

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the Youth
5 Mental Health Protection Act.

6 Section 5. Legislative findings. The General Assembly
7 finds and declares the following:

8 (1) Being lesbian, gay, or bisexual is not a disease,
9 disorder, illness, deficiency, or shortcoming. The major
10 professional associations of mental health practitioners
11 and researchers in the United States have recognized this
12 fact for nearly 40 years.

13 (2) The American Psychological Association convened a
14 Task Force on Appropriate Therapeutic Responses to Sexual
15 Orientation. The Task Force conducted a systematic review
16 of peer-reviewed journal literature on sexual orientation
17 change efforts and issued a report in 2009. The Task Force
18 concluded that sexual orientation change efforts can pose
19 critical health risks to lesbian, gay, and bisexual people,
20 including confusion, depression, guilt, helplessness,
21 hopelessness, shame, social withdrawal, suicidality,
22 substance abuse, stress, disappointment, self-blame,
23 decreased self-esteem and authenticity to others,

1 increased self-hatred, hostility and blame towards
2 parents, feelings of anger and betrayal, loss of friends
3 and potential romantic partners, problems in sexual and
4 emotional intimacy, sexual dysfunction, high-risk sexual
5 behaviors, a feeling of being dehumanized and untrue to
6 self, a loss of faith, and a sense of having wasted time
7 and resources.

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

20 (4) The American Psychiatric Association published a
21 position statement in March of 2000 that states:
22 "Psychotherapeutic modalities to convert or 'repair'
23 homosexuality are based on developmental theories whose
24 scientific validity is questionable. Furthermore,
25 anecdotal reports of 'cures' are counterbalanced by
26 anecdotal claims of psychological harm. In the last four

1 decades, 'reparative' therapists have not produced any
2 rigorous scientific research to substantiate their claims
3 of cure. Until there is such research available, (the
4 American Psychiatric Association) recommends that ethical
5 practitioners refrain from attempts to change individuals'
6 sexual orientation, keeping in mind the medical dictum to
7 first, do no harm. The potential risks of reparative
8 therapy are great, including depression, anxiety and
9 self-destructive behavior, since therapist alignment with
10 societal prejudices against homosexuality may reinforce
11 self-hatred already experienced by the patient. Many
12 patients who have undergone reparative therapy relate that
13 they were inaccurately told that homosexuals are lonely,
14 unhappy individuals who never achieve acceptance or
15 satisfaction. The possibility that the person might
16 achieve happiness and satisfying interpersonal
17 relationships as a gay man or lesbian is not presented, nor
18 are alternative approaches to dealing with the effects of
19 societal stigmatization discussed. Therefore, the American
20 Psychiatric Association opposes any psychiatric treatment
21 such as reparative or conversion therapy which is based
22 upon the assumption that homosexuality per se is a mental
23 disorder or based upon the a priori assumption that a
24 patient should change his or her sexual homosexual
25 orientation."

26 (5) The American Academy of Pediatrics published an

1 article in 1993 in its journal, Pediatrics, that states:
2 "Therapy directed at specifically changing sexual
3 orientation is contraindicated, since it can provoke guilt
4 and anxiety while having little or no potential for
5 achieving changes in orientation."

6 (6) The American Medical Association Council on
7 Scientific Affairs prepared a report in 1994 that states:
8 "Aversion therapy (a behavioral or medical intervention
9 which pairs unwanted behavior, in this case, homosexual
10 behavior, with unpleasant sensations or aversive
11 consequences) is no longer recommended for gay men and
12 lesbians. Through psychotherapy, gay men and lesbians can
13 become comfortable with their sexual orientation and
14 understand the societal response to it."

15 (7) The National Association of Social Workers
16 prepared a policy statement in 1997 that states: "Social
17 stigmatization of lesbian, gay, and bisexual people is
18 widespread and is a primary motivating factor in leading
19 some people to seek sexual orientation changes. Sexual
20 orientation conversion therapies assume that homosexual
21 orientation is both pathological and freely chosen. No data
22 demonstrates that reparative or conversion therapies are
23 effective, and, in fact, they may be harmful."

24 (8) The American Counseling Association Governing
25 Council issued a position statement in April, 1999 that
26 states: "We oppose the promotion of "reparative therapy" as

1 a "cure" for individuals who are homosexual.".

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

18 (10) The American Academy of Child and Adolescent
19 Psychiatry published an article in 2012 in its journal,
20 Journal of the American Academy of Child and Adolescent
21 Psychiatry, that states: "Clinicians should be aware that
22 there is no evidence that sexual orientation can be altered
23 through therapy, and that attempts to do so may be harmful.
24 There is no empirical evidence adult homosexuality can be
25 prevented if gender nonconforming children are influenced
26 to be more gender conforming. Indeed, there is no medically

1 valid basis for attempting to prevent homosexuality, which
2 is not an illness. On the contrary, such efforts may
3 encourage family rejection and undermine self-esteem,
4 connectedness and caring, important protective factors
5 against suicidal ideation and attempts. Given that there is
6 no evidence that efforts to alter sexual orientation are
7 effective, beneficial or necessary, and the possibility
8 that they carry the risk of significant harm, such
9 interventions are contraindicated.".

10 (11) The Pan American Health Organization, a regional
11 office of the World Health Organization, issued a statement
12 in May, 2012 that states: "These supposed conversion
13 therapies constitute a violation of the ethical principles
14 of health care and violate human rights that are protected
15 by international and regional agreements.". The
16 organization also noted that reparative therapies "lack
17 medical justification and represent a serious threat to the
18 health and well-being of affected people.".

19 (12) Minors who experience family rejection based on
20 their sexual orientation face especially serious health
21 risks. In one study, lesbian, gay, and bisexual young
22 adults who reported higher levels of family rejection
23 during adolescence were 8.4 times more likely to report
24 having attempted suicide, 5.9 times more likely to report
25 high levels of depression, 3.4 times more likely to use
26 illegal drugs, and 3.4 times more likely to report having

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

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

12 Section 10. Purpose. The purpose of this Act is to protect
13 lesbian, gay, bisexual, and transgender youth from sexual
14 orientation change efforts, also known as conversion therapy.

15 Section 15. Definitions. For the purposes of this Act:

16 "Mental health provider" means a clinical psychologist
17 licensed under the Clinical Psychology Licensing Act; a school
18 psychologist as defined in the School Code; a psychiatrist as
19 defined in Section 1-121 of the Mental Health and Developmental
20 Disabilities Code; a clinical social worker or social worker
21 licensed under the Clinical Social Work and Social Work
22 Practice Act; a marriage and family therapist or associate
23 marriage and family therapist licensed under the Marriage and
24 Family Therapy Licensing Act; a professional counselor or

1 clinical professional counselor licensed under the
2 Professional Counselor and Clinical Professional Counselor
3 Licensing and Practice Act; or any students, interns,
4 volunteers, or other persons assisting or acting under the
5 direction or guidance of any of these licensed professionals.

6 "Sexual orientation change efforts" or "conversion
7 therapy" means any practices or treatments that seek to change
8 an individual's sexual orientation, as defined by subsection
9 (o-1) of Section 1-103 of the Illinois Human Rights Act,
10 including efforts to change behaviors or gender expressions or
11 to eliminate or reduce sexual or romantic attractions or
12 feelings towards individuals of the same sex. "Sexual
13 orientation change efforts" or "conversion therapy" does not
14 include counseling or mental health services that provide
15 acceptance, support, and understanding of a person without
16 seeking to change sexual orientation or mental health services
17 that facilitate a person's coping, social support, and gender
18 identity exploration and development, including sexual
19 orientation neutral interventions to prevent or address
20 unlawful conduct or unsafe sexual practices, without seeking to
21 change sexual orientation.

22 Section 20. Prohibition on conversion therapy. Under no
23 circumstances shall a mental health provider engage in sexual
24 orientation change efforts with a person under the age of 18.

1 Section 25. Referral services related to conversion
2 therapy. Under no circumstances shall a mental health provider
3 refer any current or former client or patient to any
4 individual, within Illinois or within any other state, for the
5 purpose of engaging in sexual orientation change efforts. This
6 prohibition includes referrals to any individual practicing or
7 engaging in sexual orientation change efforts in person or by
8 telephone, electronic communication, or any other form of
9 direct or indirect communication with a client or patient.

10 Section 30. Discipline. Any sexual orientation change
11 efforts attempted on a person under the age of 18 by a mental
12 health provider or any referral made by a mental health
13 provider to a third party practicing sexual orientation change
14 efforts shall be considered unprofessional conduct. Mental
15 health providers found to have engaged in a sexual orientation
16 change effort or found to have referred a current or former
17 client or patient under the age of 18 to an individual for the
18 purpose of engaging in sexual orientation change efforts shall
19 be subject to discipline by the licensing entity or
20 disciplinary review board with competent jurisdiction.