



Rep. Kelly M. Cassidy

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1 AMENDMENT TO HOUSE BILL 5569

2 AMENDMENT NO. _____. Amend House Bill 5569 by replacing
3 everything after the enacting clause with the following:

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

1 change efforts and issued a report in 2009. The Task Force
2 concluded that sexual orientation change efforts can pose
3 critical health risks to lesbian, gay, and bisexual people,
4 including confusion, depression, guilt, helplessness,
5 hopelessness, shame, social withdrawal, suicidality,
6 substance abuse, stress, disappointment, self-blame,
7 decreased self-esteem and authenticity to others,
8 increased self-hatred, hostility and blame towards
9 parents, feelings of anger and betrayal, loss of friends
10 and potential romantic partners, problems in sexual and
11 emotional intimacy, sexual dysfunction, high-risk sexual
12 behaviors, a feeling of being dehumanized and untrue to
13 self, a loss of faith, and a sense of having wasted time
14 and resources.

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

1 (4) The American Psychiatric Association published a
2 position statement in March of 2000 that states:
3 "Psychotherapeutic modalities to convert or 'repair'
4 homosexuality are based on developmental theories whose
5 scientific validity is questionable. Furthermore,
6 anecdotal reports of 'cures' are counterbalanced by
7 anecdotal claims of psychological harm. In the last four
8 decades, 'reparative' therapists have not produced any
9 rigorous scientific research to substantiate their claims
10 of cure. Until there is such research available, (the
11 American Psychiatric Association) recommends that ethical
12 practitioners refrain from attempts to change individuals'
13 sexual orientation, keeping in mind the medical dictum to
14 first, do no harm. The potential risks of reparative
15 therapy are great, including depression, anxiety and
16 self-destructive behavior, since therapist alignment with
17 societal prejudices against homosexuality may reinforce
18 self-hatred already experienced by the patient. Many
19 patients who have undergone reparative therapy relate that
20 they were inaccurately told that homosexuals are lonely,
21 unhappy individuals who never achieve acceptance or
22 satisfaction. The possibility that the person might
23 achieve happiness and satisfying interpersonal
24 relationships as a gay man or lesbian is not presented, nor
25 are alternative approaches to dealing with the effects of
26 societal stigmatization discussed. Therefore, the American

1 Psychiatric Association opposes any psychiatric treatment
2 such as reparative or conversion therapy which is based
3 upon the assumption that homosexuality per se is a mental
4 disorder or based upon the a priori assumption that a
5 patient should change his or her sexual homosexual
6 orientation.".

7 (5) The American Academy of Pediatrics published an
8 article in 1993 in its journal, Pediatrics, that states:
9 "Therapy directed at specifically changing sexual
10 orientation is contraindicated, since it can provoke guilt
11 and anxiety while having little or no potential for
12 achieving changes in orientation.".

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

22 (7) The National Association of Social Workers
23 prepared a policy statement in 1997 that states: "Social
24 stigmatization of lesbian, gay, and bisexual people is
25 widespread and is a primary motivating factor in leading
26 some people to seek sexual orientation changes. Sexual

1 orientation conversion therapies assume that homosexual
2 orientation is both pathological and freely chosen. No data
3 demonstrates that reparative or conversion therapies are
4 effective, and, in fact, they may be harmful.".

5 (8) The American Counseling Association Governing
6 Council issued a position statement in April, 1999 that
7 states: "We oppose the promotion of "reparative therapy" as
8 a "cure" for individuals who are homosexual.".

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

25 (10) The American Academy of Child and Adolescent
26 Psychiatry published an article in 2012 in its journal,

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

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

26 (12) Minors who experience family rejection based on

1 their sexual orientation face especially serious health
2 risks. In one study, lesbian, gay, and bisexual young
3 adults who reported higher levels of family rejection
4 during adolescence were 8.4 times more likely to report
5 having attempted suicide, 5.9 times more likely to report
6 high levels of depression, 3.4 times more likely to use
7 illegal drugs, and 3.4 times more likely to report having
8 engaged in unprotected sexual intercourse compared with
9 peers from families that reported no or low levels of
10 family rejection. This is documented by Caitlin Ryan et al.
11 in their article entitled Family Rejection as a Predictor
12 of Negative Health Outcomes in White and Latino Lesbian,
13 Gay, and Bisexual Young Adults (2009), 123 Pediatrics 346.

14 (13) Illinois has a compelling interest in protecting
15 the physical and psychological well-being of minors,
16 including lesbian, gay, bisexual, and transgender youth
17 and in protecting its minors against exposure to serious
18 harms caused by sexual orientation change efforts.

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

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

23 "Mental health provider" means a clinical psychologist
24 licensed under the Clinical Psychology Licensing Act; a school

1 psychologist as defined in the School Code; a psychiatrist as
2 defined in Section 1-121 of the Mental Health and Developmental
3 Disabilities Code; a clinical social worker or social worker
4 licensed under the Clinical Social Work and Social Work
5 Practice Act; a marriage and family therapist or associate
6 marriage and family therapist licensed under the Marriage and
7 Family Therapy Licensing Act; a professional counselor or
8 clinical professional counselor licensed under the
9 Professional Counselor and Clinical Professional Counselor
10 Licensing and Practice Act; or any students, interns,
11 volunteers, or other persons assisting or acting under the
12 direction or guidance of any of these licensed professionals.

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

1 unlawful conduct or unsafe sexual practices, without seeking to
2 change sexual orientation.

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

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

15 Section 30. Discipline. Any sexual orientation change
16 efforts attempted on a person under the age of 18 by a mental
17 health provider or any referral made by a mental health
18 provider to a third party practicing sexual orientation change
19 efforts shall be considered unprofessional conduct. Mental
20 health providers found to have engaged in a sexual orientation
21 change effort or found to have referred a current or former
22 client or patient under the age of 18 to an individual for the
23 purpose of engaging in sexual orientation change efforts shall

1 be subject to discipline by the licensing entity or
2 disciplinary review board with competent jurisdiction.".