

## **Opposition to Bill 1430**

Dear Chairwoman Lee and members of the Senate Human Services Committee-

As a Licensed Clinical Social Worker, university professor, and Vice Chair of the North Dakota Social Work Examiners Board, I am writing to strongly oppose the revised version of HB 1430. While the language has changed, the fundamental issue remains the same: this bill creates a pathway for practices that have been discredited and deemed an ethical violation. This bill creates a loophole for conversion therapy by contradicting itself. Section 1 states that conversion therapy is an ethical violation, yet Section 2 makes an exception, allowing social workers to help clients “align” their sexuality or gender with personal or spiritual beliefs. This rebrands conversion therapy under a different name, permitting therapists to guide clients toward a predetermined outcome rather than providing neutral, evidence-based care. Section 3 attempts to justify this by requiring informed consent, but consent does not make unethical practices ethical—especially when minors or vulnerable individuals may feel pressured to comply. Ethical therapy does not require this bill, but conversion therapy does. This bill seeks to revisit a decision already made by this body in 2021, when it was determined that certain therapeutic interventions were an ethical violation. If this was considered an ethical violation in 2021, why is it being reconsidered now? The scientific evidence, risks, and ethical concerns remain unchanged. Changing course on an issue already decided based on rigorous evidence does not strengthen ethical standards, it weakens them.

Clinical social workers already operate under a clear, ethical framework that prioritizes client self-determination, evidence-based care, and a commitment to “do no harm.” The National Association of Social Workers (NASW) Code of Ethics provides explicit guidance ensuring that social workers respect clients’ beliefs while using ethical, research-backed practices. Additionally, this bill does not protect freedom, it creates a gray area where ethical standards become unclear, opening the door for liability and confusion. Social workers are already bound by professional licensing boards and national ethical standards that ensure all practices meet rigorous, evidence-based criteria.

Individuals seek therapy during some of the most vulnerable times in their lives, trusting that licensed professionals will act in their best interest. Clients may not have the expertise to distinguish between evidence-based therapies and non-evidence-based interventions; they rely on the professional standards that regulate clinical practice. This bill introduces language that creates ambiguity where clarity is needed most. Without well-defined ethical boundaries, individuals could unknowingly be subjected to interventions that are not aligned with best practices in the field of mental health. Despite softened wording, this bill still allows an avenue for practices that could be harmful under the disguise of personal beliefs. Numerous professional organizations, including the National Association of Social Workers (NASW), the American Psychological Association (APA), the American Medical Association (AMA), the American Counseling Association (ACA), the American Academy of Pediatrics (AAP), the American Academy of Child & Adolescent Psychiatry (AACAP), the American Association for

Marriage and Family Therapy (AAMFT), and the National Association of School Psychologists (NASP) have all condemned interventions aimed at changing a person's sexual orientation or gender identity as ineffective, dangerous, and directly linked to increased risks of depression, anxiety, and self-harm.

**Key research findings include:** (attached)

- The APA's 2009 report concluded that attempts to change sexual orientation or gender identity are not only ineffective but frequently lead to harm.
- The Minnesota Department of Health's 2022 report identified significant public health risks associated with such interventions and confirmed that there is no scientific validity to their claims.
- The American Medical Association has explicitly stated that these practices lack credible scientific support and pose serious risks to individuals' mental health.

Regardless of political affiliation, we all share a fundamental responsibility to the people of North Dakota. I recognize that serving in a legislative role is no small task—it requires weighing complex issues, making difficult decisions, and carrying the responsibility of shaping policies that affect countless lives. You have been chosen for this position because of your ability to lead and navigate challenging discussions. With that privilege comes the duty to ensure that policies are grounded in facts and evidence, allowing for informed decision-making that best serves the people of North Dakota. Evidence-based practice means relying on rigorous research—such as randomized controlled trials and peer-reviewed studies, to ensure that policies are based on trustworthy, applicable findings. The reality is clear: there is no credible evidence supporting these interventions as effective, as demonstrated by the numerous professional boards and organizations that have condemned such practices. This decision should not be based on personal opinions or ideological beliefs but on hard data, which clearly shows that these interventions are harmful and have no place in ethical mental health treatment.

Passing this bill is like allowing engineers to build a bridge with vague blueprints and disproven methods, simply because some believe those methods should work. No one would approve a bridge design based on what 'feels' safe or 'looks' structurally sound. We rely on precise engineering standards and proven methods to ensure safety—because without them, lives could be at stake. The same standard must apply to mental health care; vague language and untested approaches create unnecessary risks. Policy should be built on solid, evidence-based foundations, not uncertainty and assumption. Research has repeatedly shown that these practices are harmful. I urge you to consider whether this bill truly benefits North Dakotans. The citizens of this state deserve policies established in science, respect, and a commitment to "do no harm."

Thank you for your time and thoughtful consideration.

Lacey Corneliusen, DSW, LCSW