Surgeon General, President, and Vice President did the same. The UN High Commissioner for Human Rights has come out against this and the



Committee against Torture has pressured the United States to address the resurgence in these practices.

- The Third and Ninth Circuit Courts have decided that laws like this are legally beyond dispute. The Supreme Court recently declined to review a law like this one for a third time. It does not restrict the first amendment rights of doctors or the ability of minors to seek out medically sound therapeutic treatment.
- This bill covers only mental health professionals licensed by the state and does not restrict a clergy member's ability to engage in pastoral counseling.
- This bill ensures that providers cannot subject patients to harmful practices. It is a matter of life and death.
- This is happening in NH. The suicide of Leelah Alcorn was a wakeup call that we need to act now.
- "LGBTQA" stands for "lesbian, gay, bisexual, transgender, queer, and asexual", describing the spectrum of gender and sexual orientation.

### **Mathew Shurka - Self**

- I am speaking in support of this bill as a survivor of conversion therapy.
- I am 27 years old and was raised by a loving family. At the age of 16, terrified of losing my family and seeking my father's approval, I came out as a gay boy.
- I was answered with love but my father feared that I would live a difficult life, so he looked for support. He came across a state-licensed therapist who practiced conversion therapy.
- The therapist asserted that there is no such thing as homosexuality and that, with conversion therapy, I could be fixed in 6 weeks. This gave my father hope that I would have a good life.
- Out of fear, I gave conversion therapy everything I had for 5 years. I was told that childhood trauma caused my desires but I didn't know when that could have happened.
- The school principal pleaded with my father to stop the therapy but was powerless and could not make a case for child abuse.
- I became depressed and contemplated suicide for 2 years. The therapist prescribed me Viagra and encouraged me to have sex with as many women as possible to affirm my sexuality. I felt that I was disabled and couldn't understand what was wrong with me.
- I was told that conversion therapy would make my community happy and that it would save my life. My family spent \$30,000 on the therapy that I am spending years recovering from.
- It took me 10 years to find out that there is nothing to be fixed. I ask you to stand with the youth who have no voice in this hearing. This bill creates a safe and loving world for our children today and children of the future.

### **Janson Wu - GLAD**

- I am speaking in support of this bill. LGBT young people hear from all sectors of society that there is something wrong with them, which has a devastating impact on their wellbeing. LGBT youth are 2x more likely to attempt suicide than the national average. This is a public health problem.

- By passing this bill, the state of NH sends a strong message to LGBT young people that there is nothing wrong with them. This is an opportunity to frame this issue in the affirmative.
- This bill enhances parental rights and their ability to care for their children. Parents who send their children to conversion therapy are dealing with fraudulent practitioners. This bill protects parents and informs them about what will help them support their child and what won't.
- We all support and uphold the value of protecting religious liberty. This bill applies only to licensed professionals. Clergy is included in the provision only to the extent that it creates an exemption to the licensing requirements for substance abuse and mental health workers. This doesn't affect clergy in their normal pastoral responsibilities.
- By characterizing this bill as a threat to religion, it undermines the credibility of those threats. Not every bill protecting LGBT people is a threat on religion.

#### **Senator Fuller Clark**

- (Q) What about clergy members who are also professional practitioners licensed to do counseling?
  - (A) **Janson Wu:** This bill would not interfere with their pastoral responsibilities. Clergy members who engage in commercial practices already provide services under the expectation that they must abide by certain rules.

#### **Robin Nafshi - Temple Beth Jacob**

- I am speaking in support of this bill. A couple in my congregation asked me how they should handle the situation when their son came to them saying he was transgender. I told them to love their child and let him take the lead.
- Despite the love and support from her parents, family, and religious community, her transition has not been an easy one. I'm glad she was never sent to a therapist.
- In the past 2 years, 3 elementary aged students and 7 teens have come out as lesbian, gay, transsexual, pansexual, or gender fluid. I started a discussion group at my synagogue for LGBT teens. I invited a therapist who spent time affirming them in their identities. Our hope was to give them a positive experience with a therapist and a spiritual leader so they would always have that experience as a foundation.
- My religious tradition loves each of these young people for exactly who they are. We have long recognized that being LGBT is not a disease to be treated, nor a choice to be condemned. God created humans in His own image. The diversity of sexual orientation and gender identity is something to be celebrated and affirmed.
- LGBT youth are at increased risk of suicide than non-LGBT youth. Conversion therapy leads their self-esteem to plummet and their sense of shame takes over.
- When I was a rabbi in New Jersey Rabbi in NJ, where there was a counseling group that offered conversion therapy for Orthodox Jewish men. That organization has since been shut down on charges of consumer fraud.

- The work being done in the Jewish world is leading the more conservative or religious to be compassionate and not seek change in these young people.

#### **Dr. John Cabibi - NHPA**

- I am speaking in support of this bill. I am a licensed doctor, psychologist, and a NH resident. I am an APA member and the chairman of the Professional Affairs committee.
- “Therapy” is treatment intended to cure or alleviate an illness or injury, whether physical or mental. To call it conversion therapy is a real misnomer. It is addressing something that is not an illness or a disorder.
- Psychology is an evidence-based profession. Evidenced-based practice has demonstrated the effectiveness of a variety of therapeutic approaches. It has also studied approaches which have no efficacy, such as counseling and conversion therapy aimed at eliminating or suppressing homosexuality. All major health professional organizations have supported the declassification of homosexuality as a mental disorder.
- Therapy can help an individual discern their identity. Ethical therapy has no bias or goal.
- There are no recent studies of adequate scientific rigor to determine if recent change efforts are effective. Scientifically rigorous older work in the area has found that sexual orientation is unlikely to change due to therapy.
- Any approach to suppress, deny, or alter one’s identity is contributory to disorder and can lead to depression and suicide.
- For every dollar invested in ethical, competent psychotherapy there is a \$3.87 return in savings in medical care.
- People drink and use drugs to deal with anxiety. Adequate therapy would reduce this. If we treat people ethically and appropriately and eliminate ineffective, non evidence based, non research based treatment, people can live healthier, longer lives.
- This bill affirms the ethical obligations of professionals and protects our youth.
- Our boards do not have jurisdiction over unlicensed practice. This bill helps to fill that gap with the fraud clause.
- There have been concerns that this will affect clergy. RSA 330 talks about licensing various mental health practitioners. Licensed pastoral psychotherapists are trained and bound by the ethics. They have religious training but don’t necessarily counsel with a religious bias. This bill would not affect people functioning as pastors in a congregation.
- The critiques of the reports were cherry picked- I urge you to read them yourselves.

#### **Senator Fuller Clark**

- (Q) Are you aware of anyone currently promoting conversion therapy in NH?
  - (A) **Dr. John Cabibi:** I have heard that it is being offered. It’s not advertised as broadly, but it is practiced.

#### **Gerri Cannon - PFLAG-NH**

- I am speaking in support of this bill. I am a transgender woman. There was a time when I felt that this was against my faith and hurtful to my family. I almost took my own life struggling with that fact.
- I did not want to be transgender, but I am. I sought therapy, which is part of the standards of care for transgender people. This therapy is not conversion therapy, but therapy intended to make sure they're OK.
- 17 years ago I founded a support group for transgender people. Out of 30 people, two shared that they had undergone conversion therapy- one went through electroshock. For quite a while, they were declared cured. They were actually just scared of going back again. What they were suppressing was going to tear them apart and destroy their families.
- I have a wife and we've been separated for years, but we worked things out. My kids think I'm a better parent now than when they were growing up.
- I'm a member of PFLAG-NH, a group that supports LGBT people and their families and friends. I'm also on the UCC NH open and affirming committee for open and affirming churches. I work with both organizations to help people understand the transgender community.
- In general, being a transgender person comes with a lot of depression, anxiety, and bullying. The therapy described here can be catastrophic to someone trying to understand who they are. There is a need to put proper controls around the people that are doing this type of therapy in our communities.
- We are concerned that, as states adopt this kind of legislation, doctors will move to other places. I don't want to see them here in NH.

#### **Scott McCoy - Southern Poverty Law Center**

- I am speaking in support of this bill. We represent some of the most marginalized and discriminated against groups in the country. We do a lot of work on behalf of the LGBT community.
- We brought a case in New Jersey against a conversion therapist who had sold the therapy to four young men and two of their mothers. This therapy was a horrific experience for them. We were able to use the New Jersey Consumer Fraud Act. This bill has a provision in it that would categorize conversion therapy as consumer fraud.
- Conversion therapy in any form is premised on a number of misrepresentations. The main idea is that being gay is a mental disorder, which is false. The mental health establishment rejected this idea long ago.
- The idea behind conversion therapy is that, if you send your "broken" gay son, the therapist will be able to change his sexual orientation from gay to straight. Research has concluded that this is not possible.
- This bill has two parts. One part that deals with licensed professionals through the state licensing scheme. The second part uses a consumer fraud mechanism to get at the unlicensed.
- In the consumer fraud frame, not anyone can be sued. A pastor who isn't out in the marketplace selling conversion therapy would not be liable.
- This bill provides protection for NH parents and kids who run into these folks in the marketplace and are tricked into paying large sums of money for a fraudulent service.

- If you look at the definitions in the bill, they are very precise. This doesn't do anything to limit anyone's freedom of speech. The other states that have passed similar bills have not had any issues with this.
- In the current framework of NH law for licensing individuals who happen to be pastoral psychoanalysis, there is a clear delineation. This is a well crafted, balanced piece of legislation.
- Someone who is struggling with their sexual orientation can still seek therapy, take religion into consideration, and find consistency in their life. This only targets professionals who are saying that they can change someone from gay to straight and accept money for it. These therapists put the blame on the individual, which only compounds their shame and sense of failure.

### **Summary of testimony presented in opposition:**

#### **Representative Frank Edelblut - Hillsborough 38**

- I am speaking in opposition to this bill. I am not speaking for or against conversion therapy. The information presented in support of this measure has been inaccurately presented and has serious opinion bias.
- Section 1 of the bill uses the political vernacular "lesbian", "gay", "bisexual", and "transgender" rather than the scientific vernacular "gender" and "gender identity".
- In March 2016, the American College of Pediatricians issued a statement on gender ideology and stated that gender ideology harms children. They stated that human sexuality is an objective, biological, binary trait of XY and XX and are genetic markers of health, not genetic markers of a disorder. No one is born with gender, everyone is born with a biological sex. Gender, awareness, and sense of one's self as male or female is a sociological and psychological concept, not an objective biological one. It is not the role of the legislature to weigh in on this scientific topic.
- In Section 2 of the bill it is stated that the American Psychological Association convened a task force on appropriate therapeutic responses to sexual orientation. The task force conducted a systematic review on peer-reviewed literature on sexual orientation and change efforts and issued a report in 2009. This language is directly quoted out of the study by the APA, except for the end, which states that conversion therapy may pose "critical health risks". The actual report stated that conversion therapy may pose "some risk of harm". This change is an overstatement of the results of the study.
- The report references those with "strongly conservative religious values", which is not seen in the bill. The bill also changes the language in the report by using the political vernacular "lesbian", "gay", and "bisexual".
- The study referenced in the bill looked at peer-reviewed journal articles from 1960-2007, which included 83 studies. Most of these studies were conducted before 1978, with only a few in the last 10 years. They reported serious methodological problems in this area of research- few studies could be considered true experiments. That's not the impression you get when you read the facts in this bill regarding the efficacy and safety of conversion therapy.

- Our laws need to be based on an accurate understanding of the underlying of scientific research.
- The few high quality studies conducted recently are qualitative and do not provide the kind of information needed for definitive answers.
- While this research cannot provide conclusions regarding the efficacy or safety of conversion therapy, it does provide information on those who participate in the change efforts. The vast majority of the people who participated in early studies were adult white males. Many of these individuals were court mandated to receive the treatments. These individuals considered religion to be an extremely important part of their lives. The bill deals with the entire LGBT community, but this research is based on a narrow slice of the population.
- Most of the individuals studied had tried a variety of methods to change their sexual orientation. The studies relied entirely on convenience samples, which is not an unbiased selection process. Former participants in conversion therapy reported diverse experiences, including perceptions of both benefits and harm.
- Individuals who failed conversion therapy experienced emotional and spiritual distress and negative self-imaging, just like the negative effects you would have if you tried to quit drinking or smoking.
- Other individuals reported that conversion therapy was helpful by enabling them to live in a manner consistent with their faith and giving them a sense of community.
- There is a balance in the literature, but this is not reflected in the bill.
- Recent studies of conversion therapy do not adequately distinguish between sexual orientation and sexual orientation identity. The bill uses political language, but there is a difference between gender and gender identity. This distinction has not been brought up in any discussion relative to this bill and it is an important component of any study of this subject.
- Section 2 of the bill focuses on the negative effects of conversion therapy and does not include any of the reported positive effects. This is not an accurate representation of the underlying report. The report also states that there is a dearth of scientifically sound research on the safety of conversion therapy and that they cannot conclude how likely it is that harm will occur as a result.
- Section 15 of the bill states that individuals who undergo conversion therapy, particularly young people, have an 8x greater chance of committing suicide than the normal population. The study being referenced is from the official journal of the American Academy of Pediatrics. I reached out to the National Center for Lesbian Rights and was contacted by Samantha Ames, who said that her team studied conversion therapy as an extreme example of family rejection, which is what the statistic is referencing. The statistic is about family rejection, not conversion therapy. The term "conversion therapy" never appears in the report.
- This study was made with a participatory research approach, which involves selection bias. The study recruited 245 LGBT adults who are open about their sexual orientation. This is a small sample size and as a research paper, you cannot use it to reach conclusions. There is also no control group to compare the effects of family rejection on non-LGBT adults. They used a questionnaire, which can give a broad picture but no scientific proof.

- My testimony is not about conversion therapy, it is about passing good laws that help the citizens of NH. This bill has missed the mark in terms of meeting the appropriate rigor of accuracy and good information on which to base our decisions.

### **Representative Joshua Moore - Hillsborough 21**

- I am speaking in opposition to this bill. Under the definitions section of the bill, RSA 332-L:2 references a person who is licensed to provide professional counseling under many different RSAs. However, one of these RSAs does cover clergy and religious counselors.
- We have seen an attack on religious liberty today. If this bill is passed, the next target may be churches. Pastors may not always be licensed counselors, but many churches offer counseling in this area and if the church is paid in alms, this is money coming into the church as revenue. What if a pastor puts up a billboard for these counseling services?
- The broad language in this bill is frightening. I appreciate the intent behind the bill, to protect people who are being targeted and harmed.
- One co-sponsor has come out against this bill because they want to protect first amendment rights.
- Parents have the right to take their child to counseling. In this bill, parents can be fined up to \$1000 and spent 6 months to a year in prison for the first violation.
- The language in a bill is important and critical. The state should not get involved between a doctor and their patient. The role of government is to protect the liberties of the people. This would be overstepping it's bounds.

### **Representative J.R. Hoell - Merrimack 23**

- I am speaking in opposition to this bill. The bill is 8 pages long and the first 5 ½ pages are legislative findings. Unless you can substantiate these findings, I don't know that they should be included in the bill.
- Everything through page 4, line 12 should be struck from the bill, as it is unnecessary and unrelated.
- On page 4, lines 26-27 references the licensing statutes. RSA 330-A:20 isn't in our statutes. RSA 330-A:16 was repealed in 2013.
- This was passed out of committee 17-0. However, debate on the floor was limited to 15 minutes. 229-99 was the final decision, with roughly 30% of the house opposing the measure. Rarely do we limit debate to such a short amount of time in the house.
- This bill has significant technical and drafting issues so I suggest recommending this bill inexpedient to legislate. If you want, you can amend this to turn it into a study committee, but there is no reason to pass this as written.

### **Daryl J. Marma - Self**

- I am speaking in opposition to this bill. I have been an openly gay man since 1997. I went to Saint Anselm College and they didn't try to convert me. I was taught Catholic morality and Jewish philosophy and theology my entire life.

- My experience is unique. We all have the right to be equally unequal. This state is too intelligent to be fooled by this bill.
- The fiscal note says that this bill will have an indeterminable fiscal impact on the DHHS.
- This bill excludes members of the clergy who are not identified as counselors.
- My problem is not the intention of the bill. It is a pretty package full of garbage. People in NH have the right to not like my lifestyle. This is a direct violation of our first amendment rights.
- To put this into law will make religious leaders and doctors fearful to approach the issue at all.

#### **Leslie Warner - Manchester, NH**

- I am speaking in opposition to this bill. I do not believe parents should be denied the ability to seek counseling for their children.
- This bill is wicked and will not create a better world for our children. We need facts, not ideology. Transgender lies in the mind, not the body.
- We already have a situation with drugs in Manchester costing us taxpayer dollars. More people on drugs if this bill passes because they'll be more confused. This will lead to more suicide, more confusion, and more disease than before.
- My children went through this confusion when they were young. Children are confused because their parents aren't home or don't have a father. We need to get back to our old traditions and values.
- I am appalled that my leaders in Manchester would consider this bill. Humans are either male or female. 98% of gender confused boys and 88% of gender confused girls eventually accept their sex.
- This bill will cost us more money and do more harm to families.

#### **Sarah Koski - NH Cornerstone**

- I am speaking in opposition to this bill. Cornerstone does not support abusive therapies of any kind. If the intent of this bill was to ban such procedures, we would fully support it. However, we cannot support the language in this bill that bans counseling and discussion if it does not support a person's same-sex attraction.
- This bill would limit the first amendment rights of parents, therapists, and patients. It is also unclear regarding the potential ramifications this would have on the clergy.
- Under this legislation, parents would be denied the ability to seek a counselor that aligns with their family values and spiritual beliefs. Any individual working through these difficult conversations deserves every available tool. This bill leaves them without the counsel that they need.
- In my written testimony I have pointed out a section of the bill referencing RSA 332:L-2, where licensed professionals are barred from providing counseling that is requested and could be helpful.
- Vague language in the prohibitions coupled with the reference in RSA 330:C is too broad and could be interpreted to include religious leaders. The second half of that paragraph could be interpreted to include unlicensed counselors as well.



- Our biggest concern is that this bill will infringe on the clergy's first amendment rights and their ability to act in the best interest of their parishioners who seek their counsel.

### **Senator Fuller Clark**

- (Q) Could you suggest alternative language that would not be so vague?
  - (A) Sarah Koski: We could look into helping you draft that. Our concern is that it is very likely that you could have a pastor who is licensed but not seeking monetary compensation. There are also many roles where a person might include that as part of their professional training. We would not be opposed to legislation trying to ban these abusive therapies if that was the only intent of this bill.
- (Q) We heard an explanation earlier that this bill would not be interfering with the first amendment rights of someone practicing as a religious individual, but someone who is a licensed counselor would have to abide by any regulations that exist for that profession. How would you address that explanation?
  - (A) Sarah Koski: I believe the speaker explained it very well but I do not see that in the language of the bill. There is too much of an overlap of who is licensed or unlicensed.
- (Q) A broad spectrum of medical associations have put forth their statements that conversion therapy is unsound, inappropriate, and should not be allowed to be part of someone's practice. How do you address that component of the bill?
  - (A) Sarah Koski: We would support efforts to ban these aversive therapy techniques. We see a problem when we start trying to couple counseling with that. This may require a separate bill, as opposed to an amendment.

### **Erick Ness - Center Conway Baptist Church**

- I am speaking in opposition to this bill. A person of faith cannot separate themselves from their belief system. This bill would force teachers and counselors to violate their faith to talk to a patient. If this bill passes, it'll lead to the freedoms of pastors being taken away as well.
- I have a friend named David John Nixon, who is a pastor in another state. Grandparents in his church came to him for advice regarding their grandson after he told them he was gay. Dr. Nixon read him a verse in the bible about eunuchs. The young man didn't have an attraction to girls, so he thought that must mean he's gay. However, he didn't actually have an attraction to men either. He tried to commit suicide. Dr. Nixon told him that God loves him and showed him that bible verse. He realized that he wasn't gay- he was a eunuch. This option would be taken off the table with this bill.
- If someone handed Dr. Nixon's book to someone confused about their gender identity, they'd be guilty under this law. There is nothing condemning in the book; it was written with lots of love.

### **Dave Carlson - Manchester, NH**

- I am speaking in opposition to this bill. This is not a NH generated bill- it is following a national agenda. There are nearly identical bills in several other states.

- On page 3 of the bill, it prohibits “any practices” to change someone’s sexual orientation. That language is a threat to free speech. My belief, which is based on the bible, says that this behavior is wrong. For me to have that opinion would then become illegal.
- Parental rights would be violated. There would only be one type of counseling available, with a viewpoint that would not align with my parenting.
- The part of the bill that references the different types of practitioners leaves out clergy, but clergy is included in RSA 330-C. In oral arguments I keep hearing that clergy is exempt, but why is this not in the bill?
- In the House record, the blurb states that this bill allows unlicensed counselors to be sued over conversion therapy. Who counts as an unlicensed counselor? This bill allows for too much latitude.
- To give extra rights to some, the government should not take away the rights of others.

### **Neutral Information Presented:**

#### **Kim Reeve - NH DHHS**

- The Department is not taking a position on the bill.
- There are some problems with enforcement. Conversion therapy is considered experimental treatment and is not covered under federal Medicaid law, or the NH state Medicaid plan.
- If we found out that a provider was offering this kind of service, we would have to take enforcement action against them. However, because it has no CPT code, a counselor could be delivering the service under group therapy or individual therapy and the Department would not know about it. We would need a whistleblower to alert Program Integrity to look into the matter.
- There is a technical problem on page 4, line 36, which grants the Department concurrent authority to initiate proceedings regarding license violations. Licensing in NH is done by the appropriate boards for the providers and that’s not something that we have any jurisdiction over. We brought this issue up to the House committee but they had already voted on the bill and moved it forward.

#### **Senator Fuller Clark**

- (Q) Should this authority be retained by the licensing board and not be given to the DHHS?
  - (A) **Kim Reeve:** Yes. Because this is considered experimental treatment, we do have a mechanism for going after this. However, we don’t have a practical way of identifying that.
- (Q) If you were to find someone was practicing conversion therapy, would you have the ability to go after them without any language in this bill?
  - (A) **Kim Reeve:** Yes, we would be able to recover any Medicaid dollars spent.
- (Q) The language on page 5, line 33 states “Any conversion therapy practiced by a licensed professional, as listed in paragraph I, on a patient under 18 years of age shall be considered unprofessional conduct and shall subject such person to

discipline by the relevant licensing authority.” This all that we need to retain in this bill, with the following lines 36-38 being omitted, correct?

- o (A) **Kim Reeve:** Yes, that is correct.

**Senator Avard**

- (Q) Would it be practical for a licensed therapist to post that this type of procedure would definitely not be covered under any group insurance?
  - o (A) **Kim Reeve:** I would defer that question to the Department of Insurance or the licensing boards.

**Fiscal Note:** See fiscal note dated 4/4/16.

**Future Action:** Pending

**KEF**

Date Hearing Report completed: April 11, 2016

# Speakers

1

Senate Health and Human Services Committee: Sign-In Sheet

Date: 04/05/2016

Time: 2:30 PM

Public Hearing on HB 1661-FN

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

Name	Representing	Support	Oppose	Speaking?	Yes	No
Rep Twombly	Hills # 34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rep Ohm	Hills # 36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rep Chris True	Rock-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jeanie Holt	NH Public Health Assn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jane Monahan	NH Medical Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input type="checkbox"/>
Rep Horrigan	Strafford 6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rep Tom Sherma	Rock 24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jen Robidoux	myself	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rep Dan Eason	Ceres # 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rep Eric Schlaen	Hills 37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Samantha Ames	NCLR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mathew Shurkes	SELF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rep Amanda Boudin		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input type="checkbox"/>
Rep Elizabeth Edwards		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input type="checkbox"/>
Rep Joe Hamon		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jeff Fetter	NH Psychiatric Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
JANSON WU	GLAD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Robin Nafshi	SELF OF Temple Beth Jacob	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dr. John Cabibi	NHPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2

# Senate Health and Human Services Committee: Sign-In Sheet

Date: 04/05/2016

Time: 2:30 PM

Public Hearing on HB 1661-FN

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

Name	Representing	Support	Oppose	Speaking?	Yes	No
<del>Kyynn Stanley</del>	NH Nat'l Assoc. of Social Workers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rev. Edward Carnahan	myself	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<del>Rep. Alexis Simpson</del>	Exeter, NH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<del>Scott McCay</del>	Southern Poverty Law Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jr. Intavie	Self.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<del>BERRI CANNON</del>	PFLAG - NH SOMERS WORTH, NH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<del>Rep Frank Edelblut</del>	Hills 30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Steven Walton	myself Manchester NH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Len Cassidy	Manchester	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<del>Dave Carlson</del>	myself - Manchester NH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<del>Erick Ness</del>	Center Conway Rep NH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<del>Rep Josh Moore</del>	Merrimack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rep Ken Sowa	Hillsborough 42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<del>Leslie Warner</del>	Manchester NH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<del>Deborah Marten</del>	Manchester	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rep Allen W. Cook	Bronwood, N.H.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input type="checkbox"/>
Ken Bosse	New Raymond	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input type="checkbox"/>
Thomas Pertz	Concord NH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sarah Kosci	Monterey Park Research	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

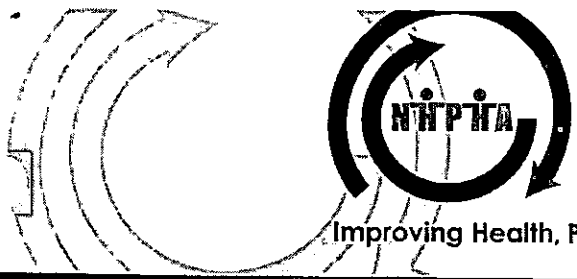








# Testimony



NEW HAMPSHIRE  
**PUBLIC HEALTH  
ASSOCIATION**

Improving Health, Preventing Disease, Reducing Costs for All

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**TO:** Chairman Andy Sanborn, Vice Chairman Molly Kelly, and Members of the Senate Health, Human Services Committee

**DATE:** April 5, 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 (NHPHA). 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 NH 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."<sup>1</sup> 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...".<sup>2</sup> 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.

Sincerely,

Jeanie Holt

Co-Chair Policy Committee

NH Public Health Association

jeanienhpha@gmail.com

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](http://nhpha.org/images/nhpha/Policy_Stuff_2015/REVISED_Policies/Child_Health_and_Safety_2013.pdf)



**Testimony in Opposition to HB 1661  
Christopher Doyle, MA, LPC, LCPC  
Co-Coordinator, National Task Force for Therapy Equality  
April 5, 2016**

My name is Christopher Doyle, and I am a former homosexual, a father of five, and a loving husband to a beautiful woman that I have been married to for nine years. I am also a licensed clinical professional counselor and a leader in the #TherapyEquality movement. This is my story of healing and journey in the last eleven years, as I have fought in my own life, and for others I work with, for the existence of those who have left homosexuality and have unwanted same-sex attractions.

In 2004, I had just graduated college and was a young professional, seeking to make a name for myself. I was also terribly confused about my sexuality and struggling with unwanted same-sex attractions (SSA). Deep down in my soul, however, I knew that I was not gay.

But it wasn't until I formed strong bonds with a group of men from my church that I realized I had been filling the missing pieces of my masculinity in gay sex. At the time, I was very attracted to men, and had no problem finding suitable guys to have casual sexual encounters, but this left me feeling empty. I really wanted to be close with my male friends at church, and the more we connected, the more my heart healed from the years of rejection with the popular, athletic guys in school.

Not long after that, I joined a twelve-step group for sexual abuse survivors and began seeing a counselor who helped me understand and heal the long-term affects of sexual abuse I suffered in childhood. During this time, I remember waking up one day and thinking: "My sexual desires for men are not the same as they used to be."

It was around this time that I also started dating a young woman. Eight months later, we married. Soon after, I entered graduate school and began studying counseling to help others, who like myself, were confused about their sexuality.

After my healing, it really bothered me to hear over and over: "Those who experience same-sex attractions are just born that way – they can't change." My experience defied that narrative. I later began to find many others that also rejected that claim for their lives, worked through unwanted homosexuality, and fulfilled their dreams for marriage and family.

I also had that dream, and today, it's a reality for me. My wife and I have five beautiful children, and I couldn't be happier! I also realized my goal of becoming a psychotherapist who specializes in working with men that are struggling with their sexuality. But that reality has not come without a price.

Over the past six years, I have worked with approximately 175-200 men and women and dozens of families struggling with homosexuality. While it has been fulfilling to help these individuals and families, gay activists have increasingly attacked our community by attempting to pass legislation to prohibit licensed counselors from helping youth who are seeking healing.

Although our movement, #TherapyEquality, helped to defeat 15 bills in state legislatures across the country in 2014 and 2015, gay activists were able to convince a number of legislators in a handful of states to make "change therapy" illegal. Why? Because of fear. They are threatened by the fact that *not* everyone who experiences homosexual feelings desires to live a gay life.

While they promote equality for transgendered youth who seek to change their biological sex, they are adamantly opposed to those who seek to change their sexual orientation. Despite the fact that 100 years of psychological research published in peer-reviewed journals documents that some individuals can and do experience change from homosexual to heterosexual. But because of the politically incorrect nature of that reality, most people will never be aware of those scientific facts, because gay activists dismiss or downplay these statistics.

Gay activists also insist that anyone who experiences homosexual feelings are born gay, and therefore, counseling to help them is not only wrong, but also harmful. After all, if people are simply born homosexual, how could they change?

But let's not lose sight of the facts: In 2008, the American Psychological Association asserted that people are not simply born gay. Therefore, taking the rights away from parents and families to make choices about their sexuality and mental health counseling *is* harmful.

Perhaps you support gay rights. Maybe your friend or family member is homosexual. Maybe you yourself are gay. If that's you, you understand that sexuality is complex, and access to diverse mental health counseling to help people navigate through these complexities is important for everyone. HB 1661 is an affront to everyone's rights, and at a time when we're expanding equality for all, this legislation is a step in the wrong direction.

Respectfully yours,  
Christopher Doyle, MA, LPC, LCPC  
Co-Coordinator, National Task Force for Therapy Equality (#TherapyEquality)  
[chrisdoyle@equalityandjusticeforall.org](mailto:chrisdoyle@equalityandjusticeforall.org)

## Fact Sheet

### What Happens When Legislation Prevents Therapy

1. Parents will be denied the right to seek a counselor for their children that suits the child's need and aligns with their family values and spiritual beliefs on sexuality. The right of clients to choose their own goals for therapy is a civil right.
2. There are no outcome-based studies on adolescents undergoing sexual orientation change effort therapy; allegations of harm and ineffectiveness of SOCE therapy are unfounded based on this lack of research in the peer-reviewed literature. When examining the outcomes of adults undergoing SOCE therapy, a 2009 review of the scientific literature identified over one hundred years of research that demonstrates some clients with unwanted same-sex attractions may experience change or fluidity in their orientation and identity as a result of psychotherapy.<sup>1</sup>
3. American Association of Christian Counselors, Catholic Medical Association, American College of Pediatricians, Christian Medical Association, Freedom2Care, Alliance for Therapeutic Choice and Scientific Integrity, and the International Network of Orthodox Jewish Mental Health Professionals represent over 100,000 medical and mental health professionals and they all support the rights of clients to pursue therapy to change.
4. Psychotherapy/counseling is both medical conduct *and* speech. Banning SOCE therapy is against the First Amendment of the Constitution and is viewpoint discrimination.
5. Children who are molested and develop same-sex attraction (SSA) as a result of sexual abuse will be denied access to highly qualified professional counselors who are trained on how to treat trauma and help clients resolve SSA. Same-sex attracted persons are more likely to be victims of sexual abuse than heterosexuals.<sup>2,3</sup>
6. It has now been proven that some of the stories of "therapy torture" and harm told by gay activists testifying in front of legislatures are fabricated.<sup>4</sup>
7. Scientists cannot conclude that same-sex attractions are caused by genes, hormones, or brain differences. It's a combination of many factors.<sup>5, 6</sup> Science has not determined that anyone is born gay.
8. Research suggests that sexual orientation, especially in adolescence, is fluid and subject to change.<sup>7, 8, 9</sup>
9. Individuals who do not identify as lesbian, gay, bisexual and transgender (LGBT) believe they are inherently heterosexual and seek help to identify the specific reasons why they experience unwanted SSA.
10. Heterosexual identity affirming therapy is not different from any other psychotherapy. Counselors who work with clients who experience unwanted SSA/gender identity confusion are licensed and provide psychological services for a wide variety of issues.

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<sup>1</sup> Phelan, J.E., Whitehead, N. & Sutton, P.M. (2009). What Research Shows: NARTH's Response to the APA Claims on Homosexuality. *Journal of Human Sexuality, 1*, 1-94.

<sup>2</sup> Walker, M. D., Hernandez, A. M., & Davey, M. (2012). Childhood Sexual Abuse and Adult Sexual Identity Formation: Intersection of Gender, Race, and Sexual Orientation. *Family Therapy, 40*(5), 385-398

<sup>3</sup> Tomeo, M.E., Templer, D. I., Anderson, S., & Kotler, D. (2001). Comparative Data of Childhood and Adolescence Molestation in Heterosexual and Homosexual Persons. *Archives of Sexual Behavior, 30*(5), 535-541.

<sup>4</sup> Doyle, C.J. (March 21, 2013). *Transgendered 'woman' lies about therapy 'torture'*. Retrieved online at: <http://www.wnd.com/2013/03/transgendered-woman-lies-about-therapy-torture/>; also see: <http://www.fpiw.org/about/familv-policy-blog/the-fear-of-change.html>

<sup>5</sup> American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*. Washington, DC: American Psychological Association, p. 2.

<sup>6</sup> Whitehead, N.E. & Whitehead B. (2013). *My Genes Made Me Do It! A scientific look at Sexual Orientation*. Lafayette, LA: Huntington House Publishers.

<sup>7</sup> 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*(3), 385-394.

<sup>8</sup> Savin-Williams, R. C. & Ream, G. L. (2006). Pubertal onset and sexual orientation in an adolescent national probability sample. *Archives of Sexual Behavior, 35*(3), 279-286.

<sup>9</sup> Whitehead, N.E. (2009). Adolescent Sexual Orientation: Surprising amounts of change.



Sarah Koski  
Political Director  
Cornerstone Policy Research and Action

Cornerstone does not support abusive therapies, such as electro shock, ice water baths or other aversive methods. However, the language within this bill also includes, and thus would ban, the counseling and discussion of such topics that do not support the individual's same sex attraction.

Cornerstone does support freedom of speech, religious freedom and parental rights which is why we are here in opposition of House Bill 1661. Not only does this limit the first amendment rights of patients and therapists, but it is horribly unclear on the potential ramifications to clergy. Under this legislation parents will be denied the ability to seek a counselor that aligns with their family values and spiritual beliefs. We can not permit our government to dictate a parent's right to guide their family by the values that they see fit.

Likewise, this is not a topic that is without immense emotional and physical subject matter. Especially at a young age, any individual working through these very difficult conversations deserves every available tool to help them. This bill does just the opposite by leaving the individuals who need counsel the most without the options they deserve.

Underlined one can see that licensed professionals are barred from providing counseling that may be requested and helpful to those seeking counsel in this area.  
332 L-2 Prohibition; Violations, and Enforcement.

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

Also underlined is the section that is concerning regarding clergy. Defined as such, clergy are included in the definition of those penalized by the Prohibition. Clergy are directly referred to in RSA 330-C. Section V. reads, "Clergy- means any minister, priest, rabbi, christian science practitioner, or any other similar religious counselor." The vague language in the prohibitions, coupled with the direct reference in RSA 330-C, cause us to have grave concerns that this bill infringes on the clergy's first amendment rights and ability to seek the best interest of their parishioners. We ask that you vote Inexpedient to Legislate

**Strong Families for a Strong New Hampshire**

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Testimony Tuesday, April 5, 2016 – NH Senate Health Committee

## **HB 1661**

Mr. Chairman, Senator Sanborn, members of the Committee,

I am John V. Cabibi, Ph.D.

A licensed Doctoral psychologist and resident of Concord NH

Thank you for this opportunity to speak to you **in support of the passage of HB 1661.**

I am a member of the American Psychological Association, And Fellow of the NHPA. I am here today as Chair of the Professional Affairs Committee representing the NH Psychological Association.

First, I would like to compliment the writers of this bill. It is apparent they did their homework researching the facts, as they are presently known.

Psychology is an evidence-based profession with a strong history of researching human behavior. Clinically, evidence based practice has demonstrated the effectiveness of a variety of therapeutic approaches. It has also studied approaches, which have no efficacy.

The terms reparative therapy and sexual orientation conversion therapy refer to counseling and psychotherapy aimed at eliminating or suppressing homosexuality. 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. The Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, which defines the standards of the field, does not include homosexuality. All other major health professional organizations have supported the American Psychiatric Association in its declassification of homosexuality as a mental disorder in 1973. Thus, the idea that homosexuality is a mental disorder or that the emergence of same-sex attraction and orientation among some adolescents is in any way abnormal or mentally unhealthy has no support among any mainstream health and mental health professional organizations.

There are no studies of adequate scientific rigor to conclude whether or not recent SOCE (Sexual Orientation Change Efforts) do or do not work to change a person's sexual orientation. Scientifically rigorous older work in this area (e.g., Birk, Huddleston, Miller, & Cohler, 1971; James, 1978; McConaghy, 1969, 1976; McConaghy, Proctor, & Barr, 1972; Tanner, 1974, 1975) found that sexual orientation (i.e., erotic attractions and sexual arousal oriented to one sex or the other, or both) was unlikely to change due to efforts designed for this purpose. Some individuals appeared to learn how to ignore or limit their attractions. However, this was much less likely to be true for people whose sexual attractions were initially limited to people of the same sex.

Although sound data on the safety of SOCE are extremely limited, some individuals reported being harmed by SOCE. Distress and depression were exacerbated. Belief in the hope of sexual orientation change followed by the failure of the treatment was identified as a significant cause of distress and negative self-image (Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002).

This bill not only affirms the ethical obligations of licensed professional but also further protects our youth, the most vulnerable segment of our population, from the ineffective, unethical, and harmful imposition of a bias practice that is based neither in science nor in efficacy.

I urge the passage of this bill.

The following references are provided in support of this testimony:

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

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

4/5/2016 NH.HB #1661

Senate Health and Human Services Committee

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.

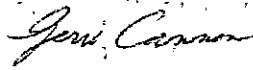
Sixteen years ago I started Tri Ess New England, a support group to help transgender people and their families cope with their Transgender member. While adding new members I encountered two members who had experienced Conversion therapy during the 60's and 70's. These teenagers at that time had been exposed, by parents and churches, to therapeutic practices that included electroshock therapy as well as intense therapy sessions to try to convince them that the feelings they were experiencing were wrong. After these intense sessions they were released and they tried to fit in with society. About 20 years later these two people experienced severe depression and suicidal thoughts as they struggled with Gender Dysphoria, a medical diagnosis of transgenderism that includes a 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 the support group helped them grow into healthy, productive members of society.

I have experienced similar 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 or churches, but it will help control 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 organizations 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 Professionals looking for a new place to open their business.

Thank You,



Gerri Cannon

113 Indigo Hill Rd., Somersworth, NH 03878

Testimony of Scott D. McCoy – April 5, 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. 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. Instead, 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 services 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 SPLC's case of Ferguson v. JONAH. You will hear from two of the men from that case today.

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.



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF MEDICAID BUSINESS AND POLICY

Jeffrey A. Meyers  
Commissioner

Kathleen A. Dunn  
Associate Commissioner

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-9422 1-800-852-3345 Ext. 9422  
Fax: 603-271-8431 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

April 12, 2016

The Honorable Andy Sanborn, Chair  
Senate Health and Human Services Committee  
Legislative Office Building Room 101  
Concord, NH 03301

Re: Department of Health and Human Services Request for Amendment to HB 1661 (relative to conversion therapy seeking to change a person's sexual orientation)

Dear Senator Sanborn and Honorable Members of the Committee:

The purpose of this letter is to provide both a brief written summary of my April 4, 2016 testimony on behalf of the New Hampshire Department of Health and Human Services (DHHS), to the Health and Human Services Committee on HB 1661 (relative to conversion therapy seeking to change person's sexual orientation) and draft text for the amendment that we requested, should the Committee decide to act favorably on the bill.

At the outset of my testimony I indicated that DHHS did not take a position on the policy issue presented by HB 1661 - whether or not persons licensed to provide counseling services should be prohibited from engaging in conversion therapy with a person under 18 years of age. My testimony focused on the enforcement provisions of the bill.

By way of background, HB 1661 includes three distinct enforcement provisions. The first prohibits individuals licensed under various state licensing statutes from providing conversion therapy to persons under 18 years of age; declaring that to do so would be "considered unprofessional conduct which would subject the individual to "discipline by the relevant licensing authority." The second enforcement provision creates a cause of action under RSA 358-A (Regulation of Business Practices for Consumer Protection) for a number of specific activities (providing conversion therapy for monetary compensation and advertising for the provision of conversion therapy). The specified activities would be considered an unfair or deceptive practice.

The final enforcement provision gives DHHS concurrent jurisdiction to initiate proceedings under licensing statutes or the consumer protection statute: As included in HB 1661, RSA 332-L:2, III provides "[T]he department shall have concurrent authority to initiate proceedings for violations of this section . The department shall adopt rules, pursuant to RSA 541 - A, relative to the proper administration of this chapter."

DHHS strongly objects to the assignment of concurrent enforcement jurisdiction to it for several reasons. First, DHHS has no connection with or authority over the professional licensing boards identified in HB 1661. While the various boards are administered by the independent Office of Professional Licensure and Certification, each board has its own independent licensing, rulemaking, and disciplinary authority.

The Honorable Andy Sanborn, Chair

April 12, 2016

Page 2 of 2

DHHS has no significant subject matter expertise in areas related professional licensing and/or conversion therapy. Given the carefully crafted regulatory structure for the professional licensing boards and the absence of DHHS expertise in these regulatory areas, it makes little sense for DHHS to be given concurrent authority to initiate proceedings. DHHS also has no experience with the provisions of the Consumer Protection Statute. Finally, there would costs to DHHS associated with rulemaking and the enforcement activities assigned in HB 1661.

For these reasons, we respectfully request that if the Committee decides to move forward with the substance of HB 1661 that the Committee amend the bill to:

- Delete RSA 332-L:1, II (Definition of Department); and
- Delete RSA 332-L:2, III (Department concurrent enforcement jurisdiction).

We stand ready to assist the Committee with the preparation of the above-described amendment. Please do not hesitate to contact me should you have questions or if I can be of assistance to the Committee.

Sincerely,

Kimberly Reeve, Esq.  
Senior Management Analyst



# Committee Report

STATE OF NEW HAMPSHIRE  
SENATE  
REPORT OF THE COMMITTEE

Tuesday, May 3, 2016

THE COMMITTEE ON Health and Human Services

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, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 3-2

AMENDMENT # 2016-1800s

Senator Andy Sanborn  
For the Committee

Kelly Flathers 271-3091

**HEALTH AND HUMAN SERVICES**

**HB 1661-FN**, relative to conversion therapy seeking to change a person's sexual orientation.

Ought to Pass with Amendment, Vote 3-2.

Senator Andy Sanborn for the committee.

New Hampshire General Court - Bill Status System

**Docket of HB1661**

Docket Abbreviations

**Bill Title:** (New Title) relative to conversion therapy seeking to change a person's sexual orientation.

*Official Docket of HB1661:*

<b>Date</b>	<b>Body</b>	<b>Description</b>
2/11/2016	H	<b>Introduced</b> 01/06/2016 and referred to Health, Human Services and Elderly Affairs <b>HJ 4</b> P. 22
1/27/2016	H	Public Hearing: 02/02/2016 02:15 PM LOB 205
2/10/2016	H	Executive Session: 02/18/2016 01:15 PM LOB 205
2/25/2016	H	Committee Report: Ought to Pass with Amendment <b>#2016-0067h</b> for 03/09/2016 (Vote 17-0; CC) <b>HC 14</b> P. 23
3/9/2016	H	Removed from Consent (Rep. Moore) 03/09/2016 <b>HJ 23</b> P. 2
3/11/2016	H	Special Order to calendar of 3/23/2016: MA DV 275-25 By Necessary Two-Thirds Vote 03/10/2016 <b>HJ 25</b> P. 117
3/23/2016	H	Lay on Table (Rep. Ohm): MF <b>RC 167-175</b> 03/23/2016 <b>HJ 27</b> P. 57
3/23/2016	H	Amendment <b>#2016-0067h</b> : AA VV 03/23/2016 <b>HJ 27</b> P. 63
3/23/2016	H	<b>Ought to Pass with Amendment</b> 0067h: MA <b>RC 229-99</b> 03/23/2016 <b>HJ 27</b> P. 63
3/30/2016	S	Introduced 03/24/2016 and Referred to Health and Human Services; <b>SJ 11</b>
3/31/2016	S	Hearing: 04/05/2016, Room 204, LOB, 02:30 pm; <b>SC 13</b>
5/3/2016	S	Committee Report: Ought to Pass with Amendment <b>#2016-1800s</b> , NT, 05/05/2016; <b>SC 17</b>
5/5/2016	S	Special Order HB 1661 to the present time, Without Objection, MA; <b>SJ 16</b>
5/5/2016	S	Sen. Cataldo moved Lay on the Table; 05/05/2016; <b>SJ 16</b>
5/5/2016	S	Sen. Cataldo withdrew the motion to Lay on the Table; 05/05/2016; <b>SJ 16</b>
5/5/2016	S	Sen. Bradley Moved to Special Order HB 1661 to 05/12/2016, <b>RC 14Y-10N</b> , MA; 05/05/2016; <b>SJ 16</b>
5/5/2016	S	Committee Report: Ought to Pass with Amendment <b>#2016-1800s</b> , NT, 05/12/2016; <b>SC 18</b>
5/12/2016	S	Committee Amendment 1800s, NT, AF, VV; 05/12/2016 <b>SJ 17</b>
5/12/2016	S	Sen. Sanborn Floor Amendment <b>#2016-1960s</b> , NT, <b>RC 7Y-17N</b> , AF; 05/12/2016; <b>SJ 17</b>
5/12/2016	S	Sen. Prescott Floor Amendment <b>#2016-1963s</b> , NT, <b>RC 4Y-20N</b> , AF; 05/12/2016; <b>SJ 17</b>
5/12/2016	S	Sen. Sanborn Moved Laid on Table, <b>RC 13Y-11N</b> , MA; 05/12/2016; <b>SJ 17</b>
5/12/2016	S	Pending Motion, Ought to Pass; 05/12/2016; <b>SJ 17</b>
5/12/2016	S	Sen. Pierce Moved to Remove From Table, MA, VV; 05/12/2016; <b>SJ 17</b>
5/12/2016	S	Sen. Prescott Floor Amendment <b>#2016-1974s</b> , NT, <b>RC 16Y-8N</b> , AA; 05/12/2016; <b>SJ 17</b>
5/12/2016	S	<b>Ought to Pass with Amendment</b> 1974s, NT, MA, VV; OT3rdg; 05/12/2016; <b>SJ 17</b>
5/19/2016	H	House Non-Concurs with Senate Amendment 1974s and Requests CofC (Rep. Kotowski): MA <b>RC 181-138</b> 05/19/2016 <b>HJ 39</b> P. 7
5/19/2016	H	Speaker Appoints: Reps. S. Schmidt, MacKay, LeBrun, P. Gordon

		05/19/2016 <b>HJ 39</b> P. 7
5/19/2016	S	Sen. Sanborn Accedes to House Request for Committee of Conference, MA, VV; 05/19/2016; <b>SJ 18</b>
5/19/2016	S	President Appoints: Senators Prescott, Daniels, Pierce; 05/19/2016; <b>SJ 18</b>
5/23/2016	H	Conferee Change: Rep. Kotowski Replaces Rep. LeBrun 05/19/2016 <b>HJ 39</b> P. 30
5/24/2016	H	Conferee Change: Rep. Weber Replaces Rep. MacKay 05/19/2016 <b>HJ 39</b> P. 30
5/20/2016	H	Conference Committee Meeting: 05/24/2016 11:00 AM LOB 205
6/2/2016	S	Conference Committee Report; Not Signed Off; <b>SJ 19</b>

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NH House

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NH Senate

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# Other Referrals

LBAO  
16-2114  
Amended 4/4/16

## 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 amended by the House (Amendment #2016-0067h), 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 therefore cannot determine the impact on Board expenditures.

The New Hampshire Association of Counties states that 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 that 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 defended or indemnified by their insurer or employer and would obtain private counsel.



# COMMITTEE REPORT FILE INVENTORY

  X   ORIGINAL REFERRAL                      \_\_\_\_\_ RE-REFERRAL

1. THIS INVENTORY IS TO BE SIGNED AND DATED BY THE COMMITTEE AIDE AND PLACED INSIDE THE FOLDER AS THE FIRST ITEM IN THE COMMITTEE FILE.
2. PLACE ALL DOCUMENTS IN THE FOLDER FOLLOWING THE INVENTORY IN THE ORDER LISTED.
3. THE DOCUMENTS WHICH HAVE AN "X" BESIDE THEM ARE CONFIRMED AS BEING IN THE FOLDER.
4. THE COMPLETED FILE IS THEN DELIVERED TO THE CALENDAR CLERK.

- X   DOCKET (Submit only the latest docket found in Bill Status)
- X   COMMITTEE REPORT
- X   CALENDAR NOTICE
- X   HEARING REPORT
- X   PREPARED TESTIMONY AND OTHER SUBMISSIONS HANDED IN AT THE PUBLIC HEARING

  X   SIGN-UP SHEET(S)

**ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:**

- X   - AMENDMENT # 2016-1780s      X   - AMENDMENT # 2016-1712s
- X   - AMENDMENT # 2016-1800s      X   - AMENDMENT # 2016-1752s

**ALL AVAILABLE VERSIONS OF THE BILL:**

- X   AS INTRODUCED                        X   AS AMENDED BY THE HOUSE
- \_\_\_\_\_ FINAL VERSION                        X   AS AMENDED BY THE SENATE

  X   OTHER (Anything else deemed important but not listed above, such as amended fiscal notes):

amended fiscal note 4/4/16

*PLEASE INCLUDE THE COMMITTEE OF CONFERENCE REPORT HERE IF IT IS SIGNED BY ALL.*

DATE DELIVERED TO SENATE CLERK

8/1/16

By:

Billy Blathens  
COMMITTEE AIDE