

Opposition to Bill 1430

Dear Chairperson Ruby and House Human Services Committee Members,

As a Licensed Clinical Social Worker, university professor, and Vice Chair of the North Dakota Social Work Examiners Board, I bring both academic and professional expertise to this issue. I am writing to strongly oppose Bill 1430, which seeks to amend current bylaws to permit the practice of conversion therapy in North Dakota. I present this perspective on behalf of my professional expertise and commitment to ethical and evidence-based practices.

Conversion therapy has been widely discredited and shown to cause harm, infringing on the dignity and well-being of those subjected to it. Supporting this bill risks endorsing government overreach into the personal lives of individuals and families without a foundation in credible science or evidence-based practices. While the language of this bill does not explicitly use the term “conversion therapy,” it echoes principles tied to such practices. It is critical to clarify that conversion therapy is not evidence-based and has been shown to cause significant harm.

The National Association of Social Workers (NASW) Code of Ethics and other leading organizations, including the American Psychological Association (APA) and the American Medical Association (AMA), emphasize the ethical obligation to “do no harm.” Conversion therapy has consistently been found to lack efficacy and is associated with significant risks, including increased rates of depression, anxiety, and self-harm.

Key findings include:

- The **APA’s 2009** report concluded that efforts to change sexual orientation or gender identity are unlikely to be successful and often lead to harm.
- The **Minnesota Department of Health’s 2022** report reviewed scientific evidence and found no validity in conversion therapy practices, instead identifying significant public health risks.
- The **American Medical Association** has stated clearly that conversion therapy is not supported by credible science and poses substantial risks to individuals' mental health.

The wording in this bill suggests that a licensee may develop treatment plans aligning with heterosexuality or an individual’s biological sex. However, this misrepresents ethical, client-centered care as being similar to conversion therapy, which is categorically harmful. Ethical care focuses on addressing the specific struggles of the client and working collaboratively to support their mental health and well-being—a stark contrast to conversion therapy's harmful and discredited methodologies. Allowing such practices, particularly in cases involving minors, could inadvertently harm children if therapists, operating under this bill, were permitted to use conversion therapy techniques.

It is also important to note that this bill is unnecessary. Our current code of ethics already enforces the obligation to “do no harm” while upholding a client’s right to self-determination. These guiding principles are sufficient to ensure that clients receive ethical and evidence-based care. Introducing a bill that implicitly permits harmful practices weakens these existing safeguards and places individuals, particularly minors, at significant risk of harm.

Parental rights are essential, but they must be exercised responsibly and in alignment with evidence-based practices that protect the well-being of children. Conversion therapy does not meet these criteria. Rather than supporting parental choice, this bill promotes interventions that put children at risk of harm, a position that runs counter to the values of protecting families and fostering healthy development.

Permitting harmful practices like conversion therapy could increase mental health crises, placing additional strain on public health systems and creating long-term economic burdens for the state **(as evidenced by attached research on the economic burden of conversion therapy)**.

In light of the ethical obligations, scientific evidence, and potential risks associated with conversion therapy, I strongly urge you to vote against Bill 1430. Upholding individual dignity, protecting families, and ensuring North Dakota's policies are established in credible evidence are values we all share, regardless of political affiliation. To borrow from a guiding principle in healthcare: "First, do no harm." This principle applies not only to healthcare providers but also to policymakers entrusted with the well-being of their constituents.

I encourage you to reflect on the overwhelming consensus of medical and mental health professionals and consider the profound impact this legislation could have. Supporting evidence-based practices ensures we prioritize the well-being and dignity of all individuals.

Thank you for your attention to this critical matter.

Dr. Lacey Corneliusen