

STATEMENTS OF POLICY

Title 49—PROFESSIONAL AND VOCATIONAL STANDARDS

STATE BOARD OF MEDICINE [49 PA. CODE CH. 16]

Conversion Therapy—Statement of Policy

The State Board of Medicine (Board) adds § 16.63 (relating to conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy) to read as set forth in Annex A. This statement of policy is intended to provide guidance to Board-regulated practitioners and the general public.

Effective Date

This statement of policy will be effective upon publication in the *Pennsylvania Bulletin*.

Statutory Authority

Section 41(8) of the Medical Practice Act of 1985 (act) (63 P.S. § 422.41(8)) authorizes the Board to impose disciplinary or corrective measures on Board-regulated practitioners, including medical doctors, for being guilty of immoral or unprofessional conduct. Unprofessional conduct shall include departure from or failing to conform to an ethical or quality standard of the profession. Under section 3(g) of the Acupuncture Licensure Act (63 P.S. § 1803(g)), acupuncturists licensed with the Board are subject to all disciplinary provisions applicable to medical doctors as set forth in the act.

Section 102 of the Commonwealth Documents Law (45 P.S. § 1102) defines “statement of policy” as “any document, except an adjudication or a regulation, promulgated by an agency which sets forth substantive or procedural personal or property rights, privileges, immunities, duties, liabilities or obligations of the public or any part thereof, and includes, without limiting the generality of the foregoing, any document interpreting or implementing any act of Assembly enforced or administered by such agency.” Statements of policy that are general and permanent in nature are required to be codified under 1 Pa. Code § 3.1 (relating to contents of *Code*).

Background and Purpose

The Commonwealth has a compelling interest in protecting the physical and psychological well-being of minors, including lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual (LGBTQIA+) youths, and in protecting minors against exposure to the severe harms caused by conversion therapy. Likewise, the Board has an interest in and a duty to protect the public from practices that create a danger for patients and is dutybound to enforce the provisions of the act and its regulations. These duties compel the Board to take steps to guard against the dangers posed by conversion therapy.

Conversion therapy, also known as sexual orientation change efforts or reparative therapy, is a term that describes a wide range of interventions by mental health professionals that seek to change an individual’s sexual orientation or gender expression, including efforts to change behaviors, gender identity or gender expressions, or to reduce or eliminate sexual or romantic attractions or feelings toward an individual of the same gender. The term does not include counseling for an individual seeking to transition from one gender to another; counseling

that provides acceptance, support and understanding of an individual or facilitates an individual’s coping; social support and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices; or counseling that does not seek to change sexual orientation.

Conversion therapy can pose critical health risks to LGBTQIA+ people, including suicidality, substance abuse, confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, 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 with 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.

Due to the lack of scientific evidence supporting conversion therapy and the risk of harm to minors, the practice of conversion therapy is strongly opposed by the American Academy of Child Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Medical Association, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, National Association of Social Workers, Pan American Health Organization and the World Psychiatric Association.

On June 15, 2022, President Joe Biden recognized the need to promote an end to the use of conversion therapies through the issuance of Executive Order 14075, which instructs Federal departments and agencies to formulate an action plan to prevent these therapies on a world-wide basis. On August 16, 2022, Governor Tom Wolf signed Executive Order 2022-02, which was published at 52 Pa.B. 5788 (September 10, 2022), to protect residents of this Commonwealth from conversion therapy by directing State agencies to discourage the practice of conversion therapy. See 4 Pa. Code §§ 7.921—7.924 (relating to protecting Pennsylvanians from conversion therapy and supporting LGBTQIA+ Pennsylvanians).

Given the lack of evidence to support the use of psychological interventions to change sexual orientation as well as the overwhelming opposition within the medical and psychological professions, the Board adopted this statement of policy as a public safety measure and to ensure that its licensees are aware of the Board’s position on using conversion therapy on minors.

Description of this Statement of Policy

This statement of policy clarifies that it is the position of the Board that being LGBTQIA+ is not a disease, disorder, illness, deficiency or shortcoming. This statement of policy notifies Board-regulated practitioners that the Board may find the use of conversion therapy on an individual under 18 years of age to be unprofessional or immoral conduct. Additionally, under this statement of policy, a Board-regulated practitioner who uses conversion therapy on an individual under 18 years of age may be subject to discipline by the Board.

Fiscal Impact and Paperwork Requirements

This statement of policy will have no adverse fiscal impact on the Commonwealth or its political subdivisions

and will impose no additional paperwork requirements upon the Commonwealth, political subdivisions or the private sector.

Sunset Date

A sunset date is not being established for this statement of policy. Its need and efficacy will be periodically monitored by the Board.

Additional Information

Persons who require additional information about this statement of policy may submit inquiries to the Counsel, State Board of Medicine, P.O. Box 69523, Harrisburg, PA 17106-9523, (717) 783-7200, RA-STRegulatoryCounsel@pa.gov.

Order

The Board acting under the authority statutes, orders that:

(a) Chapter 16 of 49 Pa. Code is amended by adding a statement of policy in § 16.63 to read as set forth in Annex A.

(b) The Board shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.

(c) This order shall take effect upon publication in the *Pennsylvania Bulletin*.

MARK B. WOODLAND, MS, MD,
Chairperson

Fiscal Note: 16A-4961. No fiscal impact; recommends adoption.

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 16. STATE BOARD OF MEDICINE—GENERAL PROVISIONS

Subchapter E. MEDICAL DISCIPLINARY PROCESS AND PROCEDURES

UNPROFESSIONAL AND IMMORAL CONDUCT

§ 16.63. Conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy.

(a) *Background.* Conversion therapy, also known as sexual orientation change efforts or reparative therapy, poses critical health risks to lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual individuals, including suicidality, substance abuse, confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, 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 with 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. The American Medical Association opposes the use of conversion therapy for sexual orientation or gender identity. Due to the lack of scientific evidence supporting conversion therapy and the risk of harm to minors, the practice of conversion therapy is strongly opposed by the American Academy of Child Adolescent Psychiatry, Ameri-

can Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Medical Association, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, National Association of Social Workers, Pan American Health Organization and the World Psychiatric Association.

(b) *Board authority.* The Board has statutory authority to license, regulate and discipline Board-regulated practitioners in this Commonwealth. Under section 41(8) of the act (63 P.S. § 422.41(8)), the Board is authorized to impose disciplinary or corrective measures on a Board-regulated practitioner for being guilty of immoral or unprofessional conduct, which includes departure from or failing to conform to an ethical or quality standard of the profession and conduct specified under § 16.61 (relating to unprofessional and immoral conduct).

(c) *Guidelines.* The following conversion therapy guidelines should be considered by Board-regulated practitioners to ensure compliance with the act and the Board's regulations.

(1) Being lesbian, gay, bisexual, transgender, queer/questioning, intersex or asexual is not a disease, disorder, illness, deficiency or shortcoming.

(2) Conversion therapy includes the following conduct:

(i) A practice or treatment that seeks to change an individual's sexual orientation or gender identity.

(ii) An effort to change the behavioral expression of an individual's sexual orientation, change gender expression or eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender.

(3) Conversion therapy does not include a practice or treatment that provides counseling for an individual undergoing gender transition, counseling that provides acceptance, support and understanding, or the facilitation of coping, social support and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Conversion therapy does not include a practice that does not seek to change sexual orientation or gender identity.

(4) In a disciplinary action brought against a Board-regulated practitioner, the Board may find the use of conversion therapy on an individual under 18 years of age to be unethical, immoral or unprofessional conduct. A Board-regulated practitioner who uses conversion therapy on an individual under 18 years of age may be subject to discipline by the Board.

[Pa.B. Doc. No. 24-792. Filed for public inspection June 7, 2024, 9:00 a.m.]

Title 49—PROFESSIONAL AND VOCATIONAL STANDARDS

STATE BOARD OF NURSING

[49 PA. CODE CH. 21]

Conversion Therapy—Statement of Policy

The State Board of Nursing (Board) adds § 21.416 (relating to conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy) to

read as set forth in Annex A. This statement of policy is intended to provide guidance to licensees under the Board and the general public.

Effective Date

This statement of policy will be effective upon publication in the *Pennsylvania Bulletin*.

Statutory Authority

Section 14(a)(9) and (b) of the Professional Nursing Law (63 P.S. §§ 224(a)(9) and (b)) authorizes the Board to impose discipline on licensees for being guilty of immoral or unprofessional conduct. Unprofessional conduct shall include departure from or failing to conform to an ethical or quality standard of the profession.

Section 102 of the Commonwealth Documents Law (45 P.S. § 1102) defines “statement of policy” as “any document, except an adjudication or a regulation, promulgated by an agency which sets forth substantive or procedural personal or property rights, privileges, immunities, duties, liabilities or obligations of the public or any part thereof, and includes, without limiting the generality of the foregoing, any document interpreting or implementing any act of Assembly enforced or administered by such agency.” Statements of policy that are general and permanent in nature are required to be codified under 1 Pa. Code § 3.1 (relating to contents of *Code*).

Background and Purpose

The Commonwealth has a compelling interest in protecting the physical and psychological well-being of minors, including lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual (LGBTQIA+) youths, and in protecting minors against exposure to the severe harms caused by conversion therapy. Likewise, the Board has an interest in and a duty to protect the public from nursing practices that create a danger for patients and is dutybound to enforce the provisions of the act and its regulations. These duties compel the Board to take steps to guard against the dangers posed by conversion therapy.

Conversion therapy, also known as sexual orientation change efforts or reparative therapy, is a term that describes a wide range of interventions by mental health professionals that seek to change an individual’s sexual orientation or gender expression, including efforts to change behaviors, gender identity or gender expressions, or to reduce or eliminate sexual or romantic attractions or feelings toward an individual of the same gender. The term does not include counseling for an individual seeking to transition from one gender to another, counseling that provides acceptance, support and understanding of an individual or facilitates an individual’s coping, social support and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, or counseling that does not seek to change sexual orientation.

Conversion therapy can pose critical health risks to LGBTQIA+ people, including suicidality, substance abuse, confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, 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 with 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.

The American Medical Association, the American Nurses Association, American Academy of Nursing and International Society of Psychiatric-Mental Health Nurses oppose the use of conversion therapy for sexual orientation or gender identity. Due to the lack of scientific evidence supporting conversion therapy and the risk of harm to minors, the practice of conversion therapy is also strongly opposed by the American Academy of Child Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, National Association of Social Workers, Pan American Health Organization and the World Psychiatric Association.

On June 15, 2022, President Joe Biden recognized the need to promote an end to the use of conversion therapies through the issuance of Executive Order 14075, which instructs Federal departments and agencies to formulate an action plan to prevent these therapies on a world-wide basis. On August 16, 2022, Governor Tom Wolf signed Executive Order 2022-02, which was published at 52 Pa.B. 5788 (September 10, 2022), to protect Pennsylvanians from conversion therapy by directing State agencies to discourage the practice of conversion therapy. See 4 Pa. Code §§ 7.921—7.924 (relating to protecting Pennsylvanians from conversion therapy and supporting LGBTQIA+ Pennsylvanians).

Given the lack of evidence to support the use of psychological interventions to change sexual orientation as well as the overwhelming opposition within the medical and psychological professions, the Board adopted this statement of policy as a public safety measure and to ensure that its licensees are aware of the Board’s position on using conversion therapy on minors.

Description of this Statement of Policy

This statement of policy clarifies that it is the position of the Board that being LGBTQIA+ is not a disease, disorder, illness, deficiency or shortcoming. This statement of policy notifies licensees that the Board may find the use of conversion therapy on an individual under 18 years of age to be unprofessional or immoral conduct. Additionally, under this statement of policy, licensees who use conversion therapy on an individual under 18 years of age may be subject to discipline by the Board.

Fiscal Impact and Paperwork Requirements

This statement of policy will have no adverse fiscal impact on the Commonwealth or its political subdivisions and will impose no additional paperwork requirements upon the Commonwealth, political subdivisions or the private sector.

Sunset Date

A sunset date is not being established for this statement of policy. Its need and efficacy will be periodically monitored by the Board.

Additional Information

Persons who require additional information about this statement of policy may submit inquiries to the Counsel, State Board of Nursing, P.O. Box 69523, Harrisburg, PA 17106-9523, RA-STRegulatoryCounsel@pa.gov.

Order

The Board acting under the authority statutes, orders that:

(a) Chapter 21 of 49 Pa. Code is amended by adding a statement of policy in § 21.416 to read as set forth in Annex A.

(b) The Board shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.

(c) This order shall take effect upon publication in the *Pennsylvania Bulletin*.

COLBY P. HUNSBERGER, DNP, RN, CNEcl,
Chairperson

Fiscal Note: 16A-5149. No fiscal impact; recommends adoption.

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 21. STATE BOARD OF NURSING

Subchapter D. INTERPRETATIONS

STATEMENT OF POLICY

§ 21.416. Conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy.

(a) *Background.* Conversion therapy, also known as sexual orientation change efforts or reparative therapy, poses critical health risks to lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual individuals, including suicidality, substance abuse, confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, 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 with 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. The American Medical Association, the American Nurses Association, the American Academy of Nursing and the International Society of Psychiatric-Mental Health Nurses oppose the use of conversion therapy for sexual orientation or gender identity. Due to the lack of scientific evidence supporting conversion therapy and the risk of harm to minors, the practice of conversion therapy is also strongly opposed by the American Academy of Child Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, National Association of Social Workers, Pan American Health Organization and the World Psychiatric Association.

(b) *Board authority.* The Board has statutory authority to license, regulate and discipline a licensee in this Commonwealth. Under section 14(a)(9) and (b) of the act (63 P.S. § 224(a)(9) and (b)), the Board is authorized to impose disciplinary or corrective measures on a licensee for being guilty of immoral or unprofessional conduct, which includes departure from or failing to conform to an ethical or quality standard of the profession.

(c) *Guidelines.* The following conversion therapy guidelines should be considered by a licensee to ensure compliance with the act and the Board's regulations.

(1) Being lesbian, gay, bisexual, transgender, queer/questioning, intersex or asexual is not a disease, disorder, illness, deficiency or shortcoming.

(2) Conversion therapy includes the following conduct:

(i) A practice or treatment that seeks to change an individual's sexual orientation or gender identity.

(ii) An effort to change the behavioral expression of an individual's sexual orientation, change gender expression, or eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender.

(3) Conversion therapy does not include a practice or treatment that provides counseling for an individual undergoing gender transition, counseling that provides acceptance, support, and understanding, or the facilitation of coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Conversion therapy does not include a practice that does not seek to change sexual orientation or gender identity.

(4) In a disciplinary action brought against a licensee, the Board may find the use of conversion therapy on an individual under 18 years of age to be unethical, immoral or unprofessional conduct. A licensee who uses conversion therapy on an individual under 18 years of age may be subject to discipline by the Board.

[Pa.B. Doc. No. 24-793. Filed for public inspection June 7, 2024, 9:00 a.m.]

Title 49—PROFESSIONAL AND VOCATIONAL STANDARDS

STATE BOARD OF OSTEOPATHIC MEDICINE

[49 PA. CODE CH. 25]

Conversion Therapy—Statement of Policy

The State Board of Osteopathic Medicine (Board) adds § 25.218 (relating to conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy) to read as set forth in Annex A. This statement of policy is intended to provide guidance to Board-regulated practitioners and the general public.

Effective Date

This statement of policy will be effective upon its publication in the *Pennsylvania Bulletin*.

Statutory Authority

Section 15(a)(8) and (b)(9) of the Osteopathic Medical Practice Act (act) (63 P.S. § 271.15(a)(8) and (b)(9)) authorizes the Board to refuse, revoke or suspend the license of a physician, physician assistant, respiratory therapist or athletic trainer guilty of immoral or unprofessional conduct. Unprofessional conduct includes any departure from, or the failure to conform to, the standards of acceptable and prevailing practice. Under section 3(g) of the Acupuncture Licensure Act (63 P.S. § 1803(g)), acupuncturists licensed with the Board are subject to all disciplinary provisions applicable to medical doctors as set forth in the act. Under the Board's regulations, perfusionists and genetic counselors are subject to discipline under section 15(a)(8) and (b)(9) of the act, respectively.

Section 102 of the Commonwealth Documents Law (45 P.S. § 1102) defines "statement of policy" as "any document, except an adjudication or a regulation, promulgated by an agency which sets forth substantive or

procedural personal or property rights, privileges, immunities, duties, liabilities or obligations of the public or any part thereof, and includes, without limiting the generality of the foregoing, any document interpreting or implementing any act of Assembly enforced or administered by such agency.” Statements of policy that are general and permanent in nature are required to be codified under 1 Pa. Code § 3.1 (relating to contents of *Code*).

Background and Purpose

The Commonwealth has a compelling interest in protecting the physical and psychological well-being of minors, including lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual (LGBTQIA+) youths, and in protecting minors against exposure to the severe harms caused by conversion therapy. Likewise, the Board has an interest in and a duty to protect the public from practices that create a danger for patients and is dutybound to enforce the provisions of the act and its regulations. These duties compel the Board to take steps to guard against the dangers posed by conversion therapy.

Conversion therapy, also known as sexual orientation change efforts or reparative therapy, is a term that describes a wide range of interventions by mental health professionals that seek to change an individual’s sexual orientation or gender expression, including efforts to change behaviors, gender identity or gender expressions, or to reduce or eliminate sexual or romantic attractions or feelings toward an individual of the same gender. The term does not include counseling for an individual seeking to transition from one gender to another, counseling that provides acceptance, support and understanding of an individual or facilitates an individual’s coping, social support and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, or counseling that does not seek to change sexual orientation.

Conversion therapy can pose critical health risks to LGBTQIA+ people, including suicidality, substance abuse, confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, 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 with 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.

Due to the lack of scientific evidence supporting conversion therapy and the risk of harm to minors, the practice of conversion therapy is strongly opposed by the American Academy of Child Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Medical Association, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, National Association of Social Workers, Pan American Health Organization, and the World Psychiatric Association.

On June 15, 2022, President Joe Biden recognized the need to promote an end to the use of conversion therapies through the issuance of Executive Order 14075, which instructs Federal departments and agencies to formulate

an action plan to prevent these therapies on a world-wide basis. On August 16, 2022, Governor Tom Wolf signed Executive Order 2022-02, which was published at 52 Pa.B. 5788 (September 10, 2022), to protect Pennsylvanians from conversion therapy by directing State agencies to discourage the practice of conversion therapy. See 4 Pa. Code §§ 7.921—7.924 (relating to protecting Pennsylvanians from conversion therapy and supporting LGBTQIA+ Pennsylvanians).

Given the lack of evidence to support the use of psychological interventions to change sexual orientation as well as the overwhelming opposition within the medical and psychological professions, the Board adopts this statement of policy as a public safety measure and to ensure that its licensees are aware of the Board’s position on using conversion therapy on minors.

Description of this Statement of Policy

This statement of policy clarifies that it is the position of the Board that being LGBTQIA+ is not a disease, disorder, illness, deficiency or shortcoming. This statement of policy notifies Board-regulated practitioners that the Board may find the use of conversion therapy on an individual under 18 years of age to be unprofessional or immoral conduct. Additionally, under this statement of policy, a Board-regulated practitioner who uses conversion therapy on an individual under 18 years of age may be subject to discipline by the Board.

Fiscal Impact and Paperwork Requirements

This statement of policy will have no adverse fiscal impact on the Commonwealth or its political subdivisions and will impose no additional paperwork requirements upon the Commonwealth, political subdivisions or the private sector.

Sunset Date

A sunset date is not being established for this statement of policy. Its need and efficacy will be periodically monitored by the Board.

Additional Information

Persons who require additional information about this statement of policy may submit inquiries to the Counsel, State Board of Osteopathic Medicine, P.O. Box 69523, Harrisburg, PA 17106-9523, (717) 783-7200, RA-STRegulatoryCounsel@pa.gov.

Order

The Board acting under the authority statutes, orders that:

(a) Chapter 25 of 49 Pa. Code is amended by adding a statement of policy in § 25.218 to read as set forth in Annex A.

(b) The Board shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.

(c) This order shall take effect upon publication in the *Pennsylvania Bulletin*.

JOHN BULGER, DO, MBA,
Chairperson

Fiscal Note: 16A-5340. No fiscal impact; recommends adoption.

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 25. STATE BOARD OF OSTEOPATHIC MEDICINE

Subchapter D. MINIMUM STANDARDS OF PRACTICE

§ 25.218. Conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy.

(a) *Background.* Conversion therapy, also known as sexual orientation change efforts or reparative therapy, poses critical health risks to lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual individuals, including suicidality, substance abuse, confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, 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 with 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. The American Medical Association opposes the use of conversion therapy for sexual orientation or gender identity. Due to the lack of scientific evidence supporting conversion therapy and the risk of harm to minors, the practice of conversion therapy is strongly opposed by the American Academy of Child Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Medical Association, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, National Association of Social Workers, Pan American Health Organization, and the World Psychiatric Association.

(b) *Board authority.* The Board has statutory authority to license, regulate and discipline Board-regulated practitioners in this Commonwealth. Under section 15 of the act (63 P.S. § 271.15), the Board is authorized to refuse, revoke or suspend the license of a Board-regulated practitioner who is guilty of immoral or unprofessional conduct.

(c) *Guidelines.* The following conversion therapy guidelines should be considered by Board-regulated practitioners to ensure compliance with the act and the Board's regulations.

(1) Being lesbian, gay, bisexual, transgender, queer/questioning, intersex or asexual is not a disease, disorder, illness, deficiency or shortcoming.

(2) Conversion therapy includes the following conduct:

(i) A practice or treatment that seeks to change an individual's sexual orientation or gender identity.

(ii) An effort to change the behavioral expression of an individual's sexual orientation, change gender expression, or eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender.

(3) Conversion therapy does not include a practice or treatment that provides counseling for an individual undergoing gender transition, counseling that provides acceptance, support and understanding, or the facilitation

of coping, social support and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Conversion therapy does not include a practice that does not seek to change sexual orientation or gender identity.

(4) In a disciplinary action brought against a Board-regulated practitioner, the Board may find the use of conversion therapy on an individual under 18 years of age to be immoral or unprofessional conduct. A Board-regulated practitioner who uses conversion therapy on an individual under 18 years of age may be subject to discipline by the Board.

[Pa.B. Doc. No. 24-794. Filed for public inspection June 7, 2024, 9:00 a.m.]

Title 49—PROFESSIONAL AND VOCATIONAL STANDARDS

STATE BOARD OF PSYCHOLOGY

[49 PA. CODE CH. 41]

Conversion Therapy—Statement of Policy

The State Board of Psychology (Board) adds § 41.62 (relating to conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy) to read as set forth in Annex A. This statement of policy is intended to provide guidance to Board-regulated psychologists and the general public.

Effective Date

This statement of policy will be effective upon publication in the *Pennsylvania Bulletin*.

Statutory Authority

Section 3.2(2) of the Professional Psychologists Practice Act (act) (63 P.S. § 1203.2(2)) provides that the Board shall have the authority “[t]o adopt and, from time to time, revise such rules and regulations and policies not inconsistent with the law as may be necessary to carry into effect the provisions of [the] act. Such rules and regulations shall include, but not be limited to, standards for professional practice and a code of ethics for psychologists . . .” Section 8(a)(11) of the act (63 P.S. § 1208(a)(11)) authorizes the Board to suspend, revoke or limit or restrict a license or reprimand a licensee who commits immoral or unprofessional conduct.

Section 102 of the Commonwealth Documents Law (45 P.S. § 1102) defines “statement of policy” as “any document, except an adjudication or a regulation, promulgated by an agency which sets forth substantive or procedural personal or property rights, privileges, immunities, duties, liabilities or obligations of the public or any part thereof, and includes, without limiting the generality of the foregoing, any document interpreting or implementing any act of Assembly enforced or administered by such agency.” Statements of policy that are general and permanent in nature are required to be codified under 1 Pa. Code § 3.1 (relating to contents of *Code*).

Background and Purpose

The Commonwealth has a compelling interest in protecting the physical and psychological well-being of minors, including lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual (LGBTQIA+) youths,

and in protecting minors against exposure to serious harms caused by conversion therapy. Likewise, the Board has an interest in and a duty to protect the public from practices that create a danger for patients and is dutybound to enforce the provisions of the act and its regulations. These duties compel the Board to take steps to guard against the dangers posed by conversion therapy.

Conversion therapy, also known as sexual orientation change efforts or reparative therapy, is a term that describes a wide range of interventions by mental health professionals that seek to change an individual's sexual orientation or gender expression, including efforts to change behaviors, gender identity or gender expressions, or to reduce or eliminate sexual or romantic attractions or feelings toward an individual of the same gender. The term does not include counseling for an individual seeking to transition from one gender to another, counseling that provides acceptance, support and understanding of an individual or facilitates an individual's coping, social support and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, or counseling that does not seek to change sexual orientation.

Conversion therapy can pose critical health risks to LGBTQIA+ people, including suicidality, substance abuse, confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, 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 with 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.

The American Psychological Association has resolved that there is insufficient evidence to support the use of psychological interventions to change sexual orientation and encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals. Due to the lack of scientific evidence supporting conversion therapy and the risk of harm to minors, the practice of conversion therapy is strongly opposed by the American Academy of Child Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Medical Association, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, National Association of Social Workers, Pan American Health Organization and the World Psychiatric Association.

On June 15, 2022, President Joe Biden recognized the need to promote an end to the use of conversion therapies through the issuance of Executive Order 14075, which instructs Federal departments and agencies to formulate an action plan to prevent these therapies on a world-wide basis. On August 16, 2022, Governor Tom Wolf signed Executive Order 2022-02, which was published at 52 Pa.B. 5788 (September 10, 2022), to protect Pennsylvanians from conversion therapy by directing State agencies to discourage the practice of conversion therapy. See 4 Pa. Code §§ 7.921—7.924 (relating to protecting Pennsylvanians from conversion therapy and supporting LGBTQIA+ Pennsylvanians).

Under Principle 3(a) of § 41.61 (relating to Code of Ethics), psychologists shall be aware of the prevailing

community standards and of the possible impact upon the quality of professional services provided by their conformity to or deviation from these standards. Principle 3(c) prohibits psychologists from engaging in or condoning practices that are inhumane or that result in illegal or unjustifiable actions, which can include actions that constitute unlawful discriminatory practices under section 5 of the Pennsylvania Human Relations Act (43 P.S. § 955). Principle 3(d) requires that psychologists avoid action that will violate or diminish the legal and civil rights of clients or of others who may be affected by their actions. Principle 3(e) requires that psychologists act in accord with American Psychological Association standards and guidelines related to practice.

Given the lack of evidence to support the use of psychological interventions to change sexual orientation as well as the overwhelming opposition within the medical and psychological professions, the Board adopted this statement of policy as a public safety measure and to ensure that its licensees are aware of the Board's position on using conversion therapy on minors.

Description of this Statement of Policy

This statement of policy clarifies that it is the position of the Board that being LGBTQIA+ is not a disease, disorder, illness, deficiency or shortcoming. This statement of policy notifies licensees that the Board may find the use of conversion therapy on an individual under 18 years of age to be unethical, immoral and unprofessional conduct. Additionally, under this statement of policy, a licensee who uses conversion therapy on an individual under 18 years of age may be subject to discipline by the Board.

Fiscal Impact and Paperwork Requirements

This statement of policy will have no adverse fiscal impact on the Commonwealth or its political subdivisions and will impose no additional paperwork requirements upon the Commonwealth, political subdivisions or the private sector.

Sunset Date

A sunset date is not being established for this statement of policy. Its need and efficacy will be periodically monitored by the Board.

Additional Information

Persons who require additional information about the statement of policy may submit inquiries to the Regulatory Counsel, State Board of Psychology, P.O. Box 69523, Harrisburg, PA 17106-9523, (717) 783-7200, RA-STRegulatoryCounsel@pa.gov.

Order

The Board acting under the authority statutes, orders that:

(a) Chapter 41 of 49 Pa. Code is amended by adding a statement of policy in § 41.62 to read as set forth in Annex A.

(b) The Board shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.

(c) This order shall take effect upon publication in the *Pennsylvania Bulletin*.

STEVEN K. ERICKSON, PhD,
Chairperson

Fiscal Note: 16A-6328. No fiscal impact; recommends adoption.

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 41. STATE BOARD OF PSYCHOLOGY
CODE OF ETHICS

§ 41.62. Conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy.

(a) *Background.* Conversion therapy, also known as sexual orientation change efforts or reparative therapy, poses critical health risks to lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual individuals, including suicidality, substance abuse, confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, 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 with 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. The American Psychological Association has resolved that there is insufficient evidence to support the use of psychological interventions to change sexual orientation and encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals. Due to the lack of scientific evidence supporting conversion therapy and the risk of harm to minors, the practice of conversion therapy is strongly opposed by the American Academy of Child Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Medical Association, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, National Association of Social Workers, Pan American Health Organization and the World Psychiatric Association.

(b) *Board authority.* The Board has statutory authority to license, regulate and discipline psychologists in this Commonwealth. Under section 8(a)(9) of the act (63 P.S. § 1208(a)(9)), the Board is authorized to discipline a licensee for violating a regulation promulgated by the Board, including the Board's ethical regulations under § 41.61 (relating to code of ethics). The Board is also authorized under section 8(a)(11) to discipline a licensee for engaging in immoral or unprofessional conduct.

(c) *Guidelines.* The following conversion therapy guidelines should be considered by licensees to ensure compliance with the act and the Board's regulations:

(1) Being lesbian, gay, bisexual, transgender, queer/questioning, intersex or asexual is not a disease, disorder, illness, deficiency or shortcoming.

(2) Conversion therapy includes the following conduct:

(i) A practice or treatment that seeks to change an individual's sexual orientation or gender identity.

(ii) An effort to change the behavioral expression of an individual's sexual orientation, change gender expression, or eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender.

(3) Conversion therapy does not include a practice or treatment that provides counseling for an individual undergoing gender transition, counseling that provides acceptance, support, and understanding, or the facilitation of coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Conversion therapy does not include a practice that does not seek to change sexual orientation or gender identity.

(4) In a disciplinary action brought against a licensee, the Board may find the use of conversion therapy on an individual under 18 years of age to be unethical, immoral or unprofessional conduct. A licensee who uses conversion therapy on an individual under 18 years of age may be subject to discipline by the Board.

[Pa.B. Doc. No. 24-795. Filed for public inspection June 7, 2024, 9:00 a.m.]

Title 49—PROFESSIONAL AND VOCATIONAL STANDARDS

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

[49 PA. CODE CHS. 47, 48 AND 49]

Conversion Therapy—Statement of Policy

The State Board of Social Workers, Marriage and Family Therapists and Professional Counselors (Board) adds §§ 47.5, 48.5 and 49.5 (relating to conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy) to read as set forth in Annex A. This statement of policy is intended to provide guidance to Board-regulated social workers, marriage and family therapists and professional counselors and the general public.

Effective Date

This statement of policy will be effective upon publication in the *Pennsylvania Bulletin*.

Statutory Authority

Section 6(2) of the Social Workers, Marriage and Family Therapists and Professional Counselors Act (act) (63 P.S. § 1906(2)) provides that the Board shall have the authority “[t]o adopt and, from time to time, revise such rules and regulations as may be necessary to carry into effect the provisions of this act. Such regulations may include, but shall not be limited to, standards of professional practice and conduct for licensed bachelor social workers, licensed social workers, licensed clinical social workers, licensed associate marriage and family therapists, licensed marriage and family therapists, licensed associate professional counselors and licensed professional counselors in Pennsylvania.” Section 11(a)(2) and (3) of the act (63 P.S. § 1911(a)(2) and (3)) grants the Board authority to refuse, suspend, revoke, limit or restrict a license or reprimand a licensee for being guilty of immoral or unprofessional conduct and for violating standards of professional practice or conduct adopted by the Board.

Section 102 of the Commonwealth Documents Law (45 P.S. § 1102) defines “statement of policy” as “any document, except an adjudication or a regulation, promul-

gated by an agency which sets forth substantive or procedural personal or property rights, privileges, immunities, duties, liabilities or obligations of the public or any part thereof, and includes, without limiting the generality of the foregoing, any document interpreting or implementing any act of Assembly enforced or administered by such agency.” Statements of policy that are general and permanent in nature are required to be codified under 1 Pa. Code § 3.1 (relating to contents of *Code*).

Background and Purpose

The Commonwealth has a compelling interest in protecting the physical and psychological well-being of minors, including lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual (LGBTQIA+) youths, and in protecting minors against exposure to serious harms caused by conversion therapy. Likewise, the Board has an interest in and a duty to protect the public from practices that create a danger for patients and is dutybound to enforce the provisions of the act and its regulations. These duties compel the Board to take steps to guard against the dangers posed by conversion therapy.

Conversion therapy, also known as sexual orientation change efforts or reparative therapy, is a term that describes a wide range of interventions by mental health professionals that seek to change an individual’s sexual orientation or gender expression, including efforts to change behaviors, gender identity or gender expressions, or to reduce or eliminate sexual or romantic attractions or feelings toward an individual of the same gender. The term does not include counseling for an individual seeking to transition from one gender to another, counseling that provides acceptance, support and understanding of an individual or facilitates an individual’s coping, social support and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, or counseling that does not seek to change sexual orientation.

Conversion therapy can pose critical health risks to LGBTQIA+ people, including suicidality, substance abuse, confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, 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 with 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.

Due to the lack of scientific evidence supporting conversion therapy and the risk of harm to minors, the practice of conversion therapy is strongly opposed by the American Academy of Child Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Medical Association, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, National Association of Social Workers, Pan American Health Organization and the World Psychiatric Association.

Under the Board’s regulations in § 47.71 (relating to codes of ethical practice and professional conduct), social workers are required to adhere “. . . to the codes of ethics and practice standards promulgated by the National Association of Social Workers (NASW). . . .” The NASW’s position statement on sexual orientation change efforts

provides that the practice of sexual orientation change efforts “violates the very tenets of the social work profession as outlined in the NASW Code of Ethics.” Under the Board’s regulations in § 48.71 (relating to code of ethical practice and professional conduct), licensed marriage and family therapists are required to adhere to the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics. AAMFT does not consider homosexuality a disorder that requires treatment and does not see a basis for conversion therapy. Under the Board’s regulations in § 49.71 (relating to code of ethical practice and professional conduct), licensed professional counselors (licensees) shall adhere to the American Counseling Association (ACA) Code of Ethics. ACA opposes the promotion of conversion therapy as a cure for LGBTQIA+ individuals and considers it to be ineffectual and harmful. ACA considers conversion therapy to be a significant and serious violation of the ACA Code of Ethics.

On June 15, 2022, President Joe Biden recognized the need to promote an end to the use of conversion therapies through the issuance of Executive Order 14075, which instructs Federal departments and agencies to formulate an action plan to prevent these therapies on a world-wide basis. On August 16, 2022, Governor Tom Wolf signed Executive Order 2022-02, which was published at 52 Pa.B. 5788 (September 10, 2022), to protect Pennsylvanians from conversion therapy by directing State agencies to discourage the practice of conversion therapy. See 4 Pa. Code §§ 7.921—7.924 (relating to protecting Pennsylvanians from conversion therapy and supporting LGBTQIA+ Pennsylvanians).

Given the lack of evidence to support the use of psychological interventions to change sexual orientation as well as the overwhelming opposition within the medical and psychological professions, the Board adopted this statement of policy as a public safety measure and to ensure that its licensees are aware of the Board’s position on using conversion therapy on minors.

Description of this Statement of Policy

This statement of policy clarifies that it is the position of the Board that being LGBTQIA+ is not a disease, disorder, illness, deficiency or shortcoming. This statement of policy notifies licensees that the Board may find the use of conversion therapy on an individual under 18 years of age to be unethical, immoral and unprofessional conduct. Additionally, under this statement of policy, a licensee who uses conversion therapy on an individual under 18 years of age may be subject to discipline by the Board.

Fiscal Impact and Paperwork Requirements

This statement of policy will have no adverse fiscal impact on the Commonwealth or its political subdivisions and will impose no additional paperwork requirements upon the Commonwealth, political subdivisions or the private sector.

Sunset Date

A sunset date is not being established for this statement of policy. Its need and efficacy will be periodically monitored by the Board.

Additional Information

Persons who require additional information about this statement of policy may submit inquiries to the Counsel, State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, P.O. Box 6923, Harrisburg, PA 17106-9523, (717) 783-7200, RA-STRegulatoryCounsel@pa.gov.

Order

The Board acting under the authority statutes, orders that:

(a) Chapters 47, 48 and 49 of 49 Pa. Code are amended by adding a statement of policy in §§ 47.5, 48.5 and 49.5 to read as set forth in Annex A.

(b) The Board shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.

(c) This order shall take effect upon publication in the *Pennsylvania Bulletin*.

MICHELLE SANTIAGO, PsyD, NCC, CCMHC, LPC,
Chairperson

Fiscal Note: 16A-6926. No fiscal impact; recommends adoption.

Annex A**TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS****PART I. DEPARTMENT OF STATE****Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS****CHAPTER 47. STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS****STATEMENT OF POLICY****§ 47.5. Conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy.**

(a) *Background.* Conversion therapy, also known as sexual orientation change efforts or reparative therapy, poses critical health risks to lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual individuals, including suicidality, substance abuse, confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, 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 with 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. Due to the lack of scientific evidence supporting conversion therapy and the risk of harm to minors, the practice of conversion therapy is strongly opposed by the American Academy of Child Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Medical Association, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, National Association of Social Workers, Pan American Health Organization and the World Psychiatric Association.

(b) *Board authority.* The Board has statutory authority to license, regulate and discipline social workers, marriage and family therapists and professional counselors. Under section 11(a)(2) and (3) of the act (63 P.S. § 1911(a)(2) and (3)), the Board is authorized to discipline a licensee for being guilty of immoral or unprofessional

conduct and for violating professional practice or conduct standards adopted by the Board, including §§ 47.71, 48.71 and 49.71 (relating to codes of ethical practice and professional conduct; code of ethical practice and professional conduct; and code of ethical practice and professional conduct).

(c) *Guidelines.* The following conversion therapy guidelines should be considered by licensees to ensure compliance with the act and the Board's regulations.

(1) Being lesbian, gay, bisexual, transgender, queer/questioning, intersex or asexual is not a disease, disorder, illness, deficiency or shortcoming.

(2) Conversion therapy includes the following conduct:

(i) A practice or treatment that seeks to change an individual's sexual orientation or gender identity.

(ii) An effort to change the behavioral expression of an individual's sexual orientation, change gender expression, or eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender.

(3) Conversion therapy does not include a practice or treatment that provides counseling for an individual undergoing gender transition, counseling that provides acceptance, support, and understanding, or the facilitation of coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Conversion therapy does not include a practice that does not seek to change sexual orientation or gender identity.

(4) In a disciplinary action brought against a licensee, the Board may find the use of conversion therapy on an individual under 18 years of age to be unethical, immoral and unprofessional conduct. A licensee who uses conversion therapy on an individual under 18 years of age may be subject to discipline by the Board.

CHAPTER 48. STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS—LICENSURE OF MARRIAGE AND FAMILY THERAPISTS**STATEMENT OF POLICY****§ 48.5. Conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy.**

Section 47.5 (relating to conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy) applies to this chapter.

CHAPTER 49. STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS—LICENSURE OF PROFESSIONAL COUNSELORS**STATEMENT OF POLICY****§ 49.5. Conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy.**

Section 47.5 (relating to conversion therapy, sexual orientation change efforts and reparative therapy—statement of policy) applies to this chapter.

[Pa.B. Doc. No. 24-796. Filed for public inspection June 7, 2024, 9:00 a.m.]