It is enacted by the General Assembly as follows:

SECTION 1. Legislative findings. – It is found and declared that:

1. (1) Contemporary science recognizes that being lesbian, gay, bisexual, or transgender is part of the natural spectrum of human identity and is not a disease, disorder, or illness;
2. (2) The American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation. The task force conducted a systematic review of peer-reviewed journal literature on sexual orientation change efforts, and issued a report in 2009. The task force concluded that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources;
3. (3) The American Psychological Association issued a resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009, which states: "[T]he [American Psychological Association] advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services
that provide accurate information on sexual orientation and sexuality, increase family and school
support, and reduce rejection of sexual minority youth”;

(4) The American Psychiatric Association published a position statement in March 2000
in which it stated:

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

(ii) "The potential risks of reparative therapy are great, including depression, anxiety and
self-destructive behavior, since therapist alignment with societal prejudices against
homosexuality may reinforce self-hatred already experienced by the patient. Many patients who
have undergone reparative therapy relate that they were inaccurately told that homosexuals are
lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the
person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian
is not presented, nor are alternative approaches to dealing with the effects of societal
stigmatization discussed"; and

(iii) "Therefore, the American Psychiatric Association opposes any psychiatric treat-
ment such as reparative or conversion therapy which is based upon the assumption that homosexuality
per se is a mental disorder or based upon the a priori assumption that a patient should change his
or her sexual homosexual orientation’;

(5) The American Academy of Pediatrics in 1993 published an article in its journal,
Pediatrics, stating: “Therapy directed at specifically changing sexual orientation is
contraindicated, since it can provoke guilt and anxiety while having little or no potential for
achieving changes in orientation”;

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

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

(8) The American Counseling Association Governing Council issued a position statement in April of 1999 and in it the council states: "We oppose the promotion of ‘reparative therapy’ as a ‘cure’ for individuals who are homosexual”;

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

(10) The American Psychoanalytic Association issued a position statement in June 2012 on attempts to change sexual orientation, gender identity, or gender expression, and in it the association states: "As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice”; and

"Psychoanalytic technique does not encompass purposeful attempts to 'convert', 'repair', change or shift an individual's sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes”;

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

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

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

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

(15) Minors who experience family rejection based on their sexual orientation face especially serious health risks. In one study, lesbian, gay, and bisexual young adults 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. This is documented by Caitlin Ryan et al., in their article entitled Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults (2009) 123 Pediatrics 346; and

(16) Rhode Island has a compelling interest in protecting the physical and psychological well-being of minors, including lesbian, gay, bisexual, and transgender youth, and in protecting its minors against exposure to serious harms caused by conversion therapy.

SECTION 2. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby
amended by adding thereto the following chapter:

CHAPTER 94

PREVENTION OF CONVERSION THERAPY FOR CHILDREN

This chapter shall be known and may be cited as the "Prevention of Conversion Therapy for Children Act."

As used in this chapter:

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

(i) "Conversion therapy" shall include any practice by any licensed professional that seeks or purports to impose change of an individual's sexual orientation or gender identity, practices which attempt or purport to change behavioral expression of an individual's sexual orientation or gender identity or attempt or purport to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex;

(ii) "Conversion therapy" shall not include practices which:

(A) Provide acceptance, support, and understanding of an individual's sexual orientation, gender identity, or gender expression and the facilitation of an individual's coping, social support, and identity exploration and development, including interventions to prevent or address unlawful conduct or unsafe sexual practices; or

(B) Provide acceptance, support, or understanding of an individual's gender expression or the facilitation of an individual's coping, social support, and identity exploration and development.

(2) "Department" means the Rhode Island department of health.

(3) "Licensed professional" means any licensed medical, mental health, or human service professional licensed pursuant to title 5 including, but not limited to, any psychologist, psychiatrist, social worker, nurse, mental health professional, human services professional, under
any provisions of the general law, rule or regulation to the contrary.


(a) No licensed professional shall advertise for or engage in conversion therapy efforts with or relating to a patient(s) under the age of eighteen (18).

(b) Any conversion therapy practiced by a licensed professional, as defined in §23-94-2, on a patient under the age of eighteen (18) shall be considered unprofessional conduct and shall subject them to discipline by the department.

(c) The department is hereby authorized to initiate proceedings for violations of this section. The department shall promulgate rules in accordance with this section.

23-94-4. Unfair or deceptive acts and practices related to conversion therapy.

(a) It shall be unlawful for any person to:

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

(2) Advertise for the provision of conversion therapy where such advertising claims: (i) To change another individual's sexual orientation or gender identity; (ii) To eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender; or (iii) That such efforts are harmless or without risk to individuals receiving such therapy.

(b) A violation of subsection (a) of this section shall be considered an unfair or deceptive act or practice, as defined in chapters 13 and 13.1 of title 6, and shall be subject to the same enforcement, liabilities, and penalties as set forth in chapters 13 and 13.1 of title 6.

23-94-5. Prohibition on state funding for conversion therapy.

No state funds, nor any funds belonging to a municipality, agency, or political subdivision of this state, shall be expended for the purpose of conducting conversion therapy, referring a person for conversion therapy, health benefits coverage for conversion therapy, or a grant or contract with any entity that conducts conversion therapy or refers individuals for conversion therapy.


If any provision of this chapter or of any rule or regulation made under this chapter, or its application to any person or circumstance is held invalid by a court of competent jurisdiction, the remainder of the chapter, rule, or regulation and the application of the provision to other persons or circumstances shall not be affected by this invalidity. The invalidity of any section or sections or parts of any section or sections shall not affect the validity of the remainder of the chapter.
SECTION 3. This act shall take effect upon passage.
This act would prohibit "conversion therapy" by licensed health care professionals with respect to children under eighteen (18) years of age. Violations of this act would subject the health care professional to disciplinary action and/or suspension and revocation of the license by the director of the department of health.

This act would take effect upon passage.