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Title: Ban Conversion Therapy of LGBTQ Youth in Michigan

Introduced by: Charles J. Barone II, MD, for the Wayne County Delegation

Original Authors: Rohit Abraham, Nora Akcasu, Miriam Rienstra Bareman, May Chammaa, Fiona Clowney, Kyal Lalk, Jordan Lippincott, Tabitha Moses, Austin Olano, Debbie Pumarada, Enrique Rodriguez-Fhon, Wyatt Shoemaker, Brianna Sohl, Sara Teising, and Jacob Wilson

Referred to: Reference Committee E

House Action: **APPROVED**

Whereas, conversion or reparative therapy is any individual or group therapy in inpatient or outpatient settings that attempts to change an individual’s sexual orientation¹, and

Whereas, it is estimated that 350,000 adolescents have undergone conversion therapy, and that as many as 40,000 adolescents in the United States will undergo conversion therapy this year², and

Whereas, as recently as 2018, a church in Michigan advertised services to parents of LGBTQ teenage girls to "help your girl be unashamed of her true sexual identity given to her by God at birth", which was suspected to be a form of conversion therapy³,and

Whereas, behavioral therapists have practiced aversion therapy by submitting patients to physical harm such as electric shocks, nausea, vomiting, or paralysis, or encouraging the patient to self-harm when they become aroused by the same sex⁴, and

Whereas, individuals who have undergone conversion therapy have subsequently experienced adverse consequences including increased risk of suicide, poor self-esteem, depression and social withdrawal and were more likely to develop impotence and sexual dysfunction^{4,5,6}, and

Whereas, lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth are five times more likely to attempt suicide compared to heterosexual youth⁷, and

Whereas, the nation’s leading professional medical, health, and mental health organizations do not support efforts to change young people’s sexual orientation through therapy and have raised serious concerns about the potential harm from such efforts, according to a publication endorsed by the American Academy of Pediatrics, American Association of School Administrators, American Counseling Association, American Federation of Teachers, American Psychological Association, American School Counselor Association, American School Health Association, Interfaith Alliance Foundation, National Association of School Psychologists, National Association of Secondary School Principals, National Association of Social Workers, National Education Association, and School Social Work Association of America⁸, and

Whereas, the original psychologist who published on the efficacy of conversion therapy has since rejected their own research as flawed and acknowledges the damage they have done to the LGBTQ community⁹, and

Whereas, the American Psychiatric Association has called upon lawmakers to “ban the harmful and discriminatory practice” of conversion therapy which the organization describes as “posing a significant risk of harm” in addition to lacking credible evidence to support its efficacy or safety¹⁰, and

54 Whereas, the United Nations Human Rights Council, in an attempt to “prevent torture and ill-
55 treatment” of LGBTQ persons, condemns the use of conversion therapy practices¹¹, and

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57 Whereas, legal scholars have successfully argued that conversion therapy bans are supported by
58 constitutional law¹², and

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60 Whereas, fifteen states and the District of Columbia have passed laws prohibiting the use of
61 conversion therapy practices by licensed healthcare practitioners on minors¹³, and

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63 Whereas, Michigan Representatives Zemke and Camilleri have identified actively operating
64 conversion therapy organizations in Michigan and have publicly condemned them¹⁴, and

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66 Whereas, the Michigan State Medical Society is committed to diversity and inclusion and condemns
67 discrimination based on sexual orientation and gender identity (Res29-14)¹⁵; therefore be it

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69 RESOLVED: That MSMS advocate for the passage of legislation to ban conversion therapy in
70 Michigan; and be it further

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72 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA
73 to advocate for federal legislation to ban conversion therapy.

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76 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$25,000 or more as this resolution directs MSMS to engage in
77 governmental advocacy.

Relevant MSMS Policy:

MSMS Position on Discrimination

MSMS is committed to diversity and inclusion. MSMS condemns all attempts by agencies, be they government or private, to discriminate in licensure, licensure by endorsement, jobs, promotions, hospital privileges, reimbursement, residency medical staff and academic appointments, professional society memberships, financial aid and board certification, based on race, religion, sexual orientation, creed, sex, gender identity, disability, ethnic origin, national origin, or age. Additionally, MSMS supports current AMA Policies H-65.965, H-65.978; and D 160.988. (Res72-91A)
– Edited 1998
– Reaffirmed (1998 per Res16-98A)
– Edited 2017

Support of *LGBTQIA Anti-Discrimination Legislation

MSMS opposes discrimination based on gender identity and sexual orientation. (Res29-14)

**Lesbian; gay; bisexual; transgender; queer; intersex; asexual/ally (ally—a person who does not identify as LGBTQIA but supports the rights and safety of those who do)*

Relevant AMA Policy:

Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations H-160.991

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.

2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.
3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.
4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people.

¹ Drescher J, et al. The growing regulation of conversion therapy. *Journal of Medical Regulation*. 2016;102(2):7-12.

² Mallory C, Brown TNT, Conron KJ. Williams Institute, UCLA School of Law. Conversion Therapy and LGBT Youth. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>. Published January 2018. Accessed February 27, 2019.

³ Gross A. Church Accused of Planning a Conversion Therapy Workshop for LGBTQ Girls. *Detroit Free Press*. February 6, 2018. <https://www.freep.com/story/news/local/michigan/wayne/2018/02/06/downriver-church-accused-planning-workshop-lgbtq-girls-thats-been-likened-controversial-conversion-t/310931002/>. Accessed January 12, 2019.

⁴ American Psychological Association, Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009). Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. [online] Available at: <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf> [Accessed 11 Jan. 2019].

⁵ Haldeman DC. Therapeutic antidotes: helping gay and bisexual men recover from conversion therapies. *Journal of Gay & Lesbian Psychotherapy*. 2002;5(3-4):117-130.

⁶ McGeorge CR, Carlson TS, Toomey RB. An Exploration of Family Therapists Beliefs about the Ethics of Conversion Therapy: The Influence of Negative Beliefs and Clinical Competence With Lesbian, Gay, and Bisexual Clients. *Journal of Marital and Family Therapy*. 2013;41(1):42-56. doi:10.1111/jmft.12040.

⁷ Centers for Disease Control and Prevention. Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9-12 - United States and Selected Sites, 2015. *MMWR Surveill Summ*. 2016;65(9). <https://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6509.pdf>. Published August 12, 2016. Accessed February 27, 2019.

⁸ Just the Facts Coalition. Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel. Washington, DC: American Psychological Association; 2008. <https://www.apa.org/pi/lgbt/resources/just-the-facts.pdf>. Accessed January 11, 2019.

⁹ Spritzer RL. Spitzer reassesses his 2003 study of reparative therapy of homosexuality. *Archives of Sexual Behavior*. 2012;41(4):757-757.

¹⁰ American Psychiatric Association. APA reiterates strong opposition to conversion therapy. Published November 15, 2018.

¹¹ United Nations Human Rights Council. Discrimination and Violence Against Individuals Based on Their Sexual Orientation and Gender Identity: Report of the Office of the United Nations High Commissioner for Human Rights. A/HRC/29/23. <https://undocs.org/A/HRC/29/23>. Published May 4, 2015. Accessed February 27, 2019.

¹² Cyphers CS. Banning sexual orientation therapy: constitutionally supported and socially necessary. *Journal of Legal Medicine*. 2014;35(4):539-550.

¹³ Conversion Therapy Laws. Movement Advancement Project website. www.lgbtmap.org/equality-maps/conversion_therapy. Updated February 26, 2019. Accessed February 27, 2019.

¹⁴ Sjacon A. New bill to ban conversion therapy in Michigan introduced by state reps. *Detroit Free Press*. February 9, 2018. <https://www.freep.com/story/news/local/michigan/2018/02/09/michigan-conversion-therapy/322790002/>. Accessed February 28, 2019.

¹⁵ Support of *LGBTQIA Anti-Discrimination Legislation (Res29-14) https://www.msms.org/Portals/0/Documents/MSMS/About_MSMS/2018%20MSMS%20Policy%20Manual.pdf?ver=2018-12-11-112410-523.