

Testimony on HB 1430
North Dakota Chapter of the National Association of Social Workers
11 March, 2025
Senate Human Services Committee

Chairwoman Lee and Members of the Senate Human Services Committee,

My name is Elizabeth Loos and I submit this testimony on behalf of the North Dakota Chapter of the National Association of Social Workers (NASW-ND).

In 2021, the Administrative Rules Committee passed by majority vote the ND Board of Social Work Examiners' (NDBSWE)-proposed changes to their administrative code. These rules were written by professional social workers and went through a months-long review process, which included public meetings and an extensive public comment period.

The rules included language explicitly stating that it is an ethical violation for a licensed social worker to practice conversion therapy. Conversion therapy attempts to change the sexual orientation or gender identity of lesbian, gay, bisexual, transgender, and queer individuals. It is a dangerous and discredited practice that has been widely rejected by major medical and mental health organizations.

To our knowledge, the NDBSWE has not received any questions about this rule. Social workers did not ask for this bill and do not believe it is necessary. We believe this bill was introduced out of misunderstanding about the way social workers provide counseling services to individuals who are questioning their sexuality or gender identity. **In its current form, the bill is confusing and dangerous and we stand in strong opposition.**

The current version was amended by the House Human Services Committee without input from social workers. So we propose the following amendments that add clarity about the practice of social work and address contradiction and conflict within the bill.

Below I will explain the issues with specific parts of the bill and how our amendments address each issue:

- 1) Lines 7-9. The professional social workers that make up NDBSWE have already defined conversion therapy, so we propose replacing the definition in the current version of the bill with a slightly shortened version of the definition from the NDBSWE Administrative Rules. The definition in the bill also names a few specific treatment approaches, and we remove them.

With these amendments, lines 7-9 would read:

1. For the purposes of this section, "conversion therapy" means any treatments *or practices that seek to change an individual's sexual orientation or gender identity.*

- 2) Line 10. Social workers do not “conduct” therapy, so we would replace the word “conduct” with “**engage in treatments or practices that constitute** conversion therapy.”

New lines 10-11:

2. It is an ethical violation for a licensee to **engage in treatments or practices that constitute** conversion therapy.

- 3) Lines 11-13. These lines at best create confusion and at worst provide an avenue for conversion therapy, so we sought to provide clarity with our amendments.

Including the amendments, Lines 11-13 would read:

3. It is not an ethical violation for a licensed clinical social worker to **provide counseling** to an individual who is questioning their sexuality or gender and wants to align with the individual’s personal or spiritual beliefs; **this counseling shall not attempt to change an individual’s sexual orientation or gender identity.**

- 4) Lines 15-16. During the hearing in the House Human Services Committee, the phrase “self-determination” was used by individuals providing testimony in opposition as they were explaining that social workers do not push their personal beliefs on clients. They explained that social workers respect a client’s right to self-determination, which typically guides the direction of a treatment plan. The way the term is used here is problematic because it appears to require a social worker to be led by client goals alone. There are exceptions to this; for example, a client who is suffering from anorexia or another eating disorder might tell their therapist that they want a treatment plan that aligns with their goal to eat less. Of course a social worker would not develop a treatment plan to meet those goals. So we strike those lines entirely.

- 5) Lines 19-20. Social workers use the term “informed consent” rather than “authorization.” This is consistent with common practice and the NASW Code of Ethics. We also replace “**or**” with “**and**” because it is important that a minor also provides informed consent for their own treatment plan. We removed the last phrase as it is redundant. The amended version reads:

“c. Must have received **informed consent** from the individual being treated **and** that individual’s parent or guardian **if the individual is a minor.**”

We believe that these amendments remove confusion and conflict for social workers while still addressing the concerns of the sponsors.

Thank you for your time and consideration. I would be glad to stand for any questions.

Respectfully,

Elizabeth Loos
Lobbyist, #342
North Dakota Chapter of the National Association of Social Workers

1 A BILL for an Act to create and enact a new section to chapter 43-41 of the North Dakota
2 Century Code, relating to the regulation of social workers.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA**

4 **SECTION 1.** A new section to chapter 43-41 of the North Dakota century code is created
5 and enacted as follows:

6 **Ethics - Caring for individuals questioning sexuality or gender identity**

7 1. For purposes of this section, "conversion therapy" means any treatment or practices that
seek to change an individual's sexual orientation or gender identity, with the goal of changing the
sexual orientation or gender identity of an individual. The term includes medication, Psychotherapy,
electroshock therapy, and aversion therapy

10 2. It is an ethical violation for a licensee to ~~conduct~~ engage in practices that constitute of
conversion therapy.

11 3. It is not an ethical violation for a licensed clinical social worker to ~~counsel~~ provide counseling
to 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; this counseling shall not attempt to change an
individual's sexual orientation or gender identity.

14 4. As a condition of engaging in practices or treatment under this section, a licensee;

15 a. Shall ensure the practice or treatment is in alignment with the individual's self-determination;

17 b. Shall disclose to the individual being treated the nature of the treatment or practices;

18 and;

19 c. must have received **informed consent** authorization from the individual being treated, and
or that individual's parent or guardian if the individual is a minor.

