

TESTIMONY IN OPPOSITION TO HB 1430

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Chair Lee and Members of the Senate Human Services Committee:

I am a retired social worker and social work professor. Before retirement, I worked as a family therapist in the field of child welfare and taught social work classes at MSU-Moorhead, UND, and Minot State. I also attended seminary, have a Master of Divinity, and am active in my church. I am strongly opposed to HB 1430 for the following reasons:

1. By use of confusing and vague language, HB 1430 attempts to allow licensed clinical social workers to engage in “conversion therapy,” a pseudoscientific practice which seeks to change an individual’s sexuality or gender identity, often in the context of religious belief (the word “conversion” itself has a religious meaning).

- Although Section 2 of the bill states that “It is an ethical violation for a licensee to conduct conversion therapy,” Section 3 states that “It is not an ethical violation for a licensed clinical social worker to counsel an individual who is questioning their sexuality or gender and wants to align their sexuality or gender with the individual's personal or spiritual beliefs.” It is unclear how Section 3 does NOT represent “conversion therapy” since Section 3 references aligning sexuality or gender with spiritual beliefs and since the bill’s sponsor explicitly states in her testimony that the bill was submitted to promote the use of “traditional values and Biblical principles” to help individuals not be gay.

2. HB 1430 has been submitted to promote the use of a particular religious tradition (presumably Christianity¹) in the practice of licensed clinical social work. It is not the role of the state legislature to impose the use of religious beliefs in the practice of clinical social work.

- The bill’s sponsor notes in her testimony that she believes social workers are prohibited from engaging in “counseling that aligns with traditional or Biblical viewpoints,” that this prohibition “is religious discrimination,” and that “There are countless testimonies of people finding that traditional values and Biblical principles have helped them” not be gay. She also states that “Questions [of] sexuality and gender identity are inherently ideological,” and that counseling that does not align “with traditional or Biblical viewpoints...promotes substandard care to individuals whose beliefs run contrary to the dogmas that dominate the mental health profession.”
- **Someone who wants to discuss “traditional or Biblical viewpoints” related to sexuality or gender identity is best served by visiting with the pastor or priest at his or her church.**

¹ The sponsor’s testimony references Beckett Cook, Sy Rogers, Jackie Hill Perry, and Rosaria Butterfield, all of whom are Christian.

- Licensed clinical social workers may certainly practice their own religions in the context of their personal lives, but in their professional social work roles, they are required to not impose their religious beliefs on clients to further their own religious interests (NASW Code of Ethics 1.06). Again, someone who wants to receive “conversion therapy” is free to seek out a clergy person.
- It should be noted that only particular religious groups believe that religion can be used to convert someone to a particular sexuality or gender identity. There are many faith traditions, Christian or otherwise, who do *not* adhere to the belief that this is or should be the role of religion. By supporting this bill, the Committee would be privileging one particular religious group over others.

3. HB 1430 is attempting to provide the ethical authority for licensed clinical social workers to engage in a practice which is not only pseudoscientific and dangerous, but is also a practice in which social workers have no training.

- The ND Century Code provides a substantive list of the activities included in the scope of practice for licensed clinical social workers (NDCC 43-41-01.13.c). Religious counseling is *not* a part of that list. In addition, licensed clinical social workers who receive their degrees from schools accredited by the Council on Social Work Education (CSWE) do not receive training in “counseling that aligns with traditional or Biblical viewpoints” – especially for the purpose of sexuality or gender “conversion.” This training is not offered because CSWE and the National Association of Social Workers uphold that sexual orientation, gender identity, and gender expression are real and irrefutable forms of identity, that any forms of “conversion” practice stand in direct conflict with the NASW professional code of ethics, and that these practices represent a significant risk of harm to the individuals subjected to them². Given the nature of “conversion therapy” and the obvious lack of training in such pseudotherapies, licensed clinical social workers who attempt to use them are making themselves susceptible to malpractice lawsuits.

Thank you for your attention to my testimony, and I ask the Committee to not insert religion into the practice of clinical social work and to give HB 1430 a Do Not Pass recommendation.

² [NASW, Sexual Orientation and Gender Diversity](#)