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FISCAL IMPACT REPORT

SPONSOR <u> SHPAC </u>	LAST UPDATED _____
	ORIGINAL DATE <u> 02/212023 </u>
	BILL <u> CS/Senate Bill </u>
SHORT TITLE <u> Disciplinary Action for Conversion Therapy </u>	NUMBER <u> 256/SHPACS </u>
	ANALYST <u> Chilton </u>

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
	No fiscal impact	No fiscal impact	No fiscal impact			
Total						

Parentheses () indicate expenditure decreases.
*Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Responses Received From
 Department of Health (DOH)
 Board of Nursing (BON)
 Medical Board (NMMB)
 Regulation and Licensing Department (RLD)
 Office of the Attorney General (NMAG)

SUMMARY

Synopsis of Senate Health and Public Affairs Substitute for Senate Bill 256

The SHPAC substitute for Senate Bill 256 would establish that members of healing professions (medicine, nursing, psychology, social work, counseling, or therapy) should face a penalty for performing so-called conversion therapy, a discredited and now forbidden (in New Mexico) “therapy” of aversive or conditioning therapy for counteracting homosexual tendencies, not just on children but on people of all ages. “Aversive therapy or conditioning” is defined as “causing physical stimuli in the patient with the aim of reducing unwanted behavior.” “Conversion therapy” is defined as any treatment that attempts to change a person’s sexual orientation or gender identity to remove attractions to people of the same sex but does not include counseling to help a person with same sex attraction feel better about that without seeking to change those feelings.

Section 1 extends the prohibition of aversive therapy or conditioning in conversion therapy from just applying to children to applying to all ages by amending Section 61-1-3.3 NMSA 1978.

Sections 2 through 5 extends the prohibition on conversion therapy on a minor or aversive therapy or conditioning in conversion therapy to persons licensed under the Nurse Practice Act (Section 61-3 NMSA 1978); physicians, physician assistants, anesthesiologist assistants, genetic counselors, naturopathic practitioner, and naprapathic practitioners (Section 61-7-3 NMSA 1978);

psychologists and psychologist associates (covered under the Uniform Licensing Act, Section 61-9-13 NMSA 1978); and people licensed under the Counseling and Therapy Practice Act (Section 61-9A NMSA 1978).

Section 6 amends Section 61-13-17 NMSA 1978 to specify that license denial, suspension, or revocation may be penalties exacted for licensees practicing conversion therapy on minors or aversive therapy or conditioning in conversion therapy on any person.

This bill does not contain an effective date and, as a result, would go into effect June 16, 2023, (90 days after the Legislature adjourns) if signed into law.

FISCAL IMPLICATIONS

There is no appropriation in Senate Bill 256 and no anticipated fiscal impact.

SIGNIFICANT ISSUES

Conversion therapy became popular in the United States in the early 20th century, with a boost from prominent psychoanalyst Sigmund Freud. It became a standard means of attempting to “treat” homosexual men and women until losing favor in the late 1960s. By 1973, the American Academy of Psychiatry had removed homosexuality from the influential *Diagnostic and Statistical Manual*. However, some religious groups continued to promote the use of conversion therapy.

In 2001, U.S. Surgeon General David Satcher issued a report stating there was no scientific evidence that any type of therapy could change a person’s sexual orientation. Since that time, many professional organizations have taken a stance opposing conversion therapy, and six states (California, Illinois, New Jersey, New York, Oregon and Vermont) and at least two Canadian provinces have banned its use.

Many groups have examined the efficacy and safety of conversion therapy, including the American Psychological Association. In a 2022 report commissioned by the Minnesota State Legislature,¹ Minnesota’s Department of Health determined the following:

[Those in] the helping professions most likely to work with LGBTQ+ individuals, and thus in the best position to observe individuals who have experienced conversion therapy, overwhelmingly reject the practice of conversion therapy as being neither effective nor harmless. Data establish that LGTBQ+ youth are a vulnerable population. Thus, public health should be even more vigilant in protecting this vulnerable population from harmful or even potentially harmful practices. While there are limited studies available on this topic, at least two cross-sectional studies confirmed an association between children and youth who had experienced conversion therapy and subsequently had increased suicidal

¹ <https://www.health.state.mn.us/people/conversiontherapy.pdf>

ideation and suicide attempts. And a recent meta-analysis documented increased adverse effects for LGBTQ+ individuals who had experienced sexual orientation and gender identity change efforts than those who had not. It may be noted that regardless of whether scientific causality has been established, mainstream mental health, medical, and educational organizations do not support use of conversion therapy.

RELATIONSHIP

Related to 2017 Senate Bill 121, which banned conversion therapy for minors.

LAC/al/hg/rl/hg