

Meeting of the Virginia Board of Medicine



February 20, 2020

8:30 a.m.

Board of Medicine
Thursday, February 20, 2020 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201
Board Room 2
Henrico, VA 23233

Call to Order and Roll Call

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====No motion needed to adjourn if all business has been conducted====

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 2

Exit the room using one of the doors at the back of the room. (Point) Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

You may also exit the room using the side door (**Point**), turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Agenda Item: Approval of Minutes of the October 17, 2019

Staff Note: Draft minutes that have been posted on Regulatory Townhall and the Board's website are presented. Review and revise if necessary.

Action: Motion to approve minutes.

**VIRGINIA BOARD OF MEDICINE
FULL BOARD MINUTES**

October 17, 2019

Department of Health Professions

Henrico, VA 23233

- CALL TO ORDER:** Dr. Tuck called the meeting to order at 8:35 AM.
- ROLL CALL:** Ms. Opher called the roll; a quorum was established.
- MEMBERS PRESENT:** Ray Tuck, DC, President
Lori Conklin, MD, Vice-President
L. Blanton Marchese, Secretary-Treasurer
Syed Ali, MD
David Archer, MD
James Arnold, DPM
Manjit Dhillon, MD
Alvin Edwards, MDiv, PhD
Jacob Miller, DO
Karen Ransone, MD
Joel Silverman, MD
Brenda Stokes, MD
Svinder Toor, MD
Kevin O'Connor, MD
Kenneth Walker, MD
Martha Wingfield
- MEMBERS ABSENT:** David Giammittorio, MD
Jane Hickey, JD
- STAFF PRESENT:** William L. Harp, MD - Executive Director
Jennifer L. Deschenes, JD - Deputy Executive Director for Discipline
Colanthia M. Opher - Deputy Executive Director for Administration
Barbara Matusiak, MD - Medical Review Coordinator
Cheryl Clay - Administrative Assistant
Tearia Davis - Administrative Assistant
David Brown, DC - DHP Agency Director
Elaine Yeatts - DHP Senior Policy Analyst
Erin Barrett, JD - Assistant Attorney General
- OTHERS PRESENT:** Scott Johnson, JD-HDJN & MSV
Josh Hetzler-Family Foundation
Adam Trimmer-Born Perfect
Paulette Trimmer
Casey Pick-Trevor Project
Tom Intorcio-Virginia Catholic Conference
Kristen Ogden-Families for Intractable Pain Relief

EMERGENCY EGRESS

Dr. Conklin provided the emergency egress procedures for Conference Room 2 and instructions for the Great Southeast Earthquake Drill.

APPROVAL OF THE JUNE 13, 2019 MINUTES

Dr. Miller moved to approve the minutes as presented; the motion was properly seconded and carried unanimously.

ADOPTION OF THE AGENDA

Dr. Miller moved to accept the agenda as presented; the motion was properly seconded and carried unanimously.

INTRODUCTION OF NEW BOARD MEMBER

Dr. Tuck invited Joel Silverman, MD, Medicine and Surgery appointee from the 7th Congressional District, to introduce himself to the Board. Dr. Silverman gave a brief overview of his professional career, and all welcomed him.

PRESCRIPTION MONITORING PROGRAM PRESENTATION (PMP) – Ashley Carter, Senior Deputy Director, PMP

Ms. Carter presented the highlights from the PMP Annual Report. Her presentation covered which drugs are reported, who must report, exemptions to reporting, and who has access to the PMP data. She advised the members that, in addition to many states and territories, the Virginia PMP is now interoperable with the Department of Defense Military Health System. Ms. Carter also stated that, beginning July 1, 2020, any prescription containing an opioid must be transmitted electronically by the prescriber to the dispenser. Additionally, she reminded the Board that in 2016, a shift in PMP's role occurred when Code of Virginia §54.1-2523.1 was updated to say "Develop, in consultation with the PMP Advisory Panel, "criteria for *indicators of unusual patterns of prescribing or dispensing of covered substances...*and a method for analysis of data collected by the PMP". So the PMP is now proactive in the generation of reports for investigation.

After her presentation Ms. Carter fielded Board member questions, including how the PMP identifies practitioners that may be overprescribing.

Dr. Brown commented that efforts have been made to ensure that identifying unusual patterns does not look like a witch hunt, and let the practitioner do his job. He added that the process uses several criteria and tries to ensure that it remains focused, such that not too broad a net is cast. One of the safeguards is the Board of Medicine and Board of Pharmacy members on the Advisory Panel that is tasked with setting the thresholds for the identification of unusual patterns. He suggested that Board members review all the data in the Annual Report and send any concerns to the Advisory Panel via their board representative. Dr. Brown said what we do not want is to have a practitioner decide to stop prescribing opioids due to fear of investigation.

---DRAFT UNAPPROVED---

Dr. Archer suggested that the Board consistently reinforce that to practitioners.

PUBLIC COMMENT ON AGENDA ITEMS

Dr. Tuck opened the floor for public comment, allowing three minutes of time for each speaker.

Josh Hetzler – Legislative Counsel with the Virginia Family Foundation

He asked the Board to consider the harm that banning conversion therapy might cause.

Adam Trimmer – Ambassador for Born Perfect

He gave his personal account of being a survivor of conversion therapy, stating that the practice leaves an everlasting negative impact on a person.

Paulette Trimmer

She spoke against conversion therapy, noting that it is harmful.

Casey Pick – Trevor Project

Casey spoke to the legal status of conversion therapy, the prohibitions that have been upheld by courts, and urged the Board to end conversion therapy.

Tom Intorcio – Virginia Catholic Conference

He spoke in opposition to banning conversion therapy. He asked how individuals that participate in voluntary conversations about gender issues will be scrutinized, and if regulations are implemented, would the ban usurp parental rights?

Kristen Ogden –Families for Intractable Pain Relief

She asked the Board to consider the impact that the current opioid regulations have on patients with intractable pain and no history of drug diversion.

DHP DIRECTOR'S REPORT- David Brown, DC

Dr. Brown said that the board member training held on October 7th was a success, and the post-training survey rated the day as a 4.7 out of 5. He thanked Ms. Barrett for her presentation and said that a link to all the presentations has been provided for the board members who were unable to attend the session.

Dr. Brown reported on the latest security enhancements for those visiting the agency. He noted that anyone who does not have a badge will need to sign in and wear a visitor sticker. He noted that, in the near future, other measures will be put in place, including a metal detector at the front entrance.

Dr. Brown also provided an overview of two DHP workgroups:

- Workgroup on Barriers to Licensure for International Medical Graduates (IMGs) led by Dr. Allison-Bryan – Dr. Brown said that Virginia already does a good job of welcoming IMGs. In 2017, the General Assembly reduced the 2-year postgraduate requirement to 1 year. He said that one of the recommendations from the study will be to consider a pathway that Canada has for IMGs and determine the feasibility of its implementation in Virginia.

- Workgroup on Telemedicine led by Dr. Brown – The General Assembly considered two bills that would have redefined the site of patient care. They would have established the location of the physician as the site of patient care. The physician would only be required to hold a license in the state from which he/she practiced. The concern is that if the telemedicine practitioner does not hold a Virginia license, and there is a complaint on behalf of a Virginia patient, the Board of Medicine would not have jurisdiction. To address this concern, a couple of the recommendations were made:
 1. The Board of Medicine take another look at the Interstate Medical Licensing Compact and determine if there are advantages to signing on.
 2. Establish reciprocity agreements with other states.

Dr. Brown noted that the full report will be posted on the DHP website soon.

REPORT OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT

Dr. Tuck reported on his attendance at the National Board of Chiropractic Examiners Workgroup. The group is evaluating/revising the testing process to better ensure that those admitted to the profession are competent and safe to practice on the public.

At Dr. Tuck's request, Dr. Walker spoke to the Board members about the ways they could serve in positions with the Federation of State Medical Boards.

VICE-PRESIDENT'S REPORT

Dr. Conklin reported on her attendance at the Tri-Regulators Symposium in Frisco, TX. She said that it was good to see how three groups of healthcare professionals (Medicine, Nursing, Pharmacy) are trying to work together to improve patient care, reduce overdoses, etc. The principle of a professional being able to practice to the limits of his/her training was paramount. Additionally, she attended a session on Artificial Intelligence (AI) that outlined the services AI can perform and how it differs from traditional approaches. Is it better? She also noted that licensure compacts were an area of interest.

SECRETARY-TREASURER'S REPORT

Mr. Marchese reported on his attendance at the Tri-Regulators Symposium. He said that, in such a team-based collaborative effort, he was fortunate to spend time with DHP colleagues Caroline Juran from the Board of Pharmacy and Jay Douglas from the Board of Nursing. He also mentioned risk-based regulation and that regulatory opportunities may be possible with AI.

EXECUTIVE DIRECTOR'S REPORT

Cash Balance

Dr. Harp briefly reviewed Medicine's cash balance which was down approximately \$400,000 from June 2019. He noted this is the direction that the cash balance should be going to gain compliance with the

Callahan Act. He said the diminution of the Board's cash reserves is largely due to the reduction in renewal fees for the last 3 biennia.

Allocated Cost for Enforcement Services – FY2019

Dr. Harp shared with the Board that Medicine provides 26.8% of the funding for the Enforcement Division, making it the highest utilizer of investigative time.

Veterans Administration Proposed Regulations

Dr. Harp said that, at its August 2nd meeting, the Executive Committee discussed the Veterans Administration (VA) proposal for revising its regulations on telemedicine and telehealth. The issue at hand with the revision is the use of trainees to provide care remotely. The Executive Committee reasoned that PGY-1's were not yet ready for independent practice and determined that its response should be that PGY-2's and above be utilized for telemedicine. Dr. Harp noted his reply to Dr. Galpin.

Dr. Harp also reported that the Federation of State Medical Boards forwarded a request for comment on the U.S. Department of Health and Human Services (HHS) proposed use of state medical board orders to identify providers that it may wish to prohibit from providing care to Medicare and Medicaid recipients. After communication with the officers of the Board, it was decided that Virginia's Orders speak for themselves, and that it is not the role of the Board to defend any particular licensee from HHS policy. HHS will have access to the Board's Orders and can stratify their responses accordingly. The Board agreed that it was not necessary to respond to this inquiry.

Letter from the Washington Medical Commission

Dr. Harp referred to the letter from the Washington Medical Commission (WMC) that seeks to clarify its current opioid prescribing rules for its licensees. Apparently, the WMC has received reports from patients on chronic opioid therapy whose opioids have been rapidly tapered or discontinued. Dr. Harp said that this parallels the experience in Virginia that led the Ad Hoc Committee on Opioid Continuing Education to select the Stanford tapering course as part of the opioid education package for 2019-2020. Dr. Harp asked for any other suggestions about what Virginia should do at this time; there were none.

FSMB Advocacy Report

Dr. Harp referred to the Federation of State Medical Board's Advocacy Network News publication that provides information on what is happening legislatively on the healthcare front in Washington, DC. A few of the topics were:

- Telehealth
- Legislation introduced by Veterans Affairs
- Background checks
- Opioids
- Marijuana
- Stem cells

Interstate Medical Licensure Compact

Dr. Harp mentioned the Interstate Medical Licensure Compact data released in April indicated it was taking about 56 days from the beginning of the process to issuance of a license. There are 29 states in the Compact; to date, it has issued over 5,000 licenses.

---DRAFT UNAPPROVED---

Dr. Harp reminded the Board that, in 2016, the decision was not to join the Compact at that time, but rather to develop a license by endorsement pathway. The thought was that licensure by endorsement could rival or exceed the Compact in speed and be less costly to the applicant and the Board.

The meeting broke at 10:15 a.m. All were reminded of the Great Southeast Shake Out that would occur at 10:17 a.m.

The meeting reconvened at 10:32 a.m.

COMMITTEE and ADVISORY BOARD REPORTS

Dr. Ransone moved to accept all the minutes en bloc. The motion was seconded and carried.

OTHER REPORTS

Board Counsel

Erin Barrett, AAG provided an update on the status of the following cases:

- Clowdis vs. the Virginia Board of Medicine
- Merchia vs. the Virginia Board of Medicine
- Moustafa vs. the Virginia Board of Medicine
- Hill vs. the Virginia Board of Medicine

Board of Health Professions

Dr. O'Connor informed the members that the Board of Health Profession's recommendation was to license music therapists under the Board of Counseling.

Podiatry Report

Dr. Arnold had no report.

Chiropractic Report

Dr. Tuck had no report.

Committee of the Joint Boards of Nursing and Medicine

Dr. O'Connor and Dr. Walker reported that the most recent meeting of the Committee heard about the licensing process for nurse practitioners seeking autonomous practice.

New Business:

1) Regulatory and Legislative Issues

- **Chart of Regulatory Actions**

Ms. Yeatts provided an update on the status of regulatory actions as of October 2, 2019. This report was for informational purposes only and did not require action.

- **Amendment to Fee for Returned Checks**

Ms. Yeatts explained that a finding of a recent audit by the Office of the Comptroller indicated that DHP should be charging \$50.00 for a returned check rather than the current \$35.00. Counsel for DHP advised that the fee of \$50.00 is in Virginia Code 2.2-4805(B). Code Section 2.2-614.1 states that a “penalty of \$35.00 or the amount of any costs, **whichever is greater** shall be added to the amount of the invalid check.

MOTION: After a brief discussion, Dr. O’Connor moved to accept the recommendation that all of the Board’s regulations for medicine and nurse practitioners be amended to reflect the higher “handling” fee of \$50.00. The motion was properly seconded and carried unanimously.

- **Recommendation of Retiree License**

Ms. Yeatts reviewed legislation passed by the 2019 General Assembly to add §54.1-2937.1 – Retiree license - and the discussion by the Executive Committee of a Notice of Intended Regulatory Action (NOIRA).

Ms. Yeatts pointed out that the Board already has a restricted volunteer license that allows a licensee to practice in a free clinic without compensation and with malpractice coverage through §54.1-106. However, the retiree license would allow the holder to provide care in a patient’s home with the option of charging for services. The licensee would not be required to carry malpractice insurance.

Ms. Yeatts also advised that members of the Executive Committee voiced concerns over the possible confusion between the two licenses, whether or not a licensee could hold both licenses at the same time, what is the definition of “retired”, and whether a 35-year-old physician could “retire” and practice solely on a retiree license for years.

After discussion, the Board agreed that it understood the intent of the law; however, it thought there was still some work that needed to be done before moving forward with a NOIRA.

MOTION: No action taken.

- **Adoption of Regulations for Waiver of Electronic Prescribing by Emergency Action – Nurse Practitioners**

Ms. Yeatts referred to a copy of the proposed draft amendments to the prescriptive authority regulations for nurse practitioners to comply with §54.1-3408.02 which requires electronic prescribing for opioids beginning July 1, 2020. In accordance with the Code under **Transmission of prescriptions (D)**. *The licensing health regulatory board of a prescriber may grant such prescriber, in accordance with the regulations adopted by such board, a waiver of the requirements of subsection B, for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.*

Ms. Yeatts advised that the enactment clause on HB2559 requires adoption of regulations within 280 days, so the Board must amend by emergency action. Additionally, she pointed out that the Executive Committee adopted identical language for prescribers licensed by the Board of Medicine, and that the Board of Nursing

adopted the same amendments for nurse practitioners on September 17, 2019.

MOTION: Dr. O'Connor moved to adopt the emergency regulations and a Notice of Intended Regulatory Action (NOIRA) to replace the emergency regulations. The motion was properly seconded and carried unanimously.

- **Regulatory Action – Prescriptive Authority**

Ms. Yeatts referred to a copy of the proposed draft amendments submitted by the Board of Nursing on the elimination of the separate license for prescriptive authority and the applicable section of the Code.

She noted that prescriptive authority will be attached to the nurse practitioner license and addressed in the practice agreement. The initial fee for prescriptive authority will be reduced, and the requirement to renew will be eliminated. The Board of Nursing will be adopting the final version of these regulations at its November business meeting.

MOTION: Dr. Edwards moved to adopt the proposed amendments as drafted. The motion was properly seconded and carried unanimously.

2. Recommendation on Conversion Therapy

For the Board's review and consideration, Ms. Yeatts provided a copy of the minutes of the Conversion Therapy Workgroup convened by DHP on October 5, 2018, statements from applicable medical societies/associations, SAMSHA's report on "Ending Conversion Therapy – Supporting and Affirming LGBTQ Youth", and a draft of a proposed guidance document.

Ms. Yeatts noted that the 2018 Workgroup heard testimony from the public, reviewed relevant documents, and discussed the issue at length. In the end, it was determined that each of the regulatory boards would decide whether to develop a guidance document and/or to promulgate regulations addressing the issue of conversion therapy. She also pointed out that the Legislative Committee voted to recommend adoption of a guidance document and initiate rulemaking by adoption of a Notice of Intended Regulatory Action (NOIRA).

MOTION: Dr. O'Connor moved to accept the recommendation of the Legislative Committee. The motion was properly seconded.

Dr. Tuck opened the floor for discussion.

Dr. Miller asked whether this guidance document would apply to individuals of all ages or just to minors?

Ms. Yeatts said that it only applied to minors.

Dr. Archer asked who was doing the counseling. Was it a MD, NP, or a layperson?

Ms. Yeatts was unable to confirm the providers, but noted that the guidance document would apply to licensees of the Board of Medicine.

Dr. Archer said there is a lot of interest in gender change. One of the ongoing debates is whether therapy and counseling are the same thing.

MOTION: Dr. Ransone asked to amend the motion on the table by changing the word counseling to therapy. The amendment was seconded.

During the discussion, Ms. Yeatts stated that counseling is being used as a generic term. Dr. Toor said that, in his opinion, therapy is active intervention, whereas counseling is conversation without recommendation.

Dr. Ransone withdrew her amendment.

The members continued to discuss the differences between counseling and therapy. Ms. Barrett suggested that the guidance document be amended to include “counseling or therapy.”

Dr. Archer remarked that counseling is a positive interaction, whereas “conversion therapy” is a different kind of activity and is not counseling.

Dr. Conklin stated that all these concerns were discussed by the Legislative Committee taking into account what professions were under the Board’s jurisdiction.. She said that no one had come before the Board with a complaint of performing conversion therapy. She acknowledged that minors may have a problem filing a complaint, but the Board cannot regulate a layperson.

Dr. Ali said that the language is a carve-out and that we are not restricting our licensees for inadvertently assisting those seeking help on gender issues/transition. He is in favor of including the “or”.

Dr. O’Connor pointed out again that we can only regulate those under the Board’s jurisdiction. If a lay person is the one doing harm in these practices, it is outside our jurisdiction.

Dr. Harp stated that conversion therapy is the negative in the language of the guidance document, and the “not” turns the language that follows into conduct that is positive and not prohibited.

Dr. Archer felt that the sentence structure was challenging.

Dr. Ransone called the question.

Ms. Yeatts asked for clarification and whether the document should state “if under the age 18” or “all”. She noted that the other Boards used “all”.

MOTION: Dr. O’Connor amended his original motion to include the language “age 18 and under.” The amended motion was properly seconded.

After some discussion, the consensus was there should be no distinction by age. The amended motion failed, but the original motion carried unanimously.

3. Consideration of Guidance Document for Nurse Practitioners

Ms. Yeatts advised that the Committee of the Joint Boards reviewed Guidance Document 90-53 – Treatment by Women’s Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases - that was

---DRAFT UNAPPROVED---

approved by the Board of Medicine in February 2019. As there were some questions, the document was not considered by the Board of Nursing in March. However, the Committee of the Joint Boards again considered the document yesterday, October 16th, and is recommending it to the Board for consideration.

MOTION: Dr. Edwards moved to adopt Guidance Document 90-53 as recommended by the Committee of the Joint Boards. The motion was properly seconded and carried unanimously.

4. Audit of Practitioners Performing MDR – Dr. Harp

Dr. Harp noted that in 2018, an audit was conducted on 61 practitioners that indicated they mixed, diluted or reconstituted drugs for administration in their practice. He pointed out the articles in the Board Briefs providing advance notice of the audits in 2011 & 2018, the audit tool used to determine compliance, the results of the audit, and resolution options for non-compliant licensees.

Dr. Harp also noted that the Legislative Committee recommended sending advisory letters to all those who were non-complaint with one or more requirements of the regulations.

MOTION: Dr. Ransone moved to accept the recommendation of the Legislative Committee. The motion was properly seconded.

Mr. Marchese questioned if those that were non-compliant with second checks had the staff to do so.

Dr. Ali stated MDR is a longstanding issue, and the update to USP Chapter 797 on sterile compounding is currently on hold.

Dr. Brown stated that it would be appropriate to send out letters prior to the USP Chapter 797 becoming final. Another communication could be sent to licensees after the revisions are finalized.

After brief discussion, the motion on the floor to send advisory letters to the 30 licensees found to be non-compliant carried unanimously.

5. Licensing Report - Update on Licensure by Endorsement – Ms. Opher

Ms. Opher advised that as of October 17th, the total number of licensees was 72,827 and of that number, 39,060 were licensed in medicine and surgery.

Ms. Opher said that since January 1st, the Board has issued 2,092 medicine and surgery licenses, of which 192 were obtained through the endorsement pathway. She reported that the average time has been approximately 52 days from receipt of the application to issuance of the license number. She said the time from receipt of the last piece of supporting documentation to review and approval takes less than 5 work days.

6. Discipline Report

Ms. Deschenes introduced James Schliessmann who presented a possible summary suspension on Dr. BK.

Dr. Ransone moved to summarily suspend. The motion was seconded and carried unanimously.

7. Finance Presentation on Submitting Travel Vouchers – Dr. Harp

In the interest of time, Dr. Harp advised that staff will send a reminder email to Board members regarding the 30-day timeframe for submission and instructions on how to create a digital signature.

8. Announcements – Amended 2020 Meeting Dates and Reminders Page

Ms. Opher advised that the calendar previously presented to the Board for consideration noted the next meeting of the Full Board as February 20-21; however, it should have been February 20-22.

Travel vouchers for today’s meeting should be submitted no later than November 18, 2019.

9. Adjournment

With no other business to discuss, Dr. Tuck adjourned the meeting of the Full Board at approximately 11:49 AM.

Ray Tuck, Jr., DC
President, Chair

William L. Harp, MD
Executive Director

Colanithia Morton Opher
Recording Secretary

Agenda Item: Update from the NCCPA

Staff Note: Dr. Dawn Morton-Rias, President and CEO of the National Commission on Certification of Physician Assistants, will provide an update on the latest trends in the profession.

Action: None anticipated. Dr. Morton-Rias will field any questions from the Board members.

Agenda Item: Director's Report

Staff Note: None.

Action: Informational presentation. No action required.

Agenda Item: Report of Officers

- Staff Note:**
- ◆ President
 - ◆ Vice-President
 - ◆ Secretary-Treasurer
 - ◆ Executive Director

Action: Informational presentation. No action required.

Agenda Item: **Executive Director's Report**

Staff Note: All items for information only

Action: None.

Virginia Department of Health Professions
Cash Balance
As of December 31, 2019

102- Medicine

Board Cash Balance as June 30, 2019	\$ 9,382,219
YTD FY20 Revenue	1,768,548
Less: YTD FY20 Direct and Allocated Expenditures	4,325,821
Board Cash Balance as December 31, 2019	\$ 6,824,946

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10200 - Medicine
 For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	556,912.00	1,298,780.00	741,868.00	42.88%
4002402	Examination Fee	1,385.00	-	(1,385.00)	0.00%
4002406	License & Renewal Fee	1,164,399.00	7,747,680.00	6,583,281.00	15.03%
4002407	Dup. License Certificate Fee	3,665.00	3,375.00	(290.00)	108.59%
4002409	Board Endorsement - Out	8,680.00	11,720.00	3,040.00	74.06%
4002421	Monetary Penalty & Late Fees	31,530.00	142,915.00	111,385.00	22.06%
4002432	Misc. Fee (Bad Check Fee)	525.00	175.00	(350.00)	300.00%
	Total Fee Revenue	1,767,096.00	9,204,645.00	7,437,549.00	19.20%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	952.00	-	(952.00)	0.00%
	Total Sales of Prop. & Commodities	952.00	-	(952.00)	0.00%
4009000	Other Revenue				
4009060	Miscellaneous Revenue	500.00	-	(500.00)	0.00%
	Total Other Revenue	500.00	-	(500.00)	0.00%
	Total Revenue	1,768,548.00	9,204,645.00	7,436,097.00	19.21%
5011110	Employer Retirement Contrib.	93,332.04	186,092.00	92,759.96	50.15%
5011120	Fed Old-Age Ins- Sal St Emp	44,531.80	93,498.00	48,966.20	47.63%
5011130	Fed Old-Age Ins- Wage Earners	-	3,902.00	3,902.00	0.00%
5011140	Group Insurance	9,145.59	18,032.00	8,886.41	50.72%
5011150	Medical/Hospitalization Ins.	99,298.57	244,173.00	144,874.43	40.67%
5011160	Retiree Medical/Hospitalizatn	8,168.63	16,105.00	7,936.37	50.72%
5011170	Long term Disability Ins	3,893.87	8,534.00	4,640.13	45.63%
	Total Employee Benefits	258,370.50	570,336.00	311,965.50	45.30%
5011200	Salaries				
5011230	Salaries, Classified	697,245.54	1,376,414.00	679,168.46	50.66%
5011250	Salaries, Overtime	4,083.60	-	(4,083.60)	0.00%
	Total Salaries	701,329.14	1,376,414.00	675,084.86	50.95%
5011300	Special Payments				
5011340	Specified Per Diem Payment	4,500.00	21,150.00	16,650.00	21.28%
5011380	Deferred Compnstrn Match Pmts	2,696.20	9,298.00	6,601.80	29.00%
	Total Special Payments	7,196.20	30,448.00	23,251.80	23.63%
5011400	Wages				
5011410	Wages, General	23,843.57	51,000.00	27,156.43	46.75%
	Total Wages	23,843.57	51,000.00	27,156.43	46.75%
5011530	Short-trm Disability Benefits	4,692.63	-	(4,692.63)	0.00%
	Total Disability Benefits	4,692.63	-	(4,692.63)	0.00%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	1,059.28	-	(1,059.28)	0.00%
	Total Terminatn Personal Svce Costs	1,059.28	-	(1,059.28)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10200 - Medicine
 For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Personal Services	996,491.32	2,028,198.00	1,031,706.68	49.13%
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	5,997.00	5,997.00	0.00%
5012120	Outbound Freight Services	3,002.49	-	(3,002.49)	0.00%
5012140	Postal Services	32,355.94	66,802.00	34,446.06	48.44%
5012150	Printing Services	-	3,026.00	3,026.00	0.00%
5012160	Telecommunications Svcs (VITA)	5,063.31	10,500.00	5,436.69	48.22%
5012170	Telecomm. Svcs (Non-State)	585.00	-	(585.00)	0.00%
5012190	Inbound Freight Services	156.21	35.00	(121.21)	446.31%
	Total Communication Services	41,162.95	86,360.00	45,197.05	47.66%
5012200	Employee Development Services				
5012210	Organization Memberships	4,802.00	7,228.00	2,426.00	66.44%
5012240	Employee Trainng/Workshop/Conf	1,945.00	4,283.00	2,338.00	45.41%
	Total Employee Development Services	6,747.00	11,511.00	4,764.00	58.61%
5012300	Health Services				
5012360	X-ray and Laboratory Services	1,402.40	2,298.00	895.60	61.03%
	Total Health Services	1,402.40	2,298.00	895.60	61.03%
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	22,288.74	119,963.00	97,674.26	18.58%
5012430	Attorney Services	4,018.00	-	(4,018.00)	0.00%
5012440	Management Services	1,301.46	1,797.00	495.54	72.42%
5012460	Public Infrmtnl & Relatn Svcs	18.00	-	(18.00)	0.00%
5012470	Legal Services	530.00	5,579.00	5,049.00	9.50%
	Total Mgmnt and Informational Svcs	28,156.20	127,339.00	99,182.80	22.11%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	269.25	-	(269.25)	0.00%
5012530	Equipment Repair & Maint Srvc	10,664.34	1,705.00	(8,959.34)	625.47%
	Total Repair and Maintenance Svcs	10,933.59	1,705.00	(9,228.59)	641.27%
5012600	Support Services				
5012630	Clerical Services	48,102.16	160,729.00	112,626.84	29.93%
5012640	Food & Dietary Services	4,956.14	12,698.00	7,741.86	39.03%
5012660	Manual Labor Services	7,897.41	24,912.00	17,014.59	31.70%
5012670	Production Services	63,480.50	153,625.00	90,144.50	41.32%
5012680	Skilled Services	204,510.27	531,779.00	327,268.73	38.46%
	Total Support Services	328,946.48	883,743.00	554,796.52	37.22%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	11,273.46	25,626.00	14,352.54	43.99%
5012830	Travel, Public Carriers	2,295.37	4,170.00	1,874.63	55.04%
5012850	Travel, Subsistence & Lodging	6,962.96	21,524.00	14,561.04	32.35%
5012880	Trvl, Meal Reimb- Not Rprtble	3,069.50	7,407.00	4,337.50	41.44%
	Total Transportation Services	23,601.29	58,727.00	35,125.71	40.19%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Contractual Svcs	440,949.91	1,171,683.00	730,733.09	37.63%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	10,865.72	14,609.00	3,743.28	74.38%
5013130	Stationery and Forms	1,334.24	3,614.00	2,279.76	36.92%
	Total Administrative Supplies	12,199.96	18,223.00	6,023.04	66.95%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	94.00	94.00	0.00%
	Total Manufctrng and Merch Supplies	-	94.00	94.00	0.00%
5013500	Repair and Maint. Supplies				
5013530	Electrcal Repair & Maint Matrl	10.81	-	(10.81)	0.00%
	Total Repair and Maint. Supplies	10.81	-	(10.81)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	18.09	528.00	509.91	3.43%
5013630	Food Service Supplies	-	1,129.00	1,129.00	0.00%
5013640	Laundry and Linen Supplies	49.36	-	(49.36)	0.00%
	Total Residential Supplies	67.45	1,657.00	1,589.55	4.07%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	14.00	166.00	152.00	8.43%
	Total Specific Use Supplies	14.00	166.00	152.00	8.43%
	Total Supplies And Materials	12,292.22	20,140.00	7,847.78	61.03%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	367.34	485.00	117.66	75.74%
	Total Insurance-Fixed Assets	367.34	485.00	117.66	75.74%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	3,385.29	7,200.00	3,814.71	47.02%
5015350	Building Rentals	275.80	-	(275.80)	0.00%
5015360	Land Rentals	-	100.00	100.00	0.00%
5015390	Building Rentals - Non State	74,527.32	161,416.00	86,888.68	46.17%
	Total Operating Lease Payments	78,188.41	168,716.00	90,527.59	46.34%
5015500	Insurance-Operations				
5015510	General Liability Insurance	1,318.47	1,828.00	509.53	72.13%
5015540	Surety Bonds	77.80	108.00	30.20	72.04%
	Total Insurance-Operations	1,396.27	1,936.00	539.73	72.12%
5015600	Installment Purchases				
5015640	Equipment Installment Purchase	300.14	-	(300.14)	0.00%
	Total Installment Purchases	300.14	-	(300.14)	0.00%
	Total Continuous Charges	80,252.16	171,137.00	90,884.84	46.89%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10200 - Medicine
 For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over)	
5022170	Other Computer Equipment	364.58	-	(364.58)	0.00%
	Total Computer Hrdware & Sftware	<u>364.58</u>	<u>-</u>	<u>(364.58)</u>	<u>0.00%</u>
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	829.00	829.00	0.00%
	Total Educational & Cultural Equip	<u>-</u>	<u>829.00</u>	<u>829.00</u>	<u>0.00%</u>
5022600	Office Equipment				
5022610	Office Appurtenances	-	125.00	125.00	0.00%
5022620	Office Furniture	3,776.98	-	(3,776.98)	0.00%
5022630	Office Incidentals	51.30	-	(51.30)	0.00%
5022640	Office Machines	-	1,250.00	1,250.00	0.00%
5022680	Office Equipment Improvements	-	17.00	17.00	0.00%
	Total Office Equipment	<u>3,828.28</u>	<u>1,392.00</u>	<u>(2,436.28)</u>	<u>275.02%</u>
5022700	Specific Use Equipment				
5022710	Household Equipment	66.53	-	(66.53)	0.00%
	Total Specific Use Equipment	<u>66.53</u>	<u>-</u>	<u>(66.53)</u>	<u>0.00%</u>
	Total Equipment	<u>4,259.39</u>	<u>2,221.00</u>	<u>(2,038.39)</u>	<u>191.78%</u>
	Total Expenditures	<u>1,534,245.00</u>	<u>3,393,379.00</u>	<u>1,859,134.00</u>	<u>45.21%</u>
Allocated Expenditures					
30100	Data Center	470,569.86	1,194,994.21	724,424.35	39.38%
30200	Human Resources	60,797.34	49,045.01	(11,752.33)	123.96%
30300	Finance	176,842.49	404,943.13	228,100.64	43.67%
30400	Director's Office	78,412.05	161,912.77	83,500.72	48.43%
30500	Enforcement	1,290,374.30	2,437,802.19	1,147,427.89	52.93%
30600	Administrative Proceedings	501,537.57	1,082,370.64	580,833.08	46.34%
30700	Impaired Practitioners	17,074.04	43,204.22	26,130.17	39.52%
30800	Attorney General	103,499.92	181,568.26	78,068.34	57.00%
30900	Board of Health Professions	56,732.16	117,815.20	61,083.04	48.15%
31100	Maintenance and Repairs	-	6,839.95	6,839.95	0.00%
31300	Emp. Recognition Program	43.54	2,219.32	2,175.78	1.96%
31400	Conference Center	380.50	1,639.24	1,258.75	23.21%
31500	Pgm Devlpmnt & Implmntn	35,312.08	69,293.56	33,981.49	50.96%
	Total Allocated Expenditures	<u>2,791,575.84</u>	<u>5,753,647.71</u>	<u>2,962,071.87</u>	<u>48.52%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ (2,557,272.84)</u>	<u>\$ 57,618.29</u>	<u>\$ 2,614,891.13</u>	<u>4438.30%</u>

Virginia Department of Health Professions
 Input of Case Hours by Department
 For Use in Allocation of Department 306- Administrative Proceedings Costs
 For the Fiscal Year Ended June 30, 2020

Dept. No.	Fiscal Month No. Month Name	Fiscal Year 2020												Annual Total			
		1 July	2 August	3 September	4 October	5 November	6 December	7 January	8 February	9 March	10 April	11 May	12 June				
101	Nursing	540.75	461.75	403.25	566.20	423.50	425.00										
102	Medicine	779.55	795.40	749.45	935.00	696.20	696.50										
103	Dentistry	213.75	269.35	327.50	393.00	321.25	265.83										
104	Funeral Directors and Embs	8.00	44.50	1.50	1.00	6.75	-										
105	Optometry	2.50	8.25	-	-	-	-										
106	Veterinary Medicine	105.50	48.00	55.50	16.75	15.25	5.25										
107	Pharmacy	137.00	140.00	130.60	119.00	107.00	99.75										
108	Psychology		40.00	68.50	68.00	44.00	19.50										
109	Professional Counselors	134.00	189.50	53.25	64.50	67.00	113.00										
110	Social Work		-	49.50	10.50	4.00											
112	Cerified Nurse Aids (State)	103.30	87.00	61.50	83.50	62.75	53.00										
114	Nursing Home Administrator	15.75	4.25	1.25	-	13.50	16.00										
115	Audiology and Speech Lang	5.75	1.75	18.25	1.75	3.75	1.50										
116	Physical Therapy		8.50	4.50	2.50	-											
118	Va. Pharm Processor Pgm																
	Total	2,045.85	2,098.25	1,924.55	2,261.70	1,764.95	1,695.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



Harp, William <william.harp@dhp.virginia.gov>

FSMB Advocacy Network News

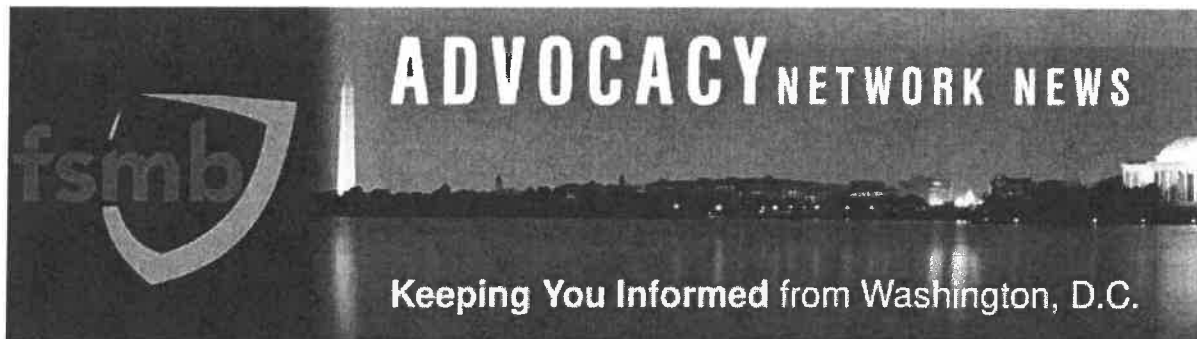
1 message

Federation of State Medical Boards, D.C. <jknickrehm@fsmb.org>

Thu, Feb 6, 2020 at 1:04 PM

Reply-To: jknickrehm@fsmb.org

To: william.harp@dhp.virginia.gov



Contact Us

February 6, 2020

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Active Legislative Year Ahead

2020 has gotten off to an incredibly busy start at both the federal and state level. While the presidential election and impeachment proceedings have taken much of the political spotlight, state legislatures across the country have gaveled in and begun their work. Forty-six (46) states, DC and all US territories will convene legislative sessions in 2020. Only four states - Montana, Nevada, North Dakota, and Texas - will not be in session.

Our state policy staff is tracking thousands of bills across the country on a number of important topics such as telemedicine, continuing medical education, prescribing practices and occupational licensing reform. We are keeping a close eye on Interstate Medical Licensure Compact (IMLC) legislation, which has been introduced in Florida, Missouri, New Jersey, South Carolina, and Rhode Island. Twenty-nine (29) states, Guam and the District of Columbia have enacted the IMLC and more than 8,280 licenses have been issued in these states.

We are looking forward to assisting you with bill-tracking or policy questions you have in the coming year and encourage you to reach out to us with any trends or issues you would like assistance with.

Lisa Robin
Chief Advocacy Officer
Federation of State Medical Boards

Federal Legislative News

116th Congress - 2nd Session

The second session of the 116th Congress has begun, and members are expected to continue their focus on several healthcare-related measures, including: surprise billing, drug pricing, family leave and maternal health.

The FSMB is pleased that at the close of 2019 the Department of Veterans Affairs Provider Accountability Act (S. 221), passed out of the Senate. Similarly, the House amended and passed the Improving Confidence in Veterans Care Act (H.R. 3530), which would also require reporting to state licensing boards

and the National Practitioner Data Bank (NPDB). Congress must now decide on how to proceed with reconciling the language of the bills. The FSMB will continue to support the passage of reporting measures in 2020.

Below is a highlight of the federal legislation FSMB is tracking in 2020.

Legislation of Interest

Telemedicine

The Specialty Treatment to Access and Referrals Act of 2019 ("STAR Act," H.R. 5190) was introduced by Rep. Harder (D-CA) and would create a pilot program for health centers and rural health clinics to implement electronic provider consultations (E-Consults) and related telemedicine services through improving infrastructure and training. The bill seeks to advance the use of E-consults to bring specialty care to areas where services are lacking. It also defines these consults as those primarily intended to provide specialty expertise to treating clinicians (primary care providers) without requiring a direct interaction between the patient and the medical specialist.

The Telemental Health Expansion Act of 2019 (H.R. 5201), was introduced by Rep. Matsui (D-CA) and would lift geographic requirements that restrict payment on mental health services provided via telemedicine. The bill specifically excludes state licensure requirements from those geographic requirements being removed.

The Data Mapping to Save Mom's Lives Act (S. 3152), was introduced by Sen. Rosen (D-NV) and would require the Federal Communications Commission (FCC) to incorporate data on maternal health outcomes for at least one year postpartum into the broadband health mapping tools of the FCC in consultation with the Centers for Disease Control and Prevention.

Mandatory Reporting

The Improving Safety and Security for Veterans Act of 2020 (H.R. 5616), was introduced by Rep. McKinley (R-WV) and would require the Secretary of Veterans Affairs to produce a report regarding the quality of care and the steps that the Department has taken to make improvements in patient safety and quality of care at VA medical centers. One element of this report is a description of the system-wide reporting process that the Department will or has implemented to ensure that relevant employees are properly reported to State licensing boards.

Opioids

The Family Support Services for Addiction Act of 2020 (H.R. 5572) was introduced by Rep. Trone (D-MD) and would create "family community organizations" that mobilize resources within and outside of the community of families with individuals living with addiction, providing a support network, education, and evidence-based tools for families of individuals struggling with substance use disorders. The program would be governed by experts in the addiction field including behavioral health providers, primary care providers and family-support services.

The Solutions Not Stigmas Act of 2019 (H.R. 5631) was introduced by Rep. Kim (D-NJ) and would award grants to medical and other health professional schools to establish, expand, and implement substance use disorder treatment or chronic pain education curricula, focusing on clinical training experiences in primary care, mental, and behavioral health settings.

The Synthetic Opioid Danger Awareness Act (H.R. 5633) was also introduced by Rep. Kim (D-NJ) and would provide for the planning and implementation of a public education campaign to raise public awareness around the potency and danger of synthetic opioids (such as fentanyl) and non-opioid pain management alternatives. It also includes a training guide and outreach on synthetic opioid exposure prevention for first responders and others at risk of exposure.

Continuing Medical Education

The Improving Access to Health Care in Rural and Underserved Areas Act (S. 3194) was introduced by Sen. Rosen (D-NV) and would give grants to federally-qualified health centers and rural health clinics to administer accredited

continuing medical education courses to ensure access for their primary and behavioral care physicians and medical providers that serve medically underserved populations.

Regulatory News

Congress is anticipating that the Drug Enforcement Administration (DEA) will soon reveal their proposed rule on telemedicine prescriptions of controlled substances. In 2018, the SUPPORT for Patients and Communities Act (H.R. 6) became law, which gave the DEA an October 2019 deadline to produce the rule, and its absence has recently been the subject of Congressional scrutiny.

CBD Guidance from the Food and Drug Administration (FDA) has stalled. Several deadlines following the 2018 Farm Bill have been missed and the spending bill signed in December 2019 gives the FDA \$2M and 60 Days to release the guidance and/or regulations. FSMB will continue to monitor for any updates or releases from the FDA.

The FSMB's federal legislative staff will continue to track and monitor legislation and regulations of interest to state medical boards. If there is specific legislation you would like us to assist with, please contact **Kandis McClure**, Director, Federal Advocacy and Policy at kmcclure@fsmb.org, or by phone at (202) 463-4003.

State Legislative News

Bill Tracking

Our state policy staff monitors state legislation pertinent to medical regulation, including occupational license reform generally, scope of practice, licensure compacts, board structure and function, opioid prescribing and other topics of interest. If you have concerns or are aware of legislative proposals in your state prior to introduction, please contact John Bremer, Director of State Legislation and Policy, at jbremmer@fsmb.org or (202) 463-4021.

Interstate Medical Licensure Compact

Twenty-nine (29) states, Guam and the D.C. have enacted the IMLC, including: Alabama, Arizona, Colorado, Georgia, Idaho, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, North Dakota, Oklahoma, Pennsylvania, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia, Wisconsin, and Wyoming.

IMLC legislation is actively pending in Florida, Missouri, New Jersey, South Carolina, and Rhode Island. Other states are expected to introduce model legislation in the coming weeks and months.

As of December 31, 2019, the IMLC Commission (IMLCC) has processed 6,171 applications in Compact member states resulting in 8,280 licenses issued.

The model legislation and other resources can be found on the Interstate Medical Licensure Compact Commission's website at www.imlcc.org.

Universal Recognition of Occupational Licenses Act

In April 2019, Arizona enacted HB 2589 to become the first state in the nation to require licensing boards to provide universal recognition of out-of-state licenses for applicants that establish residency in the state.

Inspired by this, the Institute of Justice developed model legislation encouraging universal reciprocity, which would allow for the issuance of occupational licenses to an individual holding a valid license or government certification for at least one year in another state with a similar scope of practice, meets certain education or training standards, has not had disciplinary action taken against them, and does not have a disqualifying criminal history.

Since then, Ohio (SB 246), Oklahoma (SB 1891), and Kansas (HB 2453) have introduced similar bills. Ohio SB 246 and Oklahoma SB 1891 require applicants to establish residency in the state or be married to an active duty service member stationed in the state, while Kansas HB 2453 lacks both a residency and experience condition.

Two additional bills in Oklahoma, SB 1678 and SB 1679, would also permit universal recognition of occupational licenses.

Legislation of Interest

A number of bills focusing on issues relating to state medical boards and the practice of medicine have already been introduced or pre-filed in the opening weeks of states' 2020 legislative sessions. Below are bills FSMB's state policy staff are monitoring.

Scope of Practice

- **Florida HB 607** - Authorizes advanced practice registered nurses who meet certain criteria to practice advanced or specialized nursing without physician supervision or a written protocol.
- **Florida SB 1094** - Establishes guidelines for one to be licensed as a consultant pharmacist and outlines their rights, including the initiation, modification or discontinuation of drugs in the context of collaborative practice agreements between a health care facility medical director or a physician.
- **Iowa Prefile Request 2023** - Defines collaborative practice agreements as between one or more pharmacists and one or more physicians, advanced practice registered nurses, or dentists and defines the nature, scope, conditions, and limitations of the patient care and drug therapy management.
- **Virginia HB 648** - Allows for the redisclosure of confidential information from PDMPs to emergency department information exchange so long as relevant federal laws and regulations governing privacy are followed.

Occupational Reform

- **Indiana SB 337** - Implores the medical board for recommendations regarding how to expand license portability to improve workforce mobility and telehealth services using the least restrictive standard through mutual recognition providing reciprocal out of state licensing, interstate mobility, or expedited licensing.
- **Missouri HB 1977** - Creates a pathway for assistant physicians to become fully licensed physicians if they have not been subject to disciplinary action, have completed Step 3 of the USMLE, have completed sixty months of hands-on collaborative practice under a physician, have completed 600 hours of PGT in core categories and 840 hours of PGT in elective categories, and have completed 100 hours of continuing medical education every two years..
- **Pennsylvania HB 1477** - Implores occupational licensing boards to rethink good moral character provisions and replace them with explicit language that outlines the type of criminal conduct that has a direct bearing on the fitness or ability of one to perform the duties related to the profession.
- **Vermont S 233** - Provides that, without examination, the board of medicine may issue a license to a physician who is registered in another jurisdiction with similar requirements, providing that such jurisdiction grants reciprocity to a Vermont physician.

Continuing Medical Education

- **Kentucky HB 228** - Requires physicians to complete a two-hour medical education course on Alzheimer's disease and other related disorders.
- **Missouri SB 891** - Ends maintenance of certificate requirements other than continuing medical education.
- **New York A 6619** - Requires physicians to complete three hours of medical education on the prescription of opiates and psychotropic drugs and the risks of associated addiction.
- **New York A 2754** - Requires physicians to complete three hours of medical education on the screening of children for adverse experiences.
- **New York S 6797** - Requires physicians to complete two hours of medical education regarding diversity, inclusion and eliminating bias.

Board Structure and Function

- **Idaho H 318** - Reorganizes the Bureau of Occupational Licenses into the Division of Occupational and Professional Licensure, which oversees the state board of medicine.
- **Kentucky HB 135** - Authorizes the medical board to establish a Physician Assistant Advisory Committee and promulgate regulations regarding standards for prescribing and dispensing controlled substances, including Buprenorphine.
- **New Jersey S 2448** - Waives initial license fees for resident veterans or spouses of veterans who hold a current license, registration or certification from another jurisdiction.
- **New Mexico HB 30** - Waives the first three years of licensing fees for veteran residents, including spouses or children of veterans.

Prescribing Practices

- **Colorado HB 20-1085** - Creates an Opioid and Other Substance Use Disorders Study Committee to promulgate rules that establish diagnoses for which nonpharmacological alternatives to opioids are appropriate. Extends 7-day supply limit for opioid naïve patients indefinitely and mandates adding prescription information to the PDMP.
- **Florida HB 1103** - Mandates that prescriptions must be electronically generated and transmitted to the pharmacist and include the name of the prescribing practitioner, the name, strength, quantity and the directions for use of the drug prescribed.
- **Michigan SB 248 and SB 254** - Requires practitioners to use electronic prescriptions to a pharmacy of the patient's choice unless granted a waiver.
- **Missouri HB 1580** - Stipulates that the Department of Health and Senior Services promulgate regulations regarding opioid prescription consistent with the CDC's Guidelines for Prescribing Opioids, and that they be reviewed by the department every 5 years.
- **New Hampshire SB 546** - Requires boards regulating the prescribing, administering and dispensing of controlled substances to adopt rules for management of chronic pain.
- **New Jersey A 469** - Prohibits practitioners from prescribing more than a seven-day supply of an opioid to a minor patient and requires the practitioner to discuss the risks associated with opioid use.
- **Oklahoma SB 1278** - Requires electronic prescriptions for Schedule II-V controlled substances.
- **Oklahoma SB 1394** - Prohibits practitioners from initially prescribing more than a seven-day supply of an opioid for acute pain.

- **South Carolina H 4711**- Requires prescribers to offer a prescription for naloxone for the complete or partial reversal of opioid depression.

Telemedicine

- **Kentucky HB 136** - Allows for a viable physician-patient relationship to be established either in-person or through telehealth for the purpose of prescribing medical marijuana.
- **Massachusetts H 4134** - Establishes a regulatory framework for telehealth and mandates coverage parity for its procedures. Defines telehealth as synchronous or asynchronous telecommunications technology, including live video, text messaging and application-based communications, for the assessment, diagnosis, consultation, treatment and monitoring of a patient.
- **Maine LD 1974** - Defines synchronous and asynchronous telemedicine and loosens the regulations regarding using telemedicine under MaineCare.
- **New Hampshire HB 1623** - Clarifies that a face-to-face physician-patient relationship must first be established before telemedicine can be used to prescribe schedule II through IV controlled substances, unless the practitioner is VA-contracted or has a special registration for telemedicine.
- **New Jersey A 5986** - Allows for a practitioner to prescribe cannabis with telemedicine, providing that a physician-patient relationship has been established in person prior.
- **Pennsylvania SB 857** - Provides for the state medical board to regulate telemedicine and for insurance coverage of telemedicine, as well as laying out general guidelines to its usage, including geographic restrictions, modes of transmission, informed consent and electronic medical records.
- **South Dakota HB 1005** - Prohibits a health care professional from prescribing a controlled drug via telehealth without establishing an in-person provider-patient relationship.
- **Virginia HB 546** - Defines telemedicine services to include interactive audio or video and store-and-forward, and to not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

FSMB Advocacy Network

Working from offices in Texas and Washington, D.C., the FSMB provides advocacy services ranging from monitoring of legislation to liaison with key federal agencies. Contact us to learn more about our work on state and federal legislative issues, administration initiatives and the legislative process.

Federation of State Medical Boards, 400 Fuller Wiser Rd, Suite 300, Euless, TX 76039

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Harp, William <william.harp@dhp.virginia.gov>

FW: Virginia Introduces Legislation Encouraging Telemedicine, Reciprocity Agreements

1 message

Lisa A. Robin (FSMB) <LRobin@fsmb.org>
To: "William Harp, MD" <william.harp@dhp.virginia.gov>

Wed, Feb 12, 2020 at 4:44 PM

Hi Dr. Harp,

I hope you are having a good start to 2020. I became aware of this legislation and was curious as to the board's position. The language "that no grounds exist for denial. . ." is somewhat concerning. We still believe the compact is a better alternative, particularly because DC, Maryland, Kentucky, Tennessee and West Virginia are in the compact.

Look forward to hearing your thoughts.

Best,

Lisa

Lisa Robin

Chief Advocacy Officer

Federation of State Medical Boards

2101 L Street NW | Suite 404 | Washington, DC 20037

202-463-4006 direct |

lrobin@fsmb.org | www.fsmb.org



From: Andrew Smith <asmith@fsmb.org>
Sent: Wednesday, February 12, 2020 4:28 PM
To: Lisa A. Robin (FSMB) <LRobin@fsmb.org>
Cc: John Bremer <jbremer@fsmb.org>
Subject: Virginia Introduces Legislation Encouraging Telemedicine, Reciprocity Agreements

On January 17, Virginia introduced HB 1701, which was subsequently amended and substituted on February 4. The new legislation would create a telemedicine program for rural, underserved populations and encourage the development of reciprocal agreements with contiguous states.

On telemedicine:

"...That the Department of Health shall determine the feasibility of establishing a Medical Excellence Zone Program ... to allow citizens... living in rural underserved areas to receive medical treatment via telemedicine..."

On reciprocity:

"...That the **Department of Health Professions shall pursue the establishment of reciprocal agreements with states that are contiguous with the Commonwealth** for the licensure of doctors of medicine, doctors of osteopathic medicine, physician assistants, and nurse practitioners. Reciprocal agreements shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial..."

The bill was voted out of the House unanimously on February 7 and referred to the Senate Education and Health Committee on February 10.

Thanks,

Andrew

Andrew Smith

Legislative Specialist

Federation of State Medical Boards

1300 Connecticut Avenue, NW | Suite 500 | Washington, DC 20036

202-463-4002 direct | asmith@fsmb.org | www.fsmb.org



**Virginia Board of Medicine
Board Members Terms**

****Expiring 6/30/2020**

**Syed Salman Ali, MD 2nd Term Expires June 2020 District: 11 - Vienna	**Jacob W. Miller, DO Unexpired Term - Expires June 2020 Osteopath - Virginia Beach
**David Archer, MD 1st Term Expires June 2020 District: 2 - Norfolk	**Kevin O'Connor, MD 2nd Term Expires June 2020 District: 10 -Paeonian Springs
James Arnold, DPM 1st Term Expires June 2022 Podiatrist - Cross Junction	**Karen Ransone, MD Unexpired Term - Expires June 2020 District 1 - Cobbs Creek
Lori D. Conklin, MD, Vice-President 2nd Term Expires June 2021 District: 5 - Charlottesville	Joel Silverman, MD 1st Term Expires June 2023 District: 7 - Richmond
**Manjit Dhillon, MD Unexpired Term Expires June 2020 District: 4 - Chester	Brenda Stokes, MD 1st Term Expires June 2022 District: 6 - Lynchburg
Alvin Edwards, PhD 2nd Term Expires June 2023 Citizen Member - Charlottesville	Svinder Toor, MD 1st Term Expires June 2019 District: 3 - Norfolk
**David C. Giammittorio, MD 2nd Term Expires June 2020 District: 8 - Lorton	Nathaniel Ray Tuck, Jr., DC, President 2nd Term Expires June 2021 Chiropractor - Blacksburg
Jane Hickey, JD 2nd Term Expires June 2023 Citizen Member - Richmond	**Kenneth J. Walker, MD 2nd Term Expires June 2020 District 9 - Pearisburg
L. Blanton Marchese, Secretary-Treasurer Unexpired Term Expires 2021 Citizen Member - N. Chesterfield	Martha S. Wingfield 1st Term Expires June 2021 Citizen Member - Ashland



Harp, William <william.harp@dhp.virginia.gov>

Fwd: State Medical Board Survey

1 message

Harp, William <william.harp@dhp.virginia.gov>
To: Harp William ggr14662 <william.harp@dhp.virginia.gov>

Tue, Dec 3, 2019 at 11:18 AM

----- Forwarded message -----

From: Harp, William <william.harp@dhp.virginia.gov>
Date: Mon, Nov 25, 2019 at 4:38 PM
Subject: Fwd: State Medical Board Survey
To: Brown, David <david.brown@dhp.virginia.gov>

David:

This looks like a nice opportunity to share Virginia's processes.

Bill

----- Forwarded message -----

From: Baldwin, Kari <karibaldwin@wustl.edu>
Date: Mon, Nov 25, 2019 at 3:07 PM
Subject: State Medical Board Survey
To: william.harp@dhp.virginia.gov <william.harp@dhp.virginia.gov>

Dear Dr. Harp,

We are researchers who work at Washington University School of Medicine and Saint Louis University. We recently received funding from the Greenwall Foundation to conduct a project called: "Helping State Medical Boards Effectively Protect Patients by Identifying and Promulgating Promising Practices and Essential Resources"

Our goal is to help State Medical Boards (SMBs) effectively protect patients by identifying and promoting promising practices and essential resources SMBs need to: 1) encourage and enable reporting of physicians who engage in egregious wrongdoing, 2) investigate physicians who have been accused of egregious wrongdoing, and 3) discipline physicians determined to have engaged in wrongdoing.

At the end of the project, we want to understand:

- What unique and cutting edge practices, resources, and statutory provisions that certain State Medical Boards have but that others do not.
- How important SMB members perceive these unique and cutting edge practices, resources, and statutory provisions to be.

- Current barriers, reservations, or challenges to adopting certain unique and cutting edge practices, resources, and statutory provisions.

You are invited to be an expert panelist for this project. We are inviting physicians, public members, executive leaders, and legal counsel who serve on SMBs throughout the United States and its territories. You have been nominated as a potential panelist by The Federation of State Medical Boards (FSMB). The attached document describes the panelists membership, responsibilities, and payments. Thank you for considering this invitation.

Please let me know if you have any questions.

Thank you,

Tristan McIntosh, PhD

Instructor in Medicine

Bioethics Research Center

Washington University School of Medicine

314-454-8164 (Phone)

t.mcintosh@wustl.edu

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 **Greenwall Panelist Invitation 20191122.pdf**
277K

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Join hundreds of your colleagues in medical licensure, regulation, and discipline at the FSMB's 108th Annual Meeting in San Diego, California. This three-day intensive program brings together national experts in the field of medical licensure and discipline to discuss current and future challenges facing medical regulators.



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VATA ANNUAL MEETING & CLINICAL SYMPOSIUM
JANUARY 4, 2020 - HARRISONBURG

William L. Harp, MD
Executive Director
Virginia Board of Medicine



OPIOID FACTS FOR VIRGINIA PRESCRIBERS

2020 UROLOGY & MORE
HILTON RICHMOND
JANUARY 18, 2020

William L. Harp, MD
Executive Director

Virginia Board of Medicine
www.dhp.virginia.gov

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MARCH 17, 2020

“KNOW YOUR MEDICAL BOARD”

**WILLIAM L. HARP, MD
EXECUTIVE DIRECTOR
VIRGINIA BOARD OF MEDICINE**



www.dhp.virginia.gov

Introduction to the Board of Medicine

Liberty University School of Osteopathic Medicine

Kenneth J. Walker, MD
Board of Medicine
Past President
Chair of Credentials

Agenda Item: Committee and Advisory Board Reports

Staff Note: Please note Committee assignments and minutes of meetings since October 17, 2019.

Action: Motion to accept minutes as reports to the Board.

VIRGINIA BOARD OF MEDICINE

Committee Appointments

2019-2020

EXECUTIVE COMMITTEE (8)

Ray Tuck, DC, **President**
Syed Salman Ali, MD
David Archer, MD
Lori Conklin, MD, **Vice-President**
Alvin Edwards, PhD
L. Blanton Marchese, **Secretary/Treasurer**
Karen Ransone, MD
Kenneth Walker, MD

LEGISLATIVE COMMITTEE (7)

Lori Conklin, MD, **Vice-President, Chair**
David Giammittorio, MD
Jane Hickey, JD
Jacob Miller, DO
Kevin O'Connor, MD
Brenda Stokes, MD
Svinder Toor, MD

CREDENTIALS COMMITTEE (9)

Kenneth Walker, MD, Chair
James Arnold, DPM
Jane Hickey, JD
L. Blanton Marchese, **Secretary/Treasurer**
Jacob Miller, DO
Joel Silverman, MD
Brenda Stokes, MD
Ray Tuck, DC, **President**
Martha Wingfield

FINANCE COMMITTEE

Ray Tuck, DC, **President**
Lori Conklin, MD, **Vice-President**
L. Blanton Marchese, **Secretary/Treasurer**

BOARD BRIEFS COMMITTEE

William L. Harp, M.D., Ex Officio

CHIROPRACTIC COMMITTEE

Ray Tuck, Jr., DC - **President**

BOARD OF HEALTH PROFESSIONS

Kevin O'Connor, MD

**COMMITTEE OF THE JOINT BOARDS
OF NURSING AND MEDICINE**

Ray Tuck, DC, **President**
Karen Ransone, MD
Kenneth Walker, MD

**VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES**

Friday, December 6, 2019

Department of Health Professions

Henrico, VA

CALL TO ORDER: Dr. Tuck called the meeting of the Executive Committee to order at 8:31 a.m.

ROLL CALL: Ms. Opher called the roll; a quorum was established.

MEMBERS PRESENT: Ray Tuck, DC - President
Lori Conklin, MD - Vice-President
Blanton Marchese - Secretary-Treasurer
David Archer, MD
Alvin Edwards, MDiv, PhD
Karen Ransone, MD (*arrived at 8:40 a.m.*)
Kenneth Walker, MD

MEMBERS ABSENT: Syed Salman Ali, MD

STAFF PRESENT: William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Director for Discipline
Colanthia Morton Opher - Deputy Director for Administration
Michael Sobowale, LLM - Deputy Director for Licensure
Barbara Matusiak, MD - Medical Review Coordinator
Barbara Allison-Bryan, MD - DHP Chief Deputy Director
Elaine Yeatts - DHP Senior Policy Analyst
Erin Barrett, JD - Assistant Attorney General

OTHERS PRESENT: W. Scott Johnson, JD - MSV
Clark Barrineau - MSV

EMERGENCY EGRESS INSTRUCTIONS

Dr. Conklin provided the emergency egress instructions.

APPROVAL OF MINUTES OF AUGUST 2, 2019

Dr. Edwards moved to approve the meeting minutes from August 2, 2019 as presented. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Dr. Edwards moved to adopt the agenda as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

Dr. Allison-Bryan reported on the Perimeter Center's new security measures and the overhaul of the Board's webpage. She also reported that other boards have noticed the Board of Medicine's expansion of the ban on conversion therapy to all ages. Some other boards have followed suit or considering doing so.

PRESIDENT'S REPORT

Dr. Tuck reported on his work with the Federation of State Medical Boards (FSMB) on physician impairment.

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp provided a brief report on the following:

Cash Balance

Dr. Harp stated that the Board is in good financial standing. However, more funds than projected have been spent on DHRM consultation services this fiscal year.

FSMB Advocacy Network News

Dr. Harp noted the following federal and state legislative issues:

- The House Judiciary Committee and the Federal Trade Commission are discussing antitrust issues and license portability for professionals.
- There are several telemedicine bills intended to expand access to care while respecting existing state and federal laws.
- Opioid legislation is designed to prevent diversion.
- The Veterans Administration is seeking to expand access to healthcare through telemedicine and to protect patients by reporting unprofessional conduct to state medical boards.
- Federal legislation would prohibit state licensing agencies from denying, suspending or revoking an individual for defaulting on a student loan.
- Proposed law would permit certain allied health and behavioral health credentials to be awarded to some individuals with arrests and convictions.

---DRAFT UNAPPROVED---

- CMS is proposing a rule that would authorize the revocation or denial of a physician's privileges to participate in Medicare and/or Medicaid based upon state board actions.
- The Interstate Medical Licensure Compact currently has 29 participating states and 3 more with bills in their legislatures. To date, the Compact has issued 7,599 licenses.
- North Carolina has a bill that will mirror Section 54.1-2909 of the Code of Virginia for the reporting of unprofessional conduct.
- Alaska has a bill that will allow physician assistants to diagnose and treat patients without performing a physical examination.
- Florida has a bill that will allow Veterans Administration physicians to treat veterans residing in Florida without a Florida license, as long as they have an unencumbered license in another jurisdiction.

Licensure by Endorsement

Dr. Harp reported that since January 2019, the Board has issued 229 medicine and surgery licenses by endorsement. He said it appears that there are two types of applicants: those who just want a less cumbersome way to apply and those who want a license issued expeditiously. The range of days to licensure has been 1 to 201. A diligent applicant can be issued a license by endorsement quickly.

FSMB Nominations

Dr. Harp reminded Committee members that applications for FSMB committees and elected positions are due by December 31, 2019.

These reports were for informational purposes only and did not require any action.

Dr. Archer asked if there was a national movement to allow a practitioner that is licensed in one state to practice in another.

Dr. Harp provided comment emphasizing effective lobbying efforts in Congress for telemedicine around 2011 and the subsequent beginnings of the Interstate Medical Licensure Compact in 2013.

NEW BUSINESS

Chart of Regulatory Actions

Ms. Yeatts provided a brief overview of the regulatory actions as of November 26, 2019.

Legislative Report as of November 26, 2019

Ms. Yeatts stated that, although DHP only has one bill, this will be a very busy Session. Three bills that will affect the Board of Medicine are: HB 39 – Health benefit plans; enrollment by pregnant individuals, HB 41 – Adverse childhood experiences; Board of Medicine to adopt regulations for screening, and HB42 – Health care providers; screening of patients for prenatal and postpartum depressions, training.

Adoption of Regulation for Waiver of Electronic Prescribing by Emergency Action

Ms. Yeatts noted that the language of the proposed final regulation was identical to the emergency regulations that became effective on September 18, 2019. She also noted that there were no comments on the NOIRA to replace the emergency regulations.

MOTION: Dr. Edwards moved to adopt the proposed regulations to replace the emergency regulations including the temporary waiver for e-prescribing of opioids. The motion was seconded and carried unanimously.

Adoption of Proposed Regulations for Physician Assistants

Ms. Yeatts noted that the language was identical to the emergency regulations that became effective on October 1, 2019. She also noted that there were no comments on the NOIRA to replace the emergency regulations.

MOTION: Dr. Edwards moved to adopt the proposed regulations to replace the emergency regulations for practice of physician assistants with a patient care team physician. The motion was seconded and carried unanimously.

Question Regarding Waiver of Electronic Prescribing of Opioids

Dr. Harp informed the Board members that staff had received a request for a waiver of 1 year for electronic prescribing of opioids from Mid-Atlantic Permanente Medical Group (MAPMG). MAPMG has 1700 physicians in its group and believes that its electronic system will not be ready by July 1, 2020. This item was before the Committee to determine if the collective request from MAPMG could be granted to exempt all 1700 physicians or not.

Ms. Barrett advised that a reading of the statute appears to require that each practitioner submit a request for a waiver; therefore a blanket request cannot be granted. She added that the Board should grant Dr. Harp the authority to relay the Board's decision to MAPMG. The Committee agreed.

Report of the FSMB Workgroup on Physician Sexual Misconduct

Dr. Tuck advised that FSMB had sent a very detailed draft of its work on this topic and is seeking general comments about the document.

After discussion, the members suggested the following:

- 1 – Abbreviate the content
- 2 – Address FOIA issues
- 3 – Develop a training document

Dr. Harp said he would convey the Board's thoughts to Mark Staz at FSMB.

ANNOUNCEMENTS

Dr. Harp announced that Dr. Matusiak requests Board members review disciplinary cases after adjournment.

The next meeting of the Committee will be April 10, 2020 at 8:30 a.m.

ADJOURNMENT

With no additional business, the meeting adjourned at 9:44 a.m.

Ray Tuck, Jr., DC
President, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Recording Secretary

--- DRAFT UNAPPROVED---

**VIRGINIA BOARD OF MEDICINE
LEGISLATIVE COMMITTEE MINUTES**

Friday, January 31, 2020

Department of Health Professions

Henrico, VA

CALL TO ORDER:

Dr. Conklin called the meeting of the Legislative Committee to order at 8:33 a.m.

ROLL CALL:

Ms. Opher called the roll; a quorum was established.

MEMBERS PRESENT:

Lori Conklin, MD, Vice-President & Chair
David Giammittorio, MD
Jane Hickey, JD
Jacob Miller, DO
Kevin O'Connor, MD
Brenda Stokes, MD

MEMBERS ABSENT:

Svinder Toor, MD

STAFF PRESENT:

William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director for Discipline
Colanthia Morton Opher, Deputy Director for Administration
Michael Sobowale, LLM, Deputy Director for Licensing
Barbara Matusiak, MD, Medical Review Coordinator
Barbara Allison-Bryan, MD, DHP Chief Deputy Director
Elaine Yeatts, DHP Senior Policy Analyst
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT:

Kathy Martin, MSV

EMERGENCY EGRESS INSTRUCTIONS

Dr. Conklin provided the emergency egress instructions.

APPROVAL OF MINUTES OF SEPTEMBER 6, 2019

Dr. Giammittorio moved to approve the meeting minutes of September 6, 2019 as presented. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Dr. O'Connor moved to accept the agenda as presented. The motion was seconded and carried unanimously.

--- DRAFT UNAPPROVED---

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

Dr. Allison-Bryan provided a brief update on the monitoring of bills and visits to the General Assembly. She said it has been validating for DHP staff as they felt their contributions were heard, providing a valuable voice in the legislative process. Though they provided no opinions, they have been able to provide technical assistance to facilitate better outcomes for the bills that will affect the Agency.

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp gave an overview of the Board's finances and informed the Board members of the FSMB Annual Meeting, April 29 to May 2, 2020. He also reminded them that a Nominating Committee will need to be constituted at the full Board meeting to develop the slate of officers for 2020-2021.

NEW BUSINESS

1. Chart of Regulatory Actions

Ms. Yeatts reviewed the Board's regulatory activity as of January 20, 2020. This report was for informational purposes only and did not require any action.

2. Report of the 2020 General Assembly

Ms. Yeatts reviewed the proposed legislation in the 2020 Session and highlighted those below that will have a direct effect on the Board of Medicine:

- HB 42 – Health care providers; screening of patients for prenatal and postpartum depression, training.
- HB 188 - Health care services; payment estimates.
- HB 277 – Abortion; born alive human infant, treatment and care, penalty.
- HB 362 – Physician assistant; capacity determinations.
- HB 385 – Chiropractic, practice of; clarifies definition.
- HB 386 – Conversion therapy; prohibited by certain health care providers.
- HB 471 – Health professionals; unprofessional conduct, reporting.
- HB 517 – Collaborative practice agreements; adds nurse practitioners and physician assistants.
- HB 601 – Administrative Process Act; review of occupational regulations.
- HB 626 – Opioids; prescribing, required patient disclosures.
- HB 967 – Military service members; expediting the issuance of credentials to spouses.
- HB 982 – Professions and occupations; licensure by endorsement.
- HB 1040 – Naturopathic doctors; Board of Medicine to license and regulate.
- HB 1060 – Ultrasound prior to abortion; physician civil penalty exemption.

--- DRAFT UNAPPROVED---

- HB 1084 – Surgical Assistants; definition, licensure.
- HB 1449 – Physicians; medical specialty board certification options.
- HB 1506 – Pharmacists; prescribing, dispensing, and administration of controlled substances.
- HB 1551 – Abortion; fetal dismemberment prohibited.
- HB 1683 - Diagnostic medical sonography; definition, certification.
- HB 1701 – Practice of medicine; license not required, person licensed in a contiguous state.
- SB 1079 – Board of Medicine; medically unnecessary chaperones.

3. Petition for Rulemaking – Lee Tannenbaum, M.D.

Ms. Yeatts referred to the copy of the petition submitted by Lee Tannenbaum, MD who is the Senior Medical Director for ARS addiction treatment facilities. Dr. Tannenbaum is asking the Board to consider an amendment to 18VAC85-21-150(I) Treatment with Buprenorphine for Addiction that will increase the maximum dose of buprenorphine to 32 mg per day.

Ms. Yeatts noted that comments were received for and against this amendment.

The members agreed that there was not enough evidence to support increasing the dosage beyond 24 mg daily.

MOTION: After the discussion, Dr. O'Connor moved to take no regulatory action and authorized staff to relay the decision and explanation for denial to Dr. Tannenbaum.

4. Petition for Rulemaking – Virginia Academy of Physician Assistants (VAPA).

Ms. Yeatts noted that the Virginia Academy of Physician Assistants (VAPA) is requesting an amendment to 18VAC85-50-160 Disclosure. Specifically, VAPA is requesting the removal of the requirement for the patient care team physician's name to be on Schedule II-V prescriptions.

MOTION: Dr. Miller moved to take no regulatory action and authorized staff to relay the decision and explanation for denial to the VAPA.

5. Recommendation on Conversion Therapy

Ms. Yeatts provided the following staff note: The Board submitted Guidance Document 85-7, Practice of Conversion Therapy, for publication in the Register of Regulations and posted it on the Virginia Regulatory Town Hall with the request for public comment from November 11, 2019 to December 11, 2019. During that time, there were 726 comments posted.

438 comments were in **support** of the Board's guidance document which notes that conversion therapy has no scientific basis, is not supported by any medical or mental health professional organization, and has been shown to be ineffective, harmful, unethical and destructive to individuals and families.

--- DRAFT UNAPPROVED---

238 comments were in opposition to the Board's guidance document noting any prohibition of practice is a violation of an individual's freedom of religion and free speech. Patients should have the right to receive medical care or counseling for unwanted sexual feelings. Parents have the fundamental right to make decisions for their children.

MOTION: After discussion, Dr. O'Connor moved to recommend that the Board reaffirm Guidance Document 85-7, Practice of Conversion Therapy. The motion was properly seconded and carried unanimously.

6. FSMB Strategic Plan

Dr. O'Connor informed the members that he had served on the Special Committee on Strategic Planning. He said the 2015 Strategic Plan was solid, but needed some tweaking due to changes in technology, the blurring of scopes of practice, and the creation of the Interstate Medical Licensure Compact. He noted that FSMB has the ability to collect and mine data that could be a good resource for the boards. Additionally, he encouraged as many members as possible to attend the FSMB Annual Meeting in the spring and get involved wherever possible.

The Committee members noted their support of the Draft Strategic Plan as presented.

ANNOUNCEMENTS

Committee members were reminded to stay for probable cause review

NEXT MEETING

May 22, 2020

ADJOURNEMENT

With no other business to conduct, the meeting adjourned at 9:31 a.m.

Lori Conklin, MD
Vice-President, Chair

William L. Harp, MD
Executive Director

Colanthia Morton Opher
Recording Secretary

**VIRGINIA BOARD OF MEDICINE
SPECIAL CONFERENCE COMMITTEE MINUTES DECEMBER 4, 2019
Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 201
Henrico, VA**

Wednesday, December 4, 2019

Department of Health Professions

Henrico, VA

CALL TO ORDER: A special conference committee meeting of the Board was called to order at 1:15 p.m.

MEMBERS PRESENT: Jacob Miller, D.O., Chair
Brenda Stokes, M.D.
Blanton Marchese

STAFF PRESENT: William Harp, Executive Director
Michael Sobowale, LL.M., Deputy Executive Director
Tracy E. Robinson, Adjudication Specialist, APD

MATTER: Edward J. Kim, M.D.
Case No.: 195145

Dr. Miller called the meeting to order at 1:15 p.m. Dr. Harp provided the emergency egress instructions prior to proceeding with the informal conference.

DISCUSSION: Dr. Kim failed to appear before the committee as requested in the Notice of the Board dated October 28, 2019 to respond to the Board's inquiry regarding the possible refusal to approve his license to practice as a medical doctor pursuant to Virginia Code Sections § § 54.1-2915(A)(4) and (13).

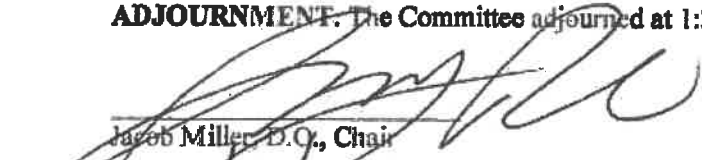
The committee fully discussed the allegations in the Notice sent to Dr. Kim.

CLOSED SESSION: Upon a motion by Dr. Stokes, and duly seconded by Mr. Marchese, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Dr. Kim. Additionally, she moved that Dr. Harp and Mr. Sobowale attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.


RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of Virginia Code Section 2.2-3712, the Committee re-convened in open session and announced its decision.

DECISION: Upon a motion by Mr. Marchese, and duly seconded by Dr. Stokes, the committee made certain findings of fact and conclusions of law and voted unanimously to deny Dr. Kim's application for licensure to practice medicine.

ADJOURNMENT: The Committee adjourned at 1:26 p.m.



Jacob Miller, D.O., Chair
12/4/19
Date



William L. Harp, M.D., Executive Director
12/4/19
Date

Draft

....DRAFT UNAPPROVED....

**ADVISORY BOARD ON ATHLETIC TRAINING
MINUTES**

February 6, 2020

The Advisory Board on Athletic Training met on Thursday, February 6, 2020, at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Michael Puglia, AT, Chair
Deborah B. Corbatto, AT, Vice-Chair
David Pawlowski, AT
Jeffrey Roberts, MD (Joined at 10:15 AM)

MEMBERS ABSENT: Trilizsa Trent, Citizen Member

STAFF PRESENT: William L. Harp, MD, Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
Michael Sobowale, Deputy for Licensure
Denise Mason, Licensing Specialist
Colanitha Morton-Opher, Deputy for Administration

CALL TO ORDER

Mr. Puglia called the meeting to order at 10:05 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions.

ROLL CALL

Ms. Mason called the roll, and a quorum was declared.

APPROVAL OF MINUTES OF MAY 23, 2019

Mr. Pawlowski moved to approve the minutes of the May 23, 2019 meeting as presented. The motion was seconded and carried without objection.

ADOPTION OF AGENDA

Mr. Pawlowski moved to approve the agenda. The motion was seconded and carried unanimously.

....DRAFT UNAPPROVED....

PUBLIC COMMENT ON AGENDA ITEMS

None

NEW BUSINESS

1. Report of the 2020 General Assembly

Ms. Yeatts reviewed the bills of interest from the 2020 session of the General Assembly.

The report was for information purposes only and did not require any action.

2. Follow-up on previous discussion of Dry Needling

Mr. Puglia stated that questions had been posed to him as to what an athletic trainer can and cannot do in regards to dry needling.

Ms. Yeatts pointed out that dry needling is not in the scope of practice for athletic trainers.

It was determined that dry needling is not an entry level skill. Dr. Roberts stated that prior to proposing any legislation to include dry needling in the AT scope of practice, it would be good to first determine the core competencies of athletic trainers in the use of dry needling as a treatment modality for injuries.

3. Discussion of requirement of ATs working under the direction of a physician

Mr. Puglia stated that there are individuals working in secondary schools/administration who are not familiar with the practice of AT's, and under whose supervision an athletic trainer must work. According to the law, an athletic trainer works "under the direction of the patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry or dentistry..."

Dr. Harp asked if the Virginia High School League (VHSL) could disseminate the laws and regulations governing the practice of athletic training to its members.

After discussion, Ms. Corbatta moved to have the laws and regulations sent to VHSL. Mr. Pawlowski seconded, and the motion carried.

4. Follow-up on previous discussion of best practices for exertional heat illnesses

Mr. Puglia opened the discussion by reviewing the best practices for exertional heat illnesses. He stated that determination of core temperature by rectal thermometer is standard of care in athletic training, and a non-physician should not be dictating the

....DRAFT UNAPPROVED....

standard of care for athletic trainers. The Advisory Board emphasized that an athletic trainer is to follow the standard of care.

Dr. Harp discussed the process by which the Board of Medicine handles complaints received at the Board.

It was discussed that a recommendation could be made to VHSL to develop a guidance document that could be shared with schools and school Athletic Directors to better familiarize stakeholders with this issue.

No action was taken.

5. Regulations Governing the Practice of Athletic Trainers

Ms. Yeatts informed the members that there will be a reduction in this year's renewal fee.

ANNOUNCEMENTS

Ms. Mason stated that there are currently 1,347 Athletic Trainers actively licensed with the Board of Medicine; 251 are out of state, 4 of which are currently inactive.

Ms. Opher reminded members that when responding to Board of Medicine emails, please remember to reply only to the sender and not copy all recipients, so as not to inadvertently create a meeting.

NEXT MEETING DATE

June 4, 2020 at 10 a.m.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 11:08 a.m.

Michael Puglia, AT, Chair

William L. Harp, M.D., Executive Director

Denise Mason, Licensing Specialist

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ADVISORY BOARD ON MIDWIFERY

Minutes

February 7, 2020

The Advisory Board on Midwifery met on Friday, February 7, 2020 at 10:00 a.m. at the Department of Health Professions, Perimeter Center; 9960 Mayland Drive, Henrico, Virginia, 23233.

MEMBERS PRESENT:

Kim Pekin, CPM, Chair
Mayanne Zielinski, CPM
Rebecca Banks, CPM

MEMBERS ABSENT:

Natasha Jones, MSC
Ami Keatts, MD

STAFF PRESENT:

Michael Sobowale, Deputy for Licensure
William L. Harp, MD, Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
Colanthia Morton, Deputy for Administration
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT:

Misty Ward, CPM-NA Birth Center Alliance
Lindsey Kornya, CPM-River City Midwifery
Adrienna Ross, CPM-River City Midwifery
Pamela L. Pilch, Esq.-Birth Rights Bar
Marcia Santelli-Jones-Birth Rights Bar
Marinda Shindler, CPM-VMA

CALL TO ORDER

Kim Pekin called the meeting to order at 10:06 a.m.

EMERGENCY EGRESS PROCEDURES – Dr. Harp announced the emergency egress procedures.

ROLL CALL –Beulah Baptist Archer called the roll, and a quorum was declared.

APPROVAL OF MEETING MINUTES

Kim Pekin moved to approve the May 24, 2019 minutes. The motion was seconded and carried.

ADOPTION OF AGENDA

Mayanne Zielinski moved to adopt the agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

Misty Ward discussed her Board reprimand for administering medication without the supervision of a physician or other authorized medical professional. She also spoke to the difficulty she has encountered in establishing a collaborative relationship with a physician in order to have access to medication.

Pamela Pilch and Misty Ward spoke to the lack of clarification on procedures for midwives to follow in obtaining a medical professional authorized to pronounce the time of death in cases of fetal demise.

NEW BUSINESS

1. Report of the 2020 General Assembly – Elaine Yeatts

Ms. Yeatts reviewed several bills of interest to the Advisory Board. No action was required.

Dr. Brown reported that the General Assembly now prohibits firearms in its meetings. He also mentioned the Governor's efforts to decrease the disparity in prenatal maternal care and infant mortality.

2. Update Guidance Document 85-10 on high-risk pregnancy disclosures.

Kim Pekin suggested a periodic review of Guidance Document 85-10, which currently contains some errors in formatting.

Ms. Yeatts stated that guidance documents are reviewed every four years.

Dr. Harp said staff would review the document and make necessary edits.

3. Access to medications via birth assistants or by physician prescription.

Rebecca Banks asked for clarification of the definition of the "relationship" referred to in Section 54.1-3303 of the Code of Virginia. Dr. Harp explained that a "bona fide provider-patient relationship" required for prescribing could be established by a

history, physical examination, medication history, providing advice about the medication to be prescribed, and a medical record. It was discussed that a prescriber had to have a bona fide relationship with a patient of a midwife to be able to prescribe for the patient. 54.1-3408(A) and 3408(U) were also discussed. 3408(A) authorizes RN's and LPN's to administer medications written by a prescriber. The prescriber would be required to have a bona fide provider-patient relationship with the patient before prescribing the medication. 3408(U) indicates that the prescriber would need to be present for an unlicensed individual to administer medication.

Kim Pekin moved to add access to medications to the agenda for the June meeting to discuss how to proceed in bringing this issue to the full Board. The June meeting should review other states' laws and regulations on midwives and their access to medication.

Mayanne Zielinski seconded the motion, which carried.

4. Discuss and clarify procedures for known fetal demise resulting in stillbirth

Dr. Harp said these processes fall within the purview of the Virginia Department of Health, the Office of the Chief Medical Examiner, and the local medical examiners. He said that only physicians, nurse practitioners and physician assistants are authorized to complete death certificates. He suggested that midwives that deliver a stillborn baby try to get in touch with the local medical examiner.

Mayanne Zielinski suggested that the Board send an email to midwives regarding who can complete death certificates. Dr. Harp offered that this item could be placed in the next edition of the Board Briefs.

NEXT MEETING DATE

June 5, 2020, at 10:00 a.m.

ADJOURNMENT

Kim Pekin moved to adjourn the meeting. The motion was seconded and carried.

Kim Pekin, CPM, Chair

William L. Harp, MD
Executive Director

Beulah Baptist Archer, Licensing Specialist

Agenda Item: Other Reports

- ◆ Assistant Attorney General*
- ◆ Board of Health Professions
- ◆ Podiatry Report*
- ◆ Chiropractic Report*
- ◆ Committee of the Joint Boards of Nursing and Medicine

Staff Note: *Reports will be given orally at the meeting

Action: These reports are for information only. No action needed unless requested by presenter.



**Board of Health Professions
Full Board Meeting
December 2, 2019 at 10:00 a.m.
Board Room 4
9960 Mayland Dr, Henrico, VA 23233**

In Attendance

Sahil Chaudhary, Citizen Member
Helene Clayton-Jeter, OD, Board of Optometry
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Louise Hershkowitz, CRNA, MSHA, Board of Nursing
Allen Jones, Jr., DPT, PT, Board of Physical Therapy
Louis Jones, FSL, Board of Funeral Directors and Embalmers
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Ryan Logan, RPh, Board of Pharmacy
Kevin O'Connor, MD, Board of Medicine
John Salay, MSW, LCSW, Board of Social Work
Herb Stewart, PhD, Board of Psychology
James Watkins, DDS, Board of Dentistry
James Wells, RPh, Citizen Member

Absent

Steve Karras, DVM, Board of Veterinary Medicine
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
Martha Rackets, PhD, Citizen Member
Maribel Ramos, Citizen Member
Vacant - Citizen Member

DHP Staff

David Brown, DC, Director DHP
Barbara Allison-Bryan, MD, Deputy Director DHP
Elizabeth A. Carter, PhD, Executive Director BHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Laura Jackson, MSHSA, Operations Manager BHP
Charis Mitchell, Assistant Attorney General
Rajana Siva, MBA, Research Analyst BHP
Elaine Yeatts, Senior Policy Analyst DHP

Speakers

No speakers signed-in

Observers

Scott Johnson, Hancock Daniel & Johnson, PC

Emergency Egress

Elizabeth Carter, PhD

Call to Order

Dr. Jones, Jr.
Time: 10:00 a.m.
Quorum: Established

Public Comment

No public comment was provided

Approval of Minutes

Motion

Dr. Jones, Jr.

A motion to accept meeting minutes from the August 29, 2019 Full Board meeting was made and properly seconded. All members were in favor, none opposed.

Director's Report

Dr. Brown announced that the agencies Board Member Training held October 7, 2019 was rated a 4.5 out of 5. He noted that additional information will be made available to board members on the agencies website. Dr. Brown stated that the agency's website upgrade was going well and that several boards have made the transition. He requested that the board members go to the website and look to see if it is more user friendly. Boards will now be able to make their own postings, reducing the need for Data to post the information on their behalf.

Dr. Allison-Bryan reviewed building security changes that have gone into effect and those that are yet to be implemented.

The Council on Licensure, Enforcement and Regulation (CLEAR) is an organization designed to help those in professional regulation have access to resources. At the annual CLEAR meeting in September, DHP's research and analysis into the workload of the Enforcement Division staff was presented by DHP's Enforcement Director Ms. Schmitz and Visual Research, Inc. President Neal Kauder.

Welcome

Dr. Jones, Jr. introduced newly appointed Board of Health Professions board members Louise Herskowitz with the Board of Nursing and Steve Karras with the Board of Veterinary Medicine.

**Legislative and
Regulatory Report**

Ms. Yeatts provided an overview of the regulations distributed during the meeting. She advised that the agency has hired a P-14 law student to assist with the review and analysis of mandated and/or discretionary regulations. A link to the report will be posted on the agencies webpage once it is completed.

Board Chair Report

Dr. Jones, Jr. thanked agency staff for the high level of training provided at the October board member training.

**Sanction Reference Points
Review**

Mr. Kauder with VisualResearch, Inc. provided a PowerPoint presentation discussing the SRP worksheet updates made for the Boards of Funeral Directors and Embalmers, Long-Term Care Administrators, Physical Therapy and Dentistry and that the review for the Board of Nursing is still in progress. (Attachment 1)

**Executive Director's
Report**

Dr. Carter reviewed the Board's budget and provided insight into the agency's statistics and performance.

Dr. Carter provided an overview of the meetings she attended at The National Conference of State Legislatures Multi-State Learning Consortium in Utah and the The Council of State Governments Occupational Licensing Learning Seminar in Kentucky.

**Healthcare Workforce
Data Center**

Dr. Shobo provided an overview of the PowerPoint presentation she presented at the Home Care and Health Medicaid Conference in September. She also provided an update on the status of requests made for the sharing of the agency's workforce data.

Medicaid utilization will be added as a survey item on the 2020 workforce surveys. Discussion ensued on how best to collect the information.

Lunch

12:20 working lunch

Board Member Introductions

Staff and board members in attendance introduced themselves to the newly appointed board members.

Individual Board Reports

Board of Psychology - Dr. Stewart (Attachment 2)

Board of Nursing - Ms. Hershkowitz provided licensure count for the Board of Nursing professions. She stated that the Board is working with VisualResearch Inc. on massage therapy SRP worksheets. The Board is also working on conversion therapy; and identifying ways that board members could better balance personal life/work with the time demands of the Board. Elimination of regulations for nurse practitioner prescriptive authority has been finalized.

Board of Counseling - Dr. Doyle (Attachment 3)

Board of Long-Term Care Administrators - Mr. Kendall (Attachment 4)

Board of Pharmacy - Mr. Logan announced that the Board of Pharmacy has received two new member appointments. The board is implementing a process to cease mailing a hard copy license, registration or permit that bear an expiration date. The Board is very concerned with the use of vape products currently on the market. The Board is in the process of increasing licensure fees.

Board of Optometry - Dr. Clayton-Jeter (Attachment 5)

Board of Physical Therapy - Dr. Jones, Jr. (Attachment 6)

Board of Social Work - Mr. Salay (Attachment 7)

Board of Funeral Directors and Embalmers - Mr. Jones (Attachment 8)

Board of Dentistry - Dr. Watkins (Attachment 9)

Board of Medicine - Dr. O'Connor stated that the Board of Medicine continues to see an increase in complaints. The board is resisting entry into the licensure compact by implementing an expedited licensure process. A new board president has been appointed. The board is also working on conversion therapy for adults and children.

Practitioner Self-Referral

Mr. Salay provided an overview of the Practitioner Self-Referral request made by Telomerix Stem Cell Biobank, LLC and the agency subordinate recommendation to the Full Board. After brief discussion, it was determined that this arrangement does not constitute a self-referral.

Motion The practitioner self-referral request made by Telomerix Stem Cell Biobank, LLC was determined to not be a referral. A motion was made to accept the agency subordinates recommendation. The motion was properly seconded, with all members in favor, none opposed.

Election of Officers The Nominating Committee Chair, Dr. Clayton-Jeter, reported on individuals interested in the position of Board Chair as follows: Dr. Jones, Jr. and Dr. Stewart. Both individuals acknowledged their interest and reasoning for seeking the position. There were no nominations from the floor. Prior to voting, Dr. Stewart withdrew his interest in the Board Chair position, making Dr. Jones, Jr. the only individual seeking the seat.

By acclamation Dr. Jones, Jr. was appointed Chair of the Board of Health Professions for a one year term. All members were in favor, none opposed.

The Nominating Committee Chair, Dr. Clayton-Jeter, reported on individuals interested in the position of Board Vice Chair as follows: Dr. Doyle, Dr. Stewart and Mr. Salay. Prior to voting, Mr. Salay and Dr. Doyle withdrew their interest in the Board Vice Chair position, making Dr. Stewart the only individual seeking the seat.

By acclamation Dr. Stewart was appointed Vice Chair of the Board of Health Professions for a one year term. All members were in favor, none opposed.

Education Committee Report

The Education Committee meeting will be rescheduled.

New Business

Dr. O'Connor offered to take the discussion of stem cell storage to the Board of Medicine.

Dr. Clayton-Jeter requested that an agenda item be added to the February 27, 2020 Full Board meeting to determine if the Board should consider extending the Chair and Vice Chair term of one year to two years.

Telehealth

The boards of Social Work and Psychology provided information regarding the impact of telehealth on their respective boards.

Next Full Board Meeting

Dr. Jones, Jr. advised the Board that the next meeting is scheduled for February 27, 2020 at 10:00 a.m.

Adjourned

1:28 p.m.

Chair

Allen Jones, Jr., DPT, PT

Signature

_____ / /

Board Executive Director

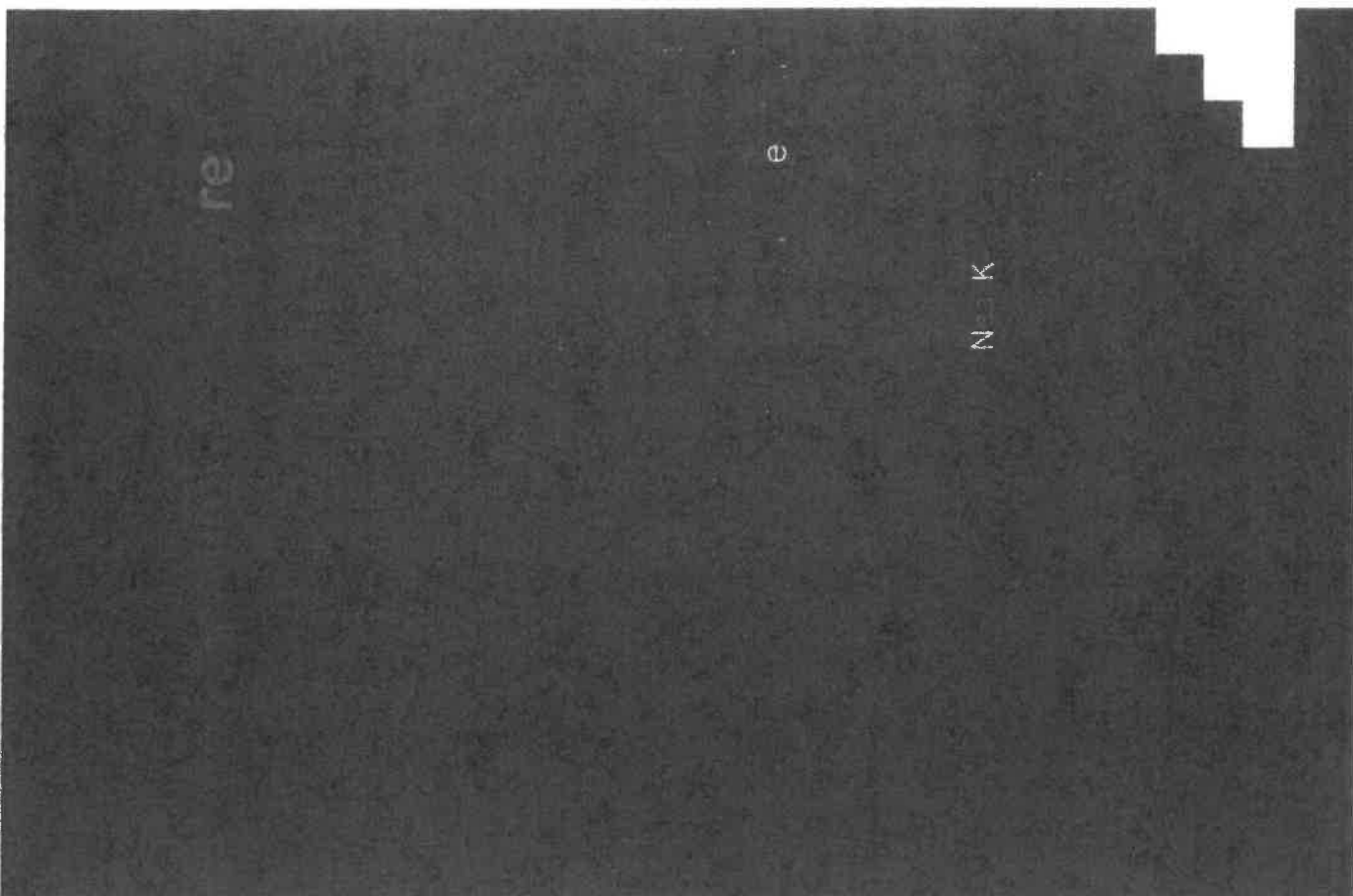
Elizabeth A. Carter, PhD

Signature

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ATTACHMENT 1

VisualResearch^{inc}
Data Analytics & Information Design



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Sanctioning Reference Points Development

SRPs have multiple goals and purposes:

- make sanctioning more predictable
- reduce unwarranted disparity
- education tool for new board members
- add empirical element to a process
- help 'predict' future caseloads (need for services, terms)

Empirical information unavailable on factors that effect sanction decisions --
aggravating or mitigating factors, etc.

Comprehensive qualitative and quantitative methodology

Descriptive model/normative adjustment - data serves as baseline and
boards modify to serve goals

SRP Project Update

- Funeral, January 2018
- Long-Term Care Administrators, June 2018
- Physical Therapy, November 2018
 - These 3 boards had not been reexamined in roughly ten years
 - Case types revised to reflect current culture. For example, LTC no longer explicitly adds points for “CE” cases. Funeral updated monetary penalty amounts.
- Dentistry, September 2019
 - Reduced the number of worksheets from 3 to 1. Monetary Penalty amounts added to SRP worksheet sanctioning thresholds.
- Nursing, In Progress
 - Addressing concerns regarding LMTs being grouped with other occupation types. First revision of CNA worksheet.

SRP Project For Board of Nursing

11/20/19 – Full Board SRP update and training takeaways

- Treatment of LMTs within the SRP system
 - A separate worksheet was needed
 - Relatively low n= sizes given how significant factors, points and sanctioning recommendation ranges are derived
- Treatment of cases where “evaluation” (mental/drug/alcohol) is required
 - These types of cases are not violations; more explicit language should state they are not scored under SRP system
- Clarification of certain factors such as “act of commission,” “past difficulties,” and “three or more employers in the past five years.”
- Future training efforts
 - Training of the BON after the new manual is adopted for use

How do you decide when to revise?

- Changes in sanctioning culture
- New disposition methods are introduced (CCA, Advisory Letters, etc.)
- Use of Pre-Defined sanctions emerge as new policy (monetary penalties for CE)
- A new profession gets regulated
- Changes in case types (e.g., LTC - business practices now neglect)
- New factors become important or other factors become less relevant
- Information from agreement monitoring (e.g., a recurring departure reason)

Multiple Techniques for Revising Worksheets

Original SRP worksheets used multi-variate statistics to identify relevant factors and points – works well with a large number of cases, not available for some boards

Also integrate use of a “SOLVER” - simulates a “best fit” approach by analyzing thousands of “what-if” scenarios, effective on any size database – *even small ones*

New system based on both multivariate statistics and SOLVER to get worksheets that are most representative of sanctioning practices

Departures

Board	Start Date	Completed Worksheets	Agreement		Aggravating		Mitigating		Agreement by Board
			#	%	#	%	#	%	
Medicine	Aug-04	256	188	73%	10	4%	58	23%	73%
Nursing	Jul-05	2088	1678	80%	335	16%	75	4%	80%
CNA	Jul-05	1174	1129	96%	23	2%	22	2%	96%
RMA	Jun-13	99	73	74%	22	22%	4	4%	74%
Dentistry	Jun-06	251	186	74%	21	8%	44	18%	74%
Funeral Veterinary	May-07	55	45	82%	2	4%	8	15%	82%
Medicine	May-07	157	132	84%	15	10%	10	6%	84%
Pharmacy Pharmacy Technicians	Nov-07	136	94	69%	11	8%	31	23%	69%
	Jun-13	12	9	75%	1	8%	2	17%	75%
Optometry	Dec-08	19	16	84%	2	11%	1	5%	84%
Social Work	Jun-09	25	16	64%	3	12%	6	24%	64%
Psychology	Jun-09	11	9	82%			2	18%	82%
Counseling	Jun-09	38	35	92%	1	3%	2	5%	92%
Physical Therapy	Nov-09	21	16	76%	5	24%			76%
Long-Term Care	Mar-10	29	20	69%	4	14%	5	17%	69%
Audiology	Jun-10	9	7	78%			2	22%	78%
DHP Total		4387	3659	83%	456	10%	272	6%	83%

	Licenses/Cert/Reg (As of 12/2/2019)
Applied	26
Resident in Training	874
Clinical Psychologist	3711
Resident in School Psychology	8
School	94
School – Limited	584
Sex Offender Treatment Provider	415
Sex Offender Treatment Provider-Trainee	154
Total	5866

Regulatory Changes

Section	Change	Stage
18VAC125-20	The Board intends to specify in section 150 that the standard of practice requiring licensed psychologists to “avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable” includes the provision of conversion therapy and to define what conversion therapy is and is not. The goal is to align regulations of the Board with the stated policy and ethics for the profession.	Proposed Stage: At DPB
18VAC125-20	Periodic Review: The Board intends to update its regulations for consistency and clarity, reduce the regulatory hurdle for licensure by endorsement, increase the opportunities for continuing education credits, specify a time frame within which an applicant must have passed the national examination, and simplify the requirement for individual supervision in a residency. The Board will also consider requiring all psychology doctoral programs to be accredited by the American Psychological Association, the Canadian Psychologic Association or another accrediting body acceptable to the Board within three years of the effective date of the regulation. Finally, the Board intends to revamp its regulations on standards of conduct to emphasize rules for professionalism, confidentiality, client records, and prohibitions on dual relationships.	Proposed stage: Approved by Governor Public Comment period ends 1/24/2020 Public Hearing 12/3/2019 Under review at the Governor’s Office.
18VAC125-20	Reduction in Renewal Fee	Final Effective Date: 1/8/2020
18VAC125-20	Handling Fee: The Office of the Comptroller has advised	Fast Track- at DPB

the Department that the costs for handling a returned check or dishonored credit card or debit card payment is \$50, as set forth in § 2.2-4805 of the Code of Virginia. Therefore, all board regulations are being amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50

Psychology has received more cases in October than closed cases. Psychology has closed 8 patient care cases and 4 non-patient care cases for a total of 12 cases.

<u>Cases Closed</u>	
<u>Patient Care</u>	<u>8</u>
<u>Non Patient Care</u>	<u>4</u>
<u>Total</u>	<u>12</u>

The board has received 11 patient care cases and 5 non-patient care cases for a total of 16 cases.

<u>Cases Received</u>	
<u>Patient Care</u>	<u>11</u>
<u>Non Patient Care</u>	<u>5</u>
<u>Total</u>	<u>16</u>

As of October 31, 2019, there are 92 Patient care cases open and 11 non-patient care cases open for a total of 103 cases.

<u>Cases Open</u>	
<u>Patient Care</u>	<u>92</u>
<u>Non Patient Care</u>	<u>11</u>
<u>Total</u>	<u>103</u>

Next Meeting:
January 28, 2020

	Total Licenses/certifications/registrations
CSAC	1,915
CSAC-A	248
Substance Abuse Trainee	1814
LMFT	908
LPC	6153
ROS (initial and add/change)	9188
QMHP-A	7442
QMHP-C	6645
Peer	272
MFT ROS (initial and add/change)	352
LSATP	269
Substance Abuse Res	7
QMHP Trainee	2980
Rehab Counselor	230
Total	38542

Regulatory Changes

Section	Change	Stage
18VAC115-15	Periodic Review – Agency Subordinate	Fast-track Register Date: 10/28/19 Effective Date: 12/12/2019
18VAC115-20	Requirement for CACREP accreditation for educational programs	Proposed: At Governor's Office. But the Board recommended withdrawing the action at its last meeting
18VAC115-20	Periodic Review	Noira Register Date: 8/19/2019 Board voted on Proposed Regulations at its last meeting
18VAC115-20	Resident License: Regulations implement the statutory mandate for issuance of a temporary license for a residency in counseling. The amendments set fees for initial and renewal of a resident license, qualifications for the issuance of a license and for its renewal, limitations on the number of times a resident may renew the temporary license, and a time limit for passage of the licensing examination. Amendments in Chapter 20 for professional counselors are duplicated in Chapter 50 for marriage and family therapists and in Chapter 60 of licensed substance abuse treatment practitioners.	Noira/Emergency: Approved by Governor today
18VAC115-20, 18 VAC115-30, 18VAC115-50, 18VAC115-60	Specify in Regulations that the standard of practice requiring persons licensed, certified or registered by the board to "Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare" precludes the provision of conversion therapy and to define what conversion therapy is and is not.	Proposed: At Secretary's Office
18VAC115-20	Provide a pathway for foreign trained graduates in counseling to obtain licensure as a professional counselor in Virginia. The Board intends to adopt language similar to psychology, which provides that graduates of programs that are not within the US of Canada can qualify for licensure if they can provide documentation from an acceptable credential evaluation	Final: At DPB

	service that allows the board to determine if the program meets the requirements set forth in the regulation.	
18VAC115-20	Acceptance of supervised practicum and internship hours in a doctoral program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The intent is to recognize hours acquired in an accredited doctoral programs as meeting a portion of the hours of residency required for licensure.	Final Regulations. Under review with Secretary of Health and Human Resources
18VAC115-30	Updating and clarifying CSAC and CSAC-A regulations: The Board intends to amend regulations for certified substance abuse counselors (CSAC) and counseling assistants to clarify portions that have confused applicants, add more specific requirements for supervised practice to better ensure accountability and quality in the experience, add time limits for completion of experience to avoid perpetual supervisees who may continue to practice without passage of an examination and completion of certification, add requirements for continuing education as a requisite for renewal to ensure on-going competency to practice, and place additional standards of practice in regulation to address issues the Board has seen in complaints and disciplinary proceedings and for consistency with other professions in behavioral health.	Final Stage: At Governor's Office
18VAC-115-70	Regulations for registration of peer recovery specialists promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly	Effective Date: 11/13/2019
18VAC-115-80	Regulations for registration of qualified mental health professionals promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly.	Effective Date: 11/13/2019

Counseling Monthly Snapshot for October 2019

Counseling has received more cases in October than closed cases. Counseling has closed 15 patient care cases and 9 non-patient care cases for a total of 24 cases.

Cases Closed	
Patient Care	15
Non-Patient Care	9
Total	24

The department has received 25 patient care cases and 9 non-patient care cases for a total of 34 cases.

Cases Received	
Patient Care	25
Non-Patient Care	9
Total	34

As of October 31, 2019, there are 152 Patient care cases open and 49 non-patient care cases open for a total of 201 cases.

Cases Open	
Patient Care	152
Non-Patient Care	49
Total	201

NEXT MEETING: February 7, 2020

ATTACHMENT 4

Board of Long-Term Care Administrators

Last Meeting: September 27, 2019

Next Meeting: December 17, 2019

Updates:

- At the meeting on September 17, the Board considered recommendations made by the Regulatory Advisory Panel ("RAP") convened to look at the training of prospective administrators in the assisted living and nursing home settings, "Administrators-in-Training." The "RAP" made a number of recommendations regarding possible action items for consideration by the full Board, including possible ways to address concerns related workforce needs, pathways to licensure, and adequate and quality training, engagement of preceptors, and ensuring appropriate settings for training. The recommendations or action items fell into two main categories: areas for continued collaboration and areas for possible regulatory changes. The Board has voiced its support for continued collaboration, and will consider some of the more regulatory proposals at its meeting in December, with some additional research and discussion at that time.
- Also at the September meeting, the Board adopted a fast-track regulation related to the handling fees for dishonored checks or payments.
- Appointments/Reappointments - Two Board members, Martha Hunt, ALFA, and Mitch Davis, NHA, were recently reappointed to second terms of the Board. There were three newly appointed Board members as well: Jenny Inker, ALFA, Ashley Jackson, NHA, and Ali Faruk, Citizen Member.

Virginia Board of Optometry
Board of Health Professions Meeting
December 2, 2019

ATTACHMENT 5

Statistics

Last board meeting held on November 8, 2019. Next board meeting scheduled for February 2, 2020.

May 1 – November 30, 2019

Board – 3	Committee – 3	Disciplinary – 0
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Complaints (no further update)

FY2016 Received - 13	FY2017 Received - 36	FY2018 Received - 42	Y-T-D FY2019 Received – 16
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Licenses (in state/out of state based on address of record provided by licensee)

Y-T-D as of 12/2/2019

Total – 2013	TPA – 1,212/434	DPA – 18/78	Professional Designations – 270/1
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Continuing Education

The Board voted to conduct a continuing education audit for the previous licensing year.

Regulatory Changes

The following regulatory actions are underway:

- Periodic review will become effective on December 11, 2019. Ms. Knachel will send a mass email to licensees prior to the effective date.
- Emergency regulation for Waiver of Electronic Prescribing adopted, and a Notice of Intended Regulatory Action (NOIRA) will replace the emergency regulations.
- Regulatory amendment to adjust fees for returned checks was adopted.
- Final regulatory amendment to add gabapentin to TPA formulary was adopted.
- Final regulatory amendment to authorize issuance of inactive licenses adopted.
- Board amended 18VAC105-20-20 remove fees associated with Professional Designations; to amend 18VAC105-20-40 and repeal 18VAC105-20-50 by fast track action as recommended by the Professional Designation Committee
- Bylaws amended to change the effective date to January 1 of each year for newly elected board president.

ATTACHMENT 6

Board of Physical Therapy

Last Meeting: November 12, 2019

Next Meeting: February 13, 2020

Updates:

- **Physical Therapy Licensure Compact**
 - The Board's emergency regulations related to implementation of the Compact have been approved, and will become effective January 1, 2020. On that same date, the Board will also begin requiring criminal background checks for applicants for licensure.
 - At the Board's meeting in November, Board members received a presentation from the PT Compact's Administrator, TJ Cantwell, regarding implementation of the Compact, how licensees obtain "Compact privileges" to practice in our state/other states, and what information will be communicated to the Board.
- Recently, at a meeting of the Federation of State Boards of Physical Therapy, Dr. Elizabeth Locke, a Board member and faculty member at ODU, participated in a co-presentation entitled "The Adversity to Diversity," which focused not only on diversity within the PT profession itself, but also on the importance of diverse Board representation. Dr. Locke's presentation was well-received by attendees. Dr. Locke has agreed to give her presentation to the Board at an upcoming meeting.
- At the November meeting, the Board adopted a fast-track regulation related to the handling fees for dishonored checks or payments.

	Total Number (as of 12/2/2019)
Associate	1
LBSW	15
LCSW	7,243
LMSW	781
LBSW Supervision	7
ROS (initial and add/change)	2,460
Total	10,516

Regulatory Changes

Section	Change	Stage
18VAC140-20	Hours of ethics for continue education	Effective Date 11/13/2019
18VAC140-20	Unprofessional Conduct/Practice of Conversion Therapy	Proposed: At Secretary's office
18VAC140-20	Reduction in CE requirement for supervisors: The Board proposes amendments to clarify that the definition of "face-to-face" includes the contact a supervisee and a client must have; to reduce the number of hours of continuing education required to become an approved supervisor; and to eliminate the requirement that those hours must be repeated every five years to remain an approved supervisor.	Fast Track stage withdrawn (because of opposition). The board will decide at its next meeting if it wants to withdraw the action or adopt a NOIRA instead of the fast track action.
18VAC140-20	Change in returned check fee	Fast Track- Approved by Governor Public Comment: 12/23/2019-1/22/2020 Effective Date: 1/31/2020
18VAC140-20	Reduction in fees and elimination of supervised experience requirement for LBSW	Fast Track: At Governor's Office

Social Work Monthly Snapshot for October 2019

Social Work has received more cases in October than closed cases. Social Work has closed 5 patient care cases and 2 non-patient care cases for a total of 7 cases.

Patient Care	5
Non Patient Care	2
Total	7

The department has received 6 patient care cases and 6 non-patient care cases for a total of 11 cases.¹

Patient Care	6
Non Patient Care	4
Total	10

As of October 31, 2019, there are 77 Patient care cases open and 14 non-patient care cases open for a total of 91 cases.

Patient Care	77
Non patient care	14
Total	91

News Update:

The Board wants to focus on workforce issues and ensuring that any regulatory and policy changes protect the public but also ensure that the workforce needs are met. The Board is also discussing the LMSW in more detail to determine that it is in line with the ASWB model Act and promotes mobility.

Next Board Meeting:

December 5, 2019

¹ The cases received and cases closed figures exclude Compliance Tracking Cases

ATTACHMENT 8

Board of Funeral Directors and Embalmers

Last Meeting: October 10, 2019

Next Meeting: January 14, 2020

Updates:

- The Board is currently undergoing a periodic review of three sets of regulations, including regulations for the practice of funeral services, for preneed funeral contracts, and for funeral service interns. The Board adopted proposed amendments at the Board's October meeting. With regard to the regulations for funeral service interns, one of the proposed amendments under consideration by the Board includes the possible reduction of the current number of hours for intern training from 3,000 hours to 2,000 hours.
- Also at the October meeting, the Board adopted a fast-track regulation related to the handling fees for dishonored checks or payments.
- The Board held elections in October – Mia Mimms, FSL, was elected as President; Tommy Slusser, FSL, was elected as Vice-President; and Dr. Scott Hickey, MD, citizen member, was elected as Secretary-Treasurer.
- Finally, two Board members, Blair Nelsen and Frank Walton, were recently reappointed to second terms on the Board. The Governor appointed one new Board member, Jason Graves.

ATTACHMENT 9

December 2, 2019

REPORT OF THE BOARD OF DENTISTRY FOR DECEMBER BHP MEETING

Our dental board last met on Friday, September 13, 2019.

Dr. Brown gave his report as Director of the department of Health Professions regarding updates to telemedicine and the increasing of foreign trained physicians to increase access to care in Virginia. He announced there would be a Board member training session on Monday, October 7, 2019.

Our board voted to accept a revised Sanction Reference Point manual as presented by Mr. Neal Kauder, Director of Visual Research, Inc.

Our liaison/committee reports were given as information only to our Board.

Ms. Elaine Yeatts gave a report on the present legislation and regulations; and our Board voted to adopt the waiver of electronic prescribing as consistent with 54.1-3408.02.

A Hearing Protocol power point presentation was made to our Board members by Jennifer Deschenes, JD, MS.

Our Executive Director, Ms. Sandra Reen, introduced our new deputy executive director, Jamie Sacksteder.

We have one new dentist board member: Dr. Mike Nguyen from Northern Virginia and, as of today, our new Citizen member has not been named by the governor.

-----Licensing Numbers (repeated from August report)

**Dentists-----6,948 ACTIVE
 298 INACTIVE
Dental Hygienists----5,619 ACTIVE
 200 INACTIVE
Dental Asst II----- 27 ACTIVE**

Report by James D. Watkins, DDS

**VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
October 16, 2019**

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:05 A.M., October 16, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Marie Gerardo, MS, RN, ANP-BC; Chair
Louise Hershkowitz, CRNA, MSHA
Ann Tucker Gleason, PhD
Kevin O'Connor, MD
Kenneth Walker, MD

MEMBERS ABSENT: Lori Conklin, MD

ADVISORY COMMITTEE

MEMBERS PRESENT: Kevin E. Brigle, RN, NP
Mark Coles, RN, BA, MSN, NP-C
Wendy Dotson, CNM, MSN
David Alan Ellington, MD
Sarah E. Hobgood, MD
Thokozeni Lipato, MD
Stuart F. Mackler, MD
Janet L. Setnor, CRNA

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advanced Practice; Board of Nursing
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Education; Board of Nursing
Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing

OTHERS PRESENT: Erin Barrett, Assistant Attorney General; Board Counsel
David E. Brown, DO; Department of Health Professions Director
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
William L. Harp, MD, Executive Director; Board of Medicine

IN THE AUDIENCE: Ben Traynham, Hancock & Daniel
Jonathan Yost, Community Care Network of Virginia (CCNV)
Kassie Schroth, McGuireWoods Consulting LLC (MWC)
Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)
Annette Graham, Board of Nursing Staff

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PUBLIC HEARING –
at 9:05 A.M.

To receive comments on Proposed Regulations relating to Autonomous Practice for Nurse Practitioners.

No public comments were received.

INTRODUCTIONS:

Committee members, Advisory Committee members and staff members introduced themselves.

ESTABLISHMENT OF A QUORUM:

Ms. Gerardo called the meeting to order and established that a quorum was present.

ANNOUNCEMENT:

Ms. Gerardo noted the announcement as presented in the Agenda: Terri Clinger, DNP, MSN, CPNP-PC, started the Deputy Executive Director for Advanced Practice position on June 25, 2019

Ms. Gerardo added that this will be Dr. O'Connor's last meeting. He is replaced by Dr. Nathaniel Ray Tuck, Jr., DC, who is the current President for the Board of Medicine. Ms. Gerardo thanked Dr. O'Connor for his service on the Committee.

REVIEW OF MINUTES:

The minutes of the February 13, 2019 Business Meeting and Formal Hearing and the April 10, 2019 Formal Hearing were reviewed. Dr. O'Connor moved to accept the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT:

No public comments were received.

DIALOGUE WITH
AGENCY DIRECTOR:

Dr. Brown reported the following:

- DHP has implemented more stringent security measures at the Perimeter Center:
 - All employees will be required to wear their state issued identification badge while in the building
 - Public visitors will receive temporary visitor badge and will be required to wear the badge while in the building
 - A metal detector, bag scan screening machine, and wand are on order and will be installed upon receipt
 - Panic buttons will be installed in hearing rooms
- DHP continues to implement a new and improved website to address the needs of applicants. The Board of Nursing was the first Board to implement the new website.

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LEGISLATION/
REGULATIONS:

B1 Regulatory Update:

Ms. Yeatts reviewed the chart of regulatory actions as of October 3, 2019 provided in the Agenda.

B2 Adoption of Regulation for Waiver of Electronic Prescribing by Emergency Action – Nurse Practitioners

Ms. Yeatts reported that the legislation, HB2559, passed in 2018 and was amended this year to require electronic prescribing of an opioid by July 1, 2020. Ms. Yeatts added that the enactment clause on HB2559 requires adoption of regulations within 280 days so the Board must amend by an emergency action by the end of 2019. Ms. Yeatts noted that the Executive Committee adopted identical language for prescribers licensed by the Board of Medicine and the Board of Nursing adopted these amendments for nurse practitioners on September 17, 2019.

Ms. Hershkowitz moved to recommend adoption of proposed regulations to the Boards of Medicine and Nursing as presented and to issue a Notice of Intended Regulatory Action (NOIRA). The motion was seconded and passed unanimously.

B3 Regulatory Action – Prescriptive Authority

Ms. Yeatts stated that the comment period on this regulatory action ended September 20, 2019, and there were no public comments received. Ms. Yeatts added that the Board of Nursing will adopt the final at its November meeting.

Ms. Douglas noted that nurse practitioners with prescriptive authority licenses will receive one nurse practitioner license with the prescriptive authority designation on it. Ms. Douglas added that Ms. Willinger has started working with IT staff on this matter. Ms. Douglas stated that this will reduce the burden on the Board and practitioners.

Ms. Hershkowitz asked if nurse practitioners with prescriptive authority licenses have to do anything prior to this change. Ms. Douglas replied that no action is needed from current nurse practitioners with prescriptive authority licensure. Ms. Douglas added that staff plan to inform the Drug Enforcement Agency (DEA) of this change.

Ms. Hershkowitz moved to recommend the proposed amendments as final for adoption by the Boards of Nursing and Medicine.

NEW BUSINESS:

C1 Reconsideration of Guidance Document (GD) 90-53: Treatment by Women’s Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases

Ms. Yeatts stated that the Committee of the Joint Boards of Nursing and Medicine reviewed and reaffirmed GD 90-53 on February 13, 2019. The

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GD was approved by the Board of Medicine, but has not been considered by the Board of Nursing due to subsequent questions raised by the Certified Nurse Midwives (CNM) in the Virginia Chapter of the Association of Certified Nurse Midwives as noted in the email dated March 6, 2019 provided in the Agenda.

Ms. Yeatts presented the revised GD with the addition of CNM for the Committee's consideration.

Dr. Hills reminded the Committee that the patient populations of the Women Health Nurse Practitioner (WHNP) and CNM are gender specific to women. Dr. Hills stated that the WHNP scope of practice includes providing care for male patients regarding STD status because the health of their female patients is directly affected by. Dr. Hills believe this GD originated at the request of the Virginia Department of Health (VDH) as VDH clinics offer Family Planning, Perinatal, and STD care throughout Virginia. Dr. Hills said that it would be appropriate for CNMs be included in this GD.

Dr. Ellington questioned the need for this GD as these competencies are included in the educational preparation and certification of WHNP and CNM scopes of practice.

Ms. Hershkowitz moved to recommend that the Boards repeal GD 90-53. The motion was seconded and carried with four votes in favor of the motion. Dr. Walker opposed the motion.

Board of Nursing Executive Director Report:

- **NCSBN APRN Roundtable on April 9, 2019** – Ms. Douglas said that topics discussed at the meeting included:
 - CNS demonstration project related to APRN Education
 - Global trends as social demographics are changing and an increasing number of providers needed
 - Update on Licensure, Accreditation Certification and Education (LACE)
 - Competency evaluations
- **NCSBN APRN Consensus Forum on April 10, 2019** – Ms. Douglas and Ms. Hershkowitz attended the Forum. There was much discussion but no changes were recommended. Ms. Douglas noted that the Model was put together in 2008 but not by the NCSBN.
- **NCSBN APRN Compact Update** – Ms. Douglas said that three states have passed legislation regarding the APRN Compact but have not implemented. She added that the NCSBN Board of Directors established a task force to review the APRN Compact due to conflicting state laws with compact language. Ms. Douglas

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noted that the Delegates at the NCSBN Assembly did not vote on the changes recommended as more work is needed.

HB793 – Workforce Data Collection Planning Discussion:

Ms. Douglas said that HB793 requires DHP to submit a report the process by which nurse practitioners with autonomous practice licenses may be included in the online Practitioner Profile maintained by DHP by November 1, 2020 to the General Assembly .

Ms. Douglas added that HB793 also requires the Boards of Medicine and Nursing to report the number of NPs who have autonomous practice licenses accompanied by the geographic and specialty areas in which these NPs are practicing to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2020.

Ms. Douglas noted that Board of Nursing staff has started to collect this data in the autonomous licensure application profile.

Autonomous Practice Application Status:

Ms. Willinger reported that as of October 4, 2019, the Board received 621 applications and 556 licenses were issued. Ms. Willinger added that the geographic data indicates a state wide distribution with the majority in the category of family. Ms. Willinger noted that there have been no application denials to date.

Ms. Douglas stated that one applicant requested a hearing regarding her application and the Committee of the Joint Boards of Nursing and Medicine is scheduled to hear the case.

Review of Terms of Members of Advisory Committee:

Ms. Douglas reviewed the regulations of the Advisory Committee composition and noted that Dr. Hobgood and Ms. Dotson have completed their first term and are eligible for reappointment.

Ms. Dotson stated that she was previously reappointed for the second term after her first term ended. Ms. Douglas said that staff will check record for confirmation.

Dr. Walker moved to reappointed Dr. Hobgood on the Advisory Committee. The motion was seconded and carried unanimously.

C2 2020 Meeting Dates:

Ms. Gerardo stated that this is provide for information only.

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Environmental Scan:

Ms. Gerardo asked for the updates from the Advisory Committee Members.

Mr. Cole stated that although some practices have been opened by nurse practitioners with autonomous practice licenses, the autonomous practice designation has decreased the hardship caused by the 6:1 physician to NP ratio contributed to NP professional satisfaction and removed the barrier to volunteer work by NPs.

Dr. Ellington said that Federally Qualified Health Center (FQHC) has expanded in Lexington areas, but there is still shortage of primary care providers. Dr. Ellington added that he has not seen nurse practitioners with autonomous practice licenses open clinics yet.

Ms. Dotson reported that maternal mortality rate data is being collected; the CNMs and the public have benefited from CNMs being able to obtain the Substance Abuse and Mental Health Service Administration (SAMHSA) waiver; and the Virginia Chapter of the ACNM is promoting vaccination for women of childbearing age.

RECESS:

The Committee recessed at 10:05 A.M.

The Member of the Advisory Committee, Dr. Brown, and Ms. Yeatts left the meeting at 10:05 A.M.

RECONVENTION:

The Committee reconvened at 10:20 A.M.

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

Leeann Lisbeth Wobeter Hill, LNP	0024-172805
Prescriptive Authority	0017-142311

Ms. Hill provided written response.

CLOSED MEETING:

Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:22 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Willinger, Ms. Vu and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 10:28 A.M.

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Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to require LeeAnn Lisbeth Wobeter Hill within six months from the date of entry of the Order to provide written proof satisfactory to the Board of Nursing successful completion of at least eight hours on the subject of prescribing practice, a review of Drug Control Act of the Code of Virginia, §54.1-3400 *et seq.*, and a review of the Regulations Governing the Licensure of Nurse Practitioners, 18VAC90-30-10 *et seq.* The motion was seconded and carried unanimously.

Nicole Renee Cofer, LNP	0024-168324
Prescriptive Authority	0017-139420

Ms. Cofer did not appear.

Dr. Walker moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand Nicole Renee Cofer and to continue her license to practice as a nurse practitioner on indefinite suspension with suspension stayed contingent upon Ms. Cofer's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP.

ADJOURNMENT:

As there was no additional business, the meeting was adjourned at 10:29 A.M.

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

**COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
AND ADVISORY COMMITTEE OF THE JOINT BOARDS**

Department of Health Professions
Perimeter Center - 9960 Mayland Drive, Conference Center, Suite 201, Henrico, Virginia 23233

BUSINESS MEETING AGENDA
February 12, 2020 at 9:00 A.M. in Board Room 2

Call To Order – Marie Gerardo, MS, RN, ANP-BC; Chair

Establishment of Quorum

Announcement

- Welcome to New Committee of Joint Boards Members
 - ❖ Karen A. Ransone, MD
 - ❖ Nathaniel Ray Tuck, Jr., DC

- NCSBN APRN Roundtable Meeting is scheduled for April 7, 2020 in Rosemont, IL – Ms. Douglas will attend as NCSBN Board of Director for Area III.

A. Review of Minutes

A1. October 16, 2019 Business Meeting

Public Comment

Dialogue with Agency Director – Dr. Brown

B. Legislation/Regulations – Ms. Yeatts

Regulatory Update

2020 General Assembly Report (**verbal report**)

Policy Forum: Dr. Carter, Healthcare Workforce Data Center (HWDC) Executive Director, and Dr. Shobo, PhD, HWDC Deputy Executive Director

- Virginia’s Licensed Nurse Practitioner Workforce: 2019
- Virginia’s Licensed Nurse Practitioner Workforce 2019: Comparison by Specialty

C. New Business

- Board of Nursing Executive Director Report – **Ms. Douglas (verbal report)**
 - ❖ Paperless Licensing
 - ❖ Electronic Prescribing Notification
 - ❖ Prescriptive Authority Licensure Regulatory Change Process (**attached notification sent January 24, 2020**)

- Autonomous Practice Update – **Ms. Willinger (verbal report)**

- **C1. Consider Revision of the Guidance Document 90-11: *Continuing Competency Violations for Nurse Practitioners***
 - ❖ **C1a** Current Version
 - ❖ **C1b** Proposed Revision Version

Environmental Scan – Members of Advisory Committee

Agency Subordinate Recommendations Consideration – Joint Boards Member ONLY

- David Valentine Strider, Jr.; LNP

Next Meeting – Wednesday, April 15, 2020, at 9:00 A.M in Board Room 2

Adjourn

10:30 A.M. Informal Conference – Joint Boards Members ONLY

Marie Gerardo, MS, RN, ANP-BC; Chairperson, Board of Nursing Member
Louise Hershkowitz, CRNA, MSHA; Board of Nursing Member
Kenneth Walker, MD; Board of Medicine Member

Agenda Item: Regulatory Actions

Staff Note: Ms. Yeatts will speak to the Board of Medicine actions underway.

Action: None.

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of February 10, 2020**

Board of Medicine	
Chapter	Action / Stage Information
[18 VAC 85 - 20] Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	<p><u>Conversion therapy</u> [Action 5412]</p> <p>NOIRA - At Secretary's Office for 98 days</p>
[18 VAC 85 - 20] Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	<p><u>Handling fee</u> [Action 5411]</p> <p>Fast-Track - Register Date: 1/20/20 Effective: 3/5/20</p>
[18 VAC 85 - 21] Regulations Governing Prescribing of Opioids and Buprenorphine	<p><u>Waiver for e-prescribing of an opioid</u> [Action 5355]</p> <p>Proposed - DPB Review in progress [Stage 8840]</p>
[18 VAC 85 - 50] Regulations Governing the Practice of Physician Assistants	<p><u>Practice with patient care team physician</u> [Action 5357]</p> <p>Proposed - DPB Review in progress [Stage 8839]</p>

Agenda Item: Report of the 2020 General Assembly

Staff Note: In the following pages, you will find the proposed legislation in the 2020 Session of the General Assembly. Ms. Yeatts will review the bills and field questions from Board members.

Action: Review, discuss and make recommendations if appropriate.

HB 42 Prenatal and postnatal depression, etc.; importance of screening patients.

Chief patron: Samirah

Summary as introduced:

Health care providers; screening of patients for prenatal and postpartum depression; training.

Directs the Boards of Medicine and Nursing to adopt regulations requiring licensees who provide primary, maternity, obstetrical, or gynecological health care services to complete a training program on prenatal and postnatal depression in women. Such training program shall include information on risk factors for and signs and symptoms of prenatal and postnatal depression, resources for the treatment and management of prenatal and postnatal depression, and steps the practitioner can take to link patients to such resources. The bill also requires the Board of Medicine to adopt regulations requiring licensees who provide primary, maternity, obstetrical, or gynecological health care services to screen all patients who are pregnant or who have been pregnant within the previous five years for prenatal or postnatal depression or other depression, as appropriate.

02/06/20 House: Read second time

02/06/20 House: Committee substitute agreed to 20107179D-H1

02/06/20 House: Engrossed by House - committee substitute HB42H1

02/07/20 House: Read third time and passed House BLOCK VOTE (100-Y 0-N)

02/07/20 House: VOTE: Block Vote Passage (100-Y 0-N)

HB 115 Health care providers, certain; programs to address career fatigue and wellness, civil immunity.

Chief patron: Hope

Summary as introduced:

Programs to address career fatigue and wellness in certain health care providers; civil immunity.

Expands civil immunity for health care professionals serving as members of or consultants to entities that function primarily to review, evaluate, or make recommendations related to health care services to include health care professionals serving as members of or consultants to entities that function primarily to address issues related to career fatigue and wellness in health care professionals licensed to practice medicine or osteopathic medicine or licensed as a physician assistant. The bill also clarifies that, absent evidence indicating a reasonable probability that a health care professional who is a participant in a professional program to address issues related to career fatigue or wellness is not competent to continue in practice or is a danger to himself, his patients, or the public, participation in such a professional program does not trigger the requirement that the health care professional be reported to the Department of Health Professions. The bill contains an emergency clause.

EMERGENCY

01/24/20 House: Read second time and engrossed

01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

01/27/20 House: VOTE: (99-Y 0-N)

01/28/20 Senate: Constitutional reading dispensed

01/28/20 Senate: Referred to Committee on Education and Health

HB 188 Health care services; payment estimates.

Chief patron: Levine

Summary as introduced:

Health care services; payment estimates. Requires hospitals and practitioners licensed by the Board of Medicine to provide a patient or the representative of a patient scheduled to receive a nonemergency procedure, test, or service to be performed by the hospital or practitioner with an estimate of the payment amount for which the patient will be responsible no later than one week after the scheduling of such procedure, test, or service. Currently, only hospitals are required to provide such estimate, and such estimate is required only (i) for elective procedures, tests, or services; (ii) within three days of the procedure, test, or service; and (iii) upon request of the patient or his representative.

12/26/19 House: Referred to Committee on Health, Welfare and Institutions
01/22/20 House: Assigned HWI sub: Health Professions
01/22/20 House: Impact statement from DPB (HB188)
01/29/20 House: Subcommittee recommends continuing to 2021
02/04/20 House: Continued to 2021 in Health, Welfare and Institutions

HB 299 Fluoride varnish; possession and administration by medical assistants, etc.

Chief patron: Sickles

Summary as introduced:

Medical assistants; administration of fluoride varnish. Allows a medical assistant to possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

01/27/20 House: VOTE: (99-Y 0-N)

01/28/20 Senate: Constitutional reading dispensed

01/28/20 Senate: Referred to Committee on Education and Health

01/30/20 House: Impact statement from DPB (HB299E)

HB 362 Physician assistant; capacity determinations.

Chief patron: Rasoul

Summary as introduced:

Capacity determinations; physician assistant. Expands the class of health care practitioners who can make the determination that a patient is incapable of making informed decisions to include a licensed physician assistant. The bill provides that such determination shall be made in writing following an in-person examination of the person and certified by the physician assistant.

02/03/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

02/03/20 House: VOTE: Block Vote Passage (99-Y 0-N)

02/03/20 House: Impact statement from DPB (HB362E)

02/04/20 Senate: Constitutional reading dispensed

02/04/20 Senate: Referred to Committee on Education and Health

HB 385 Chiropractic, practice of; clarifies definition.

Chief patron: Sickles

Summary as passed House:

Practice of chiropractic; definition. Clarifies the definition of "practice of chiropractic" to make clear that a doctor of chiropractic may (i) request, receive, and review a patient's medical and physical history, including information related to past surgical and nonsurgical treatment of the patient and controlled substances prescribed to patients, and (ii) document in a patient's record information related to the condition and symptoms of the patient, the examination and evaluation of the patient made by the doctor of chiropractic, and the treatment provided to the patient by the doctor of chiropractic.

02/03/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

02/03/20 House: VOTE: Block Vote Passage (99-Y 0-N)

02/03/20 House: Impact statement from DPB (HB385E)

02/04/20 Senate: Constitutional reading dispensed

02/04/20 Senate: Referred to Committee on Education and Health

HB 386 Conversion therapy; prohibited by certain health care providers.

Chief patron: Hope

Summary as introduced:

Department of Health Professions; conversion therapy prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory

board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action. The bill provides that no state funds shall be expended for the purpose of conducting conversion therapy, referring a person for conversion therapy, extending health benefits coverage for conversion therapy, or awarding a grant or contract to any entity that conducts conversion therapy or refers individuals for conversion therapy.

02/03/20 House: Read third time and passed House (66-Y 27-N)

02/03/20 House: VOTE: Passage (66-Y 27-N)

02/03/20 House: Impact statement from DPB (HB386E)

02/04/20 Senate: Constitutional reading dispensed

02/04/20 Senate: Referred to Committee on Education and Health

HB 462 Certified sexual assault nurse examiners; Secretary of HHR to study shortage.

Chief patron: Sullivan

Summary as introduced:

Secretary of Health and Human Resources; task force; shortage of certified sexual assault nurse examiners in the Commonwealth; report. Directs the Secretary of Health and Human Resources to establish a task force to study the shortage of certified sexual assault nurse examiners in the Commonwealth. The task force shall report its findings and conclusions, together with specific recommendations for legislative, regulatory, and budgetary actions, to the Governor and the General Assembly by December 1, 2020.

01/14/20 House: Impact statement from DPB (HB462)

01/27/20 House: Assigned Rules sub: Studies

02/03/20 House: Subcommittee recommends reporting (6-Y 0-N)

02/07/20 House: Reported from Rules (17-Y 0-N)

02/09/20 House: Read first time

HB 471 Health professionals; unprofessional conduct, reporting.

Chief patron: Collins

Summary as passed House:

Health professionals; unprofessional conduct; reporting. Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report to the Department of Health Professions any information of which he may become aware in his professional capacity that indicates a reasonable belief that a health care provider is in need of treatment or has been admitted as a patient for treatment of substance abuse or psychiatric illness that may render the health professional a danger to himself, the public or his patients, or that he determines, following review and any necessary investigation or consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct.

02/05/20 House: Engrossed by House - committee substitute HB471H1

02/06/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

02/06/20 House: VOTE: Block Vote Passage (99-Y 0-N)

02/07/20 Senate: Constitutional reading dispensed

02/07/20 Senate: Referred to Committee on Education and Health

HB 517 Collaborative practice agreements; adds nurse practitioners and physician assistants to list.

Chief patron: Bulova

Summary as passed House:

Collaborative practice agreements; nurse practitioners; physician assistants. Adds nurse practitioners and physician assistants to the list of health care practitioners who shall not be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists. This bill is a recommendation of the Joint Commission on Healthcare.

01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

01/27/20 House: VOTE: (99-Y 0-N)

01/28/20 Senate: Constitutional reading dispensed

01/28/20 Senate: Referred to Committee on Education and Health

01/30/20 House: Impact statement from DPB (HB517E)

HB 552 Birth control; definition.

Chief patron: Watts

Summary as introduced:

Definition of birth control. Defines "birth control," for the purposes of the regulation of medicine, as contraceptive methods that are approved by the U.S. Food and Drug Administration and provides that birth control shall not be considered abortion for the purposes of Title 18.2 (Crimes and Offenses Generally).

01/24/20 House: Read second time and engrossed

01/27/20 House: Read third time and passed House (55-Y 43-N)

01/27/20 House: VOTE: Passage (55-Y 43-N)

01/28/20 Senate: Constitutional reading dispensed

01/28/20 Senate: Referred to Committee on Education and Health

HB 626 Opioids; prescribing, required patient disclosures.

Chief patron: LaRock

Summary as introduced:

Prescribing of opioids; required patient disclosures. Requires prescribers to discuss with a patient or the patient's parent or guardian prior to prescribing an opioid information regarding the prescribed opioid, including the risks of addiction and overdose associated with opioids; the dangers of taking opioids with alcohol, benzodiazepines, and other central nervous system depressants; the reasons why the prescription is necessary; and alternative treatments that may be available. The bill also requires the prescriber to include a notation in the patient's medical record indicating that these required patient disclosures were discussed.

01/06/20 House: Prefiled and ordered printed; offered 01/08/20 20100130D

01/06/20 House: Referred to Committee on Health, Welfare and Institutions

01/15/20 House: Assigned HWI sub: Health Professions

01/15/20 House: Impact statement from DPB (HB626)

01/16/20 House: Subcommittee recommends laying on the table (6-Y 0-N)

HB 648 Prescription Monitoring Program; information disclosed to Emergency Department Information.

Chief patron: Hurst

Summary as introduced:

Prescription Monitoring Program; information disclosed to the Emergency Department Information Exchange; redisclosure. Provides for the mutual exchange of information between the Prescription Monitoring Program and the Emergency Department Information Exchange and clarifies that

nothing shall prohibit the redisclosure of confidential information from the Prescription Monitoring Program or any data or reports produced by the Prescription Monitoring Program disclosed to the Emergency Department Information Exchange to a prescriber in an electronic report generated by the Emergency Department Information Exchange so long as the electronic report complies with relevant federal law and regulations governing privacy of health information.

01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

01/27/20 House: VOTE: (99-Y 0-N)

01/28/20 House: Impact statement from DPB (HB648)

01/28/20 Senate: Constitutional reading dispensed

01/28/20 Senate: Referred to Committee on Education and Health

HB 860 Inhaled asthma medication; professional use by practitioners.

Chief patron: Bell

Summary as introduced:

Professional use by practitioners; administration of inhaled asthma medication. Provides that a prescriber may authorize pursuant to a written order or standing protocol issued within the course of the prescriber's professional practice, and with the consent of the student's parents, an employee of (i) a school board, (ii) a school for students with disabilities, or (iii) an accredited private school who is trained in the administration or supervision of self-administered inhaled asthma medications to administer or supervise the self-administration of such medication to a student diagnosed with a condition requiring inhaled asthma medications when the student is believed to be experiencing or about to experience an asthmatic crisis. Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

01/27/20 House: VOTE: (99-Y 0-N)

01/28/20 House: Impact statement from DPB (HB860H1)

01/28/20 Senate: Constitutional reading dispensed

01/28/20 Senate: Referred to Committee on Education and Health

HB 908 Naloxone; possession and administration, employee or person acting on behalf of a public place.

Chief patron: Hayes

Summary as introduced:

Naloxone; possession and administration; employee or person acting on behalf of a public place.

Provides that an employee or other person acting on behalf of a public place who has completed a training program on the administration of naloxone or other opioid antagonist may possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill defines "public place" as any enclosed area that is used or held out for use by the public, whether owned or operated by a public or private interest.

02/06/20 House: Committee substitute agreed to 20107306D-H1

02/06/20 House: Engrossed by House - committee substitute HB908H1

02/07/20 House: Read third time and passed House BLOCK VOTE (100-Y 0-N)

02/07/20 House: VOTE: Block Vote Passage (100-Y 0-N)

02/10/20 House: Impact statement from DPB (HB908H1)

HB 967 Military service members and veterans; expediting the issuance of credentials to spouses.

Chief patron: Willett

Summary as introduced:

Professions and occupations; expediting the issuance of credentials to spouses of military service members. Provides for the expedited issuance of credentials to the spouses of military service members

who are ordered to federal active duty under Title 10 of the United States Code if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such waiver.

01/27/20 House: Read third time and passed House (98-Y 0-N)

01/27/20 House: VOTE: Passage (98-Y 0-N)

01/28/20 Senate: Constitutional reading dispensed

01/28/20 Senate: Referred to Committee on General Laws and Technology

02/10/20 House: Impact statement from DPB (HB967H1)

HB 1000 Prescription drugs; expedited partner therapy, labels.

Chief patron: Hope

Summary as introduced:

Prescription drugs; expedited partner therapy; labels. Eliminates the requirement that there exist a bona fide practitioner-patient relationship with a contact patient for a practitioner to prescribe expedited partner therapy consistent with the recommendations of the Centers for Disease Control and Prevention. A pharmacist dispensing a Schedule III through VI drug to a contact whose name and address are unavailable shall affix "Expedited Partner Therapy" or "EPT" to the written prescription and the label. The bill repeals the July 1, 2020, sunset on the provision that allows practitioners employed by the Department of Health to prescribe antibiotic therapy to the sexual partner of a patient diagnosed with a sexually transmitted disease without the physical examination normally required.

01/24/20 House: Read second time and engrossed

01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

01/27/20 House: VOTE: (99-Y 0-N)

01/28/20 Senate: Constitutional reading dispensed

01/28/20 Senate: Referred to Committee on Education and Health

HB 1040 Naturopathic doctors; Board of Medicine to license and regulate.

Chief patron: Rasoul

Summary as introduced:

Naturopathic doctors; license required. Requires the Board of Medicine to license and regulate naturopathic doctors, defined in the bill as an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

01/15/20 House: Assigned HWI sub: Health Professions

01/21/20 House: Impact statement from DPB (HB1040)

01/23/20 House: House subcommittee amendments and substitutes offered

01/23/20 House: Subcommittee recommends reporting with substitute (4-Y 2-N)

01/30/20 House: Continued to 2021 with substitute in Health, Welfare and Institutions (11-Y 7-N)

HB 1059 Certified registered nurse anesthetists; prescriptive authority.

Chief patron: Adams, D.M.

Summary as introduced:

Certified registered nurse anesthetists; prescriptive authority. Authorizes certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices, provided such prescribing is in accordance with requirements for practice by certified registered nurse anesthetists.

02/03/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
02/03/20 House: VOTE: Block Vote Passage (99-Y 0-N)
02/03/20 House: Impact statement from DPB (HB1059E)
02/04/20 Senate: Constitutional reading dispensed
02/04/20 Senate: Referred to Committee on Education and Health

HB 1060 Ultrasound prior to abortion; physician civil penalty exemption.

Chief patron: Adams, D.M.

Summary as introduced:

Ultrasound prior to abortion; physician civil penalty exemption. Provides that no physician shall be subject to a civil penalty for failure to perform or supervise the performance of the ultrasound imaging required prior to an abortion if, in his medical judgment, such ultrasound imaging is not medically necessary. Currently, any physician who violates any provision of the abortion informed consent statute is subject to a \$2,500 civil penalty.

01/07/20 House: Prefiled and ordered printed; offered 01/08/20 20102036D

01/07/20 House: Referred to Committee for Courts of Justice

01/22/20 House: Incorporated by Courts of Justice (HB980-Herring)

HB 1084 Surgical assistants; definition, licensure.

Chief patron: Hayes

Summary as introduced:

Surgical assistants; licensure. Defines "surgical assistant" and "practice of surgical assisting" and directs the Board of Medicine to establish criteria for the licensure of surgical assistants. Currently, the Board may issue a registration as a surgical assistant to eligible individuals. The bill also establishes the Advisory Board on Surgical Assisting to assist the Board of Medicine regarding the establishment of qualifications for and regulation of licensed surgical assistants.

02/06/20 House: Engrossed by House as amended HB1084E

02/06/20 House: Printed as engrossed 20104907D-E

02/07/20 House: Impact statement from DPB (HB1084E)

02/07/20 House: Read third time and passed House BLOCK VOTE (100-Y 0-N)

02/07/20 House: VOTE: Block Vote Passage (100-Y 0-N)

HB 1147 Epinephrine; certain public places may make available for administration.

Chief patron: Keam

Summary as introduced:

Epinephrine required in certain public places. Requires public places to make epinephrine available for administration. The bill allows employees of such public places who are authorized by a prescriber and trained in the administration of epinephrine to possess and administer epinephrine to a person present in such public place believed in good faith to be having an anaphylactic reaction. The bill also provides that an employee of such public place who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person present in the public place believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

02/06/20 House: Engrossed by House as amended HB1147E

02/06/20 House: Printed as engrossed 20103677D-E

02/07/20 House: Impact statement from DPB (HB1147E)

02/07/20 House: Read third time and passed House BLOCK VOTE (100-Y 0-N)

02/07/20 House: VOTE: Block Vote Passage (100-Y 0-N)

HB 1260 Athletic Training, Advisory Board on; membership.

Chief patron: Hodges

Summary as introduced:

Advisory Board on Athletic Training; membership. Provides that one member of the Advisory Board on Athletic Training shall be an athletic trainer who is currently licensed by the Board on Athletic Training who has practiced in the Commonwealth for not less than three years and is employed in the public or private sector. Currently, the law requires that the member be employed in the private sector.

01/24/20 House: Read second time and engrossed

01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

01/27/20 House: VOTE: (99-Y 0-N)

01/28/20 Senate: Constitutional reading dispensed

01/28/20 Senate: Referred to Committee on Education and Health

HB 1261 Athletic trainers; naloxone or other opioid antagonist.

Chief patron: Hodges

Summary as introduced:

Athletic trainers; naloxone or other opioid antagonist. Authorizes licensed athletic trainers to possess and administer naloxone or other opioid antagonist for overdose reversal pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice.

01/24/20 House: Read second time and engrossed

01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

01/27/20 House: VOTE: (99-Y 0-N)

01/28/20 Senate: Constitutional reading dispensed

01/28/20 Senate: Referred to Committee on Education and Health

HB 1304 Pharmacy technicians and pharmacy technician trainees; registration.

Chief patron: Hodges

Summary as introduced:

Pharmacy technicians and pharmacy technician trainees; registration. Amends eligibility criteria for registration as a pharmacy technician to include a requirement that (i) the individual has completed a training program that is (a) an accredited training program approved by the Board of Pharmacy, (b) operated through a federal agency or branch of the military, or (c) operated through the Department of Education's Career and Technical Education program and (ii) the applicant has successfully passed a national certification examination administered by the Pharmacy Technician Certification Board or the National Healthcareer Association. The bill defines "pharmacy technician trainee" and sets out requirements for registration as a pharmacy technician trainee.

02/03/20 House: Passed by for the day

02/04/20 House: Read third time and passed House (97-Y 1-N)

02/04/20 House: VOTE: Passage (97-Y 1-N)

02/05/20 Senate: Constitutional reading dispensed

02/05/20 Senate: Referred to Committee on Education and Health

HB 1328 Offender medical and mental health information and records; exchange of information to facility.

Chief patron: Watts

Summary as introduced:

Exchange of offender medical and mental health information and records. Provides that a health care provider who has been notified that a person to whom he has provided services is committed to a local or regional correctional facility must disclose to the person in charge of the facility any information necessary and appropriate for the continuity of care of the person committed. The bill also provides protection from civil liability for such health care provider, absent bad faith or malicious intent.

01/31/20 Senate: Referred to Committee on Rehabilitation and Social Services
02/06/20 House: Impact statement from DPB (HB1328H1)
02/07/20 Senate: Reported from Rehabilitation and Social Services with substitute (14-Y 0-N)
02/07/20 Senate: Committee substitute printed 20107942D-S1
02/07/20 Senate: Rereferred to Finance and Appropriations

HB 1449 Physicians; medical specialty board certification options.

Chief patron: Rasoul

Summary as introduced:

Physicians; medical specialty board certification options. Prohibits requiring maintenance of certification from physicians licensed to practice medicine in the Commonwealth, as a prerequisite to hospital medical staff membership, employment, malpractice liability insurance coverage, network status, or reimbursement for services provided to a person covered by a health insurance policy.

01/08/20 House: Referred to Committee on Labor and Commerce
01/16/20 House: Assigned L & C sub: Subcommittee #2
01/23/20 House: Impact statement from DPB (HB1449)
02/04/20 House: House subcommittee amendments and substitutes offered
02/04/20 House: Subcommittee recommends laying on the table (5-Y 2-N)

HB 1460 Cannabidiol oil and THC-A oil; certification for use of oil.

Chief patron: O'Quinn

Summary as introduced:

Dispensing cannabidiol oil and THC-A oil; non-Virginia residents. Removes the requirement that a person be a Virginia resident to obtain a certification for cannabidiol oil and THC-A oil in Virginia. The bill requires pharmaceutical processors to dispense cannabidiol oil and THC-A oil to non-Virginia residents pursuant to a valid written certification issued by a Virginia practitioner.

02/06/20 House: Read second time
02/06/20 House: Committee substitute agreed to 20106736D-H1
02/06/20 House: Engrossed by House - committee substitute HB1460H1
02/07/20 House: Read third time and passed House BLOCK VOTE (100-Y 0-N)
02/07/20 House: VOTE: Block Vote Passage (100-Y 0-N)

HB 1506 Pharmacists; prescribing, dispensing, and administration of controlled substances.

Chief patron: Sickles

Summary as introduced:

Pharmacists; prescribing, dispensing, and administration of controlled substances. Authorizes the prescribing, dispensing, and administration of certain controlled substances by a pharmacist, provided that such pharmacist prescribes, dispenses, or administers such controlled substances in accordance with a statewide protocol developed by the Board of Pharmacy in consultation with the Board of Medicine and set forth in regulations of the Board of Pharmacy. The bill clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the prescribing, dispensing, or administration of controlled substances by a pharmacist when such prescribing, dispensing, or administration is in accordance with regulations of the Board of Pharmacy.

02/05/20 House: House committee, floor amendments and substitutes offered
02/06/20 House: House committee, floor amendments and substitutes offered
02/06/20 House: Reported from Health, Welfare and Institutions with substitute (18-Y 0-N)
02/06/20 House: Committee substitute printed 20107565D-H1
02/09/20 House: Read first time

HB 1649 Health care; decision making, end of life, penalties.

Chief patron: Kory

Summary as introduced:

Health care; decision making; end of life; penalties. Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life in a humane and dignified manner. The bill requires that a patient's request for a self-administered controlled substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

01/16/20 House: Presented and ordered printed 20104784D

01/16/20 House: Referred to Committee for Courts of Justice

01/23/20 House: Impact statement from VCSC (HB1649)

01/28/20 House: Impact statement from DPB (HB1649)

02/07/20 House: Continued to 2021 in Courts of Justice

HB 1654 Schedule VI controlled substances and hypodermic syringes and needles; limited-use license.

Chief patron: Helmer

Summary as introduced:

Schedule VI controlled substances; hypodermic syringes and needles; limited-use license. Allows the Board of Pharmacy to issue a limited-use license for the purpose of dispensing Schedule VI controlled substances and hypodermic syringes and needles for the administration of prescribed controlled substances to a doctor of medicine, osteopathic medicine, or podiatry, a nurse practitioner, or a physician assistant, provided that such limited-use licensee is practicing at a nonprofit facility. The bill requires such nonprofit facilities to obtain a limited-use permit from the Board and comply with regulations for such a permit.

02/04/20 House: Reported from Health, Welfare and Institutions (22-Y 0-N)

02/05/20 House: Read first time

02/06/20 House: Read second time and engrossed

02/07/20 House: Read third time and passed House BLOCK VOTE (100-Y 0-N)

02/07/20 House: VOTE: Block Vote Passage (100-Y 0-N)

HB 1683 Diagnostic medical sonography; definition, certification.

Chief patron: Hope

Summary as introduced:

Diagnostic medical sonography; certification. Defines the practice of "diagnostic medical sonography" as the use of specialized equipment to direct high-frequency sound waves into an area of the human body to generate an image. The bill provides that only a certified and registered sonographer may hold himself out as qualified to perform diagnostic medical sonography. The bill requires any person who fails to maintain current certification and registration or is subject to revocation or suspension of a certification and registration by a sonography certification organization to notify his employer and cease using ultrasound equipment or performing a diagnostic medical sonography or related procedure.

01/17/20 House: Presented and ordered printed 20105638D
01/17/20 House: Referred to Committee on Health, Welfare and Institutions
01/22/20 House: Assigned HWI sub: Health Professions
01/29/20 House: Subcommittee recommends continuing to 2021
02/04/20 House: Continued to 2021 in Health, Welfare and Institutions

SB 422 Health regulatory boards; clarifies the meaning of "license."

Chief patron: Petersen

Summary as introduced:

Health regulatory boards. Clarifies the meaning of "license" as used by the Boards of Funeral Directors and Embalmers and Physical Therapy and the conditions under which a license may be denied, suspended, or revoked by the Board of Veterinary Medicine.

01/20/20 Senate: Assigned Education sub: Health Professions

01/30/20 Senate: Reported from Education and Health (14-Y 0-N 1-A)

01/31/20 Senate: Constitutional reading dispensed (37-Y 0-N)

02/03/20 Senate: Read second time and engrossed

02/04/20 Senate: Read third time and passed Senate (40-Y 0-N)

SB 530 Epinephrine; possession and administration by a restaurant employee.

Chief patron: Edwards

Summary as introduced:

Possession and administration of epinephrine; restaurant employee. Authorizes any employee of a licensed restaurant to possess and administer epinephrine, provided that such employee is authorized by a prescriber and trained in the administration of epinephrine. The bill also requires the Department of Health, in conjunction with the Department of Health Professions, to develop policies and guidelines for the recognition and treatment of anaphylaxis in restaurants.

01/07/20 Senate: Referred to Committee on Education and Health

01/27/20 Senate: Assigned Education sub: Health Professions

01/27/20 Senate: Impact statement from DPB (SB530)

02/06/20 Senate: Reported from Education and Health (15-Y 0-N)

02/07/20 Senate: Constitutional reading dispensed (37-Y 0-N)

SB 757 Medical Excellence Zone Program; VDH to determine establishments.

Chief patron: Favola

Summary as introduced:

Department of Health; Department of Health Professions Medical Excellence Zone Program; telemedicine; reciprocal agreements. Directs the Department of Health to determine the feasibility of the establishment of a Medical Excellence Zone Program and directs the Department of Health Professions to pursue reciprocal agreements with states contiguous with the Commonwealth for licensure for certain primary care practitioners under the Board of Medicine. The Medical Excellence Zone Program would allow citizens of the Commonwealth living in rural underserved areas to receive medical treatment via telemedicine services from providers licensed or registered in a state that is contiguous with the Commonwealth. The bill requires the Department of Health to set out the criteria that would be required for a locality or group of localities in the Commonwealth to be eligible for the designation as a medical excellence zone and report its findings to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020.

The bill states that reciprocal agreements with states that are contiguous with the Commonwealth for the licensure of doctors of medicine, doctors of osteopathic medicine, physician assistants, and nurse practitioners shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on § 54.1-2915. The Department of Health Professions shall report on its progress in establishing such agreements to the Senate Committee on Education and Health

and the House Committee on Health, Welfare and Institutions by November 1, 2020. The bill provides that applicants for licensure as a doctor of medicine or osteopathic medicine from such states shall receive priority in processing their applications for licensure by endorsement through a streamlined process with a final determination regarding qualification to be made within 20 days of the receipt of a completed application.

01/27/20 Senate: Read second time

01/27/20 Senate: Reading of substitute waived

01/27/20 Senate: Committee substitute agreed to 20106049D-S1

01/27/20 Senate: Engrossed by Senate - committee substitute SB757S1

01/28/20 Senate: Read third time and passed Senate (40-Y 0-N)

SB 760 Psychologists; licensure, permitted to practice in Psychology Interjurisdictional Compact.

Chief patron: Deeds

Summary as introduced:

Licensure of psychologists; Psychology Interjurisdictional Compact. Authorizes Virginia to become a signatory to the Psychology Interjurisdictional Compact. The Compact permits eligible licensed psychologists to practice in Compact member states, provided that they are licensed in at least one member state. The bill has a delayed effective date of January 1, 2021, and directs the Board of Psychology to adopt emergency regulations to implement the provisions of the bill.

01/21/20 Senate: Rereferred to Education and Health

01/27/20 Senate: Assigned Education sub: Health Professions

01/28/20 Senate: Impact statement from DPB (SB760)

02/06/20 Senate: Reported from Education and Health (15-Y 0-N)

02/07/20 Senate: Constitutional reading dispensed (37-Y 0-N)

SB 1026 Pharmacists; prescribing, dispensing, and administering of certain drugs and devices.

Chief patron: Dunnavant

Summary as introduced:

Pharmacists; prescribing, dispensing, and administering of certain drugs and devices. Authorizes the prescribing, dispensing, and administering of certain drugs and devices by a pharmacist, provided that such pharmacist prescribes, dispenses, or administers such drugs and devices in accordance with a statewide protocol developed by the Board of Pharmacy in consultation with the Board of Medicine and set forth in regulations of the Board of Pharmacy. The bill clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the prescribing, dispensing, or administering of drugs and devices by a pharmacist when such prescription, dispensation, or administration is in accordance with regulations of the Board of Pharmacy.

01/30/20 Senate: Impact statement from DPB (SB1026)

02/06/20 Senate: Reported from Education and Health with substitute (14-Y 0-N 1-A)

02/06/20 Senate: Committee substitute printed 20107661D-S1

02/07/20 Senate: Impact statement from DPB (SB1026S1)

02/07/20 Senate: Constitutional reading dispensed (37-Y 0-N)

SB 1046 Clinical social workers; patient records, involuntary detention orders.

Chief patron: Deeds

Summary as introduced:

Clinical social workers; patient records; involuntary detention orders. Adds clinical social workers to the list of eligible providers that includes treating physicians and clinical psychologists who can disclose or recommend the withholding of patient records, face a malpractice review panel, and provide recommendations on involuntary temporary detention orders.

01/27/20 Senate: Impact statement from DPB (SB1046)
01/30/20 Senate: Reported from Education and Health (15-Y 0-N)
01/31/20 Senate: Constitutional reading dispensed (37-Y 0-N)
02/03/20 Senate: Read second time and engrossed
02/04/20 Senate: Read third time and passed Senate (40-Y 0-N)

SB 1079 Board of Medicine; medically unnecessary chaperones.

Chief patron: Suetterlein

Summary as introduced:

Board of Medicine; medically unnecessary chaperones. Directs the Board of Medicine to amend its regulations to require that patients be notified that they have the right to opt out of the presence of a chaperone during medical examinations, provided that the chaperone is medically unnecessary. The bill also requires the regulations to include a provision permitting health care practitioners to refuse to perform medical services for a patient who refuses the presence of a chaperone.

01/17/20 Senate: Presented and ordered printed 20105621D
01/17/20 Senate: Referred to Committee on Education and Health
01/23/20 Senate: Impact statement from DPB (SB1079)
01/27/20 Senate: Assigned Education sub: Health Professions
02/06/20 Senate: Continued to 2021 in Education and Health (15-Y 0-N)

Agenda Item: Petition for rulemaking

Staff Note:

The Board received a petition for rulemaking from Lee Tannenbaum, M.D.

Included in your package:

A copy of the petition and Townhall notice

Copy of comment on petition

A copy of applicable section of regulation

Recommendation from the Legislative Committee: Take no regulatory action

Board action:

The Board can decide to take no regulatory action (should explain why petition is rejected); OR

The Board can decide to initiate rulemaking with a Notice of Intended Regulatory Action



COMMONWEALTH OF VIRGINIA

Board of Medicine

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(804) 527-4426 (Fax)**

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)
Tannenbaum, Lee, E, M.D., FASAM

Street Address
103 S Pantops Drive, # 102

Area Code and Telephone Number
410-459-1134

City
Charlottesville

State
VA

Zip Code
22911

Email Address (optional)
Lee.tannenbaum@arshealth.com

Fax (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18VAC85-21-150 (I). Treatment with Buprenorphine for Addiction

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

I am the Senior Medical Director for ARS addiction treatment facilities. We provide addiction treatment services for patients with opioid dependence as a federally licensed opioid maintenance treatment program. We would like to be able to utilize buprenorphine to its maximum FDA approved dosing limit of 32 mg QD. Our patients are very closely monitored to prevent diversion and there is no evidence to suggest that there is no therapeutic effect of buprenorphine at doses between 24 and 32 mg QD. In fact, in our high risk patient population we have seen significant efficacy with higher doses of buprenorphine in some patients and we have been able to retain more patients in treatment when we are able to provide higher doses. Please see the following link regarding recent research into this:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4252738/>

If we are limited to maximum doses of buprenorphine of 24 mg QD we would need to change patients to methadone who are not doing well at that dose. While methadone is a proven effective treatment for opioid use disorder, some patients respond better to buprenorphine than methadone which is associated with an increase of potential side effects, risk of diversion, and overdose. Methadone is a much more dangerous drug than buprenorphine with significantly more risks of overdose, more side effects, and greater risk for diversion. Methadone It also has a greater chance of causing neonatal abstinence syndrome in the infants of our pregnant patients. There is no rationale to limit the dose of buprenorphine that is dispensed from our facilities under very close guidelines and supervision to 24 mg QD. There is no risk in allowing our patients to take a higher dose of buprenorphine, up to the FDA approved limit of 32 mg QD, but there would be significant increased risk to our patients, who might be able to be controlled on a higher dose of buprenorphine, if they would have to be alternatively treated with methadone.

Thank you for your attention to this matter. Please feel free to contact me at any time if you have any questions or if I can provide additional information.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

Signature:

Lee Tannenbaum, M.D.

Date: 11/22/2019

Virginia.gov Agencies | Governor



Secretarial Health and Human Resources

Agency Department of Health Professions

Board Board of Medicine

[Edit Petition](#)

Petition 315

Petition Information	
Petition Title	Change in limitation of 24 mg of buprenorphine for addiction
Date Filed	12/2/2019 [Transmittal Sheet]
Petitioner	Dr. Lee Tannenbaum
Petitioner's Request	To amend subsection l of 18VAC85-21-150 to allow prescribing of up to the FDA approved limit of 32 mg QD.
Agency's Plan	<p>In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on December 23, 2019 and posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov. Comment on the petition will be requested until January 22, 2020 and may be posted on the Townhall or sent to the Board.</p> <p>Following receipt of all comments on the petition to amend regulations, the matter will be considered by the full Board at its meeting in February of 2020.</p>
Comment Period	<p>◆ In Progress!</p> <p><u>Ends 1/22/2020</u></p> <p><u>Currently 0 comments</u></p>
Agency Decision	Pending

Contact Information	
Name / Title:	William L. Harp, M.D. / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Richmond, 23233
Email Address:	william.harp@dhp.virginia.gov
Telephone:	(804)367-4558 FAX: (804)527-4429 TDD: (-)



2924 Emerywood Parkway
Suite 300
Richmond, VA 23294

TF 800|746-6768
FX 804|355-6189

www.msv.org

Dear Board of Medicine Members:

The Medical Society of Virginia (MSV) exists to advance quality health care throughout Virginia. MSV serves as the voice of Virginia's physicians, residents, medical students, physician assistants and physician assistant students, representing all medical specialties in all regions of the Commonwealth.

MSV opposes the petition to increase the prescribing limit to 32 mg for buprenorphine, as the Federal Drug Administration (FDA) and the American Society for Addiction Medicine support a maximum of 24 mg per day, as there is limited clinical effectiveness at higher doses.¹

Thank you for our consideration. To discuss this matter further, please contact Clark Barrineau at cbarrineau@msv.org or 804-377-1031.

Sincerely,

A handwritten signature in black ink that reads "C Deal". The signature is fluid and cursive, with the first name "Clifford" and last name "Deal" clearly legible.

Clifford Deal, MD
President

¹ <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>



Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Re: Virginia Board of Medicine - Petition for Rulemaking - Tannenbaum

2 messages

Peter Breslin <peterbreslinmd@gmail.com>

Tue, Jan 7, 2020 at 1:07 PM

To: Andrew Mann <andrew@societyhq.com>, elaine.yeatts@dhp.virginia.gov

Mrs Yeatts,

I am double boarded in Psychiatry and Addiction Medicine as well as practicing in multiple medical environments. I am a Medical Director of an inpatient addiction facility, I run an Outpatient Based Opioid Treatment office and I work with many of the Recovery Community Organizations throughout central Virginia. In each of these settings, I utilize Buprenorphine products when medically indicated in a harm reduction manner.

Since March 15th 2017, when the Virginia Board of Medicine decreased the total daily dose of Buprenorphine from 32mg/day to 24mg/day, our office has had greater compliance with treatment with less diversion and less dirty urine specimens. Increasing the daily allowed dose only increases the amount of diversion of Buprenorphine as the patients that are at the maximum dose are the most likely to have dirty urines and not actually be positive for Buprenorphine at their drug test visits. Even worse, those people at the highest end of the dose range are much more likely to "spike" their urine due to not actually taking the medication. "Spiking" ones urine means that the patient knows they won't test positive for the Buprenorphine due to selling it and not taking the medication as prescribed and they use a clean urine sample to place a small piece of Buprenorphine in the cup so that it appears the patient is taking the Buprenorphine appropriately when this is not the case

As well, Buprenorphine is a partial agonist at the mu opioid receptor. The very nature of it's mechanism of action causes Buprenorphine to have a 'ceiling effect' in which there is no further benefit from increasing doses beyond 24mg/day

Peter Breslin, MD

Board Certified Psychiatrist
Board Certified Addiction Medicine(O) 804-495-8661
(F) 804-486-9819
5540 Falmouth St, Ste 103
Richmond, VA 23230
www.peterbreslinmd.com

CONFIDENTIALITY NOTICE: The contents of this email message and any attachments are intended solely for the addressee(s) and may contain confidential and/or privileged information and may be legally protected from disclosure. If you are not the intended recipient of this message or their agent, or if this message has been addressed to you in error, please immediately alert the sender by reply email and then delete this message and any attachments. If you are not the intended recipient, you are hereby notified that any use, dissemination, copying, or storage of this message or its attachments is strictly prohibited.

On Mon, Dec 16, 2019 at 11:29 AM Andrew Mann <andrew@societyhq.com> wrote:

Please review carefully and submit comments to Elaine Yeatts within the next 30 days.

Thank you for your help in this matter.

Andrew Mann

PSV Association Manager



Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

comments on petition to amend subsection I of 18VAC85-21-150

1 message

Ait-Daoud Tiouririne, Nassima *HS <NAT7B@hscmail.mcc.virginia.edu>
To: "elaine.yeatts@dhp.virginia.gov" <elaine.yeatts@dhp.virginia.gov>

Thu, Jan 9, 2020 at 9:08 AM

Dr Yeatts,

In response of the petition to increase the dose of allowed prescribed buprenorphine to 32 mg in the State of Virginia. I oppose the request as higher doses are associated with more diversion and not a better outcome.

I attached a summary of my thoughts.

I am the medical director of an OBOT clinic at UVA and we see a lot of patients with Opioid use disorder, when we are not able to reach full recovery on 24 mg daily, it signals drug failure and we think about different other options.

Thank you,
Nassima

*Nassima Ait-Daoud Tiouririne, M.D.
Professor. Medical Director*

 **Comments.docx**
1403K

We do not know the exact threshold of brain mu opioid receptors (μ OR) availability required for specific clinical effects (withdrawal suppression, blockade), nor for which types of patients, abused opioids, or routes of administration. Lack of such criteria is relevant for scientists, clinicians, and policymakers,

Research has shown that there is no difference in mu opioid receptors (μ OR) occupancy by buprenorphine once we reach a certain level (16 mg). In a study published by Nature, buprenorphine significantly decreased mean whole-brain μ OR availability 41 ± 8 , 80 ± 2 , and $84\pm 2\%$ at 2, 16, and 32 mg, respectively. The difference between the decreases in μ OR availability was 80 versus 84 between 16 and 32 mg buprenorphine.

<https://www.nature.com/articles/1300251>

Another study mapped out mu opioid receptors availability on different doses in different area of the brain. From the figure below, there is no different in the percentage of mu opioid receptors availability between 16, 32 and 64 mg (it is all a flat line)

Drug Alcohol Depend. Author manuscript; available in PMC 2016 Nov 1.

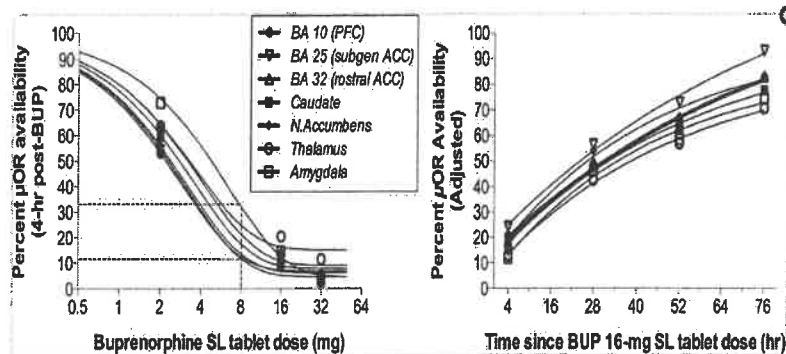
Published in final edited form as:

Drug Alcohol Depend. 2014 Nov 1; 0: 1-11.

Published online 2014 Aug 18. doi: 10.1016/j.drugaldep.2014.07.035

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Figure 1



Left panel: Non-linear regression curves on μ OR availability (non-displaceable binding potential, BP_{ND}) fitted to brain region-of-interest (ROI) [11 C]-carfentanil PET data from Greenwald et al. (2003) for different buprenorphine (BUP) maintenance doses (\log_2 -- linear plot) at 4-hr post-dose. The seven ROIs illustrated are: Brodmann area (BA) 10 in prefrontal

I therefore do not support increase the dose limit of buprenorphine in Virginia. Clinically, it is important to recognize treatment failure instead of pushing for higher dose and increasing the likelihood of diversion. In our OBOT practice, the majority of patients that we have on 24 mg daily have not done better, on higher doses compared to when they were on 16 mg, suggesting that a different treatment modality may be needed for them.

From: voma <voma@voma-net.org>
Sent: Friday, December 20, 2019 7:56 AM
To: Colanthia Opher <coco.morton@dhp.virginia.gov>
Subject: Re: Virginia Board of Medicine - Petition for Rulemaking - Tannenbaum

VOMA strongly supports this.

- Maria Harris

----- Original message -----

From: Colanthia Opher <coco.morton@dhp.virginia.gov>
Date: 12/16/19 11:24 AM (GMT-05:00)
To: Morton Colanthia puc97284 <coco.morton@dhp.virginia.gov>
Cc: "Harp, William" <william.harp@dhp.virginia.gov>, "Yeatts, Elaine" <elaine.yeatts@dhp.virginia.gov>
Subject: Virginia Board of Medicine - Petition for Rulemaking - Tannenbaum

The Virginia Board of Medicine would like your comment/position on the attached Petition for Rulemaking.

Please submit your responses to Elaine Yeatts, DHP Policy Analyst at elaine.yeatts@dhp.virginia.gov by COB **January 22, 2020**.

Colanthia M. Opher

Deputy Executive Director

Virginia Board of Medicine

9960 Mayland Drive, Suite 300

Henrico, VA 23233

If you have received this communication in error or would like to be removed from our Public Participations Guidelines List (PPG) please notify me by return e-mail.



Harp, William <william.harp@dhp.virginia.gov>

Fwd: RE: Fwd: Couple of Petitions FROM BILL HARP

1 message

Harp, William <william.harp@dhp.virginia.gov>
To: "Yeatts, Elaine" <elaine.yeatts@dhp.virginia.gov>

Thu, Feb 13, 2020 at 8:43 AM

FYI

----- Forwarded message -----

From: voma <voma@voma-net.org>
Date: Thu, Feb 13, 2020 at 4:07 AM
Subject: Fwd: RE: Fwd: Couple of Petitions FROM BILL HARP
To: Harp, William <william.harp@dhp.virginia.gov>

Bill,

Please see below.

Maria

----- Original message -----

From: Paul Spector <specrab@verizon.net>
Date: 2/12/20 9:29 PM (GMT-05:00)
To: voma@voma-net.org
Subject: RE: Fwd: Couple of Petitions FROM BILL HARP

I had already spoken to bill about the suboxone one. I told him that only in exceptional circumstances should the dose exceed 24 mg . And that that should be limited to 3 percent if a physicians suboxone patients. As for he other issue. A physicians Nome must be on the document. Non physicians Myst not be allowed to pretend that they are doctors.

On Tuesday, February 11, 2020 voma <voma@voma-net.org> wrote:

Paul,

Can you please respond to Bill?

Maria

----- Original message -----

From: "Harp, William" <william.harp@dhp.virginia.gov>
Date: 2/11/20 10:20 AM (GMT-05:00)
To: VOMA <voma@voma-net.org>
Subject: Couple of Petitions

Hi Maria:

Left a message on you phone, but thought I would email as well.

Could you remind me again of VOMA's stance on 2 petitions?

1. Authorizing an increase in the maximum dose of buprenorphine form 24mg to 32 mg.
2. No longer require the patient care team physician's name to be on prescriptions.

2/13/2020

Commonwealth of Virginia Message 119: RE: Fwd: Couple of Petitions FROM BILL HARP

Thanks again,

Bill

**VIRGINIA**
REGULATORY TOWN HALL**Agency****Department of Health Professions****Board****Board of Medicine****Chapter****Regulations Governing Prescribing of Opioids and Buprenorphine [18 VAC 85 - 21]**[Back to List of Comments](#)**Commenter:** Jodi Herndon LPC, Addiction Recovery Systems

1/21/20 2:57 pm

Prescribing Increase

As more consumers are presenting with an increased tolerance to medication assisted treatment options, due to the use of fentanyl, many consumers are unable to stabilize at a low dose. Increasing the dosing limit would give providers a better opportunity to stabilize and treat their clients.

CommentID: 78880

18VAC85-21-150. Treatment with Buprenorphine for Addiction.

A. Buprenorphine without naloxone (buprenorphine mono-product) shall not be prescribed except:

1. When a patient is pregnant;
2. When converting a patient from methadone or buprenorphine mono-product to buprenorphine containing naloxone for a period not to exceed seven days;
3. In formulations other than tablet form for indications approved by the FDA; or
4. For patients who have a demonstrated intolerance to naloxone; such prescriptions for the mono-product shall not exceed 3.0% of the total prescriptions for buprenorphine written by the prescriber, and the exception shall be clearly documented in the patient's medical record.

B. Buprenorphine mono-product tablets may be administered directly to patients in federally licensed opioid treatment programs. With the exception of those conditions listed in subsection A of this section, only the buprenorphine product containing naloxone shall be prescribed or dispensed for use off site from the program.

C. The evidence for the decision to use buprenorphine mono-product shall be fully documented in the medical record.

D. Due to a higher risk of fatal overdose when buprenorphine is prescribed with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

E. Prior to starting medication-assisted treatment, the practitioner shall perform a check of the Prescription Monitoring Program.

F. During the induction phase, except for medically indicated circumstances as documented in the medical record, patients should be started on no more than eight milligrams of buprenorphine per day. The patient shall be seen by the prescriber at least once a week.

G. During the stabilization phase, the prescriber shall increase the daily dosage of buprenorphine in safe and effective increments to achieve the lowest dose that avoids intoxication, withdrawal, or significant drug craving.

H. Practitioners shall take steps to reduce the chances of buprenorphine diversion by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of the Prescription Monitoring Program. The practitioner shall also require urine drug screens or serum medication levels at least every three months for the first year of treatment and at least every six months thereafter.

I. Documentation of the rationale for prescribed doses exceeding 16 milligrams of buprenorphine per day shall be placed in the medical record. Dosages exceeding 24 milligrams of buprenorphine per day shall not be prescribed.

J. The practitioner shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance misuse counseling.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Volume 34, Issue 23, eff. August 8, 2018.

Agenda Item: Petition for rulemaking

Staff Note:

The Board received a petition for rulemaking from the Virginia Academy of Physician Assistants

Included in your package:

A copy of the petition and Townhall notice

Copy of comment on petition

A copy of applicable section of regulation

Recommendation from the Legislative Committee: Take no regulatory action

Board action:

The Board can decide to take no regulatory action (should explain why petition is rejected); OR

The Board can decide to initiate rulemaking with a Notice of Intended Regulatory Action



COMMONWEALTH OF VIRGINIA

Board of Medicine

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4600 (Tel)
(804) 527-4426 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Virginia Academy of PAs

Street Address

250 West Main Street, Suite 100

Area Code and Telephone Number

(804) 643-4433 x6

City

Charlottesville

State

VA

Zip Code

22902

Email Address (optional)

vapa@vapa.org

Fax (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

Regulations Governing the Practice of Physician Assistants
Part V Prescriptive Authority
18VAC85-50-160. Disclosure.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule:

We request the removal of the patient care team physician's name from Schedule II-V prescriptions. There is no indication that the absence of the physician's name on PA prescriptions will result in increased citizen complaints or patient harm. We also feel that this will provide a uniform policy for non-physician prescribers in Virginia.

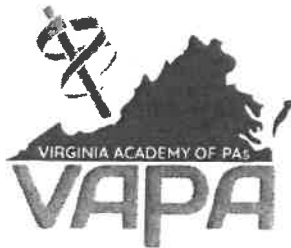
3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

§ 54.1-2400 and Chapter 29 of Title 54.1 of the Code of Virginia

Signature:

Date: October 11, 2019

A Rutherford PA-C, MSPAs, MS



October 8, 2019

William L. Harp, M.D.
Executive Director
Virginia Board of Medicine
9960 Mayland Drive, Suite 300
Henrico Virginia 23233

Dear Dr. Harp:

In February 2014, the Virginia Academy of PAs (VAPA) brought an issue to the Advisory Board on Physician Assistants. It had come to our attention that many electronic medical records (eMR) did not support inclusion of the supervising physician on electronically submitted prescriptions. Relief was obtained in 2015, by which Schedule VI drugs were excluded from the requirement, and 18VAC85-50-160 was so revised. For Schedule II-V drugs, handwriting the supervising physician's name was an adequate work around, should ones eMR not support.

18VAC85-50-160. Disclosure.

Statutory Authority: § 54.1-2400 and Chapter 29 of Title 54.1 of the Code of Virginia

A. Each prescription for a Schedule II through V drug shall bear the name of the supervising physician and of the physician assistant.

B. The physician assistant shall disclose to the patient that he is a licensed physician assistant, and also the name, address and telephone number of the supervising physician. Such disclosure may be included on the prescription pad or may be given in writing to the patient.

We respectfully request further revision. Beginning in 2020, it will become mandatory to submit Schedule II-V prescriptions electronically. To date, not all eHRs support listing the supervising/collaborating physician on the prescription.

The following is pertinent:

1. The electronic medical record and e-prescribing systems identify the prescriber (The PA) but are quite variable in their ability to identify a supervising physician on the electronic Rx sent to the pharmacy.
2. PAs are the only prescribers in Virginia who are required to have this requirement (not required of prescribing NPs).
3. Forcing compliance for every organization and e-prescribing system in use statewide could be expensive for the state (enforcement) as well as health organizations (expensive software change for small number of providers).



4. Organizations may preferentially hire NPs to avoid the expense associated with this regulation.
5. There is no evidence that harm has occurred or will occur if the supervising/collaborating physician's name does not appear on PA prescriptions (just as they do not appear on NP prescriptions).

VAPA continues to ensure that PAs in Virginia remain in compliance with state regulation. We propose the following revision that supports a uniform policy for non-physician prescribers in the state. There is no indication that the absence of the supervising physician's name on PA prescriptions has resulted in citizen complaints, evidence of patient harm, or a disciplinary hearing.

The revisions continue to include a requirement that PAs identify themselves as licensed Physician Assistants, include DEA numbers on schedule II – V prescriptions, and provide the supervising/collaborating physician name and contact information when requested. We believe that public safety is preserved with the proposed amendments. Virginia experience with NP prescribing, absent the requirement for the health care team physician's name on the prescription, provides evidence that this is safe.

18VAC85-50-160. Disclosure.

A. Each prescription for a ~~Schedule II through V~~ drug shall bear the name of the supervising physician ~~and of the physician assistant.~~

B. The physician assistant shall disclose to the patient that he is a licensed physician assistant, and also the name, address and telephone number of the supervising/collaboration physician. Such disclosure may shall either be included on the prescription pad or may be given in writing to the patient.

Respectfully,

A Rutherford PA-C, MSPAs, MS

A. Rose Rutherford
President, Virginia Academy of PAs

Virginia.gov Agencies | Governor

Secretarial **Health and Human Resources**Agency **Department of Health Professions**Board **Board of Medicine**
[Edit Petition](#)

Petition 310

Petition Information	
Petition Title	Name of physician on prescription written by PA
Date Filed	10/15/2019 [Transmittal Sheet]
Petitioner	Va. Academy of Physician Assistants
Petitioner's Request	To eliminate the requirement for the name of a patient care team physician to appear on a prescription written by a physician assistant for a controlled substance in Schedules II - V.
Agency's Plan	In accordance with Virginia law, the petition has been filed with the Register of Regulations and will be published on November 11, 2019 and posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov . Comment on the petition will be requested until December 11, 2019 and may be posted on the Townhall or sent to the Board. Following receipt of all comments on the petition to amend regulations, the matter will be considered by the Advisory Board at its next meeting following the close of comment.
Comment Period	Ended 12/11/2019 0 comments
Agency Decision	Pending

Contact Information	
Name / Title:	William L. Harp, M.D. / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Richmond, 23233
Email Address:	william.harp@dhp.virginia.gov
Telephone:	(804)367-4558 FAX: (804)527-4429 TDD: (-)

On Nov 4, 2019, at 1:04 PM, Colanthia Opher <coco.morton@dhp.virginia.gov> wrote:

[Quoted text hidden]

<VAPA petition.pdf>

Colanthia Opher <coco.morton@dhp.virginia.gov>
To: Yeatts Elaine rok78007 <elaine.yeatts@dhp.virginia.gov>

Wed, Nov 6, 2019 at 12:32 PM

From: VOMA <voma@voma-net.org>
Sent: Tuesday, November 5, 2019 12:52 PM
To: 'Colanthia Opher' <coco.morton@dhp.virginia.gov>
Subject: RE: Virginia Board of Medicine - Petition for Rulemaking

Coco,

VOMA is opposed to this. Thank you.

Maria S. Harris

Executive Director

Virginia Osteopathic Medical Association

1403 Pemberton Road, Suite 305

Richmond, VA 23238

Phone (804) 269-0136

Fax (866) 231-8520

voma@voma-net.org

www.voma-net.org

[Quoted text hidden]



Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Virginia Board of Medicine - Petition for Rulemaking

2 messages

Colanthia Opher <coco.morton@dhp.virginia.gov>

Mon, Nov 4, 2019 at 1:03 PM

To: coco.morton@dhp.virginia.gov

Bcc: elaine.yeatts@dhp.virginia.gov

Good afternoon All,

The Virginia Board of Medicine is asking that you review the attached petition and submit any comments online or by return email between the dates of November 11th and December 11th, 2019.

Thank you in advance for your attention to this request.

Colanthia M. Opher

Deputy Executive Director

Virginia Board of Medicine

 **VAPA petition.pdf**
142K

Colanthia Opher <coco.morton@dhp.virginia.gov>

Tue, Nov 5, 2019 at 3:43 PM

To: Yeatts Elaine rok78007 <elaine.yeatts@dhp.virginia.gov>

FYI

From: David Falkenstein <falky1@cox.net>

Sent: Tuesday, November 5, 2019 2:35 PM

To: Colanthia Opher <coco.morton@dhp.virginia.gov>

Subject: Re: Virginia Board of Medicine - Petition for Rulemaking

I strongly support the requested regulatory change.

David Falkenstein PA-C

Sent from my iPhone

From: Rob R <ruchtirobert@gmail.com>

Sent: Monday, November 4, 2019 8:20 PM

To: Colanthia Opher <coco.morton@dhp.virginia.gov>; Drew Keene <drew.keene@bgh.org>

Subject: Re: Virginia Board of Medicine - Petition for Rulemaking

I think with the opioid issues in va and the US, we need to have as few a specialties as possible having open prescription rules.... at least with the supervising physician's name on the script, it at least makes the physician pay attention to prescribing by his PA.

18VAC85-50-160. Disclosure.

A. Each prescription for a Schedule II through V drug shall bear the name of the supervising physician and of the physician assistant.

B. The physician assistant shall disclose to the patient that he is a licensed physician assistant, and also the name, address and telephone number of the supervising physician. Such disclosure shall either be included on the prescription or be given in writing to the patient.

Statutory Authority

§§ 54.1-2400 and 54.1-2952.1 of the Code of Virginia.

Historical Notes

Derived from VR465-05-1 § 6.3, eff. February 1, 1989; amended, Volume 06, Issue 20, eff. August 1, 1990; Volume 08, Issue 12, eff. April 8, 1992; Volume 08, Issue 25, eff. October 8, 1992; Volume 10, Issue 09, eff. February 23, 1994; Volume 13, Issue 21, eff. August 6, 1997; Volume 32, Issue 07, eff. January 15, 2016.

Agenda Item: Adoption of Amendment to Regulations for Respiratory Therapy

Included in agenda package:

Minutes of the Advisory Board on Respiratory Therapy

Draft of an amendment to 18VAC85-40-66 (Continuing education requirements) to allow passage of a specialty examination to count for 20 hours of CE in the biennium in which the exam was passed.

Action: Adoption of amended regulation as a fast-track action

---DRAFT UNAPPROVED---

**Advisory Board on Respiratory Therapy
Minutes
May 21, 2019**

The Advisory Board on Respiratory Therapy met on Tuesday, October 2, 2018 at the Department of Health Professions, Perimeter Center, 9960 Mayland, Suite 201, Drive, Henrico, VA

MEMBERS PRESENT: Shari Toomey, RRT, Chair
Daniel Gochenour, RRT, Vice Chair
Bruce Rubin, MD
Santiera Brown, RRT

MEMBERS ABSENT: Denver Supinger

STAFF PRESENT: William L. Harp, M.D., Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
Colanthia Morton Opher, Deputy for Administration

GUESTS PRESENT: Yetty Shobo, PhD, Healthcare Workforce Data Center
Mark Hickman, CSG

Call TO ORDER

Ms. Toomey called the meeting to order at 1:10 p.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress procedures.

ROLL CALL

Ms. Opher called the roll, and a quorum was declared.

APPROVAL OF THE MINUTES OF OCTOBER 2, 2018

Mr. Gouchenour moved to approve the minutes of October 2, 2018. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Mr. Gouchenour moved to adopt the agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

None

---DRAFT UNAPPROVED---

NEW BUSINESS

1. Report from the 2019 General Assembly

Dr. Brown reported on the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

Dr. Harp provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

Both of these reports were for information only and did not require any action.

2. NBRC Specialty Exam Counting as Continuing Education Hours

The FAQ's from the American Association of Respiratory Care website were reviewed. Ms. Toomey spoke to question #6, "How many hours do I need to renew my AE-C credential with the National Asthma Educator Certification Board (NAECB)?" and to question # 15, "I took this course last year. Can I take it again for credit?" She asked if this is acceptable for meeting the continuing education requirements for license renewal.

Dr. Harp said the FAQ's did not provide any information about accepting passage of an NBRC specialty examination as CE hours.

MOTION: After some discussion, the members asked that the Board consider amending 18VAC85-40-66. Continuing Education Requirements to include the following:

4. Passage of a National Board of Respiratory Care specialty exam shall be counted as 20 hours.

3. Tracking of RT's Credentialed after July 1, 2002 for Maintenance of NBRC

Ms. Toomey provided the members with NBRC's maintenance requirements prior to and after 2002. She stated that if the required documentation is not submitted, the individual would lose their certification. Dr. Harp pointed out that the Board does not require most professions to maintain membership in national organizations or credentialing bodies, but rather it requires that licensees obtain the same number of continuing education credits as do the national organizations or credentialing bodies.

4. Employment Under a Temporary License Until a Full License is Issued.

The members reviewed the following regulations that represent the array of options for practice prior to the issuance of a full license.

- 18VAC-120-75. Temporary Authorization to Practice
- 18VAC 85-120-80. Provisional Licensure
- 18VAC85-80-45. Practice by a Graduate Awaiting Examination Results

---DRAFT UNAPPROVED---

- 18VAC85-140-45. Practice As a Student or Trainee
- 18VAC85-50-55. Provisional Licensure
- 18VAC85-170-60. Licensure Requirements

Dr. Harp said he was in favor of some accommodation for all the allied professions, and that if possible, have the exemptions be as uniform as possible.

MOTION: After further discussion, Ms. Toomey moved to recommend to the Board that the language of the Occupational Therapy regulations be adopted in the regulations of Respiratory Therapy. The OT regulations are based on the following statutory language.

§ 54.1-2956.5. Unlawful to practice occupational therapy without license

B. However, a person who has graduated from a duly accredited occupational therapy assistant education program may practice with the title "Occupational Therapy Assistant. License Applicant" or "O.T.A.-Applicant" until he has received a failing score on any examination required by the Board or until six months from the date of graduation, whichever occurs sooner.

The motion was seconded and carried unanimously.

ANNOUNCEMENTS

Ms. Opher provided a report on the processing days for licensure.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 2:43 p.m.

NEXT SCHEDULED MEETING

October 1, 2019 at 1:00 p.m.

Shari Toomey, RRT, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Deputy Executive, Administration

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Project 6299 - none

BOARD OF MEDICINE

CE credit for specialty exam

18VAC85-40-66. Continuing education requirements.

A. In order to renew an active license as a respiratory therapist, a licensee shall attest to having completed 20 hours of continuing education within the last biennium as follows:

1. Courses approved and documented by a sponsor recognized by the AARC;
2. Courses directly related to the practice of respiratory care as approved by the American Medical Association for Category 1 CME credit; or
3. A credit course of post-licensure academic education relevant to respiratory care offered by a college or university accredited by an agency recognized by the U.S. Department of Education;
4. Passage of a specialty examination of the National Board of Respiratory Care for 20 hours of credit in the biennium in which the examination was passed.

Up to two continuing education hours may be satisfied through delivery of respiratory therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services. For the purpose of continuing education credit for voluntary service, the hours shall be approved and documented by the health department or free clinic.

B. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain in his records the completed form with all supporting documentation for a period of four years following the renewal of an active license.

D. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

Agenda Item: Regulatory –Adoption of final regulations for autonomous practice for nurse practitioners

Enclosed are:

Copy of proposed regulations – identical to emergency regulations currently in effect
Notice of Comment period on proposed regulations – closed 11/29/19
Comment on proposed regulation

Staff note:

- Emergency regulation became effective 1/7/19 – remains in effect for 18 months and must be replaced with permanent regulation – expires on 6/6/20
- Board of Nursing adopted final regulations on January 28, 2020

Board action:

Adoption of final regulations identical to proposed and emergency regulations

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Agency

Department of Health Professions

Board

Board of Nursing

Chapter

Regulations Governing the Licensure of Nurse Practitioners [18 VAC 90 - 30]

Action: Autonomous practice**Proposed Stage**

Action 5132 / Stage 8578

[Edit Stage](#)
[Withdraw Stage](#)
[Go to RIS Project](#)

Documents		
Proposed Text	9/19/2019 8:15 am	Sync Text with RIS
Agency Background Document	3/25/2019	Upload / Replace
Attorney General Certification	5/1/2019	
DPB Economic Impact Analysis	6/4/2019	
Agency Response to EIA	9/5/2019	Upload / Replace
Governor's Review Memo	9/5/2019	
Registrar Transmittal	9/5/2019	

Status	
Changes to Text	The proposed text for this stage is identical to the emergency regulation.
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 3/25/2019 Review Completed: 5/1/2019 Result: Certified
DPB Review	Submitted on 5/1/2019 Economist: Oscar Ozfidan Policy Analyst: Cari Corr Review Completed: 6/4/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 8/12/2019
Governor's Review	Review Completed: 9/5/2019 Result: Approved
Virginia Registrar	Submitted on 9/5/2019 The Virginia Register of Regulations Publication Date: 9/30/2019 Volume: 36 Issue: 3
Public Hearings	10/16/2019 9:05 AM

Comment Period	<u>Ended 11/29/2019</u> <u>1 comments</u>
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Contact Information	
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This person is the primary contact for this chapter.

This stage was created by Elaine J. Yeatts on 03/25/2019

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VIRGINIA
REGULATORY TOWN HALL

Agency

Department of Health Professions

Board

Board of Nursing

Chapter

Regulations Governing the Licensure of Nurse Practitioners [18 VAC 90 - 30]

Action	<u>Autonomous practice</u>
Stage	<u>Proposed</u>
Comment Period	Ends 11/29/2019

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Commenter: Edward Timmons, Saint Francis University

11/27/19 9:29 am

Change in Regulations Governing the Licensure of Nurse Practitioners and Important First Step

I would like to thank the Virginia Board of Nursing for offering me the opportunity to comment on Regulations Governing the Licensure of Nurse Practitioners [18 VAC 90 ? 30]. I am a professor of economics at Saint Francis University and director of the Knee Center for the Study of Occupational Regulation at Saint Francis University in Loretto, PA. Our academic research center focuses exclusively on the topic of occupational regulation. I am also a Senior Affiliated Scholar with the Mercatus Center at George Mason University. Based on my own research on the effects of permitting nurse practitioners to practice and use the skillsets that they have acquired through their specialized training, I believe that this change represents an important first step to improving access to primary care in the state of Virginia. I would encourage policy makers in the state to consider going further and use other states as a model for future reform.

Like many other states, Virginia is facing challenges providing primary care to patients. National trends continue to suggest a declining population of primary care physicians.^[i] Nurse practitioners can potentially help fill this gap, but is important that the existing law does not tie their hands and prevent them from practicing to the full extent of their specialized training.

On January 7, 2019, a law was temporarily put into effect until June 6, 2020 by Governor Northam and the Committee of the Joint Boards of Nursing and Medicine. The law permits nurse practitioners in the state of Virginia to apply for full practice autonomy after achieving the equivalent of five years of full-time clinical experience. This policy change is similar to one that was permanently enacted in New York State in 2015. It is important to note, however, that the clinical experience requirement in the temporary law in Virginia is more excessive—New York law requires only 3,600 hours of clinical practice. Moreover, the bordering state of Maryland enacted a more expansive law in 2015 that recognizes nurse practitioners as primary care providers in the state and requires 18 months of clinical experience before autonomy can be received. District of Columbia law serves as a model for other states and jurisdictions—permitting nurse practitioners full practice autonomy immediately upon successfully completing the requirements for licensure.

Nurse practitioners are often restricted by state law to apply the skills that they have learned and alleviate challenges that vulnerable populations encounter to receive primary care. Prior to this temporary change, Virginia belonged in this category—requiring nurse practitioners to enter into collaborative practice agreements and work in a team setting managed by a physician. Research consistently shows that these restrictions on nurse practitioner scope of practice result in longer driving times to receive primary care^[ii] and reductions in the volume of care provided by nurse practitioners.^[iii] In addition, researchers consistently find that nurse practitioners are more than capable of providing quality care to patients.^[iv]

In my own research examining how changes to nurse practitioner scope of practice affect Medicaid patients, we find evidence that permitting nurse practitioners to practice autonomously is associated with patients receiving more care without increasing cost.^[v] It should be noted, however, that our research suggests that the positive effects of granting nurse practitioners autonomy are only fully realized when they are granted full practice authority. The change is quite large—we estimate an 8% increase in the amount of care that Medicaid patients receive. There are

no measurable differences observed between states like Virginia and West Virginia where nurse practitioners are required to enter into collaborative practice agreements to write prescriptions. It is only when states move to an environment like Washington DC, or the thirteen other states that have granted nurse practitioners the ability to practice autonomously without experience requirements, that the full benefits of nurse practitioner autonomy can be realized by vulnerable communities.

To conclude, the temporary law change to grant nurse practitioners the ability to practice autonomously after five years in Virginia is an important first step. Policy makers, however, should consider going further and use states and jurisdictions like New Hampshire, Rhode Island, and the District of Columbia as a model for future reform.

Edward Timmons, PhD

Professor of Economics

Director, Knee Center for the Study of Occupational Regulation

Saint Francis University

Senior Affiliated Scholar

Mercatus Center

George Mason University

[i] <http://www.vdh.virginia.gov/content/uploads/sites/76/2016/05/Primary-Care-Needs-Assessment-OHE.pdf>

[ii] Neff DF, Yoon SH, Steiner RL, Bejleri I, Bumbach MD, Everhart D, and Harman JS. The impact of nurse practitioner regulations on population access to care. *Nursing Outlook*. 2018;66(4):379-385.

[iii] Kuo YF, Lorestro FL Jr, Rounds LR, Goodwin JS. States with the least restrictive regulations experiences the largest increase in patients seen by nurse practitioners. *Health Affairs*. 2013;32(7):1236-1243.

[iv] Adams EK, Markowitz S. Improving efficiency in the health-care system: Removing anticompetitive barriers for advanced practice registered nurses and physician assistants. The Brookings Institution. Published June 13, 2018. Accessed November 27, 2019.

[v] Poghosyan L, Timmons E, Abraham CM, Martsof GR. The Economic Impact of the Expansion of Nurse Practitioner Scope of Practice for Medicaid. *Journal of Nursing Regulation*. 2019;10(1): 1-6.

CommentID: 76980

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Project 5512 - Proposed

BOARD OF NURSING

Autonomous practice

Part I

General Provisions

18VAC90-30-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Approved program" means a nurse practitioner education program that is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools, American College of Nurse Midwives, Commission on Collegiate Nursing Education, or the National League for Nursing Accrediting Commission or is offered by a school of nursing or jointly offered by a school of medicine and a school of nursing that grant a graduate degree in nursing and ~~which~~ that hold a national accreditation acceptable to the boards.

"Autonomous practice" means practice in a category in which a nurse practitioner is certified and licensed without a written or electronic practice agreement with a patient care team physician in accordance with 18VAC90-30-86.

"Boards" means the Virginia Board of Nursing and the Virginia Board of Medicine.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957 of the Code of Virginia.

"Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957 of the Code of Virginia, and who practices under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement requirement described in § 54.1-2957.

"Collaboration" means the communication and decision-making process among members of a patient care team related to the treatment and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"Consultation" means the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem solving, and arranging for referrals, testing, or studies.

"Licensed nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as stated in Part II (18VAC90-30-60 et seq.) of this chapter.

"National certifying body" means a national organization that is accredited by an accrediting agency recognized by the U.S. Department of Education or deemed acceptable by the National Council of State Boards of Nursing and has as one of its purposes the certification of nurse anesthetists, nurse midwives, or nurse practitioners, referred to in this chapter as professional certification, and whose certification of such persons by examination is accepted by the committee.

"Patient care team physician" means a person who holds an active, unrestricted license issued by the Virginia Board of Medicine to practice medicine or osteopathic medicine.

"Practice agreement" means a written or electronic statement, jointly developed by the collaborating patient care team ~~physician(s)~~ physician and the licensed nurse ~~practitioner(s)~~ practitioner that describes the procedures to be followed and the acts appropriate to the specialty practice area to be performed by the licensed nurse ~~practitioner(s)~~ practitioner in the care and management of patients. The practice agreement also describes the prescriptive authority of the nurse practitioner, if applicable. For a nurse practitioner licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician.

18VAC90-30-20. Delegation of authority.

A. The boards hereby delegate to the executive director of the Virginia Board of Nursing the authority to issue the initial licensure and the biennial renewal of such licensure to those persons who meet the requirements set forth in this chapter, to grant authorization for autonomous practice to those persons who have met the qualifications of 18VAC90-30-86, and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in subsection E of 18VAC90-30-105. Questions of eligibility shall be referred to the Committee of the Joint Boards of Nursing and Medicine.

B. All records and files related to the licensure of nurse practitioners shall be maintained in the office of the Virginia Board of Nursing.

18VAC90-30-50. Fees.

A. Fees required in connection with the licensure of nurse practitioners are:

1. Application	\$125
2. Biennial licensure renewal	\$80
3. Late renewal	\$25
4. Reinstatement of licensure	\$150
5. Verification of licensure to another jurisdiction	\$35
6. Duplicate license	\$15
7. Duplicate wall certificate	\$25
8. Return check charge	\$35
9. Reinstatement of suspended or revoked license	\$200
10. <u>Autonomous practice attestation</u>	<u>\$100</u>

B. For renewal of licensure from July 1, 2017, through June 30, 2019, the following fee shall be in effect:

Biennial renewal	\$60
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18VAC90-30-85. Qualifications for licensure by endorsement.

A. An applicant for licensure by endorsement as a nurse practitioner shall:

1. Provide verification of licensure as a nurse practitioner or advanced practice nurse in another ~~U.S.~~ United States jurisdiction with a license in good standing, or, if lapsed, eligible for reinstatement;

2. Submit evidence of professional certification that is consistent with the specialty area of the applicant's educational preparation issued by an agency accepted by the boards as identified in 18VAC90-30-90; and

3. Submit the required application and fee as prescribed in 18VAC90-30-50.

B. An applicant shall provide evidence that includes a transcript that shows successful completion of core coursework that prepares the applicant for licensure in the appropriate specialty.

C. An applicant for licensure by endorsement who is also seeking authorization for autonomous practice shall comply with subsection F of 18VAC90-30-86.

18VAC90-30-86. Autonomous practice for nurse practitioners other than certified nurse midwives or certified registered nurse anesthetists.

A. A nurse practitioner with a current, unrestricted license, other than someone licensed in the category of certified nurse midwife or certified registered nurse anesthetist, may qualify for autonomous practice by completion of the equivalent of five years of full-time clinical experience as a nurse practitioner.

1. Five years of full-time clinical experience shall be defined as 1,800 hours per year for a total of 9,000 hours.

2. Clinical experience shall be defined as the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

B. Qualification for authorization for autonomous practice shall be determined upon submission of a fee as specified in 18VAC90-30-50 and an attestation acceptable to the boards. The attestation shall be signed by the nurse practitioner and the nurse practitioner's patient care team physician stating that:

1. The patient care team physician served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement meeting the requirements of this chapter and §§ 54.1-2957 and 54.1-2957.01 of the Code of Virginia;

2. While a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category, as specified in 18VAC90-30-70, for which the nurse practitioner was certified and licensed; and

3. The period of time and hours of practice during which the patient care team physician practiced with the nurse practitioner under such a practice agreement.

C. The nurse practitioner may submit attestations from more than one patient care team physician with whom the nurse practitioner practiced during the equivalent of five years of practice, but all attestations shall be submitted to the boards at the same time.

D. If a nurse practitioner is licensed and certified in more than one category as specified in 18VAC90-30-70, a separate fee and attestation that meets the requirements of subsection B of this section shall be submitted for each category. If the hours of practice are applicable to the patient population and in practice areas included within each of the categories of licensure and certification, those hours may be counted toward a second attestation.

E. In the event a patient care team physician has died, become disabled, retired, or relocated to another state, or in the event of any other circumstance that inhibits the ability of the nurse practitioner from obtaining an attestation as specified in subsection B of this section, the nurse practitioner may submit other evidence of meeting the qualifications for autonomous practice along with an attestation signed by the nurse practitioner. Other evidence may include employment records, military service, Medicare or Medicaid reimbursement records, or other similar records that verify full-time clinical practice in the role of a nurse practitioner in the category for which the nurse practitioner is licensed and certified. The burden shall be on the nurse practitioner to provide sufficient evidence to support the nurse practitioner's inability to obtain an attestation from a patient care team physician.

F. A nurse practitioner to whom a license is issued by endorsement may engage in autonomous practice if such application includes an attestation acceptable to the boards that the nurse practitioner has completed the equivalent of five years of full-time clinical experience as specified in subsection A of this section and in accordance with the laws of the state in which the nurse practitioner was previously licensed.

G. A nurse practitioner authorized to practice autonomously shall:

1. Only practice within the scope of the nurse practitioner's clinical and professional training and limits of the nurse practitioner's knowledge and experience and consistent with the applicable standards of care;

2. Consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided; and

3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

18VAC90-30-110. Reinstatement of license.

A. A licensed nurse practitioner whose license has lapsed may be reinstated within one renewal period by payment of the current renewal fee and the late renewal fee.

B. An applicant for reinstatement of license lapsed for more than one renewal period shall:

1. File the required application and reinstatement fee;
2. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and
3. Provide evidence of current professional competency consisting of:
 - a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90;
 - b. Continuing education hours taken during the period in which the license was lapsed, equal to the number required for licensure renewal during that period, not to exceed 120 hours; or
 - c. If applicable, current, unrestricted licensure or certification in another jurisdiction.
4. If qualified for autonomous practice, provide the required fee and attestation in accordance with 18VAC90-30-86.

C. An applicant for reinstatement of license following suspension or revocation shall:

1. Petition for reinstatement and pay the reinstatement fee;
2. Present evidence that he is currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and
3. Present evidence that he is competent to resume practice as a licensed nurse practitioner in Virginia to include:

- a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90; or
- b. Continuing education hours taken during the period in which the license was suspended or revoked, equal to the number required for licensure renewal during that period, not to exceed 120 hours.

The committee shall act on the petition pursuant to the Administrative Process Act, (§ 2.2-4000 et seq. of the Code of Virginia).

Part III

Practice of Licensed Nurse Practitioners

18VAC90-30-120. Practice of licensed nurse practitioners other than certified registered nurse anesthetists or certified nurse midwives.

A. A nurse practitioner licensed in a category other than certified registered nurse anesthetist or certified nurse midwife shall be authorized to render care in collaboration and consultation with a licensed patient care team physician as part of a patient care team or if determined by the boards to qualify in accordance with 18VAC90-30-86, authorized to practice autonomously without a practice agreement with a patient care team physician.

B. The practice shall be based on specialty education preparation as an advanced practice registered nurse in accordance with standards of the applicable certifying organization, as identified in 18VAC90-30-90.

C. All nurse practitioners licensed in any category other than certified registered nurse anesthetist or certified nurse midwife shall practice in accordance with a written or electronic practice agreement as defined in 18VAC90-30-10 or in accordance with 18VAC90-30-86.

D. The written or electronic practice agreement shall include provisions for:

- 1. The periodic review of patient charts or electronic patient records by a patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;
- 2. Appropriate physician input in complex clinical cases and patient emergencies and for referrals; and

3. The nurse practitioner's authority for signatures, certifications, stamps, verifications, affidavits, and endorsements provided it is:

- a. In accordance with the specialty license of the nurse practitioner and within the scope of practice of the patient care team physician;
- b. Permitted by § 54.1-2957.02 or applicable sections of the Code of Virginia; and
- c. Not in conflict with federal law or regulation.

E. The practice agreement shall be maintained by the nurse practitioner and provided to the boards upon request. For nurse practitioners providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the nurse practitioner's clinical privileges or the electronic or written delineation of duties and responsibilities; however, the nurse practitioner shall be responsible for providing a copy to the boards upon request.

Part III

Practice Requirements

18VAC90-40-90. Practice agreement.

A. With the ~~exception of~~ exceptions listed in subsection E of this section, a nurse practitioner with prescriptive authority may prescribe only within the scope of the written or electronic practice agreement with a patient care team physician.

B. At any time there are changes in the patient care team physician, authorization to prescribe, or scope of practice, the nurse practitioner shall revise the practice agreement and maintain the revised agreement.

C. The practice agreement shall contain the following:

- 1. A description of the prescriptive authority of the nurse practitioner within the scope allowed by law and the practice of the nurse practitioner.
- 2. An authorization for categories of drugs and devices within the requirements of § 54.1-2957.01 of the Code of Virginia.

3. The signature of the patient care team physician who is practicing with the nurse practitioner or a clear statement of the name of the patient care team physician who has entered into the practice agreement.

D. In accordance with § 54.1-2957.01 of the Code of Virginia, a physician shall not serve as a patient care team physician to more than six nurse practitioners with prescriptive authority at any one time.

E. Exceptions.

1. A nurse practitioner licensed in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe in accordance with a written or electronic practice agreement with a consulting physician or may prescribe Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

2. A nurse practitioner who is licensed in a category other than certified nurse midwife or certified registered nurse anesthetist and who has met the qualifications for autonomous practice as set forth in 18VAC90-30-86 may prescribe without a practice agreement with a patient care team physician.

Agenda Item: Adoption of Proposed Regulation for Waiver of Electronic Prescribing – Nurse Practitioners

Included in agenda package:

Copy of Legislation passed in 2019

Copy of Emergency/NOIRA on Townhall

Amendments to 18VAC90-40, Regulations Governing Prescriptive Authority for Nurse Practitioners

Staff note:

Proposed amendments are identical to the emergency regulations that became effective on 12/23/19. There were no comments on the Notice of Intended Regulatory Action to replace emergency regulations.

Board action:

Motion to adopt the proposed regulations for nurse practitioners that replace emergency regulations for a temporary waiver for e-prescribing of opioids

2019 SESSION

CHAPTER 664

An Act to amend and reenact §§ 54.1-3408.02, as it shall become effective, and 54.1-3410 of the Code of Virginia, relating to electronic transmission of certain prescriptions; exceptions.

[H 2559]

Approved March 21, 2019

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3408.02, as it shall become effective, and 54.1-3410 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3408.02. (Effective July 1, 2020) Transmission of prescriptions.

A. Consistent with federal law and in accordance with regulations promulgated by the Board, prescriptions may be transmitted to a pharmacy as an electronic prescription or by facsimile machine and shall be treated as valid original prescriptions.

B. Any prescription for a controlled substance that contains an ~~opioid~~ *opioid* shall be issued as an electronic prescription.

C. *The requirements of subsection B shall not apply if:*

- 1. The prescriber dispenses the controlled substance that contains an opioid directly to the patient or the patient's agent;*
- 2. The prescription is for an individual who is residing in a hospital, assisted living facility, nursing home, or residential health care facility or is receiving services from a hospice provider or outpatient dialysis facility;*
- 3. The prescriber experiences temporary technological or electrical failure or other temporary extenuating circumstance that prevents the prescription from being transmitted electronically, provided that the prescriber documents the reason for this exception in the patient's medical record;*
- 4. The prescriber issues a prescription to be dispensed by a pharmacy located on federal property, provided that the prescriber documents the reason for this exception in the patient's medical record;*
- 5. The prescription is issued by a licensed veterinarian for the treatment of an animal;*
- 6. The FDA requires the prescription to contain elements that are not able to be included in an electronic prescription;*
- 7. The prescription is for an opioid under a research protocol;*
- 8. The prescription is issued in accordance with an executive order of the Governor of a declared emergency;*
- 9. The prescription cannot be issued electronically in a timely manner and the patient's condition is at risk, provided that the prescriber documents the reason for this exception in the patient's medical record; or*
- 10. The prescriber has been issued a waiver pursuant to subsection D.*

D. The licensing health regulatory board of a prescriber may grant such prescriber, in accordance with regulations adopted by such board, a waiver of the requirements of subsection B, for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

§ 54.1-3410. When pharmacist may sell and dispense drugs.

A. A pharmacist, acting in good faith, may sell and dispense drugs and devices to any person pursuant to a prescription of a prescriber as follows:

1. A drug listed in Schedule II shall be dispensed only upon receipt of a written prescription that is properly executed, dated and signed by the person prescribing on the day when issued and bearing the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name, address, and registry number under the federal laws of the person prescribing, if he is required by those laws to be so registered. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed;

2. In emergency situations, Schedule II drugs may be dispensed pursuant to an oral prescription in accordance with the Board's regulations;

3. Whenever a pharmacist dispenses any drug listed within Schedule II on a prescription issued by a prescriber, he shall affix to the container in which such drug is dispensed, a label showing the prescription serial number or name of the drug; the date of initial filling; his name and address, or the name and address of the pharmacy; the name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal; the name of the prescriber by whom the prescription was written, except for those drugs dispensed to a patient in a hospital pursuant to a chart order; and such directions as may be stated on the prescription.

B. A drug controlled by Schedules III through VI or a device controlled by Schedule VI shall be dispensed upon receipt of a written or oral prescription as follows:

1. If the prescription is written, it shall be properly executed, dated and signed by the person prescribing on the day when issued and bear the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name and address of the person prescribing. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed.

2. If the prescription is oral, the prescriber shall furnish the pharmacist with the same information as is required by law in the case of a written prescription for drugs and devices, except for the signature of the prescriber.

A pharmacist who dispenses a Schedule III through VI drug or device shall label the drug or device as required in subdivision A 3 of this section.

C. A drug controlled by Schedule VI may be refilled without authorization from the prescriber if, after reasonable effort has been made to contact him, the pharmacist ascertains that he is not available and the patient's health would be in imminent danger without the benefits of the drug. The refill shall be made in compliance with the provisions of § 54.1-3411.

If the written or oral prescription is for a Schedule VI drug or device and does not contain the address or registry number of the prescriber, or the address of the patient, the pharmacist need not reduce such information to writing if such information is readily retrievable within the pharmacy.

D. Pursuant to authorization of the prescriber, an agent of the prescriber on his behalf may orally transmit a prescription for a drug classified in Schedules III through VI if, in such cases, the written record of the prescription required by this subsection specifies the full name of the agent of the prescriber transmitting the prescription.

E. (Effective July 1, 2020) ~~No pharmacist shall dispense a controlled substance that contains an opiate unless the prescription for such controlled substance is issued as an electronic prescription.~~ *A dispenser who receives a non-electronic prescription for a controlled substance containing an opioid is not required to verify that one of the exceptions set forth in § 54.1-3408.02 applies and may dispense such controlled substance pursuant to such prescription and applicable law.*

2. That the Board of Medicine, the Board of Nursing, the Board of Dentistry, and the Board of Optometry shall promulgate regulations to implement the provisions of this act regarding prescriber waivers to be effective within 280 days of its enactment.

3. That the Secretary of Health and Human Resources shall convene a work group of interested stakeholders, including the Medical Society of Virginia, the Virginia Hospital and Healthcare Association, the Virginia Dental Association, the Virginia Association of Health Plans, and the Virginia Pharmacists Association, to evaluate the implementation of the electronic prescription requirement for controlled substances and shall report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022. The work group's report shall identify the successes and challenges of implementing the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid.

Virginia.gov Agencies | Governor



Agency Department of Health Professions

Board Board of Nursing

Chapter Regulations for Prescriptive Authority for Nurse Practitioners [18 VAC 90 - 40]

Action: Waiver for electronic prescribing**Emergency/NOIRA Stage**

Action 5413 / Stage 8798

[Edit Stage](#)
[Go to RIS Project](#)
[Request Emergency Extension](#)

Documents		
Emergency Text	1/3/2020 8:23 am	Sync Text with RIS
Agency Background Document	10/23/2019 (modified 10/30/2019)	Upload / Replace
Attorney General Certification	11/13/2019	
Governor's Review Memo	12/23/2019	
Registrar Transmittal	12/23/2019	

Status	
Public Hearing	Will be held at the proposed stage
Emergency Authority	2.2-4011
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 10/23/2019 Review Completed: 11/13/2019 Result: Certified
DPB Review	Submitted on 11/13/2019 Policy Analyst: Jeannine Rose Review Completed: 11/26/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 12/23/2019
Governor's Review	Review Completed: 12/23/2019 Result: Approved
Virginia Registrar	Submitted on 12/23/2019 The Virginia Register of Regulations Publication Date: 1/6/2020 Volume: 36 Issue: 10
Comment Period	Ended 2/5/2020 0 comments
Effective Date	12/23/2019

Expiration Date	6/22/2021
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This person is the primary contact for this chapter.

This stage was created by Elaine J. Yeatts on 10/23/2019

14



Emergency Text

[highlight](#)

Action: Waiver for electronic prescribing

Stage: Emergency/NOIRA

1/3/20 8:23 AM [latest] ▼

18VAC90-40-122

18VAC90-40-122. Waiver for electronic prescribing.

A. Beginning July 1, 2020, a prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription consistent with § 54.1-3408.02 of the Code of Virginia.

B. Upon written request, the boards may grant a one-time waiver of the requirement of subsection A of this section, for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

Agenda Item: Recommendation on Conversion Therapy

Included in your agenda package:

- Copy of guidance document adopted by the Board on October 17, 2019
- Copy of comments posted on the Regulatory Townhall

Staff note:

The Board submitted Guidance Document 85-7, Practice of Conversion Therapy, for publication in the Register of Regulations and posted it on the Virginia Regulatory Townhall with request for comment from November 11, 2019 to December 11, 2019. There were 726 comments posted on Townhall.

There were 438 comments in support of the Board's guidance document. Commenters noted that conversion therapy has no scientific basis, is not supported by any medical or mental health professional organization, has shown to be ineffective, harmful, unethical, and destructive to individuals and families.

There were 238 comments in opposition to the Board's guidance document. Commenters noted any prohibition of practice is a violation of a person's freedom of religion and free speech. Patients should have the right to receive medical care or counseling for unwanted sexual feelings. Parents have a fundamental right to make decisions for their children.

Legislative Committee recommendation: Reaffirm guidance document as published

Board options:

- 1) Reaffirm its Guidance Document as published; or
- 2) Amend or repeal Guidance Document

Virginia Board of Medicine

Guidance Document on the Practice of Conversion Therapy

For the purposes of this guidance "conversion therapy" or "sexual orientation change efforts" is defined as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any gender. "Conversion therapy" does not include counseling or therapy that provides assistance to a person undergoing gender transition or counseling or therapy that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling or therapy does not seek to change an individual's sexual orientation or gender identity in any direction.

In § 54.1-2915 of the Code of Virginia, the Board of Medicine is authorized to discipline a licensee for certain acts of unprofessional conduct, including:

12. Conducting his practice in a manner contrary to the standards of ethics of his branch of the healing arts;

13. Conducting his practice in such a manner as to be a danger to the health and welfare of his patients or to the public;

Leading professional medical and mental health associations have issued position and policy statements regarding conversion therapy/sexual orientation change efforts, especially with minors. Such statements have typically noted that the use of conversion therapy has not been shown to be effective or safe, may be harmful to a patient, and is considered to be unethical practice.

In a statement issued in 2019, the American Medical Association stated its opposition to the use of "reparative" or "conversion" therapy for sexual orientation or gender identity." The AMA noted that conversion therapy is not a legitimate medical treatment and that it violates many important ethical principles, the foremost of which: "First, do no harm."

Other medical societies and associations have also opposed conversion therapy for sexual orientation or gender identity. In 2018, the American Psychiatric Association reiterated its long-standing opposition to the practice of conversion therapy. Efforts to change one's sexual orientation "represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change."

In a statement issued in 2018, the American Academy of Child and Adolescent Psychiatry stated that conversion therapy should not be part of any behavioral health treatment of children and

adolescents. The AACAP asserted that conversion therapies lack “scientific credibility and clinical utility,” and that “there is evidence that such interventions are harmful.”

The 2018 policy statement from the American Academy of Pediatrics supported a gender-affirmative care model and stated that reparative or conversion treatments have proven to be unsuccessful but also “deleterious” and “outside the mainstream of traditional medical practice.”

In 2017, the American Osteopathic Association issued its position strongly opposing the practice of conversion therapy or any such technique aimed at changing a person’s sexual orientation or gender identity. The AOA stated that “any effort by an osteopathic physician to participate in any SOCE [Sexual Orientation Change Efforts] is considered unethical.”

Guidance Document 85-7, Practice of Conversion Therapy

Board of Medicine

Response to Public Comment

The Board submitted Guidance Document 85-7, Practice of Conversion Therapy, for publication in the *Register of Regulations* and posted it on the Virginia Regulatory Townhall with request for comment from November 11, 2019 to December 11, 2019. There were 726 comments posted on Townhall (a few duplicates).

There were 438 comments in support of the Board's guidance document. Commenters noted that conversion therapy has no scientific basis, is not supported by any medical professional organization, has shown to be ineffective, harmful, unethical, and destructive to individuals and families.

There were 283 comments in opposition to the Board's guidance document. Commenters noted any prohibition of practice is a violation of a person's freedom of religion and free speech. Patients should have the right to receive medical care and counseling for unwanted sexual feelings. Parents have a fundamental right to make decisions for their children.


Guidance Document Change: Board of Medicine guidance on conversion therapy

726 comments

[Back to List of Comments](#)

Commenter: Jeff Caruso, Virginia Catholic Conference

12/4/19 5:06 pm

Oppose Guidance Document

Dear Virginia Board of Medicine,

The Virginia Catholic Conference is the public policy agency representing Virginia's Catholic bishops and their two dioceses. The Conference urges the Board of Medicine to reject the vague and broadly worded Guidance Document (85-7) that seeks to prohibit "any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any gender."

Such a regulatory ban would infringe:

- The fundamental rights of parents to care for their children;
- Freedom of Speech and Free Exercise of Religion under the First Amendment; and
- Limits on regulatory authority that ensure conformity with the General Assembly's decisions.

Role of parents

When children have unwanted same-sex or mixed-sex attractions, they and their families should be free to seek medical counseling toward the resolutions they desire.

Parents, who are closest to their children's challenges, know their needs and are in the best position to identify solutions. Just as parents must generally give consent for over-the-counter medications,^[1] field trips, and extracurricular activities, they have a constitutional right to guide healthcare decisions for their children.^[2]

85-7 would also violate Virginia law governing parental rights. Code Sec. 1-240.1 provides that a parent has the *fundamental right* to make decisions concerning the upbringing, education and care of the parent's child.

The Board has no authority to override this fundamental right of parents and to adopt rules that would censor constitutionally protected counseling discussions between families and their child's doctor.

First Amendment

The First Amendment prohibits the government from favoring one viewpoint over another.

[T]he government has no power to restrict expression because of its message, its ideas, its subject matter or its content. . . . [T]he requirement that the government be content neutral in its regulation of speech means that the government must be both viewpoint neutral and subject-matter neutral. The viewpoint-neutral requirement means that the government cannot regulate speech based on the ideology of the message.^[3]

Because 85-7 seeks to prohibit the provision of licensed services to help clients achieve alignment between their subjective sense of gender and their objective biological sex while permitting services to assist clients towards a subjective sense of gender at odds with their objective biological sex, it is neither content nor viewpoint neutral. In addition, the guidance document would permit assisting clients in directing their attractions in one direction but not in the other direction.

Document 85-7, therefore, would authorize the state to engage in unconstitutional viewpoint discrimination and would set a double standard. It does not regulate the advocacy of dangerous treatments to accelerate "gender transition" among children, e.g., through irreversible surgery or the use of hormonal drugs.

Unlike the bans adopted by the boards of Psychology, Counseling and Social Work that implicated the counseling of children, this proposal would censor counseling (or therapy) with minors *and adults* if it does not affirm an individual's "sexual orientation or gender identity in any direction."

To date, no board of medicine in the U.S. has adopted a ban on such counseling with children, much less with adults. Moreover, the Board has not cited a single complaint to warrant this change.

If adopted, 85-7 it will invite a federal lawsuit like those filed in Florida, Maryland and New York. The First Amendment suits in Florida and Maryland challenged bans involving children and are currently before the U.S. Court of Appeals for the Fourth Circuit.

In October, a federal court struck down a municipal ban in Tampa Bay.^[4] There, a therapist challenged an ordinance that barred therapy by medical professionals that "seeks to assist a minor patient in a goal to change gender expression or to change sexual orientation/attraction." The Court cited numerous conflicts with controlling Florida law, including parental choice in healthcare.

In January, Christopher Doyle, a licensed professional counselor, filed suit to block Maryland's 2018 law. After a federal court dismissed the challenge, he appealed citing the U.S. Supreme Court decision in *NIFLA v. Becerra* that rejected the notion that states can single out the speech of licensed professionals for lesser protection under the First Amendment.

In New York City, a Jewish psychotherapist asked a federal court in June to halt enforcement of a 2017 ordinance on the ground that it violated his freedom of speech and infringed his and his patients' religious freedom.^[5] It was the first and only ban in the nation to censor talk therapy involving willing adults (like 85-7). In response to the lawsuit, the council voted unanimously to repeal the ban.

Exceeding regulatory authority

For reasons such as those above, the General Assembly has rejected legislation to prohibit therapy to change a minor's sexual orientation or gender identity. In 2016, the legislature rejected three such bills in committee: (SB 262 and SB 267, Senators Surovell and Dance; and HB 427, Delegate Hope).

Similarly, in 2018, the General Assembly rejected two bills (HB 363, Delegate Hope; SB 245 Senator Surovell). Analogous to 85-7, these bills were defeated in committee.

Administrative agencies can adopt rules and policies to carry out duties delegated by the legislature. Such regulations, however, should be consistent with statute.^[6] The General Assembly has repeatedly rejected proposed bans. The Board does not have the authority to adopt 85-7 because doing so would circumvent the General Assembly's decisions in this matter.

Accordingly, the Virginia Catholic Conference respectfully urges the Board of Medicine to reject 85-7.

Sincerely,

Jeffrey F. Caruso
Executive Director
Virginia Catholic Conference

^[1] A written, signed medication authorization from the physician or permission form from the parent/legal guardian is required for all OTC medications. See: [Medication Administration, School Nurses Guide: A Training Manual for Unlicensed Public School Employees \(2019\) \(Word\)](#) See also:

http://www.doe.virginia.gov/support/health_medical/virginia_school_health_guidelines/general_guidelines_admin-meds.pdf.

Note: Policies for over-the-counter medications vary greatly from one school division to another. Refer to local school division policies for policies for over-the-counter medications.

^[2] *Parham v. J.R.*, 442 U.S. 584, 602-606 (1979): "Most children, even in adolescence, simply are not able to make sound judgments concerning many decisions, including their need for medical care or treatment. Parents can and must make those judgments..."

^[3] Erwin Chemerinsky, *Content Neutrality as a Central Problem of Freedom of Speech in the Supreme Court's Application*, *Southern California Law Review*, Vol. 74: 49, 51 (2000). Citing *Police Dep't. v. Moseley*, 408 U.S. 92, 95 (1972).

^[4] *Vozzo v. City of Tampa*.

^[5] *Schwartz v. City of New York*.

^[6] *Mobil Oil Exploration & Producing Southeast v. United Distrib. Cos.*, 498 U.S. 211 (U.S. 1991)

Commenter: Linda Ames

12/4/19 7:50 pm

Intrudes on Privacy and Individual Rights

First, you have to define "conversion therapy" so you know what exactly you are banning. If you mean ANY change-allowing therapy for gender-disturbed or same-sex-attracted clients, then that law has no right to interfere with an individual's personal lifestyle goals.

But if you are listening to Sam Brinton or any of the other activists who say they were "tortured" in therapy, note that he NEVER mentions who his therapist was-- and when asked, has said he "forgot." Visit SamBrintonHoax.com for more information.

Therapists nowadays don't use the aversive techniques the activists describe. If they did, the therapists would have been sued-- and openly named by their former clients. The therapy the activists say is happening, does not exist. So bans are unnecessary.

Commenter: Catherine Spinelli

12/5/19 11:16 am

Under VA law parents have the fundamental right to make decisions regarding the care of our children

Parents are closest to their children's challenges and in the best position to ensure their wellbeing.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

The proposal would deny families the freedom to seek counseling aligned with their faith.

Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Maria Carrera

12/5/19 11:21 am

Parental Rights

Parents have a right to decide what kind of therapy their children should receive, and not have their options limited, in this or any other type of medical treatment.

Commenter: Joseph Kijewski

12/5/19 11:25 am

Usurps the role of parents in raising their children.

The proposed medical guidance should not be issued as it usurps the role of parents in determining how best to address complex issues that they may encounter in raising their children. Parents are the ones who are there day to day and who have the best interests of their children at heart. As such, parents should have every option available to educate themselves and decide on a course of action in helping their children navigate the challenges of growing into adulthood. It should not be the role of the state to tell parents what is best for their children or limit the options available in such a sensitive area, where the state knows nothing of the individual child, family or situation. In the end, the state won't care whether the person whose maturation it interfered with grows to be a happy, well-adjusted adult -- it will be the parents who care and the parents who will live with the consequences.

Commenter: Gualberto Garcia Jones, Esq. Personhood Alliance

12/5/19 11:27 am

Let doctors do their job and parents raise their children **DO NOT BAN CONVERSION THERAPY**

If our society is going to accept the notion that people can decide what their gender is, a notion many of us strenuously disagree with on biological and moral grounds, then we must allow parents the freedom to seek the compassionate medical treatment that they consider is best for their children.

It would be grossly unjust to try to use the law to facilitate gender transitions away from the biological and scientific realities while attempting to prevent treatment for those with gender dysphoria who wish to return their perceived gender to their biological sex.

Sincerely,

Gualberto Garcia Jones, Esq.

President of the Personhood Alliance

Commenter: Aida Willis

12/5/19 11:28 am

Do Not Undercut Parental Rights

Parents are closest to their children's challenges and in the best position to ensure their wellbeing.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

The proposal would deny families the freedom to seek counseling aligned with their faith.

Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Katherine Rings

12/5/19 11:41 am

Reject the counseling ban

I oppose banning counseling of children (or adults) aimed at maintaining that child's (or adult's) gender or sexual orientation as heterosexual.

Commenter: Anne C Edwards

12/5/19 11:42 am

Ban of parental rights

Whenever a government restricts or bans a fundamental right of parents, it weakens and perhaps even destroys the primary role of the family in society. Government is supposed to protect and defend the lives of its citizens. I am a mother and grandmother. I fully oppose any proposal to restrict or ban the rights of parents in the lives of their minor children. The constitutionally protected rights of citizens must always be foremost in the minds of those who are constitutionally elected to uphold these rights. Thank you. A. Edwards

Commenter: Kathy Clark

12/5/19 11:45 am

Guidance document

oppose guidance document

Commenter: Stephen Akers

12/5/19 11:45 am

NYC Repealed This After Federal Lawsuit

Stop infringing on the rights of American parents who choose what's best for their children.

Commenter: lawrence zenker

12/5/19 11:52 am

Parents' rights

The parents should have the responsibility to decide what is best for their children. Keep the government out of it.

Commenter: L. Pardee

12/5/19 11:53 am

Fundamental Right for Parents to Care for Their Children

L. Pardee

What right do you have to take over parents' right to raise their children in God given natural law circumstances?

Commenter: Brian Bashista

12/5/19 11:55 am

Protect Citizens Rights

The constitutionally protected rights of citizens must always be foremost in the minds of those who are constitutionally elected to uphold these rights. Parents are closest to their children's challenges and in the best position to ensure their wellbeing. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision. The proposal would deny families the freedom to seek counseling aligned with their faith. Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles. For these reasons, I respectfully urges the Board of Medicine to reject 85-7.

Commenter: Edward Dudash

12/5/19 11:56 am

Reject counseling ban guidance document

Parents are in the best position to ensure what is best for their children. This is not something the state government should not make these decisions!

Commenter: Karen Shannon

12/5/19 11:57 am

Protect Parent's Rights

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Please protect the rights of families in Virginia, or you will not get my vote.

Commenter: Amanda Morris

12/5/19 11:58 am

Protect parental rights and religious freedom!

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Fouad Arbid

12/5/19 12:03 pm

Oppose Ban-Do Not Infringe on Parental Rights

Parents are in the best position to help their children and ensure their wellbeing.

The traditional family unit is the healthiest and most productive natural environment for children. Virginia's law recognizes that parents have the fundamental right to make decisions regarding their children's upbringing, care, and education.

Do not play politics with parents' rights to guide their children and make decisions in their best interest.

Do not play politics with children's sexuality that will cause them long-term harm because you, a biased government official who will never deal with the consequences, believe you know what's best for them.

We are the parents; we live with them and love them and know what's best for them. You don't.

Commenter: Brian Coleman

12/5/19 12:09 pm

protect the freedom of Virginia families to acquire the counseling they choose

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.

- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Mary A Rudy

12/5/19 12:10 pm

Protect parental rights and religious freedom in the counseling of children

We the people who still believe and have religion have rights as well and one of those rights is protecting our children from immoral people who do not believe in sacrifices and selflessness.

Mary Rudy

Commenter: Matt Hamrick

12/5/19 12:10 pm

Parents Rights

This proposal would violate Virginia law governing parental rights. Code Sec. 1-240.1 provides that a parent has the fundamental right to make decisions concerning the upbringing, education and care of the parent's child.

Commenter: Maureen Barrett

12/5/19 12:13 pm

Let Parents Decide

Please STOP eroding the rights of Parents and of therapists. Let knowledgeable people and loving parents decide what is right for a child. This is a slippery slope. You start banning conversion therapy and who knows what will be next.

Commenter: Karla Taylor

12/5/19 12:19 pm

Infringement on rights

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

This proposed ban would infringe on parental rights and continue to push forward the current agenda of moving the government towards nanny state, dissolving the very fabric of society-the family.

Commenter: Patti Hardy

12/5/19 12:21 pm

Oppose Ban-There should be options for families and individuals who want to make informed choices

Licensed medical professionals with years of education and experience **should not be removed** from the process of helping children or adults work through their physical, mental, and emotional struggles.

A similar ban was **unanimously repealed** by the New York City council following a federal lawsuit.

Commenter: Jacqueline Manapsal

12/5/19 12:25 pm

Parental rights on health of their children

Parents and guardians know what is best for the physical and mental wellbeing of their children. Parents are primarily responsible for their children and no person or organization should infringe upon their individual rights to raise their children. Parents have the right to discern care and seek medical attention according to their children's needs. They are closest to their children and should not be banned from decisions regarding their health.

Commenter: Thomas F. Griffin

12/5/19 12:28 pm

Protect parental rights and religious freedom in the counseling of children

Protect parental rights and religious freedom in the counseling of children

Type over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Leo Carling

12/5/19 12:30 pm

Protect the freedom of Virginia families to acquire the counseling they choose

Parents are closest to their children's challenges and in the best position to ensure their wellbeing.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

The proposal would deny families the freedom to seek counseling aligned with their faith.

Commenter: Mary Williams

12/5/19 12:30 pm

Protect Parental Rights

Parents are the most aware of their children's challenges and in the best position to ensure their well being. Moreover, under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

There are young people as well as adults that may have attractions they desire to change or moderate, please don't exclude those people's rights. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles. Trust them.

Thank you for seriously considering these comments.

Commenter: Jennifer Wiggins

12/5/19 1:17 pm

Protect children from harm

Conversion therapy is not an evidence based practice and the majority of mental health professionals advocate against it's use. Experts say conversion therapy at best is harmful to mental health and blatant abuse at it's worst. Protect children from child abuse. A parent has no right to harm a child. A child is a person with rights to be protected, not property to be abused at an owner's whim.

Commenter: Darcy McCabe

12/5/19 1:18 pm

Protect Freedom of Virginia Families

Parents are closest to their children's challenges and in the best position to ensure their well being.

The proposal would deny families the freedom to seek counseling aligned with their faith.

Commenter: Donna Gordon, retired

12/5/19 1:22 pm

Don't be pressured by political correctness.

I don't think we know enough these therapies to start banning them. Let parents make their own decisions.

Commenter: Erica Claybaugh

12/5/19 1:25 pm

Ban Conversion Therapy

Conversion therapy has no basis in science and has extremely negative impacts on a child's self esteem and self worth. Success rates are low, and suicide rates increase in children exposed to this horrific practice.

A child is not owned by their parent, and parents do NOT have the right to decide the sexual orientation of their children.

Religious freedom does not mean the freedom to oppress LGBT+ children.

12/5/19 1:26 pm

Commenter: Candice Guillaudeu

The phrase Conversion Therapy

Seems like the phrase itself should be against the law to use. If "conversion therapy" is outlawed, what's to prevent an institution or individual from calling it something else?... e.g., transformation, or I don't know what else. Any kind of therapy should be outlawed where its purpose is to change a "patient's" orientation.

Commenter: Mike Power

12/5/19 1:34 pm

Government censorship in medical counseling

Parents are closest to their children's challenges and in the best position to ensure their wellbeing. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

The proposal would deny families the freedom to seek counseling aligned with their faith.

Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Mary Hasson

12/5/19 1:36 pm

This violates parents' rights and free speech rights of therapists

Parents have the natural right, and legal rights under the Constitution and Virginia law, to exercise authority in the upbringing of their children. They need the freedom to seek counseling and assistance from professionals of their choice. And professionals have free speech rights. The state should not be limiting what they can say to their clients. This violates the privacy of that client/therapist relationship. These regulations are unlawful, harmful, and unreasonable.

Commenter: Dee Carey

12/5/19 1:37 pm

I have experienced conversion therapy

When I was 14, I told my parents that I was a lesbian. They promptly enrolled me in "Christian Therapy" which was a polite euphemism for conversion therapy. My counselor was a very kind, loving, Christian woman. I genuinely believe that she had no ill intent and was doing the very best she thought she could for her patients. But she still caused me extreme emotional distress and psychological torment. I was angry and hated myself. I developed an eating disorder and had to be hospitalized because I just wanted to die. I was convinced that I was broken and wrong. If my own parents couldn't accept me for who I was, nobody else would either. My parents didn't own a gun. If they did, I would be dead now because only my intense fear of knives and needles kept me alive.

And then after I left home, I embraced my identity. I am now a happily married mother of 3 children. I no longer have an eating disorder or any suicidal ideation or depression. Trying to make children be someone they aren't is emotional and psychological abuse. Conversion therapy should be an option for consenting adults. It is not appropriate for children. Please act in the interest of children. Nobody is asking you to accept LGBT people. All I'm asking you to do is to recognize that CHILDREN are too young for any form of sexual therapy.

Commenter: Cleveland Wehle

12/5/19 1:39 pm

These regulations are unlawful, harmful, and unreasonable. Please protect our rights.

Parents have the natural right, and legal rights under the Constitution and Virginia law, to exercise authority in the upbringing of their children. They need the freedom to seek counseling and assistance from professionals of their choice. And professionals have free speech rights. The state should not be limiting what they can say to their clients. This violates the privacy of that client/therapist relationship. These regulations are unlawful, harmful, and unreasonable.

Commenter: NL

12/5/19 1:44 pm

protect parent's rights

The government should not be in charge of raising children and deciding whether conversions therapy is right for a child. Neither should other people who are not the parents of the children. Protect the freedom of choice for our parents - let them choose how best to raise their children and how to protect them from the agenda of those who wish to force the LGBT lifestyle on them.

Commenter: lester gabriel

12/5/19 1:49 pm

Gender Counselling and Gender Fluidity

How ironic can the "medical community" be regarding the subject of changing one's "gender identity"? They want to ban anyone talking to them about their gender identity and help them understand and work through confusion, yet they are quite willing to inject them with life-altering hormones and body-altering surgeries at ages when no one suggests that they are mature enough to fully understand the consequences. Counselling should not only not be banned, in some cases it should be required.

Commenter: Sarah Warbelow, Human Rights Campaign

12/5/19 1:58 pm

Support for Guidance Document regarding so-called "conversion therapy"

Dear Virginia Board of Medicine,

The Human Rights Campaign (HRC), on behalf of its more than 151,000 members and supporters in Virginia, thanks you for the opportunity to affirm support for the Virginia Board of Medicine Guidance Document on the Practice of Conversion Therapy. This guidance is an important step in the effort to protect minors in Virginia from the dangerous and discredited practices that falsely claim to change their sexual orientation or gender identity.

The Human Rights Campaign is America's largest civil rights organization working to achieve lesbian, gay, bisexual, transgender and queer (LGBTQ) equality. By inspiring and engaging all Americans, HRC strives to end discrimination against LGBTQ people and realize a world that achieves fundamental fairness and equality for all. As an advocate for LGBTQ young people, HRC believes that no young person should be subjected to dangerous practices that lack legitimate medical purpose, such as conversion therapy.

Conversion therapy, sometimes referred to as "reparative therapy" or "sexual orientation change efforts," are practices that seek to change a person's sexual orientation or gender identity. These practices are based on the false idea that being LGBTQ is a mental illness that needs to be cured—an idea which has been rejected by every major medical and mental health group.

There is no credible evidence that conversion therapy can change a person's sexual orientation or gender identity, and it is abundantly clear that conversion therapy poses devastating health risks for LGBTQ youth including depression, decreased self-esteem, substance abuse, homelessness, and even suicidal behavior. This is why the nation's leading mental health organizations have ubiquitously decried these unscientific practices.

Unfortunately, due to discrimination against LGBTQ people and the fact that professional rules have not kept up with this widespread understanding, some licensed mental health professionals continue to engage in conversion therapy. A recent Williams Institute at UCLA School of Law report revealed that an estimated 20,000 LGBTQ minors in states without protections will be subjected to conversion therapy by a licensed healthcare professional if state officials fail to act. Additionally, a 2018 study from the Family Acceptance Project at San Francisco State University found that suicide attempts nearly tripled for LGBTQ youth who reported both home-based efforts and outside-the-home efforts to change their sexual orientation (compared to LGBTQ youth who did not experience such change efforts).

Providers who engage in conversion therapy under state license mislead families about the risks involved, leading to negative psychological outcomes, irreparable damage to family cohesiveness, and lasting personal and social harms. Regulatory action is needed to protect families from these damaging practices.

Thank you for the opportunity to comment in favor of this vital proposed guidance.

Sincerely,

Sarah Warbelow

Legal Director, Human Rights Campaign

Commenter: Christopher Tuck

12/5/19 2:00 pm

This is not about parent's rights, its about children's rights. Proect them, ban conversion therapy

Many parents will advocate that they know best what to do for their children. Unfortunately for them, most medically licensed therapists, psychiatrists, and doctors would disagree. Conversion therapy is not usually performed by individuals with any medical knowledge or certifications, but by individuals who are trying to irreparably harm them by forcing them out of their natural, biologically set gender identity or sexual orientation. This practice is child abuse and banning of the practice is supported by the American Medical Association, the American Psychiatric Association, and many other professional medical and mental health organizations. Parents should never have the right to harm their own children because they think they know better than their doctor.

Members of the LGBT community and those who feel they themselves fall within the spectrum of sexual orientation and gender identity minorities have a great supply of medical professionals ready to help them to seek the treatment they need. Doctors do not force individuals into being an LGBT individual, but rather assesses and helps them to affirm or deny their own identity as they see fit. Children without access to this care or who do experience conversion therapy are at a significantly higher risk for suicide and self harm. Please do not allow parents to abuse their children by subjecting them to this heinous, horrible, and abusive practice any longer. I have seen children who are embraced and loved in their identity and they go on to live happy and productive lives. As a parent of two small children, I sincerely hope this practice is banned because I believe in doctors and mental health experts over any untrained parent's beliefs any day.

Commenter: E. M. Browning

12/5/19 2:04 pm

Do not ban ANY kind of therapy

In an era when progressives tout "choice" as the ultimate societal value, it is astonishing that anyone would attempt to limit the kinds of help / counseling sought by someone experiencing same sex attraction. Nor is it remotely appropriate for state agencies to attempt to circumvent and usurp the responsibilities of parents and guardians regarding their children in this matter. This ban smacks of totalitarianism and ought to be rejected out of hand. The government has no material interest in this.

Commenter: Robert J. abbott

12/5/19 2:07 pm

I oppose these regulations as unwarranted interference in medical decisions and a violation of paren

The proposed ban is too broad and involves the government in matters better left to families.

Commenter: Robert J. Abbott

12/5/19 2:08 pm

I oppose these regulations as unwarranted interference in medical decisions.

The proposed ban is too broad and involves the government in matters better left to families.

Commenter: Harry M

12/5/19 2:15 pm

Please oppose the ban - Don't deny parents who are closest to their children options for their care

Please oppose this ban.

Parents are closest to their children and care about them more than anyone else. Don't deny them counseling or treatment options from licensed medical professionals with yrs of experience. Every situation is different and a broad based approach to them - such as this ban - takes away freedoms and rights from people who should be able to decide for themselves without any consideration of their particular situation.

Thank You.

Commenter: David Illig Illig Enterprises

12/5/19 2:20 pm

This bill is politics trying to override healthcare.

I have worked in healthcare for over 30 years and the "issues" this bill addresses are nonexistent in real medical care. PLEASE stop using perceptions as something tangible in politics. This bill needs to be turned down.

Commenter: L. L. Schexnayder

12/5/19 2:21 pm

Oppose therapy bans in the name of "choice"

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an

informed decision.

- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

In the name of "freedom of choice" let these confused children get the help they need and want.

Commenter: Richard Dunbar

12/5/19 2:24 pm

Protect Parental Rights

Do not let unelected state regulators ban "conversion therapy" through some vaguely worded "Guidance Document." Such a regulatory ban would infringe on the fundamental right of parents to care for their children and would violate freedom of speech and free exercise of religion. Moreover, the Board has proposed banning such counseling not only for minors but also for adults – a policy adopted by New York City before its council unanimously repealed its ban following a federal lawsuit.

Parents are closest to their children's challenges and in the best position to ensure their wellbeing.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

The proposal would deny families the freedom to seek counseling aligned with their faith.

Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Ronald McKinley

12/5/19 2:28 pm

Conversion Therapy

When children have unwanted same-sex or mixed-sex attractions, they and their families should be free to seek medical counseling toward the resolutions they desire.

Parents, who are closest to their children's challenges, know their needs and are in the best position to identify solutions. Just as parents must generally give consent for over-the-counter medications,[1] field trips, and extracurricular activities, they have a constitutional right to guide healthcare decisions for their children.[2]

85-7 would also violate Virginia law governing parental rights. Code Sec. 1-240.1 provides that a parent has the *fundamental right* to make decisions concerning the upbringing, education and care of the parent's child.

The Board has no authority to override this fundamental right of parents and to adopt rules that would censor constitutionally protected counseling discussions between families and their child's doctor.

Commenter: Gerard Hoffmann

12/5/19 2:41 pm

Please do not consider or pass any bill that excludes conversion therapy or parental rights. It is t

Commenter: Phil Thompson

12/5/19 3:01 pm

CONVERSION THERAPY IS A SHAM

We need to listen to the medical and mental health experts and protect children, sometimes from their well-meaning parents. Some parents also believe in withholding cancer treatment and wish to cure their sick children through prayer. As a society we recognize that there are times when "parental rights" must be put aside when the mental and physical health of a child is in danger. There is nothing to stop parents from praying all they wish for their children to be 'cured' of their homosexuality or gender dysphoria. If their god is so good and powerful, then they don't need to worry about subjecting their children to conversion therapy. God will provide, right?

Commenter: Alek Williams

12/5/19 3:02 pm

Ban Conversion Therapy

Conversion therapy has proven to be ineffective, unscientific, and hurtful to those who go through the process. Some have committed suicide after being forced into it. Others that have carried it out, have come out and said it's not effective and is harmful to those that are subjected to it.

We do not allow children to be subjected to ineffective and unproven medicines. We do not allow children to be beaten or deny their rights. Why would we allow them to be forced into a treatment that is ineffective and harmful? We shouldn't. Ban conversion therapy.

Commenter: William R Deady

12/5/19 3:16 pm

Don't take away the parent's fundamental rights to seek counseling guaranteed by Virginia Law

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision. The proposal would deny families the freedom to seek counseling aligned with their faith. Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: M. Reilly

12/5/19 3:32 pm

Parental rights

Don't interfere or take away parental rights. Parents can make the best decisions.

Commenter: Chris Murphy

12/5/19 3:34 pm

Parents are closest to their children's challenges and in the best position to ensure their wellbeing

Commenter: Kate

12/5/19 3:39 pm

Freedom of VA Families

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Lori Rose

12/5/19 3:43 pm

No evidence for conversion therapy

No major medical organization in the country supports conversion therapy. There is no scientific evidence that it works. All available evidence indicates that it is psychologically harmful. It is unconscionable to subject children to unproven, damaging "treatment" for the non-problem of their sexual orientation or gender identity.

Commenter: Joanne

12/5/19 3:50 pm

Parents have the fundamental right to make decisions about the upbringing, education & care of child

Parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children.

Commenter: Naomi Zepeda

12/5/19 3:51 pm

Protect parents rights

Commenter: Kelsey Coalition

12/5/19 3:52 pm

Therapists Must Not Be Prevented From Helping Our Gender-Confused Children

We are alarmed to learn that the Virginia Medical Board is proposing to prevent therapists from using non-invasive psychotherapy to help our gender-confused children.

"Conversion therapy" bans, such as that proposed by the VMB, would prevent therapists from examining underlying psychosocial issues to help children understand and accept their bodies, identities, and feelings. They impede therapists from doing their job as responsible professionals and pose an unconstitutional restriction on their right to free speech.

Despite claims to the contrary, there are no objective tests or biomarkers to prove a person's gender identity. Gender identities are based entirely on feelings that may change with time, brain maturity, and non-invasive therapy.

This proposed ban would require therapists to accept children's asserted identities at face value and affirm them as if they were actually the opposite sex. "Affirmative care" often leads to body-altering hormonal and surgical interventions.

These hormonal treatments on children are experimental. The medical literature on the health effects of hormonal interventions "in the pediatric/adolescent population is completely lacking." The drugs used are based on low-quality evidence, or no evidence at all. The consequences of these hormonal treatments include potential sterility, sexual dysfunction, thromboembolic and cardiovascular disease, and malignancy.

Puberty-blocking drugs, such as Lupron, have been known to cause long-lasting health problems, including bone loss and disease. Over 41,000 adverse reports have been filed with the FDA.

A 2018 study of long-term risks of puberty blockers found that "the majority of subjects reported long-term side effects ... while almost one-third reported irreversible side effects that persisted for years after discontinuing treatment."

Studies of the impact of cross-sex hormones on adults have shown that males taking estrogen are at high risk for deadly blood clots. Females taking testosterone have an increased risk of hypertension, increased red blood cell counts, breast and ovarian cancer. Both males and females are at increased risk of myocardial infarction and death due to cardiovascular disease. These health consequences might well be irreversible. The full extent of the harms to young developing brains and bodies remains unknown.

If children are given cross-sex hormones after their puberty is blocked at Tanner Stage 2, they will be sterilized.

The only long-term follow-up study of adults who medically transitioned found substantially higher rates of overall mortality, suicide, suicide attempts, and psychiatric hospitalizations among adults who surgically transitioned. We simply don't know the future outcomes for children.

Children should not receive body-altering interventions on the basis of feelings, self-diagnosis, and unprovable identities. Medically transforming their bodies to comport with their feelings is the ultimate "conversion therapy." Those are the non-evidence based and harmful practices that the VMB should propose banning, not non-invasive talk therapy.

The Kelsey Coalition is a non-partisan, unfunded, volunteer-run organization whose mission is to promote policies and laws that protect young people from medical and psychological harms. Our membership includes concerned professionals and hundreds of parents of children who identify as transgender.

Commenter: JEREMY PETER GREINER

12/5/19 3:52 pm

Why take away options?

The proposed guidance document wants to limit types of therapy presumably because its authors feel those types of therapy are wrong, misguided, hurtful, etc. Others do not see them as being that. The solution is simple. If you do not agree with the therapy, do not use it. If you are the parent of a minor, you do have authority over that minor. If the authors are concerned about parents forcing a minor to take this therapy against the minor's will, time will take care of the problem. More importantly, good parents will not force this therapy on their minor children if the child really does not want it. In the case of bad parents, there unfortunately will be stress, but the answer is not to take away something that others might find useful. No one would suggest getting rid of the internet and depriving it to all, simply because bad actors used it for nefarious purposes. While it is

not easy to "fix" bad parenting, the solution does not lie in taking tools away from the total population.

Commenter: Syra Howington

12/5/19 4:00 pm

Parents should always be the decision makers for their children

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Syra Howington

12/5/19 4:01 pm

Protect parents rights to make decisions about what's best for their children

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Margaret Pickard

12/5/19 4:02 pm

There should be options for families and individuals who want to make an informed decision

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

Commenter: Ronald D Ford

12/5/19 4:05 pm

proposal to ban "conversion therapy"

Parents are closest to their children's challenges and in the best position to ensure their well-being. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either case, there should be options for families and individuals who want to make an informed decision. This proposal would deny families and individuals the freedom to seek counseling aligned with their religious faith. Licensed medical professionals with year of education and experience should NOT be removed from the process of helping children or adults work through their physical, mental and emotional struggles. Sincerely, Ronald Ford

12/5/19 4:09 pm

Commenter: Stephen Hertz

Parents, not the state, have the responsibility to choose the best therapy for their children

This is another attempt by the state to dictate to parents and children appropriate counseling. The state's view of what is appropriate is destructive and strikes at families.

Commenter: Thomas J. McCabe

12/5/19 4:17 pm

GD 85-7 Violates Freedom of Speech, Freedom of Choice

Guidance Document 85-7 singles out a specific type of talk-therapy for censorship in violation of the First Amendment. In so doing it would limit choices people have in determining medical treatments for themselves or their children. Every adult should be free to pursue what they deem to be appropriate treatment in their individual circumstances. Parents in particular have the right to all options regarding the treatment of their children. GD 85-7 is a gross overreach on the part of the the Medical Board and should not be implemented.

Commenter: Brynn Tannehill, SPARTA

12/5/19 4:22 pm

Conversion Therapy is Ineffective, Harmful, and Unethical

Conversion therapy, sometimes referred to as "reparative therapy," is any of several dangerous and discredited practices aimed at changing an individual's sexual orientation or gender identity. Conversion therapists use a variety of shaming, emotionally traumatic or physically painful stimuli to make their victims associate those stimuli with their LGBTQ identities. According to studies by the UCLA Williams Institute, more than 700,000 LGBTQ people have been subjected to the horrors of conversion therapy, and an estimated 80,000 LGBTQ youth will experience this unprofessional conduct in coming years, often at the insistence of well-intentioned but misinformed parents or caretakers.

Conversion therapy is premised on the false notion that being LGBTQ is a mental illness that should be cured, despite all major medical associations' agreement that LGBTQ identities are a normal variant of human nature. In fact, the American Psychiatric Association determined that homosexuality was not a mental illness in 1973.

In addition to its flawed foundation, no credible scientific study has ever supported the claims of conversion therapists to actually change a person's sexual orientation. On the contrary, a 2007 report by an American Psychological Association task force found that "results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through [sexual orientation change efforts]." In fact, Dr. Robert Spitzer, whose research had previously been misused to support conversion therapy, has retracted his original claims, stating that data regarding conversion therapy had been misinterpreted and that there is no conclusive evidence for its effectiveness.

The risks of conversion therapy extend far beyond its ineffectiveness, and the time and money wasted on "therapies" that don't work. The American Psychiatric Association has clarified that "the potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient." The Pan American Health Organization, a regional office of the World Health Organization, concluded that conversion therapy, "lack[s] medical justification and represent[s] a serious threat to the health and well-being of affected people."

Conversion therapy amplifies the shame and stigma so many LGBTQ young people already experience. Parents who send their child to conversion therapy instill feelings of family rejection and disappointment and risk seriously fracturing their relationship with their child. In a study by San Francisco State University, lesbian, gay and bisexual youth who were rejected by their families and caregivers due to their identities were nearly six times more likely to report high levels of depression and more than eight times more likely to have attempted suicide when compared to youth from accepting and affirming families and caregivers. Another recent study found that conversion therapy efforts on transgender youth increase the odds that they will attempt suicide by 400%. A similar pattern of high suicide attempt rates in lesbian and gay youth subjected to conversion therapy has been found in other studies. Few practices hurt LGBTQ youth more than attempts to change their sexual orientation or gender identity. All youth deserve a climate in which they are loved and embraced.

Indeed, ever major professional medical and mental health organization in the US has found that conversion therapy is harmful, ineffective, and unethical.

American Academy of Child and Adolescent Psychiatry, *The AACAP Policy on "Conversion Therapies" (2018)*, available at https://www.aacap.org/aacap/policy_statements/2018/Conversion_Therapy.aspx.

"The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of any "therapeutic intervention" operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such "conversion therapies" (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred

outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, "conversion therapies" should not be part of any behavioral health treatment of children and adolescents."

American Academy of Pediatrics, *Homosexuality and Adolescence*, 92 Pediatrics 631 (1993), available at <http://pediatrics.aappublications.org/content/92/4/631.full.pdf>.

"Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation."

American Association for Marriage and Family Therapy, *AAMFT Position on Couples and Families* (2009), available at http://www.aamft.org/imis15/content/about_aamft/position_on_couples.aspx.

"[T]he association does not consider homosexuality a disorder that requires treatment, and as such, we see no basis for [reparative therapy]. AAMFT expects its members to practice based on the best research and clinical evidence available."

American College of Physicians, *Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians*, Ann Intern Med. Published Online (2015), available at <http://annals.org/article.aspx?articleid=2292051>.

"8. The College opposes the use of "conversion," "reorientation," or "reparative" therapy for the treatment of LGBT persons."

Available research does not support the use of reparative therapy as an effective method in the treatment of LGBT persons. Evidence shows that the practice may actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young persons. Research done at San Francisco State University on the effect of familial attitudes and acceptance found that LGBT youth who were rejected by their families because of their identity were more likely than their LGBT peers who were not rejected or only mildly rejected by their families to attempt suicide, report high levels of depression, use illegal drugs, or be at risk for HIV and sexually transmitted illnesses. The American Psychological Association literature review found that reparative therapy is associated with the loss of sexual feeling, depression, anxiety, and suicidality."

American Counseling Association, *Ethical Issues Related to Conversion or Reparative Therapy* (2013), available at <http://www.counseling.org/news/updates/2013/01/16/ethical-issues-related-to-conversion-or-reparative-therapy>.

"The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including ACA. The ACA Governing Council passed a resolution in 1998 with respect to sexual orientation and mental health. This resolution specifically notes that ACA opposes portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation. . . . In 1999, the Governing Council adopted a statement 'opposing the promotion of reparative therapy as a cure for individuals who are homosexual.' . . .

[T]he ACA Ethics Committee strongly suggests that ethical professional counselors do not refer clients to someone who engages in conversion therapy or, if they do so, to proceed cautiously only when they are certain that the referral counselor fully informs clients of the unproven nature of the treatment and the potential risks and takes steps to minimize harm to clients. . . . This information also must be included in written informed consent material by those counselors who offer conversion therapy despite ACA's position and the Ethics Committee's statement in opposition to the treatment. To do otherwise violates the spirit and specifics of the ACA Code of Ethics."

American Medical Association, *Health Care Needs of Gay Men and Lesbians in the United States*, 275 J. Am. Med. Ass'n 1354 (1996), available at <http://jama.jamanetwork.com/article.aspx?articleid=401656>.

"Aversion therapy (a behavioral or medical intervention which pairs unwanted behavior, in this case, homosexual behavior, with unpleasant sensations or aversive consequences) is no longer recommended for gay men and lesbians. Through psychotherapy, gay men and lesbians can become comfortable with their sexual orientation and understand the societal response to it."

American Medical Association, *H-160.991 Health Care Needs of the Homosexual Population*, (reaffirmed 2012), available at <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/gibt-advisory-committee/ama-policy-regarding-sexual-orientation.page>.

"Our AMA: (c) opposes, the use of 'reparative' or 'conversion' therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation."

American Psychiatric Association, *Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies)* (2000), available at http://www.psychiatry.org/File%20Library/Advocacy%20and%20Newsroom/Position%20Statements/ps2000_ReparativeTherapy.pdf.

"Psychotherapeutic modalities to convert or 'repair' homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of 'cures' are counterbalanced by anecdotal claims of psychological harm. In the last four decades, 'reparative' therapists have not produced any rigorous scientific research to substantiate their claims of cure."

Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals' sexual orientation, keeping in mind the medical dictum to first, do no harm.

The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed.

Therefore, the American Psychiatric Association opposes any psychiatric treatment such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his/her sexual homosexual orientation."

American Psychoanalytic Association, *Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression* (2012), available at <http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender>.

"As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.

Psychoanalytic technique does not encompass purposeful attempts to 'convert,' 'repair,' change or shift an individual's sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes."

American Psychological Association, *Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts* (2009), available at <http://www.apa.org/about/policy/sexual-orientation.pdf>.

"Therefore be it resolved that the American Psychological Association affirms that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity;

Be it further resolved that the American Psychological Association reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation;

Be it further resolved that the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;

Be it further resolved that the American Psychological Association encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or others' sexual orientation;

Be it further resolved that the American Psychological Association concludes that the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation;

Be it further resolved that the American Psychological Association advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth;

Be it further resolved that the American Psychological Association encourages practitioners to consider the ethical concerns outlined in the 1997 APA Resolution on Appropriate Therapeutic Response to Sexual Orientation (American Psychological Association, 1998), in particular the following standards and principles: scientific bases for professional judgments, benefit and harm, justice, and respect for people's rights and dignity[.]"

American School Counselor Association, *The Professional School Counselor and LGBTQ Youth* (2014), available at <http://www.schoolcounselor.org/school-counselors-members/about-asca-%281%29/position-statements>.

"The professional school counselor works with all students through the stages of identity development and understands this may be more difficult for LGBTQ youth. It is not the role of the professional school counselor to attempt to change a student's sexual orientation or gender identity. Professional school counselors do not support efforts by licensed mental health professionals to change a student's sexual orientation or gender as these practices have been proven ineffective and harmful (APA, 2009). School counselors provide support to LGBTQ students to promote academic achievement and personal/social development. Professional school counselors are committed to the affirmation of all youth regardless of sexual orientation, gender identity and gender expression and work to create safe and affirming schools."

American School Health Association, *Quality Comprehensive Sexuality Education* (2007).

"[T]he American School Health Association . . . expects that comprehensive sexuality education in schools will be scientifically accurate and based on current medical, psychological, pedagogical, educational and social research . . . [and recommends] that teachers be well-trained and competent to teach sexuality education as defined by . . . insight into and acceptance of their own personal feelings and attitudes concerning sexuality topics so personal life experiences do not intrude inappropriately into the educational experience."

National Association of Social Workers, "*Reparative*" or "*Conversion*" Therapies for Lesbians and Gay Men (2000), available at <http://www.naswdc.org/diversity/lgb/reparative.asp>.

"[P]roponents of reparative and conversion therapies, such as the most commonly cited group NARTH, claim that their processes are supported by scientific data; however, such scientific support is replete with confounded research methodologies. . . . [Reparative and conversion therapies] cannot and will not change sexual orientation. Aligned with the American Psychological Association's (1997) position, NCLGB believes that such treatment potentially can lead to severe emotional damage." (emphasis in original)

National Association of Social Workers, *Policy Statement: Lesbian, Gay, and Bisexual Issues* (2005), available at <https://www.socialworkers.org/LinkClick.aspx?fileticket=yH3UsGQQmY1%3d&portalid=0>.pdf.

"Taken to the extreme, homophobia in social workers and other practitioners can lead to the use of conversion or reparative therapies, which are explicitly condemned by NASW. . . . NASW reaffirms its stance against reparative therapies and treatments designed to change sexual orientation or to refer practitioners or programs that claim to do so."

Promoting public health represents a compelling government interest, and preventing suicide in vulnerable groups of youth absolutely meets this criteria. The state of Virginia also has a compelling interest in prohibiting medical and mental health practices practices which are ineffective, and harmful to children. There is no debate among experts in this field that these practices have no value, and are actively harmful to youth. Thus, I strongly urge the passage of regulations banning the professional practice of attempting to change the sexual orientation, gender identity, or gender expression of people under the age of 18.

Commenter: Marie Grewe

12/5/19 4:29 pm

Parents should be the guides of their children not some unknown regulators.

Commenter: Catherine Thompson

12/5/19 4:43 pm

Respect and Stand Up for Parental Rights

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Bill Carpenter

12/5/19 4:53 pm

Parents are the proper source for children health and religious choices-not the State or medical org

Commenter: Jane Peworchik

12/5/19 5:08 pm

Guidance on conversion therapy

I believe this proposal would deny families the freedom to seek medical counseling for their children. The parents have a fundamental right to make the decisions regarding the upbringing, education, and care of their children.

Licensed medical professionals should always be involved over any state proposal that would disallow counseling or therapy efforts to help the individual needing the necessary medical services.

Virginia should not blindly follow New York City which proposed a similar policy, and repealed its ban. Those individuals proposing this action should take a step back, and think of who is going to be there to support the children and young adults in the future? I seriously doubt they will be the ones offering support and care. Everyone knows it will be the families.

Commenter: Elizabeth Black

12/5/19 5:10 pm

Protect the freedom of Virginia families to acquire the counseling they choose

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Commenter: E S, American Atheists (ASD, Loudoun)

12/5/19 5:12 pm

Responses and Recaps, and Support of the Ban on Conversion Therapy

Here's why the people trying to keep conversion therapy going are all wrong...

They need to stop using copy pasta. Really. Make some heartfelt or logical arguments with your own sources/information. The people who post the same four/five bullets arguments are putting in the least effort possible to put in their two cents. At least make it your own two cents.

Invoking the First Amendment is a really bad move if you want to ensure that religious conversion therapy is official guidance that the government is willing to suggest it for any patients. The First Amendment is, in actuality, an argument to ban conversion therapy as a formally suggested practice, because conversion therapy is intrinsically religious in nature... and would thus represent a formal endorsement (establishment clause) of religious practices by the government. Anyone making a "naturalist" or "scientific" argument for conversion therapy is going to lose that argument very quickly (see Brynn Tannehill's comment for a comprehensive list of reasons why).

Regarding Code Sec. 1-240.1 - no one is stopping you from sending your kid to conversion therapy if you feel that's appropriate. Your "fundamental rights" are not being infringed upon. Your entitlement is being confronted. There is a huge difference. You're still free to find a preacher, pastor, or whatever religious leader to help you traumatize your kid until they grow up and escape your awful influence.

Oh my gosh, if we ban conversion therapy what's next? Banning circumcision? YES. The government SHOULDNT be in the practice of endorsing harmful practices like conversion therapy. How hard is that to grasp?

A federal lawsuit was why the NYC board repealed their ban on conversion therapy, but that doesn't paint the full picture. The board amended the ban to apply to minors only, and it has since been superseded by a NY State law that also bans conversion therapy. Get your facts *straight* folks.

Some of you need to hear this. Your children are not your property. Ok? You do not own them, you are responsible for them. Forcing them to be who you want them to be will only make you angry and bitter. Let them be their own person (perhaps the person your God intended them to be?).

Lastly, if you folks want conversion therapy so badly... prove it works. Do the hard work of proving your hypothesis. Measure outcomes and do the science needed to prove your point. Then report it regardless of how it turns out. Because until then, no one has any reasonable expectation that conversion therapy is anything more than religious trauma wrapped in a quasi-feelgood parents' rights package.

I support the ban on conversion therapy. It's the 21st century and we're still arguing over a person's freedom to discover their gender identity. Can you knuckledraggers stop holding our species back? We have other things to do.

Commenter: Juan Velasquez

12/5/19 5:19 pm

Respect Parental Rights

Commenter: Willard Phelps, Roman Catholic Church

12/5/19 5:37 pm

Guidance Document for Conversion Therapy

Board Members. What you propose to limit the intended help with the basis and laws of nature by Gods hand , you bring a curse on our state, nation. Parents aren't allowed to neglect or abuse their children for fear of mans law on top of common sense, but to facilitate our children's safety and well being. I ask board members if their child were sent out into the world to live an alternate lifestyle where there were constant strife and the only outlet for them would be other children or support groups that push for normalcy of their present lifestyle and that" the relativism of their own experiences were made to influence a mind that lacks proper parental guidance and maturity. Then you all can take responsibility over their mental and physical well being. God is and will be calling them back to what is truly normal and because of you they will not recognize it. In closing. By your actions you are asking real maternal parents to just abandon their children because the state of Virginia is saying we can't parent our own children, to give glory to our creator, to Honor Him for the gift of our children. We will be held accountable. text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Charlie Leaphart

12/5/19 5:56 pm

Conversion Therapy Made Me Suicidal

My parents tried to send me to conversion therapy when I lived in Alabama. I moved up here to get away from a painful situation that nearly got me killed.

Conversion therapy *kills*. An incredibly high number of people who are subjected to conversion therapy kill themselves from it, and any member of the LGBTQ+ community can tell you this. Parents don't have the right to subject their children to other abuses that could cause them to take their own life or be hurt, and this should be no different. Allowing conversion therapy will kill people. Allowing parents to send their children to conversion therapy without their consent will kill children. This is a matter of life and death and it should be treated that way. Children are their own people- *not the property of their parents*- and deserve the full rights that that entails.

Please do not allow this practice to continue. Please. Do it for the kids that that weren't lucky like me.

Commenter: Robert Lee

12/5/19 6:12 pm

Allow clients and professionals to decide on therapy options

I know at least two people who greatly benefited from therapy regarding unwanted same-sex attractions. They would not call it "conversion therapy" but a way to understand the root cause of their attractions. That process was freeing for them. All clients and practitioners should be able to choose how to counsel on this complicated issue.

Moreover, licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Rebecca Ing - member of Virginia Catholic Conference

12/5/19 6:29 pm

Protect parental rights and stop government censorship in medical counseling

Parents are closest to their children's challenges and in the best position to ensure their well being.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

The proposal would deny families the freedom to seek counseling aligned with their faith.

Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Some young people and adults may have attractions they desire to change or moderate. others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

Commenter: Blanca Cohen

12/5/19 6:39 pm

Respect for parental rights...

Under Virginia law, parents have the very much fundamental right to make decisions regarding the upbringing, education and care of their children.

12/5/19 7:04 pm

Commenter: John Mosticone

Conversion Therapy

Parents are closest to their children's challenges and in the best position to ensure their wellbeing. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

The proposal would deny families the freedom to seek counseling aligned with their faith.

Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Kylee K.

12/5/19 7:15 pm

No to conversion therapy (torture)

Conversion therapy is simply torture. There is no real evidence showing that it helps people. Being gay or trans is how people are born, just like being straight. There is no cure for being straight, or anything else. Conversion therapy is abusive and parents that submit children to it deserve to be treated guilty of child abuse. We may have freedom of religion, but once that religion is pushed on somebody, that freedom ends. We are a multi cultural nation. We don't need witch trials.

Commenter: A. C.

12/5/19 7:39 pm

Conversion Therapy Kills

Commenter: Luke

12/5/19 7:44 pm

Protecting Parental and Individual Rights

Attractions of a person are neither good nor bad. Rather, attractions, like emotions, are simple bodily responses to its environment. Individuals, under the guidance of parents and medical professionals, should have the right to determine whether to pursue or seek help to avoid these attractions. This is a fundamental right of all humans, and state legislature should not infringe upon an individual's choice (or through the choice of a parent or professional acting in a child's best interest) to seek help to avoid unwanted attractions. Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles. All rulings must also not infringe upon an individual's right to act in accordance with their religious beliefs.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Not only is this a right, parents are the closest to their children's challenges and are in the best position to ensure their well being.

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

Commenter: Nikki DeHart

12/5/19 8:00 pm

The Experts Are Correct - Conversion Therapy Has No Clinical Legitimacy

I'm not sure what other arguments you need to hear. The major medical and mental health organizations are against it, as am I, so love your children and accept them for how God made them. He doesn't make mistakes.

Commenter: Eric Herrman

12/5/19 8:06 pm

Conversion Therapy doesn't convert and isn't therapy

Conversion therapy does neither. "Conversion" implies changing a person. Multiple studies show that "Conversion therapy" is not effective. "Therapy" implies that it is an attempt to make a person better. Since being a homosexual is not a defect, as evidenced by the DSM-III which removed homosexuality. Research and subsequent studies consistently failed to produce any empirical or scientific basis for regarding homosexuality as anything other than a natural and normal sexual orientation that is a healthy and positive expression of human sexuality.

So-called "Conversion therapy" is simply abuse.

Commenter: Freya Jord Anderson

12/5/19 8:06 pm

Let the child decide it is thier life not yours!

I am a 62 year old transgender woman and I am also a parent and grandparent. Conversion therapy or rather brainwashing of a child is a disaster and a violation of that childs rights to be who or what they desire to be in life. I know exactly the anguish misguided conversion therapy causes to the child in life. My mother and father did this to me. I ended up an alcoholic and engaged in very risky endeavors where I could and should have died. I hated myself as how I felt and knew who and what I was in direct conflict with what religous figures and my parents drilled into my head.

Who are we to force our will on another human being without asking them and lusting to them. These conversion advocates are completley disregarding the fundamental right to ones own body and mind sovereignty. The person being brainwashed is forcibly taken into these programs with no regard for thier rights. The term "Parent's Rights " are tossed around and never once do they mention the individuals rights just the parents. This conversion is child abuse that is psychological in nature. It forces the child to develop low self esteem for even thinking they may be gay, lesbian, bisexual or God forbid Transgender like me. Parent's job is to guide the child to be the best person they can be regardless of the child being GLBT. Doe's it matter in the long run that the child is GLBT? Who exactly is a GLBT child threatening so much that people feel compelled to try and destroy that childs identity and self worth in the name of a complying to a religious based conversion program. If you truly believe in the Cristian faith and our own constitution you would uphold the right to the childs free will that God gave us all and you would know this conversion scheme violates the very constitution that has as a core principle the right to pursue happiness.

Commenter: Terry

12/5/19 8:13 pm

People, NOT the government, have the right to choose the therapy they desire!

- Parents are responsible for their children and any of their challenges and are in the best position to ensure their wellbeing and therefore have the right to choose therapy of their choice if and when needed.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- There ALWAYS needs to be options for families and individuals who want to make an informed decision and this proposal would deny this freedom.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Dr. Fred, private citizen

12/5/19 8:31 pm

Scrap the unscientific Guidance Document

There is much data that shows that conversion therapy is effective in preventing people from pursuing same-sex attraction. The APA only recently decided, without evidence but with much political pressure, to classify same-sex attraction as normal. Previously, it was considered in need of correction. The same is true of sexual dysphoria. There is no scientific evidence (e.g., genes) that shows these sexual orientations are innate. Psychology is a psuedo science, not true science. It is speculative. You proposal is purely political. You have no right to impose, under penalty of the law, your political viewpoint on parents and doctors. Do not interfere in the relationship between child and parent.

Commenter: Rob M

12/5/19 8:53 pm

Real "therapy" does not harm the patient.

Real "therapy" does not harm the patient. "Conversion therapy" is not therapy, you never convert anyone in real therapy. In real therapy you empower a patient.

Conversion therapy is not "therapy" and has been rejected by every mainstream medical and mental health organization for decades. Minors are especially vulnerable, and conversion therapy can lead to depression, anxiety, drug use, homelessness, and suicide.

?To date, California, Connecticut, Delaware, Hawaii, Illinois, Maryland, Massachusetts, New Jersey, New Hampshire, New Mexico, New York, Nevada, Oregon, Rhode Island, Vermont, Washington, the District of Columbia, and Puerto Rico all have laws or regulations protecting youth from this harmful practice. Seven of these state laws were enacted under Republican governors. A growing number of municipalities have also enacted similar protections, including at least fifty cities and counties in Arizona, Florida, New York, Ohio, Pennsylvania, Washington and Wisconsin.

Commenter: Phillip McDonald

12/5/19 8:54 pm

Parental care

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Commenter: Marie

12/5/19 9:24 pm

Allow Conversion Therapy

Parents are the ones who know what is best for their children, not some government entity. Continue to allow conversion therapy to be practiced in Virginia.

Commenter: M. Spencer

12/5/19 9:26 pm

Protect Parental Rights

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Gordon Goetz

12/5/19 9:37 pm

Mental Health not Political Ideology

Parents are closest to their children's challenges and in the best position to ensure their wellbeing. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision. This proposal would deny families the freedom to seek counseling aligned with their faith. Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Concerned parent

12/5/19 10:12 pm

Let parents parent

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

Commenter: Chris Russo

12/5/19 10:16 pm

It's up to the parents and child

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an

informed decision.

- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Marianne Vakiener

12/5/19 10:22 pm

Please support the ban on conversion therapy

Conversion therapy is dangerous, cruel and ineffective. Calling it "therapy" is a misnomer.

Commenter: DJ

12/5/19 10:24 pm

Oppose ban

The proposed ban of therapy to help vulnerable children, adolescents and adults being further victimized by a confused and a sexually predatory society is in direct opposition to scientific evidence and the health and welfare of Virginia's public, especially families. All scientific studies show that encouraging gender confusion and transition is not helpful physically or psychologically. Persons who have undergone these so-called treatments continue to have deep psychological, social and increasing physical problems due to basic biology. The American College of Pediatricians has continued to strongly oppose the abuse of children by encouraging gender dysphoria. Virginia parents have the fundamental right to protect and care for their children and banning common sense therapies denies parents that right and encourages the real abuse of children.

Commenter: Michael Bankston

12/5/19 11:09 pm

Conversion Therapy

Conversion Therapy should not be banned, but amended. Conversion therapy may be more effective by getting to the "root" of the problem. Up to half the LGBT population has suffered sexual abuse. Many other LGBT people grew up without a positive role model.

Commenter: Catherine Sara Jane Wall

12/5/19 11:34 pm

Supporting proposed guidance regarding conversion therapy

When I see such a sensible guidance as this, I must support it. On numerous occasions, the American Psychological Association and the American Psychiatric Association have both come out against such so-called "therapies" that find their basis in one primary concept: that something is wrong with those who are members of sexual or gender minorities. This concept, over the last several decades, has seen a growing body of literature that actively disproves it. Moreover, such efforts "represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change" (APA, 2013).

bearing this in mind, I strongly and unequivocally support all guidances that consider conversion therapy to be harmful

Commenter: Mollie Davis

12/6/19 12:29 am

I lost my best friend to conversion therapy and the parents that put her there.

I lost one of my best friends when I was 16. She's not dead. But her parents found her Twitter and found out she liked girls.

All her accounts disappeared and she wasn't anyone texting back and at first we thought like oh maybe she got her phone taken for the weekend. But then her cousin who became friends with us through her reached out and said her parents found her twitter, deleted all of her accounts, made her change her number, were making her do

online school, and were putting her in conversion therapy program. They even went as far as telling this cousin of hers to not contact them or her again because she was a 'bad influence' for not breaking her trust.

We were internet friends so it's not like I could see her around, but her parents made her do online school and cut her off from her local friends too so that wouldn't have made a difference. The only

time anyone has heard from her since was a few months after everything when one of her old school friend's who was also in our little 'twitter circle' found her new number. She reached out, only to get a very scripted sounding response that said something like "i'm fine now please don't text me." keep in mind she had known this girl for YEARS.

She was special. I can't remember her ever being angry or even shady towards anyone. She just radiated kindness and goodness. It's been three years and I miss her so much that I cry if I think about her for more than ten seconds. The weight feels like I'm grieving a dead person and it's crushes me. Please ban conversion therapy. It destroys lives. It dang near destroyed mine and I wasn't even the one put in therapy.

Commenter: Caroline

12/6/19 1:15 am

Protect LGBT Rights and Ban Conversion Therapy in Our State

It's long past due to ban conversion "therapy" inflicted on gay, lesbian, bi, and trans kids. This pseudoscientific "therapy" has been conclusively shown to not only be ineffective, but extremely harmful to those it is used on.

Religion and the bigotry that often stems from it should have no influence over public policy, and protecting LGBT kids is especially important now, given the vicious federal rollback of measures to promote LGBT (and particularly trans) equality.

LGBT kids must be allowed to be who they know themselves to be, to express that to the world without being brutally repressed by abusive measures like conversion therapy, and to have access to affirming therapy and medical care.

Commenter: Lucy M

12/6/19 4:27 am

Ban Conversion Therapy

Conversion Therapy is evil. It is bigoted religious nonsense that is harmful both physically and emotionally to anyone who has been subjected to it. No medical professional would ever support it, especially not anyone familiar with LGBTQIA+ issues. You cannot "pray away the gay" as there is absolutely NOTHING wrong or immoral about being gay. Conversion Therapy sounds like something the Nazis or the KKK would do to others. Is that what Virginians want to be remembered as? Neo-Nazi Fascists? As a Native Virginian, I am overwhelmingly disappointed that so many people are voting to keep this sort of psychological torture in place and are willing to subject children to it, some of them would subject THEIR OWN CHILDREN to it! And not only would it fail to accomplish anything positive, it will assuredly make anyone subjected to it absolutely hate and resent those that forced them to undertake such a backward and barbaric practice. Shame on everyone wanting to keep Conversion Therapy around. You are on the wrong side of History, and God will judge you for this. Your children will judge you for this. All decent people will judge you for this. Again, Conversion Therapy is NOT therapy, it is EVIL, and anyone who wishes it to exist is an evil backward-thinking fascist Nazi POS.

Commenter: Loren Wilee

12/6/19 7:10 am

Parental Rights are sacred and must be preserved.

The authority to make decisions for children belongs solely in the hands of parents and guardians.

Commenter: Paul Wilee

12/6/19 7:51 am

Counseling and Therapy choices: since when does the Government know best? Classic Socialism.

Commenter: D. Rice

12/6/19 9:11 am

Parents must be permitted to protect their children

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Cordelia

12/6/19 9:16 am

Conversion Therapy is Harmful

Conversion therapy is an archaic and dangerous practice that has no place in modern society. A business should not be able to profit off of a parent's bigotry and parents should not get the choice to endanger their child's well being either mentally or physically. The State of Virginia has a responsibility to ban such a vile practice and not contribute to an ever-present erosion of the separation of Church and State. Variant sexuality, gender identity, and gender expression has been medically proven to be normal human variance and have no negative impact on children aside from the bigotry of unsupportive, uneducated, and uncaring parents. The welfare of the state's children is paramount. Don't let Virginia fall behind progress.

Commenter: Martin Keller

12/6/19 9:19 am

• Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing,

Commenter: Matt

12/6/19 9:38 am

Protect Individual and Parental Rights

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Michael

12/6/19 10:26 am

Conversion therapy has no proven benefits, and several proven detriments. Ban conversion therapy.

Commenter: Thomas

12/6/19 10:28 am

Parental rights does not include to right to abuse your child. Conversion therapy is abuse.

Commenter: Pamela Wilgus

12/6/19 11:08 am

Protect the freedom of Virginia families to acquire the counseling they choose; oppose the ban.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, educations, and care of their children. This ban limits their rights. This ban is wrong.

Commenter: Keith

12/6/19 11:21 am

APA strongly opposes Conversion Therapy - "parenting" should not allow harm to children

The APA strongly opposes conversion therapy (<https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy>) "efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change."

I respect the right of parents to parent, but this does not extend to the realm of harming one's child.

As a gay man that was offered the option of conversion therapy by my parents at the age of 17, I was also given to the option to say No. I loathe to think of what my life would have been like had I instead said yes. I can't imagine what my life would have been like if my parents had found out that I was gay at a younger age and had not given me the option because I was too young to make the choice myself. I know other gay men and women whose parents loved them only on the condition of hiding/ignoring their sexual orientation. I know other gay men and women who were not given the option by their parents, and were forced into conversion therapy, only for it to fail - they continue to this day to struggle with repairing the psychological and emotional damage that it caused them.

If you're a parent that supports conversion therapy, ask yourself why. Is it really about helping your child, or is it really about addressing your own feelings towards different sexual orientations?

Commenter: Robert Laverdy

12/6/19 11:49 am

Ban conversion therapy

Conversion therapy is dangerous and wrong. It scars people for life. It is a sham science, thinly veiled and hatefully motivated. It is bunk. Attempting to eradicate a normal, harmless feature of human experience is a practice not of science but of hate. The methods used to this end are violent, ignorant, and expose children to a whole class of abusers that they wouldn't otherwise encounter. It is torture, motivated by hate, with no standing to exist in society. End conversion therapy now.

Commenter: Thomas J Duncan

12/6/19 12:02 pm

Conversion Therapy

Must we all submit to the LGBTQ agenda. Do not parents have any rights?

Commenter: Patricio Laverdi

12/6/19 12:45 pm

Ban conversion therapy!

Commenter: Anne Hamrick

12/6/19 12:51 pm

Parents have the right to raise their children.

Parents right to raise their own children should not be taken away. They are the ones responsible for the well-being of their children. The state gives them the right to have the primary responsibility. Trust parents that they know what is right for their own children, better than the state, and give them the freedom to pursue what is best for their child, including considering their own religious beliefs.

Commenter: Branwyn Jobs

12/6/19 12:55 pm

Ban conversion therapy and like practices

Conversion therapies and other such methods are morally wrong and can damage the psyche of children. They need to be made felonies and harshly punished

Commenter: R Logins

12/6/19 2:20 pm

It is up to the parents

It is up to the parents to raise their children as they see fit, not some government or quasi-government group. And that includes their choice of any medical or psychological sessions they deem necessary.

12/6/19 3:05 pm

Commenter: Q. Staton

Ban Conversion Therapy.

As someone who has been through unrelated but harmful therapy practices, this is something that hits very close to home. The American Pediatric Association has said time and time again that conversion therapy of any kind is extremely detrimental to children. Regardless of religious belief, the whole goal of parenting a child is to raise them to be happy and healthy. By sending a child to conversion therapy, not only are you condemning them to a high risk of depression, you're harming them emotionally and potentially physically depending on the practice. It should not be allowed. Isn't the first rule of medicine, "do no harm." ?

Commenter: Lauren

12/6/19 3:29 pm

APA is in strong opposition to conversion therapy.

As a mental health professional, I echo the American Psychiatric Association: "The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a **significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed.**" (<https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy>)

Commenter: Matt Eddy

12/6/19 3:49 pm

The ban protects families

Commenter: C B

12/6/19 4:33 pm

Conversion therapy stole years of life from my best friend

My best friend grew up in the same world as I did—that is, under the so-called "big tent" of evangelical Christianity. We were both taught that the only correct way for a man to be was straight and chaste. For me, this carried its own stigma, as I absorbed a notion that sexuality was something to be reserved for a hidden, shameful corner of my mind. For my friend, it carried a double bind: not only did he believe he was a sinner for the thought crimes of love of lust, but his sexuality would forever have to be confined to an even more furtive corner.

My best friend is gay, and when he first came out to me, it was in the form of an apology. He told me he was sorry if the truth of his identify made me retroactively question our closeness. I assured that no, I did not feel hurt or betrayed. By this point in my life, I had shaken off the stigma of my own sexuality, and my best friend's revelation awakened me to his years of silent suffering—of believing there was something fundamentally broken in him.

My best friend moved from the town we grew up in. He left an academic scholarship at a secular college to attend an evangelical college in a deep red state. He underwent conversion therapy to heal himself of the part that was "broken." He spent years in self-recrimination, surrounded by friends who could not understand the struggle inside him.

My best is a wonderful, brilliant, loving human being. And I now see how conversion therapy robbed him of the freedom to be himself. Today, he is free, but no one else should be subject to such psychological torture.

Commenter: A.M.

12/6/19 5:10 pm

Do not take away parents' rights!

Let parents and doctors work together on a case-by-case basic to determine therapy needs. Do not take away options just because some do not wish to make use of them.

Commenter: Stephen Long

12/6/19 5:22 pm

Protect Parental and Religious Rights - Do Not Ban Therapy

Respect religious rights and the rights of parents. Do not ban counseling and therapy designed to help people who want to correct their orientation. Such a regulatory ban would infringe the fundamental right of parents to care for their children and violate freedom of speech and free exercise of religion.

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Thank you.

Commenter: Kyle Derkowski

12/6/19 5:56 pm

Vote No

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
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- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Jason Jehosephat

12/6/19 6:21 pm

Protect parents' rights to torture their children and possibly push them to commit suicide!

If parents want to take the chance of causing their children inestimable emotional harm and possibly making them suicidal in the vain hope of a result that in reality doesn't ever happen (notice all the people who used to RUN "conversion therapy" operations who've recanted and denounced them—they should know, right?), then they should be able to. (You do realize I'm being satirical, right?)

Commenter: E rodriguez

12/6/19 6:23 pm

Ban conversion therapy it is mentally and physically harmful to people that go through it

Commenter: Naysan Mojani

12/6/19 7:49 pm

Support the guidance document, oppose conversion therapy

As the guidance document and every reputable authority and organization state, conversion therapy is unethical, ineffective, and harmful. It has no place in Virginia, the United States, or the modern world.

Commenter: Cissie O.

12/6/19 7:59 pm

Ban Conversion Therapy

Taking away someone's body autonomy should never happen. The psychological torture caused by a "therapist" abusing their agency in a conversion therapy situation to strip a "patient's" very sense of self from them should never happen. Ban conversion therapy.

And just as a reminder, the American Medical Association [1], the American Academy of Child and Adolescent Psychiatry [2], and the American Osteopathic Association [3] have all issued

statements against conversion therapy. The American Psychiatric Association reaffirmed their guidelines that ethical practitioners refrain from attempts to change individuals' sexual orientation, and encourages legislation that would prohibit the practice of "reparative" or conversion therapies [4]. "...efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change." [5]

[1] - <https://www.ama-assn.org/delivering-care/population-care/advocating-lgbtq-community>

[2] - https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx

[3] - <https://thedo.osteopathic.org/2017/08/resolution-lgbtq-conversion-therapy-passes/>

[4] - <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Conversion-Therapy.pdf>

[5] - <https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy>

Commenter: Sue Huber

12/6/19 8:34 pm

Do not deny the right to seek choices in therapy

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

The proposal would deny families the freedom to seek counseling aligned with their faith.

Commenter: Maxwell Andrew Tibbits

12/6/19 10:58 pm

Conversion Therapy Incites Fear in Kids

I'm a gay man that grew up in Virginia. I was always afraid of coming out as a kid due to the threat of being sent to conversion therapy. A lot of my family members were members of the catholic church and associated with the catholic societies that have also commented on this public forum as well.

I missed out on a lot of experiences that most others people in this country have gone through, like having a teenage relationship, a prom date, and learning what kind of person you are as a kid. How can you even begin to understand yourself, when you have to lie to yourself about your sexual orientation? Living in fear as a kid sucked, to put it simply.

Let children live their lives happily. There has been no scientific evidence for conversion therapy that also doesn't cause irreparable harm to the subject. The threat of conversion therapy terrorized me as a kid, I can't imagine the harm it causes to those that are forced to undergo it.

Commenter: Veronica

12/7/19 12:20 am

Conversion Therapy kills

Conversion therapy has been known to cause suicide in more than half of the people subjected to it. It must be banned!

Commenter: Beth Martini

12/7/19 8:26 am

Allow choices and parents the ability to help make choices for their children

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.

- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Lorraine Sekera

12/7/19 9:04 am

Reject broad government censorship in medical counseling

Human beings are infinitely unique. Limiting what is permitted to be explored and stated, even in a healthy counselling environment, is draconian and wrong. Even leaving aside the (problematic) animating principle of this broad, general proposal—that no one at any time (even within the sanctity of the counseling relationship, not even the patient him/herself) should be allowed to view or consider a heterosexual impulse as being more desirable than a same-sex impulse—leaving that aside, what if, for example, a person is seeking counseling after sexual assault by a member of the same sex? In this instance, it is obvious that any residual sexual feelings would be the result of unhealthy sexual contact, and probably associated with feelings of horror from the incident. Encouraging those feelings in this scenario could further traumatize the patient. Zero tolerance rules where a one-size-fits-all dictate is imposed on professionals instead of allowing them to use their years of training, familiarity with the specificities of a case, common sense and compassion, are never a good idea. Furthermore, in a free country, we are free to speak our minds, and we can likewise choose which voices we listen to: we should not have to rely on silencing those we disagree with. That's what the First Amendment is all about. If a counsellor says something you disagree with, fire that counsellor and hire another. Uphold our rights as a nation to free speech, freedom of religion, and freedom to raise our kids using our own intimate knowledge of their needs.

Commenter: Charlotte McConnell

12/7/19 9:30 am

Conversion Therapy is Child Abuse

Conversion Therapy is Child Abuse and must be banned.

In April 2015, Valerie Jarrett, a senior adviser to President Barack Obama, said "The overwhelming scientific evidence demonstrates that conversion therapy, especially when it is practiced on young people, is neither medically nor ethically appropriate and can cause substantial harm,"

<https://www.scientificamerican.com/article/obama-calls-for-end-to-conversion-therapy-for-lgbt-youth/>

In 1998, "the American Psychiatric Association has opposed any psychiatric treatment, such as "reparative" or conversion therapy, which is based upon the assumption that homosexuality per se is a mental disorder or that a patient should change his/her homosexual orientation

APA expanded on that position with a statement in 2013: "The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed."

For transgender individuals, gender-affirming surgery can lead to long-term mental health benefits, according to new research published online today in The American Journal of Psychiatry. The study found that among transgender individuals with gender incongruence, undergoing gender-affirming surgery was significantly associated with a decrease in mental health treatment over time.

<https://www.psychiatry.org/newsroom/news-releases/study-finds-long-term-mental-health-benefits-of-gender-affirming-surgery-for-transgender-individuals>

Conversion therapy is harmful and should be banned. People who are commenting that want choices in therapy options for their children need to understand that conversion therapy is harmful, has no basis in science, and is based on the false notion that a person's sexual orientation can be changed or that gender dysphoria is a mental illness. Earlier this year, the World Health Organization removed gender dysphoria from their global manual of diagnoses

<https://www.cbsnews.com/news/world-health-organization-removes-gender-dysphoria-from-list-of-mental-illnesses/>

Conversion therapy is child abuse. We must put an end to this harmful practice in Virginia.

Commenter: Roger L. Depue, Ph.D. and Joanne Ridick Depue, Ph.D.

12/7/19 11:14 am

Do not usurp parental authority or responsibility for decisions about child's development

Traditionally the parents have known best the needs of their children and how to satisfy them effectively. Parents are motivated by love of the child and not utilitarian expediency or governmental autocracy. Parents may need professional help from time to time, but they have the

right to select a resource that is in keeping with their value system. In this case there is a joint and coordinated effort to what they consider childhood healthy development and/or problem resolution. Research shows that a two parent, man and woman, family configuration is best for child growth and development into mature adulthood. History supports this conclusion. Don't try to create a better system by the social engineering interests of a minority of ideologues.

Roger L. Depue, Ph.D., Counseling and Development, America University

Joanne Ridick Depue, Ph.D., Clinical Psychologist, University of Chicago

Commenter: GC

12/7/19 11:36 am

This is a heart issue, not a government issue or duty.

Good afternoon,

I do not believe the State should decide what mental health issues counselors can and cannot discuss when helping or working with clients seeking mental health counseling for issues that clients want to gain insight, resolution, and peace regarding their gender or sex.

Let me start by explaining an incident in my life that supports allowing the individual to determine what counseling or treatment he or she wants and how the stressed or broken family unit impacts raising children.

When I was in college in Ogden, Utah, in 1989 or 1990, I worked in the afternoons in a daycare facility as teacher for a toddler classroom for three year olds. There was a boy in my group who thought he was a girl. When I asked the girls to line up to go outside or go to the restroom, he got in line. I did not understand why the boy thought he was a girl, so I asked the morning teacher, and I was told that the boy's Mom did not want a boy and decided to raise him as a girl. She was a single mom. The Director and the staff knew the circumstances. This boy did not know he was a boy. He was quiet, regularly played alone, and lacked expression. He was sweet child. I ask, why was or is this okay and acceptable for the parent(s) to decide which sex or gender the child will be by ignoring physical biology of the child from an early age as in this case?

So, with the proposed State regulations on what mental health professionals can and cannot provide during mental health counseling would restrict what the client wishes to discuss. Suppose that boy sought mental health counseling today for understanding, resolution, or peace why he feels he is a girl and not a boy, and this regulation were law, a counselor could not provide counseling to that boy, who is now adult, for issues regarding sex or gender. The boy is a victim twice to abuse and neglect: once by the Mom and now by the State as an adult, because both parties have determined what is "appropriate" and "legal."

Thank you for taking the time to read my statement. I wish to say to all those who read this that this issue at its core is not about sex or gender and more State or Federal governmental regulations will not solve this issue. We need to change our focus with this issue by passing laws to protect families, educating our children, protecting religious freedom, and loving our children. This is a heart issue.

Sincerely,

GC

Commenter: Dr. Daniel McInerney

12/7/19 11:37 am

This is a Parental Rights Issue

If it would enact the proposed ban, the Commonwealth would exceed its just powers by denying the rights of parents and guardians to care for their children as they deem fit.

- Parents are closest to their children's challenges and in the best position to ensure their well-being.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Sincerely,

Daniel McInerney, PhD

Commenter: Marcie Weeber

12/7/19 11:39 am

Conversion Therapy is Child Abuse!

Conversion therapy is **inhumane** and should be banned. People who are commenting that want choices in therapy options for their children need to understand that conversion therapy is akin to brainwashing and torture, has no basis in science, and is based on the false notion that a person's sexual orientation can be changed or that gender dysphoria is a mental illness. Earlier this year, the World Health Organization removed gender dysphoria from their global manual of diagnoses <https://www.cbsnews.com/news/world-health-organization-removes-gender-dysphoria-from-list-of-mental-illnesses/>

Conversion therapy is child abuse, no other way to put it. We must put an end to this inhumane practice in Virginia.

Commenter: Amber Lammers

12/7/19 2:36 pm

Conversion therapy is child abuse

The APA strongly opposes conversion therapy (<https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy>) "efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change."

Teaching kids that they are wrong and need to be 'fixed' for something that doesn't need fixing causes irreparable harm to their mental health. In no way should this form of child abuse be legal just because some parents are bigots.

Commenter: Laura Derkowski

12/7/19 3:18 pm

Vote NO!

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Joanna Melton

12/7/19 4:36 pm

Respect Parental Rights

Dear Virginia Board of Medicine,

Please reject the Guidance Document (85-7). If passed, the ban would infringe on parental rights and on Freedom of Speech and Free Exercise of Religion under the First Amendment.

Sincerely,

Joanna Melton

12/7/19 7:12 pm

Commenter: Laura Gray

Conversion therapy traumatized me

In 2003, my parents discovered that I was bisexual. Deeply religious and homophobic, they told me that if I did not agree to "Christian counseling," I would have to quit college and move out of their house. So I agreed.

The therapy didn't work. I'm still bisexual. What it *did* do was trigger a deep, suicidal depression that nearly took my life. Before conversion therapy, I'd felt a deep connection with God; after, I became an atheist. It took a long time to reforge my faith, but it has never quite recovered.

It has taken many years and thousands of dollars of therapy to learn how to cope with the trauma of conversion therapy. It is a miracle I am alive and healthy.

No one else should EVER have to go through what I did. Ban this damaging, unscientific practice. No one deserves this abuse.

Commenter: Jan Cranston

12/8/19 9:02 am

End conversion therapy which is traumatic torture and child abuse

Commenter: Andrew

12/8/19 2:15 pm

Oppose this ban!

A ban on a potential treatment option is an attack on freedom of the citizens on what this the most free democracy in world history. Here is why the ban is a bad idea:

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Thomas Ferguson

12/8/19 3:17 pm

Protect the freedom of Virginia families

- position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: David R. Smith

12/8/19 4:39 pm

Conversion therapy is a personal guidance

Parents in Virginia are perfectly welcome to terminate any of their children before birth if they are expecting a boy but would rather have a girl, or vice versa. Given that they are given this life-and-death option, is it not hypocrisy to deny them the right to guide their children's sexual options? Furthermore, if a person is not sexually active and another person - spouse or not - invites that person to sexual activity, this also constitutes a situation of conversion, and the inviting party will therefore be liable under this law. Or should be. Think about government intrusion into citizens' private lives and ponder why the Founding Fathers wrote the Bill of Rights. These were not freedoms guaranteed from other citizens, but from government control. Do away with the Constitution? Or not.

Commenter: Claire

12/8/19 4:42 pm

Ban Fails to Acknowledge the Complexity of the Issues Involved

Gender identity and sexual orientation are complicated and highly individual phenomena. They are not necessarily inherent, many people having changed their sense of gender identity even after a sex change, for instance. While the ban is well-intentioned, and driven by compassion for the very real pain caused by an uncompassionate form of therapy, it is not the government's place to make decisions about this complex area of human experience.

Commenter: KS

12/8/19 5:48 pm

Protect parental rights

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Kevin McGraw, Catholic Campus Ministry at Univ of Mary Washington

12/9/19 12:37 am

Protect parental rights and stop government censorship in medical counseling

Hello,

I do not support propositions in the "Guidance Document." I am in favor of ensuring the freedom of Virginia families to seek and acquire the counseling they choose for each of these reasons:

- Parents are closest to their children's challenges and in the best position to ensure their well-being.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

I hope and pray that the Board of Medicine will consider these points and thus, ensure the freedom of Virginia families to seek the counseling they want to have for their children.

Thank you!

Commenter: Breyah Clarke - LGBTQ advocate

12/9/19 4:41 am

Protect CHILDREN

This is not a question of parental rights. This is not a question of religious freedom.

The science is plain - conversion therapy is deeply harmful and carries disproportionate risks. By definition, conversion therapy is rooted in invasive incitement to durable rejection of the self. This is a separate phenomenon from appeals to a child's conscience, moral system, and religious beliefs or the parents' or religious leaders' guidance regarding such.

I am an LGBTQ person. As a child I survived a religion-driven family and social environment that was deeply and openly hostile to my identity. I survived by hiding my identity from my family, teachers, doctors, etc until I was of legal age. Even then I was still nearly coerced into consenting to focused conversion therapy, but instead left the state. Had I not been of legal age I would certainly have been forced into such "therapy" against my will and been durably and unreasonably harmed.

As a child survivor of Christian fundamentalism I can attest that a ban on conversion therapy is indeed needed. Such a ban will serve to protect LGBTQ children from only the most severe formalized applications of anti-identity conversion methods, and offers negligible insult to religious freedom and parental rights.

Commenter: Erin Brewer

12/9/19 10:44 am

Banning Therapy That Helps

I am a former "trans" kid.

In first my teacher asked the school psychologist to evaluate me. She could tell there was something terribly wrong.

In a meeting, the school psychologist told my teacher and my mother that I wanted to be a boy.

Rather than affirming that I was a boy, the school psychologist came up with some simple recommendations for my teacher and parents to help alleviate my gender dysphoria.

These recommendations included:

- Reinforcing positive ideas of womanhood
- Exposing me to talented women
- Putting me in activities with girls such as Girl Scouts
- Discouraging me from wearing my brother's hand-me-downs

The simple recommendations that my school psychologist made that put me on a path towards resolving my gender dysphoria would be illegal if "conversion therapy" is banned.

Transgender activists deny that talk therapy is helpful in managing and resolving gender dysphoria and yet, I am living proof that can be.

Though my school psychologist didn't know it, between kindergarten and first grade my brother and I were abducted by two men. I was brutally sexually assaulted and my brother was not.

In my child's mind, I thought that being a boy would prevent me from being hurt again in the way those men hurt me.

Not my mother, not my school teacher, not my school psychologist knew that my trans identity was based upon my desire to keep my body from being sexually violated.

If therapists had not been allowed to question my gender identity, I never would have made the connection.

I never would have understood that my hatred of my female body was the result it being violently violated.

I never would have realized that my transgender identity was a coping mechanism.

"Conversion therapy" helped me because my therapists did not affirm my trans identity, did not accept the hatred I had for my female body was normal.

I am so thankful that my school psychologist put me on a healing path. I am grateful to other therapists who helped me understand that the self-hatred I had was a result of the sexual assault not because I was inherently flawed.

I shudder to think at what my life would be like if I'd been encouraged to believe that I was transgender.

I would have lived my life hating myself.

I might have had my breasts amputated in an attempt to appear less female.

I can't imagine how we can force therapists to tell transgender children they are born in the wrong body; to confirm that a child's self-hatred is appropriate.

Commenter: Traci Wike

12/9/19 11:22 am

Ban Conversion Therapy

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Pastor Terry Ross

12/9/19 11:25 am

Ban Conversion Therapy

Commenter: Bob Witeck

12/9/19 11:26 am

Virginia Ban on Conversion Therapy

As a native and lifelong citizen of Virginia, I am writing today to strongly recommend enactment of guidance to protect all young Virginians from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

These long and frequently discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific or medical basis. Please review all available and relevant medical and behavioral research.

I am urging you to join in protecting young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

With appreciation for your very strong consideration,

Bob Witeck

1914 N. Johnson Street, Arlington, Virginia 22207

Commenter: Sam Burns

12/9/19 11:27 am

Make policy decisions based on factual evidence!

Conversion therapy involves dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. What research has shown conversion therapy can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

Commenter: Abram M. Hostetter, M.D. Psychiatrist

12/9/19 11:27 am

Homosexuality is not a choice, and will not be changed through any kind of "therapy."

It is long past the time that homosexuality was viewed as an illness to be treated. We must educate everyone, including our legislators, that being homosexual occurs and must be accepted as a normal variation.

Commenter: Tye

12/9/19 11:27 am

Not a parental rights issue.

This has nothing to do with parental rights and everything to do with abusing a child for the parents ignorant ideology. You can't "fix" a child that isn't broken.

Commenter: Melissa Meadows, Virginia League for Planned Parenthood

12/9/19 11:28 am

Conversion Therapy Must Be Banned

Conversion therapy aims to use psychological techniques to alter a person's sexual orientation and/or gender identity. These techniques lack evidence of effectiveness and have been shown to be harmful. Individuals who identify as LGBTQ+ are already vulnerable to depression and suicide due to discrimination, and using conversion therapy in an attempt to force these deep aspects of a person's identity to change can result in making people feel ashamed, depressed, and alone.

Dozens of medical and public health organizations (American Medical Association, American Academy of Pediatrics, American Psychiatric Association, National Association of Social Workers, American School Counselor Association, etc.) have all publicly stated that conversion therapy is harmful. Many states have already banned this harmful practice in an effort to protect their citizens. Allowing conversion therapy to continue harms individuals and entire communities throughout Virginia and it must be banned.

Commenter: Jeffrey "Scott" Horner

12/9/19 11:29 am

STOP THIS M

Commenter: Jane Cornelius, PFLAG Blue Ridge

12/9/19 11:30 am

Ban Conversion "Therapy!"

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

Conversion "therapy" is made up of harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. This so-called "therapy" amounts to abuse.

Please, ban this practice to protect our vulnerable youth.

-Jane Cornelius
PFLAG Blue Ridge
Charlottesville, VA

Commenter: Thalia Hernandez

12/9/19 11:30 am

It's Time to Ban Conversion Therapy

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. Please update the regulations to ban conversion therapy.

Commenter: Scott Horner

12/9/19 11:30 am

STOP

Commenter: Sara M. Gaborik

12/9/19 11:30 am

Ban Conversion Therapy

Please remove this archaic and traumatic form of torture! We are born who we are meant to be and parents should not be allowed to force their children to undergo harmful "therapy" under the guise of treatment.

Commenter: Amber Beichler

12/9/19 11:31 am

Ban Conversion Therapy Now!

Conversion therapy is abuse, and should be banned for anyone, minor or not.

12/9/19 11:32 am

Commenter: Anne Worster Cooper Precinct Chair Fairfax County Democrats

Conversion Therapy Should be Banned

Conversion Therapy is child abuse. It drives kids to suicide with its shameful rhetoric, rejection, and ostracism. We should encourage our children to be who they are and love them unconditionally. Our message should not be "you need to change" but rather "Be out and proud!".

An ally,
Anne M. Worster

Commenter: Raven Dickerson

12/9/19 11:32 am

BAN CONVERSION THERAPY

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

Commenter: David Hutton

12/9/19 11:32 am

We should respect people's life choices and not shame or bewilder them for it

Commenter: Eva Freund

12/9/19 11:33 am

Conversion Therapy

When a parent elects to submit their child to conversion therapy they are harming rather than helping their child. This process no more will change their child than does praying for their child but with many more ill effects. Conversion therapy has no support in the scientific community. Just as homosexuality is no longer considered an illness by the APA. Perhaps it is the parent who is being provided succor by forcing the child to undergo conversion therapy. Would this same parent force a physically ill child to undergo a useless and painful therapy for measles or TB or any other physical illness? I doubt it.

Commenter: Logan

12/9/19 11:33 am

Ban this awful practice

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. Science does not support the practice of conversion therapy and religious interpretations that promote this should not guide the mental health profession.

Commenter: Luke Graves

12/9/19 11:35 am

Conversion therapy is wrong and should be banned

I was a product of this practice. It directly caused hardship in my life, my former spouse, and my children, not to mention numerous other families we know. One is not able to choose a sexual orientation. I was trusting of my parents and church. Just as someone who is heterosexual can't change their orientation, neither can someone who is LGBT+. I wasted 26 years of my life trying to make this false belief system work that only ended in divorce, hardship, and heartbreak. So many years of needless pain and hardship was inflicted on my family and myself. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. This is deeply wrong and its practice should be banned. It's cruel and inhuman.

Thank you for your time.

Luke

Commenter: Kate Shim, Korean American Rainbow Parents

12/9/19 11:37 am

Support the Ban on Conversion Therapy

Please support the Ban on Conversion Therapy, Conversion therapy hurt LGBTQ+ community and can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Thank you.

Kate Shim (mother of gay son)

Commenter: Robert L Petris

12/9/19 11:38 am

I Support banning conversion therapy

- This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Regards,

Robert Petris

927 Parker Gray School Way

Alexandria, VA 22314

Commenter: Richard Rutherford

12/9/19 11:39 am

ban so-called "conversion therapy"

"Conversion therapy" is both ineffective and dangerous. No credible health authorities support its use; rather, it is a delusional sop pushed by, usually, religious extremists. It is they who need therapy for those delusions.

Commenter: Reece Kegan O'Donnell

12/9/19 11:40 am

Get rid of this horrible practice

- This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: William Lipsett

12/9/19 11:42 am

End fraudulent "conversion therapy"

Type over this text and enter your comments here. So called conversion therapy is harmful to young people and must be end ASAP in Virginia

Commenter: Phil Hong

12/9/19 11:43 am

Ban Conversion Therapy

The use of conversion therapy is both wrong and unethical. Individuals are hurt mentally, emotionally, and in some ways, physically. People who identify as LGBTQ do not deserve to be silenced or invalidated for who they are. Conversion therapy isolates and alienates folks and creates a schism between family.

Several faith communities provide safe spaces for LGBTQ folk, reducing any need for invasive therapy. With the growth in traditionally restrictive and repressive spaces, it comes time to bring an end to conversion therapy.

No one deserves to be hurt for simply being themselves.

Commenter: James Pereira

12/9/19 11:45 am

Protect children: ban conversion

Conversion therapy is medically discredited and psychologically abusive. LGBTQ orientation/identity is not a mental illness and conversion therapy has been shown through meta-analysis to be ineffective at changing behavior, while causing undue pain and suffering and increasing likelihood of depression, anxiety, and attempted suicide. Please end this needless, destructive, and dishonest practice

Commenter: Helene Drees

12/9/19 11:45 am

Conversion Therapy

Treatment must be based on scientific fact. Ban this practice.

Commenter: Karl F. Schneider

12/9/19 11:48 am

Oppose - as a sex abuse survivor, sexual orientation therapy healed & grew my heterosexuality

as a sex abuse survivor, sexual orientation therapy was the only way I could find to heal and grow my self with sexuality. Opposing this ban is abusive to those who need it. Pre-choice must be the ultimate standard. If you don't want it don't get it. If you need it and wanted to get it. Do not take that right away from me.

Commenter: Michael Callahan

12/9/19 11:48 am

Support the Ban on Conversion Therapy

Conversion Therapy has been found to be dangerous and led some who have faced this terrible therapy to attempt, and sometime succeed, in committing suicide.

This is also morally wrong to force someone to deny who they really are.

Finally, my faith says the God doesn't make any mistakes with his creation. That said, when God creates a human being who is a homosexual, he has created another perfect human being.

Please support this legislation to ensure all Virginians are free to be who God created them to be.

Thank you,

Michael Callahan

Commenter: Shawn C.

12/9/19 11:48 am

Ban Conversion Therapy

This is not about parental rights. It's about removing harmful practices. No different than removing a drug that is proven to be harmful or dangerous.

Maybe there should be additional programs for parents to better understand what their children might be going through and to be better prepared to accept that these things are not illnesses or defects. Parents have to realize that they can try to influence their children, but ultimately each child is a unique being that needs to be free to become who they need to be.

12/9/19 11:49 am

Commenter: E Clinks

Ban Conversion Therapy

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

Commenter: Colleen Swingle

12/9/19 11:50 am

Ban "conversion therapy"

Conversion therapy is an unethical and harmful tool to perpetuate unscientific claims and should not be supported by Virginia law.

Commenter: Arnold Kahn

12/9/19 11:52 am

Conversion Therapy

Conversion therapy does not cure anything and can be dangerous. American Psychological and Psychiatric Associations have banned it.

Commenter: T Clinks

12/9/19 11:53 am

Ban Conversion Therapy

Commenter: Michael Cubbage

12/9/19 11:53 am

Ban Conversion Therapy

I adamantly believe that conversion therapy should be banned as it is a dangerous and discredited practice aimed at changing the sexual orientation or gender identity of young or vulnerable individuals.

We need to protect our young people from state-licensed "therapists" in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. How can anyone support a practice that uses rejection, shame, and psychological abuse to force someone to try and change who they are. It's no surprise that these practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts, not to mention exposure to potential pedophiles and other sexual predators. No young person should ever be shamed by a mental health professional, or anyone for that matter, into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices. We are Virginia, and we are better than this!

Commenter: W.W. Sihler

12/9/19 11:54 am

Conversion Therapy

This approach is based on such spurious assumptions, bad psychology, doubtful morals, and bad medicine that it not only does harm to individuals with these predispositions but also makes Virginia a laughing stock and thus harms the state's economic development and thus employment opportunities for its citizens. The sooner this "practice" of attempted "conversion" is dropped, the better off all citizens of the state will be even if they are so uninformed that they do not believe it.

Commenter: Elizabeth Brooks

12/9/19 11:55 am

Conversion therapy is misguided and harmful

Conversion "therapy" is a dangerous and discredited practice that wrongly assumes that a person's gender and sexual identity is a mental illness if it does not match pre-defined majority "norms"; and that a mental illness can be addressed via harmful practices such as rejection, shame, and psychological abuse. These practices have been proven to lead, not to changed gender or sexual identity, but to decreased self-esteem, depression, substance abuse, and even suicide.

Mental health professionals who recommend conversion therapy are wrongly taking advantage of their perceived position of authority to push their own moral agenda on their patients and those patients' parents, causing irreparable harm. Such behavior is wrong, and these professionals should not be permitted to practice in Virginia.

Please, don't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: john stoudt

12/9/19 11:55 am

conversion therapy ban

i feel and support the scientific data that would suggest that conversion therapy has been proven over and over again not to work and therefore cause harm to people who have a sexuality that cannot be avoided .homosexuality cannot be cured and is a condition people are born with.

Commenter: Catherine Casey MD

12/9/19 11:57 am

Conversion therapy is medically unacceptable

As a Family Medicine physician who sees patients of all ages, genders and sexual orientations, I adhere to the American Psychiatric Association's statement from 2013 that "The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed."

Commenter: Kristen Pritchard

12/9/19 11:57 am

Ban Conversion Therapy

"Conversion therapy" is both a dangerous and discredited practice. LGBTQ youth deserve support and protection from unethical professionals who believe that being LGBTQ can be cured. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong.

Commenter: Rhonda Schneider

12/9/19 11:58 am

Oppose ban

My husband used conversion therapy to deal with his sexual abuse and it was extremely effective. We are happily married and grateful for this opportunity to heal. Do not take away this out from those who need it.

Commenter: Robert Earl Winsor

12/9/19 11:59 am

We must do more to protect our young people from who profess to be able to change a person's sexual

orientation. Does anyone believe their heterosexual orientation can be changed to a homosexual orientation? Likewise, the opposite is equally unfathomable. Type over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Michael Airhart

12/9/19 12:04 pm

Conversion therapy is deceitful, it worsens bad behavior

Sexual orientation change efforts use shame, extreme conformism, false accusations about behavior, and ostracism to cause decreased self-esteem, drug abuse, depression, and suicide.

It is a sin for "ex-gay" and "conversion" therapists to deceive and abuse youths and their parents with such abuses, all of which reinforce the depression and addictive behavior that these fraudulent therapies falsely claim to cure.

Conversion therapy exploits parents both financially and emotionally, causing them to spend thousands of dollars on treatment that makes their loved ones sicker.

Mental health professionals should provide care that is ethical and affirming of the patient's orientation and identity. Unethical and shaming mistreatment should be regarded as medical malpractice.

Commenter: Claire Weech

12/9/19 12:10 pm

Ban Conversion Therapy

This guidance will protect our children from so-called "conversion therapy," which is a dangerous and discredited practice aimed at changing a person's sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured. This view has absolutely no scientific basis.

This guidance will protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness. These therapists are taking advantage of parents and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Bill Griggs

12/9/19 12:13 pm

Conversion Therapy is Not Therapy At All, it is the Perpetuation of Serious Self Doubt

Commenter: Shyamali Hauth

12/9/19 12:13 pm

Ban conversion therapy

It is past time to ban conversion therapy. It is a heinous practice and has no place in a civil society. Let us treat each other with compassion and humanity and recognize that love is love.

Commenter: Thomas J. Villa, Impacto LGBT

12/9/19 12:16 pm

Ban Conversion Therapy

I urge immediate action to ban so-called "conversion therapy," a practice that has been fully discredited as unnecessary and harmful by the medical community. This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

Commenter: Kelly Grzech

12/9/19 12:16 pm

Conversion Therapy Kills

The fact of the matter is that conversion therapy kills. I am a Spanish medical interpreter and work regularly in the mental health field. If any other therapeutic method had such a high rate of suicide, it would be illegal. Therapy is supposed to help, not hurt, and from a purely therapeutic standpoint, conversion therapy is not only downright ineffective, but actively harms the individuals that undergo it.

Furthermore, sexual orientation has been proven, time and time again, not to be a choice. Conversion therapy for LGBT+ individuals makes about as much sense as conversion therapy for people with blue eyes or red hair. Facing the impossibility to change something that isn't a choice, but rather WHO you are, it's no wonder people who have suffered through conversion therapy have increased depression and are at a higher risk for committing suicide (if they don't commit suicide during the process).

As a healthcare professional who works regularly in the medical field and often interprets for LGBT+ individuals, I implore you, not just from a medical and mental health standpoint, but from a humanitarian standpoint to stop this barbaric practice at once.

12/9/19 12:17 pm

Commenter: Sarah Hastings, Licensed Clinical Psychologist

Ban conversion therapy

The American Psychological Association has deemed conversion therapy as harmful to clients/patients. Licensed professionals should not engage in outdated practices that inflict harm.

Commenter: Colleen Armstrong

12/9/19 12:18 pm

Conversion Therapy is Medical Malpractice

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. It protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are and are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: De Sube - Transgender Assistance Program of Virginia

12/9/19 12:25 pm

Ban All Forms of Conversion Therapy

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being Transgender is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

Commenter: Robert Griffith

12/9/19 12:26 pm

Please have compassion/intelligence and ban conversion therapy

- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Kristen E. Remers

12/9/19 12:29 pm

Please Ban Conversion Therapy

We in the LGBTQ community don't need to be, and can't be, fixed to meet society's definition of 'correct' or 'acceptable'. Science has proven that Conversion therapy only appears to work, but does not change who we really are. And, all too often, that LGBTQ identity will return to the surface no matter how hard it has been suppressed.

Please stop trying to change us in ways we cannot be changed! Instead, give us the opportunity to be the best people we can be!

Please ban conversion therapy so that no more vulnerable people can be victimized by it.

Commenter: Donna Rabender

12/9/19 12:30 pm

Conversion Therapy

I oppose conversion therapy.

Commenter: Bill Griggs

12/9/19 12:31 pm

Conversion Therapy Is not Therapy. Conversion Therapy perpetuates Long Term Mental Illness.

The use of "conversion therapy" is a dangerous and discredited practice, which is based on the false claim that being lesbian, gay, bisexual, transgender or queer (LGBTQ) is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

It is my belief that such a misuse of mental therapy will haunt the lives of our vulnerable youth well into their senior years, if they are able to exist, not "live", that long before turning to suicide, because they feel that they do not "fit" in the society that has turned their backs on them.

Bill Griggs, Virginia Beach

Commenter: Sarah Leser

12/9/19 12:33 pm

Support the Ban on Conversion Therapy

Conversion therapy is unacceptable; it is a harmful, outdated, and discredited practice. Being LGBTQ is not a mental illness, and any attempt to change an individual's sexual orientation or gender identity is not only ineffective, but also extremely dangerous. Conversion "therapists" use rejection, shame, and psychological abuse to force individuals to try and change who they are. Most often, minors are the victims of conversion therapy, and the tactics used can lead to depression, anxiety, decreased self-esteem, substance abuse, and even suicide attempts. No person, but especially no child, should ever be shamed by a mental health professional into thinking that who they are is wrong. Instead, mental health professionals should provide care that is ethical and affirming for LGBTQ individuals. We cannot allow one more Virginian to be targeted and hurt by a state-licensed therapist claiming sexual orientation or gender identity needs to and can be changed. Please support this guidance to protect and promote the health of LGBTQ individuals.

Commenter: Kristan Huddle

12/9/19 12:33 pm

PLEASE ban conversion therapy!

Commenter: Jerry Cowden

12/9/19 12:34 pm

Ban Conversion Therapy

The consensus among contemporary psychologists and psychiatrists is that conversion therapy is neither necessary nor effective. In fact, conversion therapy's premise that homosexuality is abnormal or pathological is harmful and dangerous, particularly for young people. Virginia needs to stand firmly against conversion therapy and its practices of rejection, shame, and psychological abuse to force young people to try and change who they are.

Commenter: Justin Mann

12/9/19 12:35 pm

Ban Conversion Therapy

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: John M North

12/9/19 12:37 pm

BAN conversion therapy

- As a physician, I find the very concept of conversion therapy abhorrent. The idea that gender identity is a belief system and in fact one that is harmful and requiring treatment, is a reflection of medical and behavioral science ignorance. Simply reversing the situation, by suggesting to someone proposing this therapy, that "straight" persons could be converted to LGBTQ "thinking" will usually cause them to see the absurdity. But "conversion therapy" is more than just wrong-headed it is dangerous to the psyche of any person especially adolescents. It has potential side effects of depression and suicide that alone make this practice subject to a ban, grounds for removing licensure, and charges of malpractice.

Commenter: Marilyn Karp

12/9/19 12:38 pm

Ban Conversion Therapy

- This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Aiden Barnes, Southeastern Virginia Atheists, Skeptics, & Humanists

12/9/19 12:41 pm

Ban conversion therapy

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. These pseudoscientific practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis whatsoever. These harmful practices use rejection, shame, and psychological abuse/torture to force young people to try and change who they are.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Joan Berlin

12/9/19 12:47 pm

PLEASE Ban Conversion Therapy

Conversion therapy is known to be dangerous and often leads to psychological problems such as depression and suicidal thoughts. No one should be shamed into thinking that who they are is wrong. Mental health professionals should focus on affirming the identities of LGBTQ and helping individuals feel loved for who they are. They are subject to enough ridicule and hate. The conversion practices are not effective and need to go away.

Commenter: Kim Hodges

12/9/19 12:47 pm

Ban Conversion Therapy

Knowing many young adults who were forced into this "counseling," I know the psychological effects and harms it causes.

Protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore take advantage of parents and harm vulnerable youth.

- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Susan Layman

12/9/19 12:47 pm

Please Ban Conversion "Therapy"

Commenter: Erika Joyner

12/9/19 12:48 pm

Ban Conversion Therapy - it is not therapeutic.

Conversion Therapy has been scientifically proven to not be effective in changing anyone's gender orientation or identity. The only thing it does is attempt to repress the natural expression of a major portion of one's innate being. This only leads, at best, to a temporary masking of the

expression of that identity. At worst, it leads to suicide, or a long and difficult process of undoing the damage from the treatment. It is primarily a therapy that is only of seeming benefit to the concerned, but misguided, people who attempt to practice it.

Commenter: Ann Elliott

12/9/19 12:48 pm

BAN Conversion Therapy

I have taught Psychology since 1994 and there is no question that the scientific community has known for many years the devastating effects of Conversion Therapy. This is a dangerous and discredited practice aimed at changing a person's sexual orientation or gender identity. We must ban this dangerous and misguided approach. It is not "therapy"...it is abusive. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We must BAN conversion therapy in Virginia!

Commenter: Rev. Linda A. Seiler

12/9/19 12:50 pm

There is no such thing as Conversion Therapy

"Conversion" refers to the moment one places their faith in Christ; "therapy" has to do with a process of talking through issues with a therapist or counselor. "Conversion therapy" is a misnomer that joins the two and leads to a straw man argument.

Regardless of whether one condones homosexual practice, U.S. citizens ought to have the right to place their faith in Jesus Christ. And, if they experience unwanted same-sex attractions and want to explore their heterosexual potential by talking with a therapist about their past experiences that may contribute to their unwanted same-sex attractions, they ought to have the right to do so.

It is preposterous to ban therapy for those who want to pursue it. Imagine if we banned therapy for those in the #metoo movement who have been hurt by sexual abuse and want to talk about how the abuse affects them today. There's no harm in that.

I speak as one who was once transgender, same-sex-attracted, and suicidal. I hated myself and did not want those desires. I'm deeply grateful for therapists who helped me process events in my past which contributed to my unwanted desires. Today, I am no longer suicidal, I love being a woman, and I have discovered the delight of attractions to men. Nothing was forced on me; I chose that path for myself. I did not experience electroshock therapy or any kind of abuse. It was simply talk therapy to help me process the pain in my heart which affected my perception of men and made me think women were second-class-citizens. We are body, soul, and spirit, so healing the soul can affect your body, even your sexual desires. Let's not remove that option for those who want to pursue it.

Commenter: Susan Layman

12/9/19 12:50 pm

Please Ban Conversion "Therapy"

Please ban this unscientific, unscrupulous pseudo-therapy. No minor should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We can't allow one more child to be targeted and hurt by these dangerous and discredited practices.

Commenter: Zachary Meadows

12/9/19 12:52 pm

BAN CONVERSION THERAPY

As a victim of Conversion Therapy I implore you put an end to this archaic torture. Yes, I say victim as I experienced nearly 8 months in isolation. Was given constant and unwanted religious council, and I was powerless to stop it as I was a minor.

I didn't taste the outside air for those 8 months. I didn't feel the sun on my skin. I was fed bland hospital food and locked in a room for hours at a time.

I was told I was sick, when I was perfectly fine and the only way to save myself from this horror was to lie and say I was cured. I was forced to go to an out patient treatment. I lost years of enjoyment from my life. I missed out on school, friendships, and countless other experiences. I can no longer sleep through the night years later. I still have self worth issues and fear arts of my family all because of what conversion therapy did to me. It doesn't help anyone.

Those who who practice it are the true perverts. Homosexuality is found in nearly every animal kingdom, but hatred and religion is only found in one.

Commenter: Penny Millson-Martula

12/9/19 12:54 pm

Vote to ban conversion therapy

Please vote against conversion therapy. It is bogus and very harmful to children subjected to it. Suicides atte say above average for kids who cannot get acceptance for their sexual orientation. Pleaa protect them from this harsh and ineffective treatment.

Commenter: marcia dickinson

12/9/19 12:55 pm

conversion therapy

conversion therapy harms people who are trying to accept themselves as they are. It's a hoax.

Commenter: Amanda Pohl

12/9/19 1:00 pm

Ban Conversion Therapy

Conversion therapy is a dangerous practice that harms those who are subjected to it. If the Board of Medicine is looking to first do no harm, then conversion therapy must be banned. There is no scientific basis that conversion therapy is appropriate or effective, but there is science to demonstrate that it is abusive and leads to self-harm, depression, anxiety, and suicide. Conversion therapy is traumatizing and those who practice this work to shame people into changing their identity. Please ban this barbaric practice in Virginia.

Sincerely,
Amanda Pohl

Commenter: Tatum Standley

12/9/19 1:06 pm

Ban Conversion Therapy

Conversion therapy is based on the idea that being LGBTQ is a mental illness and harmful to a person. In order to protect people from these false ideas, we must ban conversion therapy.

Commenter: Kathleen Green

12/9/19 1:07 pm

Ban conversion therapy

I write as a Mom, MomMom and retired Registered Nurse. Please don't allow our young people to be tortured by so-called "conversion", which is anything BUT therapeutic. Let the science be your guide.

respectfully,

Kathleen Green

Glen Allen

Commenter: William Weech

12/9/19 1:09 pm

Ban Conversation Therapy

This guidance will protect our children from so-called "conversion therapy," which is a dangerous and discredited practice aimed at changing a person's sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured. This view has absolutely no scientific basis.

This guidance will protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness. These therapists are taking advantage of parents and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Greg Smiley

12/9/19 1:10 pm

My college psychologist recommended conversion therapy.

To those weighing the ban on conversion therapy--

Good afternoon to you.

In 1989 in my freshman year at Duke University, I visited my on-campus counseling service wrestling with deep depression over the flood of awareness that I was attracted to other men and that I wasn't able to sidestep it any longer. I appealed to that therapist, a licensed psychologist, to see all the options for moving forward. It's hard to think now about how much I contemplated suicide. The therapist suggested that if I really wanted to change there was a conversion program based off of Freud's psychoanalysis fifteen miles down the road that was two hours a day, four days a week for fifteen weeks. I couldn't see how I would have the energy, time, and money to drive there every day and take classes. I think I would've considered it if it had been less "intense". In the end, things worked out. I'm as happy as I have ever been. I fear what might've happened though if I had gone through that at 18. What did sting though was how that psychologist reinforced my shame. That took a while to work through. Please be on the record unequivocally that conversion therapy is junk science. That Virginia is a state for truth, empathy, and principle. Thank you.

Commenter: Stephen Owen

12/9/19 1:12 pm

Ban Conversion "Therapy"

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. Further, these dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Let's make the Commonwealth progressive and join the other states and localities that have banned this archaic practice.

Commenter: Isaac Adamson

12/9/19 1:12 pm

Ban conversion "therapy"

Ban " therapy " that attempts to "cure" LGBTQ Virginia minor children. This is a form of child abuse with known outcomes of trauma, depression, and increased risk of suicide. LGBTQ Virginians have intrinsic worth as we are, and minor children must be protected from child abuse, medical abuse, and malpractice.

Commenter: Mary Beth Wiley

12/9/19 1:13 pm

Ban conversion therapy

Please support the ban on conversion therapy which is a dangerous practice especially for young people who are already at high risk for suicide. Thank you.

Commenter: Most Rev. Ronald Stephens, Presiding Bishop, Catholic Apostolic Church

12/9/19 1:17 pm

As Priest and Psychologist...

As a priest and a psychologist with a MAster's in Psych, I see the horrors caused by this type of therapy. While causes haven't been totally determined, sexual preference is something deep inside each individual and should not be tampered with/ It is the cause of suicides and later remorse/

Bishop Ron Stephens

Commenter: Alexandra Dixon

12/9/19 1:20 pm

Ban Conversion Therapy

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual identity or gender identity.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender or queer (LGBTQ) is a mental illness that needs to be cured---a view wit no scientific basis

This guidance protects young people from state-licensed therapists in VA who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame and psychological abuse to force young people to try and change who they are.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for LGBTQ young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Cameron Baumgartner

12/9/19 1:24 pm

Ban Conversion Therapy

I support a state-wide ban on conversion therapy or any other form of intervention that seeks to change or mitigate a person's experience of their sexual orientation or gender identity.

Commenter: Justine Jackson Stone

12/9/19 1:26 pm

Ban Conversion Therapy

McKrae Game, a former top conversion therapy leader who practiced for over 20 years, not only denounced conversion therapy but also came out as gay in 2019. Game wrote in a public post, "Promoting the triadic model that blamed parents and conversion or prayer therapy, that made many people believe that their orientation was wrong, bad, sinful, evil, and worse that they could change was absolutely harmful."

This harm can absolutely be prevented if lawmakers would do the right thing and ban conversion therapy. We need to uplift and support the LGBT community. There is nothing wrong with loving someone of the same sex. It's deeply personal to that individual and forcibly trying to change that person - to "convert" - is unethical and disturbing.

Commenter: Matt Ashcroft

12/9/19 1:26 pm

Conversion "therapy" is increased shame

There is nothing ethical about shaming individuals of their sexual orientation. Using shame based techniques to control the narrative on how queer people should live their lives further puts them in the closet and hurts us. Specifically, I have seen a man that wanted to transition into a woman; where conversion therapists are simulating a birth into their "manhood." I do not know if that person is dead or alive due to depression and nobody should be forced to watch their own birth due to their internalized homophobia. Please, stop this!

Commenter: David Standley

12/9/19 1:27 pm

Banning Harmful Medical Practices is not "restricting freedom"

Freedom to seek (legitimate) medical needs without government interference is an important freedom. But when harmful practices charade as "medical care" it is the governing bodies' responsibility to step in and restrict/prevent them from taking advantage of the public's trust in "medical" services.

Conversion "Therapy" uses the harmful practices of rejection, shame, and psychological abuse to force young people to try and change who they are. This is an affront to all true therapy professionals whose aim is to provide evidence-based care, validated to treat legitimate disorders and deficits, in order to improve the long term outcomes and quality of life for the patient.

Banning 'conversion therapy' is an important step in helping the public avoid being victimized by dangerous and harmful practices and increase the likelihood that those who do in fact need professional help will seek the help they need from qualified providers who utilize evidence based care.

Commenter: Chad Taylor, teacher

12/9/19 1:27 pm

Ban non-evidence-based gay "conversion therapy"

"Conversion therapy" is not about mental health. It's about religious fanaticism and intolerance. It is so often forced on people, young and old, by those who seek to "repair" a part of ourselves that isn't broken. It is emotionally damaging, counter-productive, and dangerous, and there is no legitimate peer-reviewed research to support this awful, ignorant practice. Indeed, research DOES show that it increases mental health problems like depression and is associated with higher rates of suicide. Please ban this practice in the Commonwealth.

Commenter: Diane Eirod

12/9/19 1:27 pm

Conversion Therapy Ban

I support the proposed ban of conversion therapy being practiced by licensed mental health counselors in our State. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. On the contrary, homosexuality exists across the animal world. Ask anyone that owns racehorses and they will tell you a Stallion is often a bad investment, as a majority will refuse to breed with a female and artificial insemination is not allowed.

To have a child forced to undergo conversion therapy and have the thought that being gay, bi, etc. is a mental illness is an archaic at best, and at worst, may lead to genuine mental illnesses such as depression and suicide attempts.

Please vote in favor of this ban.

Thank you

Commenter: Allison Splaun, Splaun Psychotherapy

12/9/19 1:36 pm

Please ban conversion therapy

conversion therapy has been proven to be harmful and should thus be disallowed.

Commenter: Paige H

12/9/19 1:37 pm

Conversion Therapy Results in Shame

Conversion therapy uses rejection, shame, and psychological abuse to force young people to try and change who they are. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. I feel lucky that when I came out as bisexual, I had a therapist who supported and encouraged that process, but I know so many who unfortunately have had a very different experience. Please, ban this practice and instead supports care that empowers and encourages.

Commenter: Mary Madden

12/9/19 1:39 pm

conversion therapy is a travesty!

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Jim McKinley-Oakes, LCSW

12/9/19 1:40 pm

Stop the harmful abuse of "conversion therapy".

I have been a trauma therapist for twenty years. There is no such thing as "conversion therapy" because it is not therapy. Identifying as LGBTQ+ is not a medical or behavioral illness any more than being straight or cisgender.

I have seen extreme harm done to people by so-called "conversion therapy". It leaves them traumatized and challenged to survive homophobia, transphobia, heterosexism, and cissexism. They feel unsafe in the world and unsafe with their own sense of helplessness and self-hatred. Because the harm is perpetrated by an alleged health professional, it makes them hesitant to visit or trust someone who could help them heal, from the trauma of "conversion. therapy."

The damage, including countless suicides, is incalculable. There should be laws to protect potential victims and imprison perpetrators of this vile practice.

Commenter: Joe Hamm

12/9/19 1:43 pm

Conversion Therapy

Conversion Therapy is a term which is a disgrace to the practice of therapy and mental health. It's an abusive practice that causes trauma in those who unfortunately experience it and reeks of intolerance. I strongly encourage elected officials to stand up for classifying Conversion Therapy as a crime and making this destructive practice illegal.

Commenter: Shawnon Corprew

12/9/19 1:49 pm

Ban conversion therapy

Conversion therapy is a dangerous practice that negatively affects the mental health of anyone who goes through it. Banning this practice will ensure LGBTQ individuals will have higher self-esteem and focus on what matters as an equal Virginia citizen.

I support this initiative, and I look forward to Virginia being an example of rising above hateful practices.

Commenter: Amy Kelly

12/9/19 1:50 pm

Ban conversion therapy now!

Conversion therapy is a dangerous practice that negatively affects the mental health of anyone who goes through it. Banning this practice will ensure LGBTQ individuals will have higher self-esteem and focus on what matters as an equal Virginia citizen.

I support this initiative, and I look forward to Virginia being an example of rising above hateful practices.

Commenter: Kayden Addato

12/9/19 1:51 pm

Conversion Therapy is based on personal opinion, not scientific evidence

- This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Alyson Saylor

12/9/19 1:53 pm

Ban Conversion Therapy

Conversion therapy is not based in evidence. It is currently a legal way to harm and scare LGBTQ individuals into forsaking who they are, and can lead to severe, lasting trauma. Please make the choice to make this inhumane practice illegal in the state of Virginia.

Commenter: GERALD MORENO

12/9/19 1:53 pm

Ban Conversion "Therapy"

I encourage you to ban all forms of conversion "therapy." Not only is it not effective, it is extremely harmful resulting in traumatic psychological damage. I have a Master's in Rehabilitation Counseling from MCV and I served as a volunteer and Board member with ROSMY (now Side-by-Side) working with LGBTQ youth. I've seen first hand the damage that comes from young people being told there is something inherently wrong with them. It is incumbent upon the State to ensure that these harmful practices, in any form or format, especially under the guise of religion, are expressly prohibited. Thank you.

Commenter: Michael Meindl

12/9/19 1:57 pm

Ban Conversion Therapy

Conversion therapy is a harmful process that tries to "correct" a person's natural being. This has no place in our society.

12/9/19 1:59 pm

Commenter: Elizabeth Woning, CHANGED Movement

Protect the right to pursue change allowing counseling

I identified as lesbian, experiencing same sex attraction, for years before discovering that my sexuality could be fluid and that my attractions could be related to trauma. Today, after considerable emotional healing I am healthy and married to a man.

There are thousands of women who experience same sex attraction as a result of sexual abuse and childhood trauma like I once did. Withholding professional counseling to women who recognize their preference for intimacy with other women is born out of trauma is inhuman and sexist. The gay (male) community steadfastly refuses to acknowledge the women and girls who have turned to lesbian relationships for safety either subconsciously or consciously. Similarly, those of us who once were tomboys and refused female stereotypes are being pressured to embrace transgender identity. Therapy bans will further deepen this pressure.

Please protect the rights of women of all ages to explore and understand their gender and sexual fluidity (the APA acknowledges that women have higher rates of sexual fluidity—see Lisa Diamond etc) under professional care. Therapy bans like this declare there is only one route for a person's sexuality with no room for dissent. Sexuality is complex and we need the APAs to step up to the challenge of helping us better understand ourselves rather than simply shut down personal inquiry with options for change. Women should have the right to shape their own sexuality under the care of a professional counselor.

Find other stories like mine at changedmovement.com

Commenter: Janice Craft

12/9/19 2:02 pm

All leading professional medical and mental health associations reject "conversion therapy"

I encourage the Board to adopt, and even strengthen, the Guidance Document on the Practice of Conversion Therapy. This dangerous and discredited practice is based in the false assertion that being LGBTQ+ is a mental illness and as such must be "cured." All leading professional medical and mental health associations (including the AMA, GLMA, APA, and AAFP) reject "conversion therapy" as a legitimate medical treatment. Rather, these organizations note that this practice can and often does impose long-term and significant psychological distress on those who undergo it. No person, and in particular no young person, should ever be shamed by a medical or mental health professional into believing that who they are is "wrong." I would urge the Board to adopt or even strengthen the guidance document to affirm the Commonwealth's opposition to "reparative" or "conversion" therapy for sexual orientation or gender identity, and to affirm the Commonwealth's support for therapies that help patients struggling with sexual orientation or gender identity to develop healthy coping and self-acceptance skills.

Commenter: Marilynne Blair

12/9/19 2:04 pm

Ban on Conversion Therapy

No one should ever be shamed by a mental health professional into thinking that who they are is wrong. That is dangerous and cruel. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. Please - don't allow one more Virginian to be subjected to this dangerous practice. Let them be proud of who they are - everyone deserves respect.

Commenter: Jacqueline Walker

12/9/19 2:08 pm

Protect Our Youth

Conversion therapy uses rejection, shame, and psychological abuse to force young people to try to change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices! Ban conversion therapy!

Commenter: Pamela Jackson

12/9/19 2:12 pm

Please ban conversion therapy

This ban would protect young people from state-licensed therapists in Virginia who tell youth, and their parents, that being LGBTQ is a mental illness (which is not supported by scientific evidence). In these cases, the therapist is taking advantage of parents, and causing harm to vulnerable youth.

Commenter: Muriel Azria-Evans

12/9/19 2:13 pm

Ban "Conversion Therapy"

As a licensed professional counselor, I feel strongly that you must ban this very harmful practice. It is not based on science and/or best practices and can cause so much pain and extreme harm to individuals for many years.

Commenter: Jacqueline O'Connor

12/9/19 2:13 pm

Conversion Therapy

I can't believe in this day and age that we would actually degrade another human being by trying to change who they are. Virginia should have laws on the books that protect our most vulnerable - our children! No religious group or people claiming that they know better should be able to brainwash our children into thinking they are not already perfect, just as they are!

Please stand with love and what is clearly right!

Jacqueline O'Connor

Richmond, VA

Commenter: Charlotte Graham

12/9/19 2:14 pm

Protect youth from the dangers of Conversion Therapy

I urge you to protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous because they can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Thank you. Charlotte Graham

Commenter: Nathan Scott

12/9/19 2:14 pm

Protect our youth

protect our youth now

Commenter: Lorainia Weikle

12/9/19 2:15 pm

Ban Conversion Therapy

Commenter: Scott Cole

12/9/19 2:15 pm

Do not ban any talk therapy for gender dysphoria or same sex attraction

As with any controversial subject, even in its scientific evaluation, the bias of the researchers must be examined and studies disqualified. More studies, double blinded and placebo controlled, must be done longitudinally to determine the disqualification of what has been an effective therapy for many. What is best for children in all the context of their development, psychosocial environment, and experience in adult gender and biological congruity, is to first do no harm. Va Dept of Health would disallow children and teens who desire to get treatment for same sex attraction or gender dysphoria from the possibility to self actualize to their own preferred future. It also violates patient autonomy. Transgender change is permanent and will result in sterility when it goes to hormone and surgical therapy, and the Department of Health will be doing permanent harm if it approves medical intervention in children beyond the counselling phase. This would make the state complicit in malfeasance. The data and how it is collected and reported is not convincing to solely give only gender affirming therapy to a venerable child, for what if that child changes their mind? For these reasons, I request that therapies be available, but do not ban talk therapy for those who are confused about their sexual or gender identity. Give a choice until you have better data.

Commenter: Deborah Dunn

12/9/19 2:20 pm

Oppose ban

I strongly disagree with a ban on conversion therapy to reduce or eliminate unwanted LGBT identities. The state or the Board of Medicine has no right to tell patients or their parents what treatments they may seek out. Parents are their child's best advocate and we honor their decisions about education, vaccination, nutrition, media exposures and bedtimes, as we should. It is nonsensical to think that parents should not have the right to seek out care for their children that aligns with their beliefs and worldview.

It also makes no sense to refuse to allow patients or their parents to seek treatment for conditions that are by definition unwanted. The opposite of this ban is not mandated conversion therapy, it is the opportunity for patients and their families to determine the best course of treatment in each individual situation. We value self-determination and patient choice across the spectrum in medicine, and there is no basis in evidence that it is right to forgo it in this case.

Commenter: Rev Dr Robert Gunn

12/9/19 2:20 pm

Conversion therapy is not therapy; it is sadistic punitive and destructive hate and a lie!

Commenter: Casey Pick, The Trevor Project

12/9/19 2:24 pm

The Trevor Project Supports Guidance Document 85-7

Re: Support for the Board of Medicine Guidance Document 85-7 regarding the Practice of Conversion Therapy

Dear Virginia Board of Medicine,

The Trevor Project is proud to support Guidance Document 85-7 to protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia.

The Trevor Project is the world's largest suicide prevention and crisis intervention organization for LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning) young people. We work every day to save young lives by providing support through free and confidential suicide prevention and crisis intervention programs on platforms where young people spend their time: our 24/7 phone lifeline, chat, text, and soon-to-come integrations with social media platforms. We also run TrevorSpace, the world's largest safe space social networking site for LGBTQ youth, and operate innovative education, research, and advocacy programs.

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

Far from being a relic of history, the practice of conversion therapy is active and ongoing in Virginia today. A 2018 study by the Williams Institute at the University of California, Los Angeles School of Law shows that nearly 700,000 LGBTQ adults have been subjected to conversion therapy, with 350,000 of them receiving the dangerous and discredited treatment as youth. That number grows by thousands each year as the Williams Institute estimates that nearly 57,000 LGBTQ youth will be subjected to conversion therapy in the next few years by either a religious or spiritual advisor. An estimated 20,000 LGBTQ youth currently ages 13 to 17 will undergo conversion therapy from a licensed healthcare professional before the age of 18. These are the youth this regulation would protect.

In the past year alone, The Trevor Project has been contacted by more than 2,500 young Virginians. Nationally, many of the young people that we serve are survivors of conversion therapy or have a credible fear that their family members will compel them to go through conversion therapy. Supervisors for The Trevor Project's crisis services report that these issues come up regularly in conversation with youth coming to us for help, and as often as weekly. These impressions are borne out by data collected on TrevorLifeline, TrevorText, and TrevorChat, as our records show that since 2010 hundreds of contacts have reached out to The Trevor Project with specific concerns around this practice and terms like "conversion therapy," "reparative therapy," and "ex-gay" have appeared on our text-based platforms with disturbing frequency.

Some of these LGBTQ youth contact us because their parents are threatening to send them to conversion therapy. Others call us because they are in conversion therapy, it is not working, and their feelings of isolation and failure contribute to suicidal thoughts and behaviors. We've had youth reach out because friends or loved ones are being subjected to conversion therapy. And finally,

young people have come to The Trevor Project in a state of profound distress because a someone they know has died by suicide during or after being subjected to conversion therapy.

As to questions raised by conversion therapy proponents about the constitutionality of protections for youth from these practices, policymakers can be assured that multiple federal courts—including the Third and Ninth U.S. Circuit Courts of Appeals—have upheld similar laws protecting youth from conversion therapy. The U.S. Supreme Court has also twice declined to hear appeals to positive federal court rulings upholding laws restricting conversion therapy. The power of states to regulate medical treatments, including professional therapy, to ensure the public's health and safety is long established in Supreme Court precedent; indeed, it is a core purpose of professional licensing boards to regulate potentially dangerous medical treatments. Conversion therapy is no exception.

This policy does not restrict any protected First Amendment speech. It prohibits discredited treatments by state-licensed mental health care professionals. It does not apply to clergy or to individuals who provide religious instruction not selling these discredited practices in the public marketplace. It also does not prevent anyone from publishing, discussing, or advocating any viewpoints or beliefs regarding sexual orientation, gender identity, or anything else.

Despite these facts, conversion therapy proponents have suggested that dicta from *NIFLA v. Becerra* supports their oft-repeated and rejected claim that protecting youth from conversion therapy violates the free speech rights of licensed professionals. This is not the case, as NIFLA's discussion of the professional speech doctrine has no effect on the constitutionality of conversion therapy bills. NIFLA concerned a California law that required licensed and unlicensed crisis pregnancy centers to post certain notices. By contrast, anti-conversion therapy policies regulate professional conduct, not professional speech, so the NIFLA case is inapplicable. In fact, in his opinion in NIFLA, Justice Thomas reaffirmed a distinction between professional speech and professional conduct, by explicitly stating that "under [the Supreme Court's] precedents, States may regulate professional conduct, even though that conduct incidentally involves speech."

Likewise, it is long established that the fundamental rights of parents do not include endangering their children by forcing them to undergo medical practices that have been rejected by the scientific community as discredited and harmful. The law already protects against other forms of child endangerment, and legal protections and professional guidance make it clear to parents that so-called "conversion therapy" is a dangerous and discredited practice that has no legitimate purpose. These regulations serve to protect parents from being taken advantage of by practitioners of conversion therapy who would attempt to cloak their actions with the legitimacy and authority of a state-issued license.

Virginia law already prohibits discredited and unsafe practices by licensed therapists. This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age – nothing more, nothing less. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth.

For these reasons and on behalf of the youth who depend upon our services, The Trevor Project strongly supports Guidance Document 85-7 protecting LGBTQ youth from conversion therapy. Thank you for your consideration of this importance regulation.

Sincerely,

Casey Pick
Senior Fellow for Advocacy & Government Affairs
The Trevor Project

Commenter: Marcie Babey

12/9/19 2:29 pm

Ban Conversion Therapy

I have met many in the LGBT community that have been subjected to such treatment. Some coped with alcohol and drugs, others require continuing therapy just to cope with what they went through. Much of these practices used rejection, shame, and psychological abuse to force them when they were young people to try and change who they are. Needless to say it did not work.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents fears and harming vulnerable youth who have no say in the matter.

Please ban conversion therapy. It is outdated, malicious, and dangerous practice. It causes many of the patients (often who were forced by others to go to such treatment) to suffer many ill effects such as depression, anxiety, and even suicide.

Commenter: Catherine Cotrupi

12/9/19 2:31 pm

Ban Conversion Therapy

The American Psychological Association has advocated for this ban for a long time, as have other national organizations including the American Psychiatric Association. This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Martina MW

12/9/19 2:33 pm

Conversion Therapy KILLS

Hello. I'm an LGBTQ+ individual who, during my college years, made the choice to try conversion therapy. This led to years of self-hatred, suicidal thoughts, and the worsening of an anxiety disorder. As a social anxiety sufferer, conversion therapy made me even more paranoid, and it got to the point where I couldn't even go in public for a period of time. I accepted how I was created in 2014, and am now happily married and much healthier.

Conversion therapy almost took my life. It told me that I was worthless and, frankly, it has no psychological or medical basis. It's all about destroying your ties with the people who raised you in order to make you more dependent on evangelical/fundamentalist "Christian" organizations. "You're LGBTQ+ because of your trauma" is the message you hear again and again. I almost lost my relationship with my mother and stepdad as a result of those hateful lies.

The fact is, the Christianity that denies the natural and healthy expression of sexuality (whether LGBTQ+ or heterosexual) is a Christianity that spreads lies. LGBTQ+ people are born as they are, in the same way that heterosexual people are, and it's healthy to express that in the way you wish to do so.

Thousands of teens die yearly because their families are trying to "pray the gay away." And that's simply unacceptable. Conversion therapy must be banned, or we will lose generations.

Commenter: Jessica McKeon, Unitarian Universalist Church of Roanoke

12/9/19 2:34 pm

Virginia's Youth Deserve This Document

No stance, whether pro-life, "family" first, faith-based, or parental rights-based can prove, beyond any shade of doubt, that placing a child (a *child*) in a dangerous and discredited practice like conversion therapy will have the intended effect. In fact, all of those stances are based on the idea that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. This same idea is the basis for conversion therapy.

My heart breaks for the parents, religious leaders, and friends who believe the masquerade of state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

The good news is that with this Guidance Document in place, parents and youth can access real, positive therapeutic resources that will guide them through a sometimes tumultuous period of their lives. Helpful, state-licensed, and reputable mental health professionals can and will come to the forefront and we will ultimately grow happier adults from our children.

We owe it to the children - yes, *children* - of Virginia to support and pass this guidance. Every organization, even those opposing these Guidance Document, exists to support and affirm family unity and give children a fighting chance. Help us stand by our word as parents, friends, and as a community by passing this Guidance Document.

Jessica McKeon
Chair, Welcoming Congregation Committee
Unitarian Universalist Church of Roanoke, VA

Commenter: Fred Singer, Radford University

12/9/19 2:35 pm

Please Ban Conversion Therapy

I ask the Board to support the ban against the dubious practice of conversion therapy. This practice has no place in our society, given the extensive evidence that it has a high probability of causing real harm to its recipients. I encourage mental health professionals to devote their

energies into helping LGBTQ people accept and be joyful with their sexual orientation/gender identity, rather than shaming them into believing that there is something wrong with who they are. Thank you.

Commenter: Amy Haywood

12/9/19 2:38 pm

Oppose the Guidance Document

i oppose the guidance document. This is government overreach.

Thank you,

Amy

Commenter: Anne Dornberg

12/9/19 2:42 pm

Conversion therapy doesn't work and is dangerous

As a mental health professional, I have read research studies about conversion therapy--not only is it **not** evidence-based (proven to work to change sexual orientation), it can damage participants self-esteem, lead to increased depression, and can increase risk of suicide. Please ban this barbaric treatment.

Commenter: Russell S.

12/9/19 2:44 pm

Ban Conversion Therapy!

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Jennifer Sellers

12/9/19 2:44 pm

Ban conversion therapy

When children and young adults are struggling with their identity, the providers they seek out for mental health care are entrusted with their safety. Conversion therapy has proven to be harmful to youth who identify as LBGTQ+. This practice should be banned so that individuals seeking treatment can review unbiased mental health care from any provider in the state.

Commenter: John Gray Williams

12/9/19 2:44 pm

"Conversion Therapy" leads to suicide!

"Conversion Therapy" leads to suicide!

Commenter: Billie Barlow

12/9/19 2:47 pm

Ban "conversion therapy"

I support a ban on so-called "conversion therapy." This discredited practice causes harm to those who undergo it. It uses rejection, shame and psychological abuse to force young people to try to change who they inherently are.

12/9/19 2:49 pm

Commenter: Rebecca K Scheckler

Conversion therapy is a travesty

Conversion therapy must be banned. It does not work and violates the rights of the LGBT community

Commenter: Maurice Stewart

12/9/19 2:49 pm

Conversion Therapy

Conversion therapy offers only discounted assistance to individuals who may be seeking help. This may prevent individuals from obtaining credible support by a licensed therapist. If I need a doctor why should I see a minister?

Commenter: Christopher Campa

12/9/19 2:49 pm

Ban Conversion Therapy

Commenter: Emily Sara

12/9/19 2:55 pm

Ban Conversion Therapy

Conversion therapy is extremely dangerous, toxic to our children and should be banned. The idea that it takes away parental rights is ridiculous. Full stop.

Commenter: Aster Pizzini

12/9/19 2:58 pm

Conversion Therapy Is Dangerous

The practice of Conversion Therapy is know to be able to lead to depression, decreased self-esteem, substance abuse, suicide attempts and suicide itself. The practice operates on the false and harmful claim that being LGBTQ is a mental illness that needs to be cured, a view with no scientific basis and something no longer on the books. The state-licensed therapists who use this practice are taking advantage of parents and harming their children. Mental health professionals should not be allowed to use rejection, shame, and psychological abuse to try and force young people to change who they are, their care should be affirming for LGBTQ youth. The practice of Conversion Therapy is dangerous and I encourage its ban, not even one more child should be allowed to be targeted and hurt by this discredited practice.

Commenter: Abby Malone

12/9/19 3:01 pm

Ban conversion Therapy

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Regular talk therapy should be available for those that need it, no conversion needed!!!

Commenter: Katie Richard, LPC

12/9/19 3:06 pm

Ban Conversion Therapy

Please ban therapy that makes any effort to change someone's sexual orientation or gender identity or that views these as a sign of mental illness. As a mental health provider, I can confidently say that any such therapy is damaging to a client's sense of self, self-esteem, and overall person and can cause long lasting harm. For this reason multiple organizations, including the American Psychological Association, have issued statements against these therapies. Please ban conversion therapies in Virginia!

Sincerely,

Katie Richard, LPC

Commenter: The Rev. John Rohrs

12/9/19 3:11 pm

Ban Conversion Therapy

I am writing in support of a proposed ban on conversion therapy. Having known and ministered to LGBT+ persons in my family and in the church setting, I am convinced that such flawed and dangerous therapies perpetuate stigma and shame among recipients and support continued discrimination and prejudice in society at large. The so-called "science" is clearly outdated and unsupported and has no place in a therapeutic setting. Our LGBT+ friends and neighbors deserve our unconditional love and support and the full embrace of equal standing and equal rights in all aspects of society.

Commenter: Shayna Gutcho

12/9/19 3:13 pm

BAN CONVERSION THERAPY

Commenter: Nancy Jordan

12/9/19 3:14 pm

Conversion Therapy

Conversion Therapy has long been denounced by mental health professionals. It is an horrendously vile practice that serves only to foster self hatred in LGBTQ individuals. It must be banned and any so called professional who practices this atrocity should be brought to justice!

Commenter: Elbert L Rouse

12/9/19 3:17 pm

Ban This So Called Therapy Now !!!

Commenter: Steven Fesmire, Radford University

12/9/19 3:19 pm

Yes to ban: Parents have no right to violate their kids' rights

Many critical comments here purport to challenge a so-called "infringement" of parents' rights. That would indeed be worrisome, but it is false: this proposed ban does not infringe on parents' rights. There are thousands of peer-reviewed psychological studies (simply google "google scholar," then enter "conversion therapy") showing beyond a reasonable doubt that this obsolete and misguided practice is dangerous and can lead to depression, decreased self-esteem, substance abuse, and in many well-documented cases suicide attempts. The state cannot "infringe" on a right that clearly doesn't exist: no one has a "right," no matter how well intentioned, to engage in a practice that has been demonstrated thousands of times over to create an oppressive context that is an obstacle to the growth of children and young adults. Parents do not have a right to block their kids' right-of-way to develop to the fullest of their potentials. Moreover, I personally know no parent who would wish to do so, regardless of party affiliation or political identity. I can only assume, then, that comments criticizing this ban as a so-called "violation of parents' rights" reveal an ill-considered position based on a fundamental failure to study and understand the situation at hand. Parents have a right to love their children in more-or-less their own way within limits. But this is a proposed ban on a practice that lies outside those limits; in this way, the practice is analogous to abuse. Again, there is no right to oppress, and the road to their children's hell is paved with the good intentions of parents who support conversion therapy. This proposed ban is good ethically, and it's good policy for the COMMONWEALTH of Virginia. Of course the ban is not enough; it must be coupled with education.

Commenter: Dana, Health Brigade

12/9/19 3:26 pm

Ban Conversion Therapy

The fact that this is even being considered is appalling as the American Medical Association(AMA), the American Psychological Association(APA) and the American Academy of Pediatrics (to name a few) have "made public statements opposing conversion (or reparative) therapy as harmful and

ineffective." Even the American Counseling Association has supported bills to ban conversion therapy in other states.

The premise of conversion therapy is that homosexuality is a mental illness that can be treated, reversed or cured. The APA itself determined homosexuality is not a mental disorder in 1973. Studies have found that SOCE (sexual orientation change efforts) have been proven ineffective, harmful and even fatal. A 2009 APA study found that there were no supported reliable evidence to support that sexual orientation could be changed; stating that there have been no scientific evidence that homosexuality can be cured by conversion therapy.

The experts in our fields have spoken, loud and clear that this is NOT an acceptable treatment.

Public opinion is mostly on the side of banning conversion therapy - "A 2019 national poll conducted by Ipsos/Reuters found that 56% of US adults support making conversion therapy on youth by mental health practitioners illegal as compared to a minority (18%) who think that it should be legal."

Sources: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>

<https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy>

<https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy>

Please make the only correct choice, which is to ban conversion therapy.

Commenter: Julie Slifer

12/9/19 3:34 pm

Ban Conversion Therapy

Conversion Therapy must be banned.

- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: A. Young

12/9/19 3:39 pm

Ban conversion therapy

Commenter: Ellie T. Sturgis, Interim Director, Cook Counseling Center, Virginia Tech

12/9/19 3:39 pm

Please ban this practice

Conversion therapy has been banned by the AMA, both APAs, the ACA, and most other counseling associations. It is a practice with no empirical support that indeed inflicts harm on clients. This practice shames clients. It also assumes that LGBTQ+ individuals are mentally ill. In fact, the research overwhelmingly rejects this premise. The primary factor contributing to the psychological distress of LGBTQ+ individuals results from societal stigma for these phenomena. Conversion therapies have been found to first be largely ineffective and have contributed so problems with depression, anxiety, substance use, suicidality, and decreased self esteem.

Commenter: Maddie Lane

12/9/19 3:40 pm

I STRONGLY OPPOSE the Guidance Document!!!

Commenter: Ron Bookbinder

12/9/19 3:41 pm

Please Ban Abuse Disguised as Conversion "Therapy"

Dear Virginia Board of Medicine,

Please vote to approve this guidance document which would ban so-called "conversion therapy." As an openly gay man, I was fortunate to have parents who strongly supported my coming out as a teenager in the late 1970s, instead of rejecting me and my true essence and requiring me to undergo vicious, unsuccessful conversion therapy, which uses rejection, shame and psychological abuse to force young people to try to change who they are. These practices are extremely dangerous and can lead to depression, decreased self-esteem, substance abuse and suicide. They have been thoroughly discredited by science and medicine and have no place in a modern society. They are supported only by those whose bigoted, discriminatory political agenda seeks to feed off and multiply ignorance, fear and hatred for their own selfish, narrow political and financial interests. Please protect Virginia's LGBTQ+ youth by approving this guidance document and ending conversion therapy in our great Commonwealth.

Thank you for your consideration,

Ron Bookbinder

Commenter: Colin Ferguson, Unitarian Universalist Community Church member

12/9/19 3:45 pm

End so-called "conversion" therapy

End this barbaric practice! It doesn't change who the youth are who have been victimized by it & only brings shame to them. Being LGBTQ is not a mental illness!

Commenter: Sara, Virginia Tech

12/9/19 3:49 pm

Ban conversion therapy

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Joe Comer III

12/9/19 3:52 pm

Ban "Conversion Therapy" for LGBT Youth

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals *should* provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Jennifer Wood

12/9/19 3:54 pm

Ban Conversion Therapy

Ban conversion therapy. It is harmful. Help people embrace their authentic selves.

Commenter: Dorothy C Kelley

12/9/19 3:55 pm

Ban conversion therapy

Please ban conversion therapy. This "therapy" has been discredited by professionals and by those who have experienced it. Young people who are forced to conform to an identity that's not truly theirs can lose self-esteem and become depressed. The risk of self-harm and suicide attempts is higher among transgender youth already. Please don't do anything to increase this statistic. Young people thrive when they are accepted, supported, and loved for being their authentic selves.

Commenter: Elizabeth Cobb, LCSW

12/9/19 4:01 pm

Ban Conversion Therapy

As a mental health therapist in Virginia, I think it is very important that "conversion therapy" be banned. It has been proven ineffective and harmful and goes against the ethical guidelines of mental health practice.

Thank you,

Elizabeth Cobb

Clinical Social Worker and Therapist

Commenter: Kay

12/9/19 4:03 pm

Ban Conversion Therapy

Please ban this discredited practice. It is abusive and harmful to children to shame them in this way.

Commenter: Kim Hjort

12/9/19 4:15 pm

Ban conversion therapy

I am urging you to ban conversion therapy, a non-medical based procedure that cannot possibly affect an individual's sexuality. Gender identity and sexual attraction are a function of our genetic makeup. Conversion therapy cannot change our genes--there is no scientific evidence supporting the hypothesis that conversion therapy affects our genes. Enough of this nonsense!

Commenter: Joseph Carrier

12/9/19 4:16 pm

Ban Conversion Therapy

Again and again so-called "conversion therapy" has been shown to be ineffective. To make it worse, the attempted conversion often causes permanent psychological harm to the participants. Please ban these programs from our great commonwealth!

Commenter: Victoria Laèl, Instructor Virginia Tech

12/9/19 4:17 pm

Ban Conversion Therapy

Conversion therapy is abusive and ineffective because being gay (or anything other than heterosexual) is not a mental illness. The only effect conversion therapy has is to increase mental health problems and risk of suicide. Mental health professionals have an ethical duty to use research-based best practices, and conversion therapy does NOT fit into this category!

Commenter: Alyssa Freeman

12/9/19 4:22 pm

Conversion Therapy

Physicians - which include psychiatrists and psychologists - are not supposed to harm patients. Conversion therapy has been proven harmful and ineffective. Plus, being LGBTQ is no more a choice than being straight is. If therapy can't turn a straight person gay, then it can't turn a gay person straight. Someone is born LGBTQ or straight. You can't change it.

Commenter: colleen caterine

12/9/19 4:24 pm

Conversion "therapy" is a dangerous practice discredited by ALL leading med and psych organizations

Please pass this guidance to protect our LGBTQ youth from LICENSED therapists who are currently allowed to make false and dangerous claims to vulnerable young people and their parents, and engage in practices that numerous reputable studies show can lead to depression, substance abuse and suicide attempts. With the rate of youth suicide growing, now is the time to join the growing list of states that prioritizes the safety and well-being of our children over pseudoscience and political pressure groups.

Commenter: Rev. Daniel R. Willson

12/9/19 4:31 pm

I support the guidance document. "Conversion therapy" is harmful.

As a Baptist minister in Virginia, many would expect me to support the so-called "conversation therapy," but I do not. This practice, almost always religiously rooted, is contrary with the findings of the vast majority of experts. What we know about human wellness and flourishing simply does not allow for this pseudo-science.

Furthermore (and for what it is worth), conversion therapy is based upon a toxic theology, the spiritual abuse of which remains embedded in the a growing body of victims and survivors. Conversion therapy is dangerous and should find no support within the Virginia Board of Medicine.

Commenter: Deanna Bayer Tetired from Criminal Justice System

12/9/19 4:31 pm

Conversion Therapy Myth

Conversion Therapy is neither a therapy nor a way of changing how someone is born. It is torture of children and the US Supreme Court has repeatedly ruled that torture of children is Unconstitutional. Mental health associations have stated it does not work. That is not conducive to a healthy mental health. That being gay, lesbian, transgender or other labels given to gender identifications and/or sexual orientation is not a mental illness. Being a victim of Conversion Therapy may be the impetus for a human being developing a mental illness.

Conversion Therapy is a fraud used by some less than professional therapists to obtain money from unaware family members. Included in the ban of Conversion Therapy must include so called Therapy conducted by or un

der the approval of religous organizations or under their approval. CT is a big money maker for these organizations as they mislead families to think it will stop their child from being gay. These groups are swindling money from families. This behavior should never be endorsed or licensed by the government.

Our children are to be treasured and protected and allowed to mature as healthy human beings. They are most precious. Please protect those who cannot protect themselves and allow them to develop to be the best they can be and to live their lives as their true selves. Please all forms of Conversion Therapy.

Commenter: Maria Keffler, Arlington Parent Coalition

12/9/19 4:32 pm

Transgender Affirmation of Children IS Conversion Therapy

Counseling that helps people understand why they feel the way they do is not conversion therapy. Shutling children into harmful medical interventions such as hormone therapy and genital mutilation is not good science, good psychology, or good policy. Putting in place policies that prevent parents from protecting their children from physical, emotional, and psychological harm is unconscionable. Do not enact such legislation.

Commenter: Spring Richardson

12/9/19 4:35 pm

End Conversion Therapy

Commenter: Claire Elizabeth Ryder

12/9/19 4:39 pm

"Conversion Therapy" is not therapy

I currently work in Pennsylvania as the Director of Quality for a large behavioral health organization but I was trained in Virginia and remain connected to the professionals there. It is imperative that professionals in this field make it clear that "Conversion Therapy" is not therapy but is in fact a form of torture and incredibly unsafe. This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. These practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance

abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Stacey Swan American Foundation for Suicide Prevention

12/9/19 4:39 pm

Conversion Therapy

Commenter: David Le, PsyD

12/9/19 4:41 pm

Ban the unethical practice of conversation therapy

"Conversion Therapy" is known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. This practice has been discredited for quite some time, and no child should undergo this type of treatment. Mental health clinicians should only utilize evidence based practices as treatment, and this is NOT one.

Commenter: Christine George

12/9/19 4:44 pm

Conversion therapy is NOT therapy

Real therapy (cognitive-behavioral, psychodynamic, interpersonal, humanistic, etc.) is used to treat mental illness, homosexuality is NOT a mental illness. Conversion therapy needs to be banned because it is cruel and leads to suicide. Conversion therapy is the result of toxic religious views on homosexuality, there needs to be a separation between church and state.

Commenter: Allison Garcia, H/R CSB

12/9/19 4:47 pm

Conversion therapy is harmful

Conversion therapy has been proven in scientific studies to be harmful and, in fact, deadly to LGBTQ+ persons. It intensifies shame and depression and often leads to suicide. Studies have also proven that it is not "successful" as being gay is not a learned behavior and cannot be "fixed." For further information, I think it would be helpful to read the book "Torn" by Justin Lee.

Please ban the use of conversion therapy in Virginia for the above reasons.

Commenter: Payton Thornton, Law Student at George Mason

12/9/19 4:49 pm

End Conversion Therapy

Commenter: Christina Koch

12/9/19 4:52 pm

Protect our LGBTQ Youth!

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Please take all and any necessary steps to stop "conversion therapy" and protect our LGBTQ youth!

Commenter: Gary Brocksmith

12/9/19 4:53 pm

Retired army servicemember, 26 year same sex partner

As a retired army service member in a 26 years monogamous relationship with my same-sex partner, I find it very disturbing we are still having these types of conversations.

Commenter: Andrew Scida, FCHS Alliance Club Board Member

12/9/19 4:55 pm

Conversion therapy

Hello, fellow Virginians,

I am a higher schooler in central Virginia. I am in our school's club to help keep LGBTQ+ members of the school safe. The treatment of LGBTQ+ youth is a very important and personal issue to me. I am queer minor, which means my safety is entirely depended on my parents being accepting of who I am. I know that I will always be safe from the inhumane treatment of youth in conversion camps, but I do not know that those with less accepting parents, like many of my fellow club

members, can remain safe if conversion camps continue to be legal. These camps do not in any way promote the general welfare of innocent members of the LGBTQ+ community, and we can no longer continue to be forgotten. Every single day conversion therapy is legal, the government is failing to do its job. Please make the decision to keep my friends safe and end conversion therapy.

Commenter: Mary Lou Wassel, Parent & Ally

12/9/19 5:01 pm

Conversion Therapy

No young person should ever be shamed by a mental health professional into thinking that who they are!! Please help stop these horrible and dangerous practices!!!

Commenter: KERRY CARTER

12/9/19 5:02 pm

Conversion therapy ban makes a mockery of parents' rights and responsibilities

Commenter: Nancy Boyd

12/9/19 5:09 pm

Conversion Therapy Doesn't Work

Any proposed legislation to require conversion therapy for individuals identifying as GLBTQ has been proven to fail, and not only that, it is extremely harmful psychologically, as has been well documented. Keep Virginia safe for ALL citizens. Ban conversion therapy.

Commenter: Jacob

12/9/19 5:13 pm

Conversion Therapy is Abuse

Conversion therapy is a tool used to isolate individuals and eradicate their true feelings with zero scientific evidence to support its claims. Nobody, especially our youth, should be forced to disconnect themselves from their realities and live a life of lies and shame. It is simply mental and emotional abuse in its purest form.

Commenter: Emmanuel Dabney

12/9/19 5:14 pm

Ban the so-called conversion therapy

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. Young people are in a state of development and should not be subjected to a false narrative of trying to be forced to be heteronormative and heterosexual through the medical community rejected "conversion therapy." I have seen the effects of this on someone in my life and it left a permanent scar forcing early retirement.

Commenter: Greg Sherman

12/9/19 5:17 pm

Data Suggest CT does not affect orientation but CAN BE HARMFUL

If you want to make an informed decision about the efficacy of conversion therapy (CT), please review the scientific literature. Very few quality research studies support the hypothesis that CT affects an individual's sexual orientation, but a number of quality studies support hypotheses that CT is ineffective at changing orientation and can have a number of negative consequences for people experiencing CT. Please do the right thing and support a ban on CT in the Commonwealth of Virginia.

Commenter: Malcolm L Rush

12/9/19 5:20 pm

Ban Conversation Therapy NOW

Conversion Therapy has no place in Virginia. It is abusive and it is reckless. Everything has a right to be with whomever they want. Love is love.

Commenter: Jason Gregory

12/9/19 5:22 pm

Say No To Bigoted and Unscientific Conversion Therapy

These people falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Kerry Carter

12/9/19 5:23 pm

Do not interfere with the rights and duties of parents

The proposed ban on "conversion therapy" is an impermissible assault on the rights and responsibilities of parents to raise happy and healthy children. Young children and teens are always struggling to make sense of sex and their newly discovered sexual personas. They need sound guidance and careful counseling, not a rush to medications, permanently life-altering surgeries and other similar measures by agenda-driven "psychologists". Parents know and love their children best. The professional "counseling" community has many good people but also far too many others harboring an agenda that sexualizes vulnerable children and seeks to convince them that they are the wrong sex or gender. This is child abuse and cannot go unchallenged. Everyone with any common sense realizes that parents are the best teachers and want what is best for their children. Parents love their children! They have the right to guide their children on these matters as they best determine. I see dozens of comments here from people who we know belong to radical activist organizations that are not even located within our Commonwealth. This matter is extremely serious and should be left to Virginians. Outside agitators should not be flooding comments to the Virginia Board.

Virginia has a proud tradition of honoring first amendment and parental rights. Those rights should be preserved at all costs. If a young man or woman wants to become gay or change his or her gender, that person is free to do so once they are 18 and beyond. Moreover, sexual identity changes over one's lifetime for some people. They should be allowed reparative therapy if needed. Let's not abuse our young and precious babies by forcing them to question their identities and not allowing them to consider other options. Let's also preserve the right of adults to get ANY TYPE of counseling needed. It seems that the pro-LGBTQ lobby is afraid that people who question their sexuality at a later date might discover that they have been wronged by those in the counseling professions.

Commenter: Beth Carter

12/9/19 5:26 pm

Conversion therapy

As the parent of a child in the LGBTQIA+ community I urge you to ban conversion therapy. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Curtis N Craft

12/9/19 5:32 pm

re conversion therapy

It is so very disgusting to me to see people who have education and sometimes lots of it to believe in conversion therapy. Medical science has proven that there is a little section of one's brain that manages the aspects of sex. This knowledge was not known thousands of years ago when the information that some people depend on to explain sexual instincts was written. The anatomical portions of our body where sex is most obvious are controlled by the brain.....not the other way around. Oh, by the way, I was raised in a very religious atmosphere in which I was taught what to believe and what not to believe. And science was not a popular subject. Yet everyone I knew went to a doctor and/or a hospital when sick or ill. Benefiting from medical science. GO FIGURE.

Commenter: Ted Lewis, Side by Side Va, Inc.

12/9/19 5:35 pm

Side by Side Supports a Ban on "Conversion Therapy"

To Whom It May Concern:

On behalf of the youth and families of Side by Side (formerly ROSMY), I write in support of protecting youth under the age of 18 from so-called "conversion therapy" in Virginia. For over 25 years, Side by Side has provided support and mental health counseling to lesbian, gay, bisexual, transgender, queer, and questioning youth ages 11-20 in Central Virginia. We have witnessed first hand the damage "conversion therapy" has on the mental health and stability of LGBTQ+ youth.

Being LGBTQ+ is not a psychological disorder that needs to be "converted" or "changed." This practice sends a message that there is something wrong with who LGBTQ+ youth are and that they need to be "fixed," when in fact if they are loved and accepted they can truly flourish. Instead of offering to change someone's sexuality or gender identity, LGBTQ+ youth should be affirmed in who they are and provided emotional peer and adult support.

Additionally, there is no credible evidence that this type of therapy works at all. Interestingly, Robert Spitzer, one of the initial leaders in "conversion therapy" has come out against the practice stating in an April 2012 letter to the editor of Archives of Sexual Behavior:

"I believe I owe the gay community an apology for my study making unproven claims of the efficacy of [conversion]/reparative therapy. I also apologize to any gay person who wasted time and energy undergoing some form of [conversion]/reparative therapy because they believed that I had proven that [conversion]/reparative therapy works..."

Even though this form of therapy does not work and even though there is nothing wrong with a young person being LGBTQ+ or questioning their gender or sexuality, LGBTQ+ youth still face intense bullying, harassment, and even violence both at school and sometimes at home. Parents of LGBTQ+ youth may turn to "conversion therapy" as a means to stop the pain their child is enduring. They deserve to know the dangers of this practice and that it will not and cannot change their children. These parents and their children deserve to see counselors who can affirm who they are and provide the emotional support and guidance they need.

We implore you to consider adopting this ban on "conversion therapy" and ensuring LGBTQ+ youth in Virginia are protected, affirmed, and shown the love they deserve.

Sincerely,

Ted Lewis

Executive Director

Side by Side, VA

Commenter: D Beattie

12/9/19 5:36 pm

Ban Conversion Therapies

Please vote against conversion therapies. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. They are cruel and have no scientific basis other than to inflict pain on children

Commenter: Elizabeth Belt Webster

12/9/19 5:36 pm

Conversion Therapy

Conversion therapy is unscientific, and not useful to either the subject or the therapist.

Commenter: Paul Schrantz

12/9/19 5:38 pm

Ban conversion therapy.

Commenter: Jantique R Fielding

12/9/19 5:43 pm

Conversion Therapy is dangerous and wrong!

These dangerous and discredited practices are based on the false and ENTIRELY DISCREDITED claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

> If you believe in a Supreme Being who created humanity, then the Almighty created you AS YOU WERE MEANT TO BE! How dare any mere mortal argue with what the Almighty has made!

> If you don't believe in that, then you have ABSOLUTELY NO BASIS for wanting to change another human being into YOUR own likeness!

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use REJECTION, SHAME, and PSYCHOLOGICAL ABUSE to force young people to try and change WHO THEY ARE.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by ANYONE, much less a mental health "professional", into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more person to be targeted and hurt by these dangerous and discredited practices.

Sincerely, Jantique Fielding

Registered Voter ??

Commenter: Ann Lingo

12/9/19 5:44 pm

Ban Conversion Therapy

Please ban conversion therapy. Not only is it ineffective, it is destructive. Let's support LGBT folk with support and acceptance.

Ann Lingo

Commenter: Morgana Evenstar

12/9/19 5:50 pm

Unacceptable, deplorable, shameful

If our country were not actively engaged in genocide and the erosion of all civility and decency, I would be as shocked as I am appalled to learn that taxpayer money is funding any discussion of this barbaric practice beyond the time it takes to laugh it out of the room.

To even consider this abusive, heinous treatment of any person (especially one of our own citizens) is by itself a crime against any possible moral center. I am so deeply disappointed that a state that goes to such obnoxious lengths to trumpet personal freedom would not have the wherewithall to grasp how fundamentally, diametrically opposed conversion "therapy" is to even the concept of personal liberty.

I pray you will find your way to the only morally unbankrupt choice, which is to end this conversation and replace it with its appropriate counterpart: a discussion of how quickly and thoroughly we can ban this form of abuse (which is what it is, Lulu).

Commenter: Waseem, VCU Student

12/9/19 5:59 pm

Ban conversion therapy

Conversion 'therapy' has consistently been shown not to work and to be highly detrimental.

Commenter: Elizabeth Suellentrop

12/9/19 6:03 pm

Ban Conversion Therapy

Conversion therapy is cruel, unethical and should be banned. It does not work except to traumatize LGBT individuals who have nothing wrong with them.

Commenter: Jody Schorr

12/9/19 6:05 pm

Ban Conversion Therapy

- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Sarah Munson, private citizen

12/9/19 6:08 pm

Banning conversion therapy

I believe that conversion therapy is a dangerous practice that needs to be banned. This dangerous and discredited practice is based on the false claim that being lesbian, gay, bisexual,

transgender, or queer (LGBTQ) is a mental illness that needs to be cured - a view with no scientific basis.

Further, conversion therapy is known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

Commenter: Self

12/9/19 6:10 pm

Conversion Therapy is Good, as Science has Proven Nobody is Born Gay and Can Change DNA

The Centers for Disease Control and Prevention report hundreds of thousands of gays are injured and killed by other gays by sexually transmitted disease in record numbers, and one in four gay males are currently infected with deadly sexually transmitted diseases that afflict their community.

Science has also confirmed that gays are not born that way and there is no gay gene, and it was all a hoax created by activists decades ago. Just like it is impossible to change one's sex and DNA.

Is not humane to offer treatment for a known psychological issue when so many millions of people have been killed and harmed by the associated unnatural sexual behavior?

The reality is there are hundreds of thousands of happy Ex-Gays, will the State now force them to undo their conversion and force them to be gay just to satisfy bad science?

Is the State going to also ban therapy for obese people with eating disorders, too?

Commenter: Cynthia Bettinger MD HealthvisionsMD

12/9/19 6:11 pm

Ban conversion therapy and

As a physician treating LGBTQ patients I urge you to support a ban on conversion therapy. Not only ineffective, it is traumatic, stigmatizing and can increase the risk of suicide in vulnerable youth.

Commenter: Hyunsook Cho, KOREAN QUEER AND TRANSGENDER DC

12/9/19 6:14 pm

MUST Ban Conversion Therapy

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis!

CONVERSION THERAPY MUST BE BANNED!

Commenter: Christine Jones, Free Mom Hugs - Shenandoah Valley

12/9/19 6:21 pm

Conversion therapy is child endangerment

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. In fact, 40% of people who identify as transgender attempted suicide before the age of 18.

This must stop. We must protect children.

Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices! - Christine Jones

Commenter: Samuel Nealy

12/9/19 6:24 pm

Ban conversion therapy

Conversion therapy had been shown to be unsuccessful and extremely harmful. Please ban this harmful practice.

Commenter: B. Baker

12/9/19 6:28 pm

Ban conversion therapy

Ban conversion therapy. It's hurtful and damaging to people who have nothing wrong with them from the beginning.

Commenter: Kenneth Olshansky, M.D.

12/9/19 6:36 pm

Conversion Therapy

As a physician, it is important to make decisions based on medical evidence.

"What is conversion therapy? According to the Human Rights Campaign, "So-called 'conversion therapy,' sometimes known as 'reparative therapy,' is a range of dangerous and discredited practices that falsely claim to change a person's sexual orientation or gender identity or expression. Such practices have been rejected by every mainstream medical and mental health organization for decades, but due to continuing discrimination and societal bias against LGBTQ people, some practitioners continue to conduct conversion therapy. Minors are especially vulnerable, and conversion therapy can lead to depression, anxiety, drug use, homelessness and suicide."

Fortunately, respected mainstream medical associations have called for banning conversion therapy. Here are a few of those statements:

- "The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed."
- The American Medical Association opposes the use of "conversion therapy" for sexual orientation or gender identity.
- The Medical Society of Virginia at its 2018 annual meeting passed the following resolution: "Resolution 18-302: PROHIBITING CONVERSION THERAPY IN THOSE UNDER AGE 18. RESOLVED, that the MSV opposes the use of conversion therapy or any similar practice, including but not limited to reparative therapy, ex-gay therapy, or sexual orientation change efforts, in those under age 18."

Three Virginia boards that regulate mental health professionals have banned the use of conversion therapy.

On a national level, more than 15 states and more than 50 cities have banned conversion therapy. On Sept. 10, Richmond City Council unanimously passed a resolution to support a ban on conversion therapy. The Virginia Board of Medicine is considering a ban.

Supporters of conversion therapy and opponents of banning conversion therapy claim it is an affront to their religious freedom. The question is whether conversion therapy is a religious right or is an abuse. Let's imagine if a young man comes to his parents who are both gay and reveals to his parents that he is "straight." The parents immediately force him into a program to make him gay. Where would religious groups stand on that type of conversion therapy? Abuse is abuse. Yes, religious freedom is important but so is protecting our most vulnerable. Most conversion therapy bans are addressed only until age 18; however, many adult survivors will tell you that the abuse often continues into adulthood. Examples are parents threatening that if their adult child doesn't continue in the conversion therapy program, financial and living support might be withdrawn.

The bottom line is that almost every mainstream health care organization says conversion therapy not only is ineffective but causes great harm. Don't take their word for it. In a recent Washington Post article — "Conversion therapy center founder who sought to turn LGBTQ Christians straight says he's gay, rejects 'cycle of self shame'" — McKrae Game, who founded Hope For Wholeness, a faith-based conversion therapy program, renounced the therapy and realized the harm he caused.

In addition, according to the article, "In 2014, nine former 'ex-gay' leaders signed an open letter denouncing conversion therapy as 'ineffective and harmful' and calling for an end to it. A Latter-day Saint counselor who practiced conversion therapy said in January that he is gay and that he 'unequivocally renounces' ex-gay ministry."

The time has come to renounce this abusive and harmful practice, not only for minors but to pass legislation that bans conversion therapy once and for all.

Kenneth Olshansky, M.D.

Commenter: Vicky J Newell

12/9/19 6:45 pm

Ban conversion therapy

My late spouse was transgendered, and I cannot imagine having her subjected to the humiliation of such so-called therapy. She was devastated when it was suggested to her, all but forced on her, by "well-meaning" persons. I still can't believe that anyone would have believed her transition was taken lightly or thoughtlessly, or that she would have endured the years of therapy and

surgery it entailed but for the firm and fixed fact that she was a woman trapped in the wrong body. To have acted other than she did would not have been conversion but perversion. I never want anyone to suffer such indignity as "conversion therapy" and ask you to do all you can to protect these already vulnerable people.

Commenter: Margaret E Francis

12/9/19 6:46 pm

Ban Conversion Therapy or Expect More Suicides

Conversion therapy is like torture therapy, and has no place in our society. Everyone is different in more ways than we can possibly imagine, but everyone also shares some of the same common emotions -- fear of being ridiculed for who you are, anguish of having to live in a body that does not define who you are, depression about losing people you love because they feel they don't fit in.

As morale human beings we need to embrace those who identify themselves differently, and acknowledge that the world/universe still holds some mysteries that continue to unfold.

Commenter: Dustin Shuman

12/9/19 6:47 pm

Ban it.

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Kevin Ingalls

12/9/19 6:50 pm

Guidance Document (85-7) is terrible, vague, and over-reaching

85-7 is terrible, vague, and over-reaching. Do not conflate sexual-orientation with "gender identity". Do not allow the state to usurp the authority of parents. Even supporters of the ban in principle should be horrified by the wording of this Guidance Document.

Commenter: Kristan A Morrison

12/9/19 6:51 pm

Ban It!

his guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Katherine V. Bettin, PhD, Inc.

12/9/19 7:06 pm

Conversion therapy ban

- This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Deborah Hawkins LMFT,

12/9/19 7:11 pm

Time to END CT; noone needs to be converted and this is not therapy

Mental health professionals should provide care that is ethical and affirming. CT is neither. As a licensed marriage and family therapist, I strongly urge you to pass regulations banning this practice in Virginia. Hopefully, we will soon pass legislation in the 2020 GA which will end this practice here, for any resident, not just children. Let's erase the stain on our Commonwealth for not having already outlawed such a hideous practice.

Commenter: Amanda Erickson

12/9/19 7:12 pm

Ban conversion therapy immediately!

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health care professionals should provide care that is ethical and affirming, for lesbian, gay, bisexual, and transgender young people. If this is not something the mental health care professional can adhere to then they are not fit to be practicing and should not be allowed by the state to damage our children.

Commenter: Alyssa Archer, private citizen

12/9/19 7:28 pm

End conversion therapy

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. Thank you for your consideration,

Commenter: S Mink

12/9/19 7:39 pm

Please end the damaging sham known as conversion therapy!

I have gay and lesbian family members. I saw the process of self-discovery and self-understanding as they realized their orientation and I know that it is not a mental illness that can be "cured." It is who they are. Conversion therapy can only destroy self-esteem and self-worth and cannot change sexual orientation. Research on the subject proves that this "treatment" is only harmful. Gay and lesbian people are people of value and worth just as they are. Please honor them and stop this barbaric, destructive practice.

Commenter: Cynthia Brown

12/9/19 7:41 pm

Conversion Therapy and Lack Of Acceptance Puts Youth at Risk

I have lost a number of LGBTQ friends to suicide, frequently because of their own &/or their family's lack of acceptance of simply who they are. Please don't add the medical community to the list of problems people face. Conversion therapy is psychological abuse that cannot be condoned.

Commenter: Diane Carnohan

12/9/19 7:42 pm

Ban Conversion Therapy

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: E Johnson

12/9/19 7:49 pm

Conversion therapy

Do not permit therapists to engage in this damaging exercise under cover of state licensure.

Commenter: Chris Wodicka

12/9/19 7:50 pm

Ban conversion therapy

This guidance would offer protections to Virginians and prevent them from being subjected to the harmful and discredited practice of "conversion therapy" from a state-licensed therapist. These practices lack a scientific basis. It is time to establish guidelines that are consistent with ethical and affirming care for lesbian, gay, bisexual, transgender, or queer (LGBTQ) youth in our state.

Commenter: Chase Catalano

12/9/19 7:50 pm

Ban Conversion Therapy!

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Deacon Tom Grodek

12/9/19 8:09 pm

Reject Guidance Document (85-7)

I urge the Board of Medicine to reject the vague and broadly worded Guidance Document (85-7) that seeks to prohibit *"any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any gender."*

Such a regulatory ban would infringe:

- The fundamental rights of parents to care for their children;
- Freedom of Speech and Free Exercise of Religion under the First Amendment; and
- Limits on regulatory authority that ensure conformity with the General Assembly's decisions.

Commenter: Terri Morgan

12/9/19 8:10 pm

Ban Conversion Therapy

The practice of conversion therapy is cruel, dangerous, and has no basis in medical or mental health science. It is past time to disallow this practice in Virginia.

Commenter: Tanya Rachocki

12/9/19 8:20 pm

Ban conversion Therapy

there is no evidence that conversion. Therapy works. At least half end up committing suicide. Conversion therapy only aids in the death of LGBTQ people. If you feel your child needs guidance, regular therapy will do just fine. The only thing banning conversion therapy will do is make it illegal to torture and abuse LGBTQ children for being who they are.

Commenter: A. Clinton

12/9/19 8:42 pm

Ban conversion therapy

Conversion therapy causes more harm than good. There have been documented cases of non binary sexuality in humans for thousands of years, and all animals have a spectrum of sexuality.

Trying to force what is natural into two categories only alienates and causes mental harm to those individuals. Conversion therapy doesn't truly change feelings, only hides them so deep that the person can feel like they're not there anymore.

There are so many (generally young) people out there who would benefit from banning conversion therapy, and focusing on harm reduction therapies instead.

Commenter: Laurie Buchwald

12/9/19 8:50 pm

Ban Conversion Therapy

I urge you to ban conversion therapy!

By doing so

- the youth of the Commonwealth will be protected from this harmful practice
- conversion therapy is dangerous and discredited
- our young people should NEVER be shamed into thinking that being LGBTQ is wrong

Please do the right thing!

Commenter: Maria Polaris, Parents of Rapid Onset Gender Dysphoric kids

12/9/19 8:54 pm

Please do not pass this law

There is a growing number of adolescents and children who either regret transitioning or are being harmed by the gender trafficking of children and young people based on a belief system that is not based in science - but a radical cult like ideology. While it is not okay to use conversion therapy on LGB individuals, gender ideology should not be put alongside this. If a girl believes she is a boy and even has a same sex attraction (often happening) she might think she is transgender, although we all know, this does not change her sex. Taking away her breasts does not make her a boy. Giving her a fake penis does not make her able to father children. So taking away the sex primary organs at such a young age before the front lobe is developed, thus sterilizing this girl or boy in the process does more harm than good. There are no studies that indicate that this will be successful and the detransitioners are proving this every day. Trans gender lobbies are looking to profit off these vulnerable individuals who more often than not have depression, anxiety, even autism, body dysmorphic disorders, bipolar, even more serious multiple personality disorders that are going unaddressed and a physical trauma and being trapped as a life long medical patient only makes matters worse at the tender age of 18 - in some states it is much younger. Please stop conflating gender identity with sexual orientation. They are completely different. Please help these vulnerable youth and protect them from this horrible medical catastrophe taking place. It is dividing families and isolating these young adolescents into cult living situations where their parents cannot protect them.

For more info go to www.kelseycoalition.org or parentsofrogdkids.com

Commenter: Catherine Calletto

12/9/19 9:00 pm

Ban Conversion Therapy

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with NO scientific basis. This ban on conversion therapy will protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are and can lead to depression, decreased self-esteem, substance abuse, and suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Kristen Allen, Arlington Parent Coalition

12/9/19 9:22 pm

don't bind and gag clinicians

Any good clinician will focus on identifying underlying trauma in his or her patients. Until that primary trauma is healed, no progress will be made in the other areas of distress and pain. **It is wildly inappropriate for the state to pass laws that limit the professional therapeutic options of qualified and licensed therapists!** Who is the state to silence and micromanage a group of professionals? The understanding of the causes of gender dysphoria and sexual orientation still need much research and debate among health care professionals. To threaten censure, jail and professional exile is extreme and terrifying. Do NOT approve this ban!

Commenter: Angel Ramirez, transgender veterans support group

12/9/19 9:35 pm

Ban conversion therapy

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Recently the world health organization has published that a person who identifies as transgender, gender dysphoria, is not a mental health condition. Many years ago a person considered lesbian, gay or bisexual was considered to have a mental disability and years after it too was found to be a false accusation.

These biases against LGBTQ community is a form of hatred and law like conversion therapy is outdated and barbaric to say the least. It's appalling that Virginia would still consider this medieval practice. I strongly suggest to ban this barbaric practice and Virginia, even though a commonwealth, needs to change many laws to become updated and unbiased.

Commenter: Karen Sheehan

12/9/19 10:39 pm

No best practices, don't pass

It seems we are rushing to legislate what is not medically agreed upon. A holistic approach needs to be taken to protect children with gender dysphoria including taking into account their families faith beliefs and proven trauma based therapies. While no child should endure questionable or short sighted "conversion therapies" it is also true that no child or family should be sidelined by popular thinking. We owe it to all our children to study gender dysphoria physically, mentally, spiritually and socially and develop best practice. Silencing entire groups of practitioners is not the way to get there. Isolating children from families is not either. Education and family based therapy to understand the child's needs should be the foundation of the discussions.

Commenter: Bill Johnson-Miles

12/10/19 12:41 am

The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity

So-called "conversion therapy," sometimes known as "reparative therapy," is a range of dangerous and discredited practices that falsely claim to change a person's sexual orientation or gender identity or expression. Such practices have been rejected by every mainstream medical and mental health organization for decades, but due to continuing discrimination and societal bias against LGBTQ people, some practitioners continue to conduct conversion therapy. Minors are especially vulnerable, and conversion therapy can lead to depression, anxiety, drug use, homelessness, and suicide.

?To date, California, Connecticut, Delaware, Hawaii, Illinois, Maryland, Massachusetts, New Jersey, New Hampshire, New Mexico, New York, Nevada, Oregon, Rhode Island, Vermont, Washington, the District of Columbia, and Puerto Rico all have laws or regulations protecting youth from this harmful practice. Seven of these state laws were enacted under Republican governors. A growing number of municipalities have also enacted similar protections, including at least fifty cities and counties in Arizona, Florida, New York, Ohio, Pennsylvania, Washington and Wisconsin.

?According to a recent report by the Williams Institute at UCLA School of Law, an estimated 20,000 LGBTQ minors in states without protections will be subjected to conversion therapy by a licensed healthcare professional if state officials fail to act. In April 2018, national organizations representing millions of licensed medical and mental health care professionals, educators, and child welfare advocates declared their support for legislative protections against conversion therapy.

Some right-wing religious groups promote the concept that an individual can change their sexual orientation or gender identity, either through prayer or other religious efforts, or through so-called "reparative" or "conversion" therapy. The research on such efforts has disproven their efficacy, and also has indicated that they are affirmatively harmful. Beyond studies focused solely on reparative therapy, broader research clearly demonstrates the significant harm that societal prejudice and family rejection has on lesbian, gay, bisexual, transgender and queer (LGBTQ) people, particularly youth. Furthermore, there is significant anecdotal evidence of harm to LGBTQ people resulting from attempts to change their sexual orientation and gender identity. Based on this body of evidence, every major medical and mental health organization in the United States has issued a statement condemning the use of conversion therapy.

Commenter: Petri Winberry

12/10/19 3:52 am

Ban "conversion therapy"

"Conversion therapy" is child abuse. As someone who went through a version of this, to try to "fix" me to be who my parents wanted, I know no child should have to go through this experience. It wasn't right back then and it isn't right now. Parental love should be unconditional and you do not have the right to harm your child. This is abuse and it needs to be treated as such. I am happy with who I am and children should be free to be themselves without threats of "treatment" or shame. "Conversion" been debunked. It doesn't work and it leads to suicide. Anyone trying to "convert" a minor to not be LGBTQ is committing harm to a minor, plus malpractice, and must face

consequences. Individuals who actively seek out ways to harm their kids do not deserve to have custody. Children need love and acceptance, not being told they are not good as they are or that they are bad just for existing. "Conversion therapy" doesn't work, because it is not real. Leave the LGBTQ community alone and pass this ban, so that children are protected. Minors have the right to be safe. There can be no "religious" exemption. Abuse is abuse regardless of whether or not the person is a medical professional or has licensure. If a medical professional engages in abuse of a patient and minor by way of "conversion therapy", they must have their licensure revoked. Too many lives have been lost already. How many more children need to die before you change the law to protect them? Your chance is now. Please take it. "Conversion therapy" is evil and causes long lasting trauma into adulthood if a child manages to not take their own life. Protect our kids. Being LGBTQ is not wrong and it is not a crime. Protect LGBTQ minors now. Who else is going to protect them? Pass the ban on "conversion therapy". We are fine the way we are. We do not need "conversion".

Commenter: Tom Bonsaint

12/10/19 5:51 am

Please ban this process

I am an out gay man and have dated men who were subject to this terrible system. Please ban this immediately. It has been a generation since the field of psychology has come to the consensus that being gay is not a mental health issue. It's time now for the regulatory environment to reflect this as well. I've had too many experiences with men who were broken by this process and left with years of shame and heartache. Please make them the last generation to live with this horror.

Commenter: Crystal Horning

12/10/19 6:48 am

ban conversion therapy

Please ban conversion therapy.

Commenter: MCM

12/10/19 6:51 am

Parental Rights, Religious Freedom

Virginians must prevent their state from leading the country in allowing one interest group to suppress parental rights and restrict freedom of religion.

Commenter: Salvatore DiPietro

12/10/19 6:55 am

Ban Conversion Therapy

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

Commenter: Silvia Park, Charlottesville Atheists and Secular Humanists

12/10/19 7:54 am

support the ban on conversion therapy

Please support the ban on conversion therapy. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. That's just plain wrong.

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. These pseudo-scientific practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis whatsoever.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Robert Blizard

12/10/19 7:56 am

Ban conversion therapy for minors

It is a fraudulent business practice. Please do not allow it.

Commenter: Eric H

12/10/19 7:57 am

Conversion therapy

The idea that conversion therapy for sexual orientation is ridiculous. Just because humans have the capability to reproduce DOES NOT automatically make us heterosexual. What right does anyone have to say that how we feel inside is wrong. Whom ever came up with the idea of conversion therapy should ask themselves why. Sexual orientation of any kind is not a disease. Do any of these people that come up with this crap realize that heterosexuals are apart of sexual orientation? Maybe heterosexuality is a disease or a mindset that needs to be cured. How about you look at it that way.

Commenter: Gina Condi, PMHNP UVA Counseling Center

12/10/19 8:22 am

conversion therapy

Conversion therapy has already been established as harmful and traumatizing by the APA. It is against clinical guidelines, and performing such therapy proven to be harmful, would be considered causing purposeful harm to a patient. Therefore, it should be banned.

Commenter: Aidan Kierans

12/10/19 8:36 am

Ban conversion therapy

So-called "conversion therapy" is traumatic, pointless, and not even medically sound. It's collection of dangerous and discredited practices based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Subjecting a minor to conversion therapy is abuse that could so easily be prevented. Any therapist worth their license knows this, and they shouldn't be allowed to continue their violations of medical ethics.

Commenter: Marion Moser, Accotink UU Church

12/10/19 8:53 am

Conversion ban

I support the conversion ban.

Commenter: Jesse Charboneau

12/10/19 9:04 am

Ban conversion therapy.

Commenter: Heather Kirby

12/10/19 9:06 am

Ban conversion therapy

"Conversion therapy," is a dangerous and discredited practice aimed at changing sexual orientation or gender identity. These harmful practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. It is abhorrent to use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional and the Commonwealth needs to protect our youth by banning conversion therapy.

Commenter: Ward William Worster, Fairfax County Resident

12/10/19 9:14 am

Ban Conversion Therapy Now

We need to take action NOW to ban conversion therapy.

This dangerous and discredited practice aims to change a person's sexual orientation or gender identity. Sexual orientation and gender identity are not mental illnesses that need to be cured but rather the very fabric of one's identity, it is who they are. Conversion therapy uses rejection, shame, and psychological abuse to force young people to change who they are. No greater harm

can be done to young person's self-esteem and mental health, then coercing or forcing them into such a program.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. These practices have been proven to lead to depression, decreased self-esteem, substance abuse and even suicide attempts. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual and transgender young people.

Ban the Practice of Conversion Therapy Today!

Commenter: Jagat-Jyoti Singh

12/10/19 9:25 am

Save Lives - Ban Conversion Therapy

Our young people should be protected from any practice that puts them at risk of fatal harm. Conversion therapy for sexual and gender orientation has been shown to be ineffective and considerably harmful to those who are subject to it. In fact, the American Psychiatric Association has opposed it and this type of therapy is banned in a significant number of states (currently 18 states), the District of Columbia, Puerto Rico, and over 60 counties, municipalities and other communities.

This type of therapy puts our young people and risk for death by suicide or other self-destructive behaviors due to the increased rates of depression, anxiety, and other mental health issues associated with this dangerous and ineffective practice.

We need to protect our youth and their concerned parents from exploitation by mental health practitioners offering them this sham program.

Commenter: Crystal Hank, The Citadel and Crystal Hank Counseling, LLC

12/10/19 9:44 am

Please ban conversion therapy

It is so very important to ban conversion therapy not only to prevent harm (which is the number one premise behind mental and physical health care), but to also support human decency and acceptance so that individuals who identify as a sexual minority can have the opportunity to thrive in today's society. Research consistently shows that conversion therapy is harmful and causes long lasting painful effects. Not only that, but allowing conversion therapy to still be legal sends a message that an aspect of someone's identity is "wrong" and needs to be fixed, despite the fact that "homosexuality" has not been recognized in the mental health field as a disorder since 1973. Even at this point, it was not the finest moment in mental health care, because aspects of identity should never be pathologized. This is the equivalent of stating that because someone identifies as "Christian" they should be "fixed", or because they identify as "White" they should be "fixed". Research consistently also shows that sexual orientation is not a choice, and that this aspect of identity is the same as all others, in that a person is born with this aspect of who they are and identify as. By banning conversion therapy, we send the message that all aspects of identity are appreciated and supported, and stop the message that certain identities are "wrong" or "bad". I personally have had clients terrified of being "sent to conversion therapy", and the fact that someone fears an aspect of mental health treatment sends the message that we need to take this "threat" off the table. Please think about how you would feel if someone wanted to "send you away" to treatment because of an aspect of your own identity, and ban conversion therapy as a step towards promoting the welfare of all.

Commenter: Dana B Blauch PLC

12/10/19 9:55 am

Ban conversion therapy

"Conversion therapy" is a dangerous and discredited practice aimed at changing one's sexual orientation or gender identity that uses rejection, shame, and psychological abuse to force young people to try and change who they are. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with **no scientific basis**. Please protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Larry Mendoza, Virginia State Director: American Atheists

12/10/19 10:04 am

Support the Guidance Document

Conversion Therapy has not been proven to be effective, nor has it been proven to be safe. The Virginia Board of Medicine is correct in protecting the welfare of minors and this guidance

document is in line with the primary ethical principle of all medical professionals: "First, do no harm"

— This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

— These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

— This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

— These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

— These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

— No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

— We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

FIRST. DO NO HARM.

Larry Mendoza, MS
Virginia State Director
American Atheists, Inc. 501c3

Commenter: Dan Landis

12/10/19 10:07 am

conversion therapy

I am totally opposed to "conversion therapy". As an active, dedicated Christian I consider this practice to be completely contrary to what Christ would want and an incredibly arrogant concept by people who want to control the lives of many of our young people. I taught school for over 30 years and have had many students who are gay and are living meaningful, balanced, useful lives.

Commenter: Chris Morse McClure, Life Transitions Counseling

12/10/19 10:08 am

Please BAN Conversion Therapy!

As a Licensed Professional Counselor, I have received extensive training in human sexuality and have worked with LGBT individual for nearly 30 years. I know that it can cause severe harm to LGBT teens to subject them to the tactics used in conversion therapy.

The effectiveness of this practice has been discredited - it does not work - it only does harm. There is no scientific basis for this "treatment". This practice is known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. They use shame, and psychological abuse to force young people to try and change who they are.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Please don't allow young people to be targeted and hurt by these dangerous and discredited practices.

Commenter: Rachel Schmidt

12/10/19 10:17 am

Ban Conversion Therapy

Conversion Therapy has not been proven to be effective, nor has it been proven to be safe. The Virginia Board of Medicine is correct in protecting the welfare of minors and this guidance document is in line with the primary ethical principle of all medical professionals: "First, do no harm"

— This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

— These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

— This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of

parents and harming vulnerable youth.

— These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

— These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

— No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

— We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

FIRST. DO NO HARM.

Commenter: Mariette Young

12/10/19 10:24 am

Oppose Guidance Document 85-7

PLEASE, oppose Guidance Document 85-7!

Commenter: Missy Rand, LPC, CSAC, ally

12/10/19 10:30 am

Ban "conversion therapy"

As a Licensed Professional Counselor and Certified Substance Abuse Counselor in Virginia, I have seen the damage incurred on our citizens by attempts to "change" or "convert" LGBTQ persons from their true and wholly valuable selves. I fully support the endorsement of the Medical Guidance Document 85-7, adopted 10/17/2019 to affirmatively protect patients and individuals who care for them.

- This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Sincerely,

Missy Rand, LPC, CSAC

LGBTQ Ally

Commenter: Stephanie Brown

12/10/19 10:46 am

Ban Conversion Therapy

"Conversion therapy," is a dangerous and discredited practice are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Mayor LeVar M. Stoney, City of Richmond

12/10/19 10:47 am

Conversion Therapy is Dangerous and Discredited

To Whom it May Concern,

I am writing on behalf of the City of Richmond to express our support of the Virginia Board of Medicine's guidance, which will protect youth from "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. Conversion therapy has been rejected by every mainstream medical and mental health organization, including the American Psychological Association. Conversion therapy leads to critical health risks including anxiety, depression, decreased self-esteem, substance abuse, homelessness, and suicide. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong.

The City of Richmond passed a resolution earlier this year prohibiting the use of conversion therapy in the city limits and advocating that the Commonwealth of Virginia pass a statewide ban. We cannot allow one more young person to be targeted and hurt by these harmful practices.

It is time to take action and prohibit conversion therapy in the Commonwealth.

Sincerely,

Levar M. Stoney

Mayor

Commenter: Deirdre Staton

12/10/19 10:55 am

Ban Conversion Therapy & Save Lives

This is not a religious or parenting rights issue. Banning Conversion Therapy is about protecting minors and vulnerable members of our society and even saving lives.

Many know that suicide is the 2nd leading cause of death in the 10-24-year-old age range but according to the *CDC's National Center for Injury Prevention and Control*, gay/bisexual youth are three times more likely to consider suicide, and five times more likely to attempt suicide than their peers. According to the *Report of the 2015 U.S. Transgender Survey*, 40% of transgender adults report having made a suicide attempt before age 25. In a 2009 article in the medical journal *Pediatrics*, gay/bisexual youth who come from highly rejecting families were reported to be 8.4 times more likely to have attempted suicide than gay/bisexual youth who report no or low levels of family rejection. Multiple medical and scientific articles confirm that Conversion Therapy increases the risk of suicide, particularly in children.

As a Licensed Clinical Social Worker and therapist for over 20 years, I recognize Conversion Therapy as an example of pseudoscience that must be banned in the same way as practices such as lobotomy and eugenics/forced sterilization. These too were promoted as "helping" individuals and for the greater good. Sexual orientation and gender identity are not measures of health and illness any more than race or ethnicity. While individuals in our society have a "right" to hate or disapprove of other races and ethnicities, they do not have the right to harm them. It is time to recognize Conversion Therapy for what it is and ban it for good.

Commenter: Michael M. Love, Psy.D., Licensed Clinical Psychologist

12/10/19 11:05 am

Conversion therapy is a public health risk

So-called "conversion therapy" is a thoroughly discredited practice without scientific basis. It has been opposed by the American Medical Association, the American Psychological Association, the American Psychiatric Association, and the World Health Organization.

This practice attempts to change sexual orientation, an aspect of human personality that is thoroughly understood not to be harmful and not to be a mental disorder. Further, Shidlo & Schroeder (2002) found that the practice is highly ineffective in changing an individual's attraction, thoughts, or behavior.

Further, the practice is dangerous. It inflicts shame, guilt, and rejection from one's family upon the client. In LGBT children and young adults, such conditions are highly predictive of negative health outcomes (Ryan et al, 2009).

Conversion therapy is thus a sham at best and a form of psychological abuse at worst. This practice should therefore be outlawed, in particular its use on non-consenting minors. Those arguing for this practice in the name of "parental rights" may as well be arguing for the right of parents to subject their children to lobotomies.

Commenter: patrick j ladden

12/10/19 11:13 am

Conversion therapy

Conversion therapy is dangerous and hurts people;

It is based on bad science;

This type of therapy should be banned.

12/10/19 11:17 am

Commenter: Willow Woycke

Ban Conversion Therapy

Children's sexual orientation and gender identity are not something that can be changed. There has been no legitimate research that shows that conversion therapy is effective. I have tried most of my life to not be transgender. I have gone through many therapists and spiritual practices to try and not be transgender. My issues with my gender were not resolved until I transitioned. A transgender child will go through a fairly straight forward social transition involving new clothes, new name, new pronouns, and a new haircut. There is no medical intervention until puberty and not without consultation with doctors and therapists. The therapist is involved not because being trans is a mental illness, but to support the child in finding what they need.

Being LGBTQ+ is not something that needs to be fixed, the children need our support, not conversion.

Commenter: Zetta Bowles, Psy. D.

12/10/19 11:17 am

Conversion Therapy Flim Flam

Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. Therapy should be a safe place. Also therapy should be evidence supported and effective in helping people meet their goals. Conversion therapy is not only abusive - its ineffective and there is science to support how unhelpful it is. Please ban conversion therapy.

Commenter: Elizabeth Schnelzer LCSW, CCI

12/10/19 11:30 am

Ban the harmful and unethical practice of Conversion Therapy

I am writing to you today as a Licensed Clinical Social Worker, Certified Crisis Interventionist and mental health provider. I urge you to act swiftly and decisively to ban conversion therapy. Conversion Therapy is not a "therapy" at all. Therapy seeks to affirm people in becoming their best selves. What conversion therapy actually is, is a thoroughly discredited practice without scientific basis. It has been opposed by the American Medical Association, the American Psychological Association, the American Psychiatric Association, and the World Health Organization.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. The harmful practices of Conversion Therapy use shameful practices of rejection, and psychological abuse to attempt to shame youth into changing a part of themselves they cannot and ethically should not be asked to change. Peer reviewed studies show that conversion therapy raises the risk of suicide in an already vulnerable cohort of youth.

I thank you for taking on this important update to practice guidance. I look forward to practicing in a state where this harmful practice is banned.

Best, Elizabeth Schnelzer, LCSW

Commenter: Anna Vandevender Wright, Psy.D.

12/10/19 11:32 am

Conversion Therapy is Harmful, Please Ban

Conversion therapy is a harmful practice without any scientific evidence to support its use. No youth or adult LGBT person should be shamed by a mental health professional for who they are. The role of mental health professionals is to honor the dignity and worth of each individual, regardless of their identity and values, and assist them in pursuing a meaningful life.

Commenter: Frank Napolitano

12/10/19 11:39 am

Ban Conversion Therapy!

Conversion therapy represents a mockery of mental health treatment standards, and the Commonwealth should ban this dangerous and discredited practice immediately.

Commenter: Sheri Mitschelen

12/10/19 11:40 am

Ban Conversion Therapy

Please ban Conversion Therapy. We work with many teens struggling with their sexuality or gender identity. Many parents struggle with their teens and refuse to admit this is an issue for their child because of a variety of reasons.

However, Conversion Therapy is know to be dangerous and can lead to depression, decreased self esteem and suicide attempts. These harmful practices use rejection, shaming, and psychological abuse to try and change individuals. No young person should ever be shamed by someone in the Mental Health Community trying to change them. This goes against the ethics of Mental Health Professionals.

This archaic treatment of individual/specifically teenagers who are under age needs to end!

Commenter: Rabbi Lia Bass

12/10/19 11:46 am

Ban conversion Therapy

- This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Brandon Wallace

12/10/19 11:56 am

Ban Conversion Therapy

Conversion therapy is a painful and traumatic thing that no one should have to experience. It is outdated and essentially torture, to try and get lgbtq+ people to admit something they're not. A city-wide ban is good, but not good enough. We definitely need to make sure this is illegal in the entire state to save lgbtq+ youths and people in general.

Commenter: Fred Bishop

12/10/19 12:03 pm

Ban conversion therapy

This is and should remain a family/parenting matter and should not be interfered with.

Commenter: Maria M

12/10/19 12:07 pm

Protect Parental Rights

This proposal over reaches once again in an effort to separate parents from their children and emancipate adolescents on issues that they are neither mature nor informed enough about to take under their own control.

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an

informed decision.

- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Valerie Hadeed

12/10/19 12:07 pm

Please Ban Conversion Therapy

Please van this archaic practice. It induces shame, guilt, and self loathing in young people who already struggle enough. I have personally seen the effects into adulthood where the results are played out in horrific addiction and suicide.

Please ban Conversion Therapy. We work with many teens struggling with their sexuality or gender identity. Many parents struggle with their teens and refuse to admit this is an issue for their child because of a variety of reasons. Conversion Therapy is know to be dangerous and can lead to depression, decreased self esteem and suicide attempts. It is clearly unethical and goes against everything therapists work with clients to support them in.

Commenter: Joanna Ehat

12/10/19 12:08 pm

Expressly Ban Conversion Therapy

Conversion therapy must be expressly outlawed in Virginia. This will protect minors in Virginia from state-licensed therapists who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. Conversion therapy is widely discredited and evidenced to lead to depression, substance use, and suicide.

Commenter: Philecta Staton

12/10/19 12:10 pm

Ban Conversion Therapy

Please ban conversion therapy. This step should have been taken long ago. It is totally based on ignorance and causes so much damage to a vulnerable part of our culture.

Commenter: Patrick J McGee

12/10/19 12:11 pm

Open options for all

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

12/10/19 12:15 pm

Commenter: Edward Krattli

Oppose Guidance Document 85-7

Oppose Guidance Document
Dear Virginia Board of Medicine,

Stop all attempts to exceed your authority and reject the vague and broadly worded Guidance Document (85-7) that seeks to prohibit "*any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any gender.*"

Such a regulatory ban would infringe:

- The fundamental rights of parents to care for their children;
- Freedom of Speech and Free Exercise of Religion under the First Amendment; and
- Limits on regulatory authority that ensure conformity with the General Assembly's decisions.

Role of parents

All families should be free to seek medical counseling toward the resolutions they desire.

Parents, who are closest to their children's challenges, know their needs and are in the best position to identify solutions. Just as parents must generally give consent for over-the-counter medications,[1] field trips, and extracurricular activities, they have a constitutional right to guide healthcare decisions for their children.[2]

85-7 will violate Virginia law governing parental rights. Code Sec. 1-240.1 provides that a parent has the *fundamental right* to make decisions concerning the upbringing, education, and care of the parent's child.

The Board has no authority to override the fundamental right of parents and to adopt rules that would censor constitutionally protected counseling discussions between families and their child's doctor.

First Amendment

The First Amendment prohibits the government from favoring one viewpoint over another.

[T]he government has no power to restrict expression because of its message, its ideas, its subject matter or its content.... [T]he requirement that the government be content neutral in its regulation of speech means that the government must be both viewpoint neutral and subject-matter neutral. The viewpoint-neutral requirement means that the government cannot regulate speech based on the ideology of the message.[3]

Because 85-7 seeks to prohibit the provision of licensed services to help clients achieve alignment between their subjective sense of gender and their objective biological sex while permitting services to assist clients towards a subjective sense of gender at odds with their objective biological sex, it is neither content nor viewpoint neutral. In addition, the guidance document would permit assisting clients in directing their attractions in one direction but not in the other direction.

Document 85-7, therefore, would authorize the state to engage in unconstitutional viewpoint discrimination and would set a double standard. It does not regulate the advocacy of dangerous treatments to accelerate "gender transition" among children, e.g., through irreversible surgery or the use of hormonal drugs.

Unlike the bans adopted by the boards of Psychology, Counseling, and Social Work that implicated the counseling of children, you would censor counseling (or therapy) with minors *and adults* if it does not affirm an individual's "sexual orientation or gender identity in any direction."

No board of medicine in the U.S. has adopted a ban on such counseling with children, much less with adults. Moreover, the Board has not cited a single complaint to warrant this change.

85-7 will invite a federal lawsuit like those filed in Florida, Maryland, and New York. The First Amendment suits in Florida and Maryland challenged bans involving children and are currently before the U.S. Court of Appeals for the Fourth Circuit.

In October, a federal court struck down a municipal ban in Tampa Bay.[4] There, a therapist challenged an ordinance that barred therapy by medical professionals that "seeks to assist a minor patient in a goal to change gender expression or to change sexual orientation/attraction." The Court cited numerous conflicts with controlling Florida law, including parental choice in healthcare.

In January, Christopher Doyle, a licensed professional counselor, filed suit to block Maryland's 2018 law. After a federal court dismissed the challenge, he appealed citing the U.S. Supreme Court decision in *NIFLA v. Becerra* that rejected the notion that states can single out the speech of licensed professionals for lesser protection under the First Amendment.

In New York City, a Jewish psychotherapist asked a federal court in June to halt enforcement of a 2017 ordinance on the ground that it violated his freedom of speech and infringed his and his patients' religious freedom.[5] It was the first and only ban in the nation to censor talk therapy involving willing adults (like 85-7). In response to the lawsuit, the council voted unanimously to repeal the ban.

Exceeding regulatory authority

For reasons such as those above, the General Assembly has rejected legislation to prohibit therapy to change a minor's sexual orientation or gender identity. In 2016, the legislature rejected three such bills in committee: (SB 262 and SB 267, Senators Surovell and Dance; and HB 427, Delegate Hope).

Similarly, in 2018, the General Assembly rejected two bills (HB 363, Delegate Hope; SB 245 Senator Surovell). Analogous to 85-7, these bills were defeated in committee.

Administrative agencies can adopt rules and policies to carry out duties delegated by the legislature. Such regulations, however, should be consistent with statute.[6] The General Assembly has repeatedly rejected proposed bans. You do not have the authority to adopt 85-7 because doing so would circumvent the General Assembly's decisions in this matter.

Commenter: Sarah Hagen, LCSW

12/10/19 12:17 pm

Ban conversion therapy

Please ban conversion therapy. These harmful practices use shame, rejection, and psychological abuse to try to force young people to change who they are. These dangerous and discredited practices are based on the false claim that being gay, lesbian, bisexual, transgender, or queer is a mental illness that needs to be cured - a view with no scientific basis. We cannot allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Cecilia E merkel

12/10/19 12:18 pm

Guidance Document

Please do not pass this law.

Commenter: Leanne Seguin

12/10/19 12:21 pm

Protect the freedom of Virginia families to acquire the counseling they choose

Parents are closest to their children's challenges and in the best position to ensure their wellbeing. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision. The proposal would deny families the freedom to seek counseling aligned with their faith. Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: John Adams

12/10/19 12:23 pm

Bans on Mental Health Therapy

Patients and parents of patients have the fundamental right to choose their own care. For the following reasons, I oppose bans on mental health therapy:

- Parents are closest to their children's challenges and in the best position to ensure their well being.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Please do not support bans on mental health therapy.

Commenter: Elissa Hamon

12/10/19 12:27 pm

Ban Conversion Therapy

Conversion "therapy" is not therapy. It is rejected by the American Psychological Association and has proven only to hurt rather than help those it purports to "convert." It must be banned as it is dangerous.

Commenter: Mike Stuart Hunter

12/10/19 12:31 pm

Oppose Guidance Document 85-7

I strongly urge the board to oppose 85-7. This is an overstep of your authority. The care and well being of family and children is the responsibility of the parent.

Commenter: Leo Titus Sr.

12/10/19 12:32 pm

Protection of Parental Rights

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Thomas Sones

12/10/19 12:38 pm

BAN BAD pseudoscience

Conversion therapy is myth and has no place in our culture. In fact, most science on the conversion therapy shows that it has terrible consequences and certainly is mentally abusive and often physically abusive. Parental rights end when they become abusive. Virginia must not only abandon this antiquated quackery, but outlaw it.

Commenter: Jacqueline Shawver

12/10/19 12:43 pm

Family health rights

This bill is infringing on the rights of parents to do what they believe is right for their children.

Commenter: Gregory McKinney

12/10/19 12:45 pm

Oppose approval of 85-7

After reviewing both 85-7 and the full comments made by the Virginia Catholic Conference on the document, I concur with the VCC's comments and oppose approval of 85-7

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.

- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Gregory McKinney

steward1310@gmail.com

Commenter: Irene Maria DiSanto

12/10/19 12:45 pm

Oppose Guidance Doc

Commenter: Rob Alexander

12/10/19 12:48 pm

Support for Guidance Document

As a college professor and member of the LGBTQ community, I strongly endorse this guidance document as a firm and evidence-based position for the Commonwealth to take that will bring our mental health professional standards up to current national norms and standards.

Approving this guidance document as policy will ensure that the Commonwealth no longer endorses practitioners engaged in counseling practices known to cause harm to a very vulnerable population.

Commenter: Dawn Schaad

12/10/19 12:49 pm

Protect Parental Rights - Oppose Guidance Document (85-7)

Please *protect* Parental Rights by opposing Guidance Document (85-7). A few points to remember:

- Parents are closest to their children's challenges and in the best position to ensure their well-being.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Thank you for your time.

Commenter: Kevin Danovich

12/10/19 12:53 pm

Nature only, please ban

To whom it may concern,

I would like to express my opinion on this. One, a MINOR (under the age of 18!) still requires parental consent for any and all medical treatments--My question is why would the state want to take that away? Two, conversion therapy takes away everything that occurs within our natural environment. The question I have is for anyone reading this is if you have a daughter that is the top athlete in her chosen sport. During a state tournament, your daughter loses to a male (who identifies as a female) undergoing conversion therapy. Also, during that same tournament, a prestigious school that your daughter has been dreaming of attending for years decides to offer a full ride scholarship to the converted female. How would you console your daughter in this scenario?

Please, let parents across this state do our jobs in bringing up our children. Also, let the parents chose the type of counseling that aligns with our own beliefs, not the doctors looking to document their next breakthrough in this unnatural form of science.

Thank you for reading.

Commenter: Raise Your Wellness

12/10/19 12:55 pm

Please ban conversion therapy

To whom it may concern,

Please support the ban on conversion therapy. I am a licensed, clinical psychologist and have worked with LGBTQ youth and adults for almost twenty years. I have seen first hand how dangerous this type of approach is when clients have encountered it. This community is already at high risk for suicide, is often isolated from family, and alienated by society. The risk of them encountering a professional who echos sentiments that who they are is not ok can lead to very dangerous consequences. Please do not allow professionals to practice this approach in an ethical manner. It is not ethical.

Sincerely,

Anne Edwards, Psy.D.

Commenter: Darlys Blomberg

12/10/19 12:56 pm

PARENTAL RIGHTS AND FREE SPEECH MUST PREVAIL!!!

Commenter: Rob Alexander

12/10/19 12:56 pm

Parental Rights

I meant to add to my original comment that adopting this guidance document as policy does not remove the ability of parents to choose damaging conversion therapy - they will only be limited to choosing 'therapists' unlicensed by the state.

Arguing that this guidance document takes away parent choice is misleading and disingenuous.

Commenter: L. Alleyne

12/10/19 12:58 pm

License to Kill

I want to support the ban on the harmful practice that is conversion therapy. This is not based on any real science, which in fact show that this is harmful in the short and long term. Conversion therapy is a violation of the first and most critical oath in medicine: Do no harm. Anyone who violates this oath by promoting or practicing this horror should be stripped of their qualifications and not let near a vulnerable population again!

Commenter: lawrence zenker

12/10/19 12:58 pm

Opposition to guidance document 85-7

Please allow parents to fulfill their God-given responsibility to raise their children according to their beliefs.

Commenter: Madeleine Lawson

12/10/19 12:58 pm

Protect Parental Rights and Religious Freedom

Please consider the following:

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Patrick T. Mooney

12/10/19 12:58 pm

Oppose Amending 18VAC125-20, Regulations Governing the Practice of Psychology

The concept of even discussing removing the parents of children from the discussion of needed therapy is absurd! Parents are closest to their children's challenges, know their their dispositions better than anyone else could even begin to hope. Parents are in the best position to discern the needs of their own children and direct them in a manner consistent with their faith. Trying to separate a child, no matter how old from the influence of their parents is to try to denigrate society. This must STOP!

Additionally, a move such as this would violate Virginia law which maintains that parents have the fundamental right and RESPONSIBILITY to make decisions regarding the upbringing, education and care of their children. Undoing laws made by elected officials accountable to us the citizens should never be allowed by an un-elected group or body ever! If you are not subject to being fired for policies and regulations that elected officials enact, then you should only advise and never be allowed to regulate me or my family.

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles. Your political dispositions should never be allowed to enter into the conversation!

Sincerely, Pat Mooney

Commenter: Alan Pachter, LCSW

12/10/19 12:58 pm

Ban conversion therapy

We must act now to ban conversion therapy. Every credible study and every ethical clinician agrees that conversion therapy is dangerous and harmful.

Commenter: Donato Palizzi

12/10/19 1:01 pm

Protect Parental Rights. "Fundamental" VA Code 1-240.1 & VA Supreme Court in L.F. vs Breit 1/10/13)

Commenter: Rev. John Christopher De Celles

12/10/19 1:01 pm

protect parental rights

I, and my 6000 parishioners, strongly oppose the proposed ban on counseling or therapy that *"seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to... reduce sexual or romantic attractions or feelings toward individuals of any gender."*

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Mrs. Nancy Burk

12/10/19 1:02 pm

Parental Rights MUST come first and be respected

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Elisabeth Bloomer

12/10/19 1:04 pm

Conversion Therapy Could Kill My Child: Primum Non Nocere

As a mother of a bisexual child, I have researched ways to help my child live a healthy, content, successful life, and know that the practice of conversation therapy is based on the false claim that being bisexual (or lesbian, gay, transgender, or any name beyond cisgendered, heteronormative) is a mental illness that needs to be cured -- a view with no scientific basis -- and known to be extremely dangerous. Conversion therapy causes depression, decreased self-esteem, substance abuse, and suicide attempts. Good parenting, like good medicine, should follow the Hippocratic Oath, "primum non nocere" -- or, "first, do no harm." The practices involved in conversion therapy are harmful, and therefore, are immoral, illegal, inhumane, and therefore should be banned. Please protect my child, as a Virginia citizen, from such abhorrent practices.

Commenter: Francine Orr

12/10/19 1:07 pm

Protect choice and freedom of Virginians to choose for themselves

Please oppose the ban on "conversion therapy". All people should have the freedom to choose the best mental health care for themselves and their children. Preserve choice, options, and freedom in mental health care!

Thank you

Commenter: Margaret Breighner

12/10/19 1:08 pm

Violation of free speech

Commenter: Hugh E. McGuire, Jr.

12/10/19 1:09 pm

Stay away !!!

Don't mess with my rights period. Get it !!!

Commenter: Chris Webb

12/10/19 1:10 pm

Conversion Therapy

I am writing to express my support of the Virginia Board of Medicine's guidance, which will protect youth from "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. Conversion therapy has been rejected by every mainstream medical and mental health organization, including the American Psychological Association. Conversion therapy leads to critical health risks including anxiety, depression, decreased self-esteem, substance abuse, homelessness, and suicide. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong.

Commenter: Melisa Atkeson, LCSW

12/10/19 1:16 pm

Ban Conversion Therapy

As a licensed clinical social worker who works with youth and families, I implore the Commonwealth of Virginia to ban conversion therapy. It is an archaic practice rooted not in science but in fear. Any mental health practitioner who engages in this type therapy should have their license taken away.

Commenter: Isabelle Davidson

12/10/19 1:20 pm

Balance

Whereas I do not believe in forcing someone to undergo extensive counseling, incarcerating people until they change to what is wanted, or brainwashing, I do think that people should be allowed to discuss anything with a licensed counselor. A ban is the opposite extreme of abuse. Reword your rule so that it does not ban discussion of this or any issue.

Commenter: Morgan Vega Gomez

12/10/19 1:22 pm

Ban Conversion Therapy

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer is a mental illness that needs to be cured—a view with no scientific basis.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Tresa Clarke

12/10/19 1:24 pm

"Guidance Documents"

You have no authority to interfere in these matters! The proposal would deny families the freedom to seek counseling aligned with their faith, and Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: D. Bochonok

12/10/19 1:25 pm

Protect parental rights and free speech

Please allow individuals to make decisions about what type counseling they receive or give.

Commenter: Jennifer Lawrence

12/10/19 1:33 pm

Ban conversion therapy

Parents have rights to help their children make choices in life, but no parent should have the right to abuse their child. Conversion therapy is abuse, plain and simple. Look at the facts!!!

Commenter: Joshua DeSilva, Psy.D., LCP

12/10/19 1:35 pm

Conversion therapy is harmful and should be

As a practicing licensed mental health provider, I have worked first hand with client who have been forced to participate in conversion therapy. To a person, there stories are marked by trauma, lack of agency, and feelings of marginalization related to having such an important aspect of their identity suppressed. Further, the American Psychological Association and American Medical Association both have policy statements making it clear that both organizations think conversion therapy is unsupported by the relevant efficacy research. APA has gone further by recommending that jurisdictions consider banning such practices for minors. Overall, conversion therapy is a damaging, oppressive, and scientifically unsupported treatment that should be banned by the board of Medicine.

12/10/19 1:41 pm

Commenter: Dcn. William Pivarnik

Opposition to Ban on Conversion Therapy

As a parent, I am strongly opposed to the proposed ban on conversion therapy. I, as a parent, not the government nor any governmental board or other entity, have the right, under law, to choose the type, manner, and practitioner treating my children and I have the right to do so in accordance with my religious beliefs. The proposed ban violates both of those rights. Those rights belong to me, not you.

Commenter: P. Briggs

12/10/19 1:41 pm

Protect parental rights

Please uphold parents' freedom to choose whatever therapy they see fit for their children. Below are my following reasons why this ban should not be upheld:

1. Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
2. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
3. Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
3. The proposal would deny families the freedom to seek counseling aligned with their faith.
4. Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Andrea Bayer

12/10/19 1:41 pm

Identifying the real Conversion factors that caused the Confusion.

Governor Northam's "Guidance Document on the Practice of Conversion Therapy" is an insult to reality, human dignity, science, and medicine - not to mention parental and patient rights. No amount of psychotherapy, hormones, surgery, role-playing, and imagination can change one's gender. Rather, all that "treatment" serves to do is make many people (but not the patient) very rich \$\$! As for the patient, he/she will not only remain mentally ill, but will also become physically impaired, scarred, and poorer. Transgenderism is a HUGE lie and profit-making scheme. It has destroyed people, families, communities, churches, and even divided entire religious sects. It has taken over our education establishment. We all know that the real "conversion" occurs when a person becomes confused about his/her gender typically as a result of abuse (most likely sexual) and/or indoctrination -- often perpetrated by trusted individuals. To deny people true healing from such abuse not only equates to real malpractice, but it lends credibility to the abusers. And no finagling of terminology, regulation, or laws will change facts and reality.

Commenter: joseph M. Orrigo

12/10/19 1:42 pm

Protect Parental Rights Now

Commenter: Delane Karalow, Ph.D.

12/10/19 1:44 pm

Protect Parental Rights

Please respect the rights of parents regarding the welfare of their children. I strongly urge the Board of Medicine to reject the vaguely worded Guidance Document (85-7). This regulatory document would infringe upon the fundamental rights of parents to care for their children, the Freedom of Speech and Free Exercise of Religion under the First Amendment, and limits on regulatory authority that ensure conformity with the General Assembly's decisions.

Commenter: Joyce Kerrigan

12/10/19 1:44 pm

I strongly support Parental rights and guidance

Commenter: Clarke Staton, Youth Coordinator Bridgewater Church of the Brethren

12/10/19 1:49 pm

Ban Conversion Therapy

As one who works with Junior and Senior High School youth, I find it horrific that "conversion therapy" is still allowed anywhere in the United States, much less in Virginia. From my own experience and the experiences of the youth I work with, it is already difficult to find your place in the world and your identity in it. How much harder still it must be for those identifying as LGBTQ. It is a fact that being LGBTQ is not a mental illness but the barbaric practices performed in "conversion therapy" can lead to a life-long struggle with it, that is if those on whom such "therapies" don't end up taking their own lives. I ask you to ban this inhumane practice and reach out instead with therapies that help people come to terms with their own identities. Please!

Commenter: David Wilson

12/10/19 1:51 pm

No evidence that Conv. Therapy works...Only evidence that it harms young people.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

There is absolutely no scientific evidence that conversion therapy works, but there is plenty of evidence that it 1) causes undue harm to victims, and 2) doesn't work at all.

Commenter: Rachel Levy

12/10/19 1:54 pm

Please ban conversion therapy.

Conversion therapy is harmful and has no scientific basis. There is, however, broad social scientific consensus as to its harmfulness. Please ban it in Virginia.

Commenter: peter roth

12/10/19 1:55 pm

Ban the

Commenter: Anne Marie Rasmussen

12/10/19 1:56 pm

Ban Conversion Therapy

Commenter: HWojciech

12/10/19 1:58 pm

Parental Rights

I oppose this guidance. It violates parents' rights to seek the health care that they see fit for their own child. Government bureaucrats should stay out of private family decisions.

Commenter: Elliot Spengler, M.A.

12/10/19 2:08 pm

Conversion "Therapy" is Harmful

As a Ph.D. student in Counseling Psychology who is an expert in mental health inequities, I urge you to ban conversion "therapy." Not only is it widely denounced as unethical by a multitude of state and national mental health associations, it has been repeatedly found in research to be harmful to those who go through it with significantly elevated suicide attempts, mental health disorders, and substance use and abuse risks. Because of this, conversion "therapy" is a public health risk.

Commenter: peter roth

12/10/19 2:09 pm

Ban the Guidance Document

Who are "leading" professional associations? Their statements indicate they are leading in the wrong direction. The AMA says conversion treatment is not a medical procedure; which is fine, but this guidance document would ban discussions, which are also not medical procedures, and would therefore run afoul of Amendment 1.

None of the claims that conversion therapy is harmful specify the harm.

The Guidance Document is a bunch of hand waving and imprecise terms. The word "any" in re "efforts" is certainly too broad.

Really, if you want to ban actions using terms like "scientific", you should apply the scientific method to your thinking first, then to your writing.

Commenter: Patricia Capps

12/10/19 2:10 pm

Protect Parental Rights, Family Faith and Children's futures

Conversion therapy is not about brutalizing children as some want you to believe. There are many very kind and compassionate therapists of faith, who want to help kids (and adults, by consent) through their feelings, concerns, problems and insecurities during this very confusing time, within the guidelines of Godly faith. By usurping parental rights to choose path for healing, self-discovery, self-help, you are also violating the First Amendment's Protections of Exercise of Freedom of Religion if you pass these restrictions. In essence, the government is imposing its views on the whole family. This is the beginning of tyranny over the family. Please resist this path.

Commenter: Bo Bloomer

12/10/19 2:14 pm

Ban this terrible treatment... Now!

Ban this terrible practice now. Not only unethical, inhumane, but it is torture, emotional and psychological abusive. Completely absent of love.

Commenter: Trang Nguyen

12/10/19 2:21 pm

Protect Parental Rights, Family Faith and Children's futures

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Benjamin Coonfield

12/10/19 2:22 pm

Please oppose this attempt to restrict human rights

Please oppose the ban on so called conversion therapy. It should be in the realm of parents and responsible adults to make judgements on the treatments they choose to seek, and there is no justification for this arbitrary denial of the rights of citizens to free speech and to free choice of the counseling the patient or parent deems helpful.

Commenter: Lisa Cherefko

12/10/19 2:23 pm

Ban Dangerous and Discredited Conversion Therapy!

Conversion "therapy" is a dangerous and discredited practice aimed at changing a person's sexual orientation or gender identity. Conversion therapy has been rejected by every mainstream, legitimate medical and mental health organization, including the American Psychological Association. Conversion "therapy" asks a child to change something they cannot change. It leads to critical health risks including anxiety, depression, decreased self-esteem, substance abuse, homelessness, and suicide. In short, it is child abuse. No young person should ever be shamed by a mental health professional into believing that who they are is wrong.

The City of Richmond passed a resolution earlier this year prohibiting the use of conversion therapy in the city limits. I support the Commonwealth of Virginia passing a statewide ban. We cannot allow one more young person to be targeted and hurt by these ignorant and harmful practices. It is time to take action and prohibit conversion "therapy" in the Commonwealth of Virginia.

Sincerely,

Lisa Cherefko

Chesterfield, VA

Commenter: Corita B O'Brien

12/10/19 2:28 pm

PLEASE NO BAN ON CONVERSION THERAPY

Parents are closest to their children's challenges and in the best position to ensure their well being. Parents have the fundamental right, under Virginia law, to make decisions regarding the upbringing, education and care of their children. Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision. This proposal would deny families the freedom to seek counseling aligned with their faith. Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Leigh Freilich, LCSW

12/10/19 2:31 pm

"Conversion therapy" is not therapy. It's abuse.

Sexual orientation and gender identity are core aspects of the self. Variation of sexual orientation and gender is normal among humans and other species throughout the animal kingdom. There is no one "correct" gender or sexuality, and 20-30 years of research has shown that attempts to change a person's sexuality and/or gender are harmful, unethical, and even abusive. It is imperative that we stop healthcare practices that cause the public harm. As a psychotherapist in Virginia, I have heard countless stories of the trauma caused by exposure to conversion therapies and other non-affirming healthcare practices. It is well-established that conversion therapies cause lasting harm to LGBTQ+ people. Nineteen states, the District of Columbia, and Puerto Rico have bans on conversion therapy, currently. The number of states and municipalities supporting a ban on these practices continues to grow. It is time for Virginia to put a stop to unethical, inhumane efforts by healthcare providers to change a person's sexual orientation or gender identity and expression. "Conversion therapy" is not therapy; it is abuse, and it needs to stop.

Leigh Freilich, LCSW

Commenter: Dale Bain, private citizen

12/10/19 2:50 pm

Protect parental rights

PLEASE - Protect parents' rights and stop government censorship in medical counseling

Commenter: Mark Menotti

12/10/19 2:53 pm

Freedom of Religion and Protection of Parental Rights

This illegitimate and unconstitutional "Ban" proposed by some on the Virginia Board of Medicine is ill-advised and greatly oversteps the boundaries by the government into the private lives and matters of its citizens and infringes on parental rights.

I will remind you of the First Amendment to the U.S. Constitution reads: Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances.

Your proposal infringes directly on free exercise of religion and our freedom of speech rights protected in the Constitution. Moreover, I offer the following obvious points to counter your ban:

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Finally, it is reported that New York City's Council attempted a similar wrong-headed "ban" and then unanimously repealed its "ban" following a federal lawsuit. Should you decide to go forward with this policy, I will work with other citizens opposed to your actions to sue you in federal court if necessary. Do not go forward with this poorly conceived document.

Commenter: Irene Maria DiSanto

12/10/19 2:54 pm

Oppose Guidance Document

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

Commenter: Pilar Jones

12/10/19 2:54 pm

I oppose the Guidance Document

Encouraging a child, or anyone, to be confused about their sex, male or female (yes, there are only two), so much so to allow any genital or bodily mutilation is ABUSE and is morally unconscionable. Any such person needs true empathetic help and counselling. Countless research shows that children, if allowed time, will indeed grow out of their confusion and embrace the sex in which they were born. The problem facing our society is not "conversion therapy," but acceptance and approval of mental illness as "normal." Stop the madness.

Commenter: Thomas Marsh

12/10/19 2:56 pm

The role of Parents vs. The State in raising children

We live in an increasingly polarized, pluralistic society. For a multitude of reasons, passionate feelings from contrary opinions abound on significant moral and legal issues in our American culture. Two such issues are parental rights, the right to raise children according to the parents' moral vision within the confines of just law; and gender identity, the question of the natural law/Biblical view of male and female (see Genesis) versus the secular/relativist view of gender being a "social construct." Virginia, the cradle of American liberty, should be the LAST place to ever consider banning a therapeutic process which parents deem vital to their sons and daughters growing up with a healthy view of masculinity and femininity, and Biblical moral principles regarding sexuality. This right of parents is ancient, and the very concept of rights itself was nurtured to maturity in Virginia. Those who would empower the State to neuter parental rights should keep in mind that with such empowerment comes forced policing which goes far beyond matters of parental rights.

Commenter: James B Williams, Federal Government

12/10/19 2:56 pm

Opposition to Guidance Document

Removing the responsibility for the guidance of children from their parents is both wrong and ill-advised. As to the wrongfulness of this guidance document, the primary responsibility for guiding and raising children resides fundamentally with parents, except in the most egregious cases of parental misconduct. Parents are not perfect in their exercise of these responsibilities, but their track record is far better than the record of governments in exercising this most fundamental duty. As to being ill-advised, the abysmal record of the psychiatric and psychological "healing professions" has recently and again been exposed by Anne Harrington's *Mind-Fixers*, a book that complements earlier work documenting the scientific fraudulence and mental and moral degeneracy of the dominant wings of psychiatry and psychology, as documented by James Q. Wilson (in many articles and books), Philip Rieff (*The Triumph of the Therapeutic*), G.E. Zuriff ("Medicalizing Character"), and Edith Kurzweil (*The Freudians*). No public policy should be based on the recommendations of those who have been wrong on major issue after major issue.

Commenter: Vince Drouillard

12/10/19 2:59 pm

Protect Children

Parents have a right and responsibility to aid their minor children in all matters and especially life altering decisions. Without parental guidance, children will likely be pushed into hormonal therapies and surgeries by school staff and faculty which will make the children infertile for life...when in most cases the feelings of gender confusion are transitory.

Commenter: Thomas Palumbo

12/10/19 3:04 pm

Protect Children and Stop Government Censorship in Medical Counseling

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Ari Laoch, LCP, CRC, CBIST

12/10/19 3:04 pm

Conversion Therapy

I am a Licensed Professional Counselor in the Commonwealth of Virginia, a Certified Rehabilitation Counselor, and a Certified Brain Injury Specialist. National associations of providers (APA, AMA, ACA, NASW) do not support conversion therapy. When asked to "listen to the experts," they have spoken, and do not endorse the practice of conversion therapy. The "attempt to treat something that is not a mental illness" as worded by the ACA, is unethical and is not therapy or counseling. The American Counselors Association, the entity who creates and upholds ethics of licensed counselors, has rebuked conversion therapy as a practice that "does not work" and a violation of the ACA code of ethics.

A founding ethical principal of counseling is autonomy; it is the supporting and encouraging of a person to achieve their desired and determined goal and is a founding piece of professional ethical guidelines. We do no harm (nonmaleficence), we do good (beneficence), tell the truth (veracity), uphold and keep our word (fidelity), apply equal treatment to all (justice), and support persons in achieving their self-identified goals (autonomy), these are the ethical principles of a counselor.

This is not about parent's rights to dictate treatment or judgement upon personal beliefs, this is about ethical proven interventions. Conversion therapy has no proven, peer-reviewed support. Conversion therapy has been proven to be dangerous and harmful.

Commenter: Linda K Seeman, PhD, LPC

12/10/19 3:06 pm

Please vote to Ban Conversion Therapy. It is misguided, cruel, and very harmful to the patient.

Conversion therapy needs to be banned. It is cruel, misguided, and very harmful. The patient is typically forced to undergo this therapy. It is abusive, and is only effective in harming a patient's self esteem. The damage done by conversion therapy is long lasting, perhaps permanent. It is a betrayal of what a good therapist is trying to do. It is unethical and does not protect the public. It is a serious danger to the public.

Linda Kamsky Seeman, PhD, LPC

Commenter: Pat Kolakoski

12/10/19 3:11 pm

Parents have every right to protect their children. We have gone toooo far with this.

Commenter: Tamela Frick

12/10/19 3:14 pm

Protect parental rights and religious freedom.

Please do not allow a ban on this type of therapy. Parents have the right to seek out a counselor of their choosing for their own children. The state has no business interfering with the type of therapy that parents choose for their own children. This is very important when someone wants to live their life according to the dictates of their own conscience and how they believe God wants them to live. Same-sex attraction disorder is very real and there are many people who genuinely want to get

real help. Banning this type of conversion therapy would prevent sincere Christian therapists from helping people who come to them for treatment to help them live their lives according to the law of God. Do not ban conversion therapy by any means!

Commenter: Natasha Pereira

12/10/19 3:18 pm

Please support Parental rights and Religious freedom

Please support Religious freedom and parental rights to seek conversion therapy. If we do not have the freedom to practice our religion nor authority over our own children, then we have nothing.

Commenter: James Edward "Ted" Heck

12/10/19 3:19 pm

Conversion therapy is harmful, unethical, and not science based

Conversion "therapy" is harmful and dangerous. It is based on the belief that non-heterosexual and transgender-identified people are somehow sick, mentally ill, or "going against nature". Beliefs along these lines have no scientific basis and have in fact been demonstrated repeatedly as false through peer reviewed scientific research in multiple reputable forums. When children in particular are subjected to this type of coercive treatment, the resulting impact can include depression, decreased self-esteem, substance abuse, and even suicide. Any licensed practitioner who is subjecting children to shame and coercive pressure to try to change or erase their sexual orientation and/or gender identity should be subject to serious sanctions, including the loss of their license. Conversion therapy is abusive and unacceptable and should have no ground upon which to stand in the Commonwealth of Virginia.

Commenter: Christina Maccabe

12/10/19 3:19 pm

DO NOT BAN the so-called "conversion therapy"

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

SAG

Commenter: James Drouillard

12/10/19 3:21 pm

Protect Rights

I support the rights of the parents completely over the misguided ideas of any form of government. If the government seeks to restrict how a parent can take care of their child's mental health then they need to prove there is immediate harm to children everywhere, to which there is not. This is a tense subject since no one wants to see children abused through the lack of law. In this case, though, an enactment of the law will lead to privation of a right justly due to the people. This is only a lawsuit waiting to happen. A possible solution would impartially review each therapy to see if there is any physical or mental abuse. While I do not support the outdated idea of "conversion" therapy, I think this law would ban therapies that could be helpful and informative to children, since many are easily confused about the complex topics of gender and sexuality.

Commenter: Linda White

12/10/19 3:26 pm

Conversion Therapy

Parents, not the state, know what is best for their children. Not having the option to try conversion therapy is a type of cruel and unusual punishment. Not allowing a gay man or woman the opportunity to change, if that is his or her will, is the worst form of intolerance. Furthermore, President Trump has hailed the success of his "Right to Try" policy. I would think that allowing

parents and patients access to all therapies would fall under the "right to try" guarantee promised to all Americans.

Commenter: Linda White

12/10/19 3:28 pm

Please do not ban conversion therapy

Parents, not the state, know what is best for their children. Not having the option to try conversion therapy is a type of cruel and unusual punishment. Not allowing a gay man or woman the opportunity to change, if that is his or her will, is the worst form of intolerance. Furthermore, President Trump has hailed the success of his "Right to Try" policy. I would think that allowing parents and patients access to all therapies would fall under the "right to try" guarantee promised to all Americans.

Commenter: T. Mason

12/10/19 3:29 pm

Conversion Therapy is a false and is abusive in nature

So-called "conversion therapy" is a discredited and dangerous practice aimed at changing a person's sexual orientation or gender identity, neither of which are CHOICES a person makes and therefore cannot be changed. "Heteronormativity" is the false idea that any orientation other than heterosexual or "traditional" gender roles and expressions are inherently wrong or deviant, which is completely false and a limited way of seeing the world.

The guidance supporting a ban protects young people from state-licensed therapists who falsely and egregiously claim that being LGBTQ is a mental illness, and spreading false and harmful information to parents and harming vulnerable youth, often causing further and deeper trauma around their identities. Sometimes this trauma can lead to depression, anxiety, unhealthy coping mechanisms such as substance or alcohol abuse, or even suicide. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people REGARDLESS OF THEIR PERSONAL beliefs that may not support an LGBTQIA+ identity.

Every person deserves to live their lives with dignity and respect in the ways they choose to express themselves in ways that do not cause harm to others. Allowing people to live as their authentic selves creates happier, more productive humans, and we can always use more of them.

Commenter: Thomas V. Esposito, Jr., MSW

12/10/19 3:32 pm

In opposition of any regulatory ban on "conversion therapy"

This again is an overreach of the state on matters that need to be relegated to the parent, child, and their doctor/therapist. The supposed "research" that takes issue with therapies that seek to help those with unwanted feelings of Same Sex Attraction, is shoddy at best, agenda-driven at worst. Please do not deny those families seeking help this opportunity.

Commenter: Kevin OBrien

12/10/19 3:43 pm

opposed to proposed ban

- Parents are closest to their children's challenges and in the best position to ensure their well being.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Atwood Brooks

12/10/19 3:44 pm

Oppose Banning "Conversion Therapy"

I ask you to oppose banning "conversion therapy." Such a regulatory ban would infringe the fundamental right of parents to care for their children and violate freedom of speech and free exercise of religion. The State has no business meddling in the personal lives of citizens and forcing them to accept the degenerate and immoral ideology that is destroying our society and our nation. Moreover, the Board has proposed banning such counseling not only for minors but also for adults – a policy adopted by New York City before its council unanimously repeal its ban following a federal lawsuit.

- Parents are closest to their children's challenges and in the best position to ensure their well being.
- Under Natural law and Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Sincerely,
A. Brooks
VB

Commenter: George Darnell

12/10/19 3:53 pm

Protect the freedom of Virginia families to acquire the counseling they choose

This is an unnecessary regulation and violates the rights of Virginia parents to care for their children.

Commenter: Jennifer Sodikoff

12/10/19 3:54 pm

Support of Conversion Therapy Ban

I support the ban on "conversion therapy" practices and the guidance document that outlines as such. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer, is a mental illness that needs to be cured - a view with no scientific basis.

Commenter: Kristen Puckett

12/10/19 3:56 pm

Support for Ban of Conversion Therapy

No person (especially those at developmentally important ages) should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. These practices have been shown in research to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and suicide attempts.

Commenter: Stefanie B Eye

12/10/19 3:57 pm

Oppose Conversion Therapy

"Conversion therapy" is a dangerous and discredited practice aimed at changing sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. A ban on "conversion therapy" will protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and who therefore take advantage of parents and vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

In response to those claiming a ban on this therapy would violate parental rights, we should keep in mind that most victims of such therapy would be adolescents, close to adulthood, entitled to rights under the Privacy Act and other laws.

Commenter: John F Down

12/10/19 3:59 pm

Protect the freedom of Virginia families to acquire the counseling they choose

- Parents are closest to their children's challenges and in the best position to ensure their well-being.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Thank you for opposing this so-called "Guidance Document."

Commenter: Donna Rossi

12/10/19 4:01 pm

Parents have the right to make decisions for their child including type of counseling they choose

- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles. Do not interfere with the therapist/patient relationship.

Commenter: Joan Anderson

12/10/19 4:06 pm

Preserve Parental Rights

The rights of parents to make decisions for their minor children must be protected. The trend to take health decisions out of the hands of parents is a dangerous and harmful precedence. The abuse of children is never acceptable by anyone. Still, there is no clear definition provided of "conversion therapy." By nature, children are curious, and exploring their gender in various ways (e.g. exploring clothing of the opposite sex for example) is typical and developmentally appropriate for children. Such exploration does not mean that these children necessarily have gay or transgender tendencies. Before any such bill is passed, I'd like to see a clearer understanding of what is involved in conversion therapy. To eliminate the ability for questions to be asked or for parents to make helpful decisions for their children is wrong and very likely harmful. Thank you for the opportunity to comment on this issue.

Sincerely,

Joan Anderson

Commenter: Bob Quinlan

12/10/19 4:08 pm

Freedom means we don't all agree

People and parents have the right to therapies they seek. It is not the role of the government to take away counselor services in areas that are especially hotly debated. This is a fundamental aspect of free speech... to pursue the goods that you identify and articulate as good. The left is acting like a bully mob. Please protect our freedom of speech. Even when you may not agree with the principles others espouse.

Commenter: John Rossi

12/10/19 4:10 pm

Support the rights of people to get counseling

Imagine if the tobacco industry lobbied to make it illegal for doctors to counsel people who want to quit smoking. Or if the alcohol industry lobbied to make it illegal for people to get counseling to quit alcohol. Or if the gaming industry instigated a ban against counseling people who have gambling problems. Or if it became illegal to get therapy to overcome unwanted fears of heights, bridges, bees, snakes small spaces, etc. Bad, right? Well, some people would like counseling to overcome unwanted feelings of a sexual nature (pedophilia, same-sex attraction, gender dysphoria, etc.). Please keep our state free and allow people to get the counseling they choose. Thank you!

Commenter: Patricia Patt

12/10/19 4:12 pm

Ban conversion therapy/ Protect our children

I have 4 children and 10 grandchildren, including some who identify as LGBTQ. Growing up was more difficult for these wonderful children but they were fortunate to have the love and support of their family. They had friends who were not as lucky to have family support, including one friend who experienced what can only be described as emotional abuse during so-called conversion therapy. His parents truly believed they were doing the right thing because it was sanctioned not only by their church but by our government. He spent many years struggling because of the trauma of this experience, and his parents also suffered knowing they had unknowingly placed him in harm's way. Please adopt this guidance so other parents will be conned into agreeing to harm their children by pseudoscience. Thank you

Commenter: Rudolph Gasser

12/10/19 4:17 pm

Mr.

Ban Conversion Therapy

Commenter: Elaine Kasten

12/10/19 4:19 pm

Protect our youth

I am writing to ask that you recommend this ban on conversion therapy. I strongly believe that all people are made in God's image and that this type of "therapy" is very harmful to those in the LGBTQ community. Being LGBTQ is not a mental illness and there is no benefit in providing services that make these people feel like they are "less than". It can lead to an increase in suicide in this group of people. We can't allow anyone else to be hurt by this dangerous and discredited practice.

Commenter: Mychele Brickner

12/10/19 4:22 pm

Do not limit choice for parents and families

Let parents choose the type of therapy they feel would be most effective for their child and their situation. You do not tell a cancer patient what procedures they must have and ban others. You do not tell families what they must do for their elderly parents; you let them choose from a myriad of options based upon their condition and situation. Parents with children who are suffering a serious medical condition need to be able to study all options and make informed decisions without interference from the government.

It would be wrong to take an option off the table so that parents cannot even consider it among the other options. ~~LET PARENTS CHOOSE WHAT THEY FEEL IS BEST FOR THEIR LOVED ONE~~

Commenter: Gloria Thomas

12/10/19 4:29 pm

Guidance

Commenter: Pia DeSantis Pell

12/10/19 4:38 pm

shouldn't a family have choices and options?

The proposed ban on "conversion therapy" would

1. Reduce the number of licensed medical professionals who have successfully guided children and adults through their struggles
2. Take away fundamental parental rights (enshrined in VA law)
3. Deny the truth that the vast majority of parents understand their children best, and should not have their options lessened, in their efforts to help their children
4. Reduce the options for counseling sought by adults who seek to understand the source of their same sex attraction, or gender dysphoria
5. Deny families' religious freedom

Commenter: Maria Sanchez-O'Brien

12/10/19 4:40 pm

Please reject the Guidance Document (85-7)

I agree with Jeff Caruso, of the Virginia Catholic Conference, who commented:

The Guidance Document seeks to prohibit "any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any gender."

When children have unwanted same-sex or mixed-sex attractions, they and their families should be free to seek medical counseling toward the resolutions they desire.

Parents, who are closest to their children's challenges, know their needs and are in the best position to identify solutions. Just as parents must generally give consent for over-the-counter medications,[1] field trips, and extracurricular activities, they have a constitutional right to guide healthcare decisions for their children.[2]

85-7 would also violate Virginia law governing parental rights. Code Sec. 1-240.1 provides that a parent has the *fundamental right* to make decisions concerning the upbringing, education and care of the parent's child.

The Board has no authority to override this fundamental right of parents and to adopt rules that would censor constitutionally protected counseling discussions between families and their child's doctor.

Commenter: Anne Catherine

12/10/19 4:44 pm

Stop Denying Youth Freedom to Be Themselves

Conversion therapy does not help its intended targets, but instead gives them emotional scars that last lifetimes (see Boy Erased). The first amendment allows for freedom of expression, and to deny children and teenagers that in an age of vulnerability only causes them and their families more suffering down the line. Ban conversion therapy and give youth their right to express themselves freely, in whatever way they choose.

Commenter: Andrea Arndt

12/10/19 4:47 pm

Ban Conversion Therapy

I support banning conversion therapy. I agree with the American Psychological Association's position that this type of therapy is destructive pseudoscience and has no place in the therapeutic menu of any licensed mental health practitioner.

Commenter: Joyce Walsh

12/10/19 4:48 pm

Ban Conversion Therapy

Please ban the unethical practice of conversion therapy. It is not a proven therapeutic practice and assumes that being LGBTQ is a mental disease.

Commenter: Cathy Copeland

12/10/19 4:51 pm

Ban conversion therapy.

Please ban conversion therapy. It is harmful, degrading, and a horrific practice. As a Virginian resident, I expect my state to show kindness and love towards others.

Commenter: Leah Pellegrino

12/10/19 4:51 pm

Ban Conversion Therapy

Please ban "conversion therapy." This is a discredited practice that can be harmful and dangerous, particularly to youth. This so-called therapy is based on the mistaken and outdated notion that sexual orientation is a "choice" and that one can become an "ex-gay". Young people in particular need to be protected from therapists who promote this discredited practice which promotes being LGBTQ as a "mental illness" - that there is some "wrong" with them. This peddling of shame and rejection and psychological abuse must end.

Commenter: Sandra Vera

12/10/19 4:53 pm

Clearly practitioners need the Guidance Document - Parents have an obligation to protect children

Clearly practitioners need the Guidance Document! And parents have a moral obligation to protect their own children, especially in this era of subversive tactics to skew the thinking of young minds!

Conversion therapy would respect parents AND patients rights!!!

Commenter: Ryan Choi

12/10/19 4:53 pm

God loves all without any condition.

Conversion therapy is really killing people emotionally and physically. God loves everybody equitably. Please stop the conversion therapy.

Commenter: melody titus

12/10/19 4:57 pm

ban conversion therapy

Please ban conversion therapy. It is totally harmful and unethical.

Commenter: Emile Feldenzer

12/10/19 4:57 pm

Conversion therapy kills

Conversion therapy is psychological torture that drives LGBTQ young people to suicide. Banning it is the only ethical choice.

Commenter: Sandra Vera

12/10/19 5:03 pm

CORRECTION! Conversion therapy YES! REJECT 87-5!

Okay, this is what I meant: trying to ban a therapy that would help those parents and patient in need would be akin to denying the very ethics of sound medical practices!!!

Under the Virginia law, parents have a fundamental right to make decisions regarding the upbringing, education, and care of their children. If a child needs conversion therapy, then why deny that?

Conversion therapy = YES! REJECT 87-5!!!

Commenter: HK Suh

12/10/19 5:04 pm

Ban Conversion Therapy

Conversion therapy has been proven to be destructive to individuals— it should be banned.

Commenter: George Dutton

12/10/19 5:08 pm

Please Ban Conversion Therapy

Conversion therapy for LGBTQ people is a violent and unethical intervention in their lives and innate identities. The state of Virginia should accept new guidelines that recognize that LGBTQ conversion therapy is never appropriate under any circumstances, that it violates medical ethics,

and that it is profoundly unjust. Furthermore, the state taking action to ban such "therapy" is an important step toward recognizing and publicly acknowledging that there is nothing "wrong" with LGBTQ people; that there is nothing that needs to be "fixed" or "cured" or "converted," and that one's sexual orientation is not a medical condition to be treated, but an inherent part of a person's identity. Please act to accept these guidelines and bring an end to such "conversion therapy" in the state of Virginia.

Commenter: E Coomer

12/10/19 5:09 pm

Protect Parental Rights - This wording is very dangerous

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Families and youth should have the rights to determine what is best for them at that stage in their psychological development. Not to have defined by a Commonwealth document what their counselor is or is not aloud to say or do.

Parents are answerable to the Commonwealth for numerous behaviors and actions of their minor children, but we are not deemed responsible enough to guide healthcare decisions for our children?

Every Virginia family has a right to seek counseling as they wish based on their faith and decisions.

Commenter: Patty Reilly

12/10/19 5:12 pm

Banning conversation therapy

I implore you in the name of all that is good and decent to ban this harmful practice. Please save our young people from the prejudices of others.

Commenter: Heike Mitchell, College of William & Mary

12/10/19 5:13 pm

Ban conversion therapy, protect children & youth

It has been shown that "conversion therapy" is harmful, it is not therapy but an abusive practice:

The Virginia Academy of Clinical Psychologists considers "conversion therapy" or "sexual orientation change efforts" to be services that have the potential to harm patients or clients, especially minors. "Conversion therapy" should be considered as a violation of standards of practice in that rendering such services is considered to have real potential of jeopardizing the health and well-being of patients. (www.dhp.virginia.gov/psychology/guidelines/125-9.docx)

Commenter: Craig Mays

12/10/19 5:20 pm

Protect parental rights and stop government censorship in medical counseling

I believe Virginia families should be free to acquire the counseling they choose for the following reasons:

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Tim Eye

12/10/19 5:20 pm

Ban Conversion Therapy

I fully support banning conversion therapy without reservation. I agree with the American Psychological Association's position that this type of therapy is destructive pseudoscience.

Commenter: William J Walls

12/10/19 5:23 pm

Conversion Therapy is NOT an Acceptable Practice

To whom it may concern,

I do not see conversion therapy as an acceptable practice and I expect Virginia to change its standard.

- This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: David W McTaggart

12/10/19 5:25 pm

Ban the practice of so-called "conversion therapy"

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

Commenter: CD

12/10/19 5:28 pm

PROTECT PARENTAL RIGHTS

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Mary Feamster

12/10/19 5:37 pm

Conversion "therapy" is unethical

I am writing to express support for a ban on conversion "therapy", which is unethical and only leads to harmful effects. This approach is not backed by science or supported by professional associations. The evidence verifies that this is a harmful practice that cannot be sanctioned by any provider who has taken an oath to "do no harm". Conversion "therapy" is not healthcare.

Commenter: Kati Derrick

12/10/19 5:46 pm

Ban conversion therapy

I fully support banning conversion therapy without reservation. I agree with the American Psychological Association's position that this type of therapy is destructive pseudoscience.

Commenter: Chris Kim

12/10/19 5:50 pm

Conversion therapy is harmful

Conversion therapy is extremely harmful to LGBT individuals and should be banned. It has been discredited by psychologists as well. All individuals have the right to express their sexuality and gender identity without discrimination and forced conversion.

Commenter: Elizabeth Moak

12/10/19 5:51 pm

Keep options open

This type of therapy is useful for fixing behaviors of various issues. It has helped people with attraction issues even if just trying to improve any marriage or relationship.

Commenter: Barbara Smith

12/10/19 5:54 pm

Support Board of Medicine's guidance document banning conversion therapy

Dear Legislators and all concerned,

I am a supporter of Equality Virginia and urge you to support the Board of Medicine's guidance document banning conversion therapy, for the following reasons:

- This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Bobbi Smith

Falls Church, Virginia 22041

Commenter: Angelique Medrano

12/10/19 5:58 pm

OPPOSED TO BAN - from someone who has received faith based counseling

As someone who has purposely sought out faith-based counseling on other issues and has received it, I strongly oppose taking that right away from others who may wish to do the same, even if they are seeking out help with different issues. For me, it was a great comfort to have the freedom to seek out faith based counseling and to have that option available to me should I want it. People do not have to seek out faith based counseling, and they are not being forced to just because it is an option. An option - that is the keyword right there; faith based counseling is currently OPTIONAL. This ban does not make individuals more free in their choice of options; it LIMITS their options by taking them away.

Other reasons to oppose the ban and protect freedom:

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.

Commenter: Martha Maturi

12/10/19 6:15 pm

PROTECT PARENTAL RIGHTS. STOP THIS REGULATORY BAN

THE REGULATORY BAN THAT IS BEING PROPOSED WOULD INFRINGE ON THE FUNDAMENTAL RIGHT OF PARENTS TO CARE FOR THEIR CHILDREN. IT WOULD ALSO VIOLATE FREEDOM OF SPEECH, AND FREEDOM OF THE EXERCISE OF RELIGION.

THIS BAN HAS BEEN TRIED BEFORE IN NEW YORK BUT WAS DROPPED WHEN A FEDERAL LAW SUIT WAS FILED.

STOP THIS REGULATORY BAN

Commenter: Kathy Millard

12/10/19 6:16 pm

Parents rights must be respected

Please thoughtfully consider the following:

When children have same sex attraction or suffer from gender dysphoria, they and their parents have every right to seek medical counseling or advice because these tendencies are not natural nor do they follow natural law.

Guidance Document (85-7) infringes on the rights of parents and children.

Guidance Document (85-7) infringes on freedom of speech and freedom of expression of religion.

Young people need all the help they can get when confronted with these tendencies – especially to avoid mutilating their bodies or taking puberty blockers which can eventually lead to sterility and other life long consequences.

More studies are needed to understand the causes of same sex attraction and gender dysphoria. For example, some research points to a connection between birth control pills and homosexuality in men.

Cancer of the anus is increasing as well as esophageal cancer possibly caused by anal sex and oral sex.

It's time to stop and look at these unnatural phenomenon and resist the radical activists in the LGBTQ movement, organizations such as GLISEN (Gay Lesbian Straight Network) and MBLA (Man Boy Love Association) and Drag Queen Story Hours, who seek to increase their numbers by grooming young children and imposing their sexual behaviours on unsuspecting vulnerable children.

One way they do this is to infringe on the rights of parents to guide and counsel their children.

Please don't cave into those who would infiltrate all aspects of the society.

Thank you and do not pass GD 85-7.

Commenter: Dr. Apryl Alexander, University of Denver

12/10/19 6:18 pm

Ban Conversion Therapy

Language is important. We are speaking of a term that technically does not exist—sexual orientation and gender identity are not pathologies, and therefore, are not in need of treatment. Conversion therapy is not validated nor empirically supported, and not taught as a method of treatment for LGBTQ individuals.

Existing research suggests that conversion therapy is associated with many negative outcomes for LGBTQ clients, including increased level of depressive symptoms, frequent suicidal ideation and attempts, social isolation and anger toward family members, and decreased levels of self-worth.

These practices also fail to meet criteria for an empirically supported treatment. The American Psychological Association's 1998 Resolution on Appropriate Therapeutic Responses to Sexual Orientation describes the lack of efficacy conversion therapy. In 2000, the American Psychiatric Association adopted an official position statement opposing the practice of conversion therapy or any therapy that is based on the belief that LGB sexual orientation is a mental illness. The Substance Abuse and Mental Health Services Administration (SAMHSA) also called for an end to the practice of conversion therapy for children and youth in 2015 with the support of the American Psychological Association. Also, the American Psychological Association disseminated guidelines for working with LGB clients, which encourages the use of accurate information on sexual orientation and sexuality.

Ethical guidelines call for scientific bases for professional judgments, benefit and harm, justice, and respect for people's rights and dignity. We are all familiar with the Hippocratic Oath—First, do no harm. In 2015, the American Counseling Association Chief Executive Officer Richard Yep stated, "Our code of ethics is really grounded on 'do no harm.' Our feeling is that people who are exposed to sexual orientation change efforts are exposed to all sorts of harm." Conversion approaches also conflict with several standards of the APA Ethics Code, which prohibits Unfair Discrimination, as well as Avoid of False or Deceptive Statements. In addition to those guidelines, scholars have argued that conversion therapy is unethical because it is intended to change a marginalized group into members of the dominant group—essentially forcing LGBTQ individuals to conform to societal norms based on heterosexist and heteronormative assumptions that idealize and solely validate a heterosexual sexual orientation.

How do we support LGBTQ children and adolescents? By supporting Affirmative Therapy—a culturally-informed, evidence-based approach that does not pathologize sexual orientation or gender identity. Instead this therapeutic approach promotes a healthy identity and authenticity in LGBTQ children and adolescents through a nurturing and supportive stance. LGBTQ youth are 6x more likely to report high levels of depression and 8x more likely to have an attempted suicide—Therefore, it is important for us to send a message that mental health providers can help them with these concerns rather than pathologize them for their sexual orientation and/or gender identity.

To date several states (Colorado, California, Delaware, Illinois, New Jersey, Oregon, Vermont) have passed laws preventing licensed mental health professionals from offering conversion therapy to minors. I hope Virginia will be next.

Commenter: Catherine Baab

12/10/19 6:34 pm

Protect parental rights

Gender confusion is common in the developing child. Parents have the right to help them examine their feelings with medical and psychological counseling.

Commenter: Natasha Crosby, Richmond LGBTQ Chamber

12/10/19 6:37 pm

Protect LGBTQ Youth

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Eileen Taylor

12/10/19 6:39 pm

Protect Parents' Rights

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Veterans of Foreign Wars

12/10/19 6:48 pm

Conversion Therapy is wrong and should not be performed by the VA

Performing Conversion Therapy on Veterans by the Veterans Administration is morally wrong.

It is a cruel and unusual mental duress upon the Veteran and Veterans have experienced atrocities that are imbedded in their minds. Thus PTSD is pervasive in the Veteran population.

In the name of humanity and the mental health of our nations Veterans I implore the Veterans Administration to STOP Conversion Therapy.

Commenter: Mary Cannarella

12/10/19 6:52 pm

Parental Rights

- We stand with the positions of the Virginia's bishops on parental rights and we disagree strongly with the proposed changes. Specifically:
- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Thank you for your consideration.

Commenter: Grace, college student

12/10/19 7:07 pm

Actually terrible

Conversion therapy is actually terrible. Get that — out

Commenter: Vickie C

12/10/19 7:16 pm

Ban conversion "therapy"

Subjecting youth to this practice is cruel and unethical.

Commenter: Judy West

12/10/19 7:25 pm

Conversion is not only not an effective therapy, but has proven to be harmful

Commenter: Samar Haddad

12/10/19 7:25 pm

Stop Government overreach. Parents make decisions in kids' best interest daily.

Do not interfere with our right to make the best decision for our kids. We can make informed decisions on this matter as we do everyday on 50 other matters regarding our kids. We are not ignorant as you might be assuming.

These are our kids and we do what's best for them without soviet style government edicts and bans.

Those who don't want Conversion Therapy can choose not to do it.

Commenter: Améie Koran (Chief Technology Officer, US DHHS OIG)

12/10/19 7:48 pm

Conversion Therapy Is Not Real and Doesn't Work, Don't Wish It Into Existence Because You Are Afraid

Regardless of how individuals who are responding with comments are framing the argument for or against, very few, if any of them actually have first-hand experience with gender identity and sexual identity issues. Medical professionals and therapists, unless specially trained (in itself is still a limited count of individuals in the US who would qualify), receive little to no training on these issues in their career, and often, even upon commencing practice, are not updating or refreshing their knowledge.

Religious and social institutions, often titled with "Rights" or "Concerned" are actually far from interested in protecting actual rights or concerns of those who they want to impose their way of thought or, specifically, beliefs upon. Gender and sexual preference variance from what is considered the binary, or "normal" (as these groups would like to say), has existed long before their groups have existed. It's science, it's nature to have these variations, and to force some conversion therapy to try to convince someone otherwise, regardless of their age, is malpractice and harmful. Animals form a preference in-utero, bathed in a collection of chemicals and hormones in the mother's womb, about what they like, don't like and will often conform to those early preferences as they mature.

The same groups here purporting that conversion therapy is a real thing and has results are the same ones who weigh on the side of "nurture" in the "nature vs. nurture" argument that will say somebody born into poverty will be a drain on society and not contribute back to it as much as somebody born into a well-to-do family. As we have seen and have documented, that is bunk. There's no "pray away the gay" (or "trans"), you have a better chance of wrecking a child's psyche in a worse way by allowing this than the typical high-pressure tactics of helicopter parents that bring this up as a way to mold their brood into the next All-American Superstar, but usually results in an unhappy and unstable adult who is breaking under the constant demands of family and society.

Allowing kids to explore gender variance and sexual preference is natural, it's historic, and it's healthy. It helps a brain to mature, accept different input, and evaluate conflicting ideas and challenges. Permitting the imposition of a belief or desire for a change because a parent or guardian is afraid or isn't aligned to being open-minded and mature is just transposing their own fears and uncertainty on impressionable children.

I've worked and lived with friends and family who are from all walks of life, gender variances, and sexual preferences... they are the most valued people that am proud to have in my circle. They are often happy and well-adjusted, and are accepting of the world, even of those who would be happy at their non-existence.

Please, do not allow conversion therapy to be approved or written into guidance for Virginia's medical professionals, because it's not science, it's not natural and it's not real.

Commenter: Walter L Clark, Assistant Minister of UU Church of Arlington, VA

12/10/19 7:49 pm

Ban LGBTQ+ conversion therapy

Although marriage equality was accepted by the supreme court in 2015, LGBTQ+ citizens in this country still have a long way to go in terms of acceptance. Many LGBTQ+ citizens still face discrimination at work, regarding housing and business practices.

One of the most dangerous forms of discrimination that LGBTQ+ persons still face within the commonwealth of Virginia is the practice of conversion therapy. This is a practice that can have devastating effects on people, leading to depression and loss of life. Anyone caught practicing this type of brainwashing should lose all medical and psychiatric credentials immediately.

Every person is made in the image of the creator, black or white, male or female (or along the gender spectrum), gay or straight. The idea that someone would try to deny someone from being their true self is an anathema to what this country stands for. Please stop the practice of conversion therapy in Virginia.

Commenter: Mary Mack

12/10/19 7:54 pm

Parental rights over junk science

Please uphold the right of parents to protect their children against the junk science of transgender advocates. There is no science that proves that a boy or a girl is born in the wrong body. Further evidence of the fact that such claims are junk science is that anyone who opposes is shouted down and labeled a bigot rather than offered persuasive scientific facts. Children are irreparably harmed by the false idea that a boy can "become" a girl and vice versa. If a child grows up and wishes to live as the opposite sex, that is their decision as an adult, but minors, who cannot even get an ear piercing without their parent's consent, are not equipped to understand the irreversible long term effects on their bodies of attempting to transition to the opposite sex. Parental rights to protect their children from harm must be preserved until the child turns 18.

Commenter: Beth Bunts

12/10/19 8:12 pm

BAN Conversion - it is NOT Therapy - it is Legalized Torture

Conversion "therapy" is cruel, discredited, and dangerous for children! Trying to turn children into something they are not is beyond horrible. Children become aware of their natural sexual orientation and gender way before they express it to another person. So when they tell someone who they are inside, it should help them feel better about themselves because their inner being starts to align with the outward appearances imposed initially by default from parents and others who love them. You can't "put the toothpaste back in the tube". Conversion "therapy" is an attempt to do this. Once a person uncovers their true self they need support, love, and understanding to develop into a strong and healthy individual, not cruel programming that attempts to force them into some sort of mold. There are cases of a director who ran a discredited

conversion center finally accepting their own "gayness" after the center closed down. It is terribly unhealthy to use rejection, coercion, shame, and imposed denial to keep anyone from becoming themselves, and it is ultimately unsuccessful - and quite often spectacularly unsuccessful when the person realizes how lost, shamed and confused this conversion "therapy" as forced upon them and they seek the only form of escape that makes sense - suicide. Let's not kill the kids, ok?

If an adult wants to attempt a "conversion" from their true nature, so be it - denial can be helpful for adults under certain, repressed conditions of deep denial. But, we talk all the time about protecting children from abuse and conversion "therapy" is simply another way to abuse children who don't fit into a predefined parental mold. Let's stop that from happening! Save the children - let them be free to become themselves!!

Commenter: Marianne

12/10/19 8:20 pm

Protect Our Parental Rights

Protect parental rights. The government should not have say on how we raise our children in our chosen faith. Our precious children have been bestowed on and entrusted to us by the Almighty not by the government. Religious freedom should be preserved in our schools and more importantly in our own homes.

Commenter: LLynd

12/10/19 8:20 pm

Parental Rights

I'm adamantly oppose this type of ban. I know what's best for my child. The government and politicians do not. Please allow parents the right to seek the best treatment possible for their child.

Commenter: Adam Trimmer, Born Perfect

12/10/19 8:24 pm

Twofold Support of this Guidance Document

I support this Guidance Document as both an individual and as part of an organization.

As an individual, I have some really painful memories from my time as an ex-gay. An ex-gay is an individual who, instead of identifying as gay, identifies as struggling with same-sex attraction, believing that one can heal from homosexuality. These attractions did not go away, but my enjoyment of life and self-confidence did. Instead of learning to love myself, I only learned to resent my parents as I was taught that my mother was overbearing and that my father was emotionally absent. This was taught to me as a "root cause" of me "developing same-sex attractions." As someone who was personally impacted by efforts to "heal from homosexuality," also known as sexual orientation change efforts (SOCE), or conversion therapy, I express a heartfelt thank you for defining it for what it is. Thank you for also wanting to make sure that our community is protected.

I also support this guidance document on behalf of Born Perfect as Virginia's Born Perfect Ambassador. Born Perfect was created in 2014 by the National Center for Lesbian Rights to end conversion therapy. Few practices hurt LGBT youth more than attempts to change their sexual orientation or gender identity through conversion therapy, which can cause depression, substance abuse, and even suicide. But some mental health providers continue to subject young LGBT people to these practices—also known as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts"—even though they have been condemned by every major medical and mental health organization in the country. This document is a fantastic step in the right direction.

Commenter: Duane Fortier

12/10/19 8:33 pm

'Conversion' Therapy

Hello, I Thank You for allowing me to put my thoughts down. I am a 77 y/o Retired Gay White Man. I am additionally a 100% Disabled-Veteran from Agent Orange-Vietnam 1965. I am a Gay-Man, because of my DNA...imho. I DID NOT 'choose' who I am..NO ONE DOES...Hello? Plus, this usually happens @ the 'peak' of Puberty. (Total HORMONE overload) c'mon.

Subjecting ANYONE to this is way too close to Auschwitz...again...imho. There is NOTHING to 'convert'..OK? I'm also very much against 'clipping' new-born Dogs ears, etc. VERY VERY ANTI Circumcision too...Can just stop with all this scalpel stuff? WHO do we think we are? Can we maybe consider opening & acting upon the gift of LOVE?

peace...

Commenter: Patrick Fucci

12/10/19 8:33 pm

Conversion Therapy Shall Not Be Banned due to religious conscience and Parental Rights come first!!!

I strongly object to attempts to ban what is called "Conversion Therapy" for the simple fact one would be violating the right of those LBGT personnel who are looking and seeking help with conversion therapy. In addition, it would violate parental rights and religious rights. One should check a group entitled "Courage". The only reason "Conversion Therapy" does not work is only the people seeking treatment do not believe it can. There are others who do believe, have faith, and trust the therapists. It would be very wrong to do this. Again, you will be violating the rights of parents who wish to help their children as well as those who do not wish to remain in a LBGT state. People are not born with such things. It has been discovered for some individuals that some experience pysical trauma that resulted in such conditions. One has to give time to correct these things, even if is years and years of therapy. One has to have unlimited patience for anything in life. **DO NOT GIVE UP ON THOSE WHO WANT AND SEEK HELP AND THOSE SEEKING TO HELP AND HEAL THOSE SEEKING IT.** If therapy helps one person then it is worth keeping the therapy !!!

Commenter: Rich, Loudoun County

12/10/19 8:34 pm

Protect parental rights!

Commenter: Corky Dogone

12/10/19 8:46 pm

CONVERSION THERAPY IS NOT THE ANSWER - IT IS DANGEROUS AND MUST BE BANNED

Dear Legislatois and all concerned,

I am a supporter of Equality Virginia and urge you to support the Board of Medicine's guidance document banning conversion therapy, for the following reasons:

- This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- **We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.**

Commenter: Ben Godwin

12/10/19 8:47 pm

Ban Conversion Therapy

I am voicing my support on the banning of conversion therapy, a dangerous and discredited practice aimed at changing one's sexual orientation or gender identity.

Conversion therapy uses rejection, shame and psychological abuse to force young people to try and change who they are. The practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured, a view that is wholly outdated and unscientific in nature. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse and suicide attempts.

The ban on conversion therapy will protect LGBTQ youth from state-licensed therapists in Virginia who claim being LGBTQ is a mental illness. Mental health professionals should provide care that is ethical and affirming. I am calling on YOU to stand for human decency by voting for the ban on conversion therapy.

Thank you. Sincerely, ~Ben Godwin

Commenter: Rebecca Ing

12/10/19 8:59 pm

Protect freedom of Virginia families to acquire the counselling they choose

Parents are closest to their children's challenges and in the best position to ensure their well being.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

The proposal would deny families the freedom to seek counseling aligned with their faith.

Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles

Commenter: Paul Young

12/10/19 9:03 pm

Oppose Guidance Document 85-71

I ask you to please oppose Guidance Document 85-71!

Commenter: SARAH KEELY, LPC

12/10/19 9:08 pm

Conversion Therapy ISN'T Therapy-IT'S TRAUMA

Conversion therapy is harmful, unsupported by science and goes against what therapists are trained to do. Support the ban! Conversion therapy *isn't* therapy; it's traumatizing. Anyone practicing it *should* have their license revoked. Like doctors, therapists should at least do no harm, and at best, heal. This issue has nothing to do with 'parents rights', it has to do with the state maintaining necessary standards for treatment providers who are licensed by the state. Do your job and support the ban!

Commenter: Matthew DeGrave

12/10/19 9:14 pm

Please help Ban conversion Therapy

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

Conversion therapy should not be imposed on children by their parents. This practice of "Changing" the sexuality of a child is dangerous and has been discredited. Please vote to ban the practice of conversion therapy.

Thanks

Matthew DeGrave

Commenter: Faye Turley, PsyD

12/10/19 9:14 pm

Scientifically Proven to Cause Extreme Harm

This intervention not only fails to produce the results it touts, it does extreme harm to patients. The psychological equivalent of giving arsenic to patients suffering from "the vapors." It's quack treatment that violates the edict to "do no harm." You must put a stop to it.

Commenter: Lois Price

12/10/19 9:19 pm

Guidance Document

Oppose document 85-71

Commenter: Metro DC PFLAG

12/10/19 9:19 pm

Ban Conversion Therapy in Virginia

Metro DC PFLAG supports this guidance, which will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

This guidance also protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

Metro DC PFLAG believes no young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: David Chopski

12/10/19 9:23 pm

Oppose the Ban

It's hard to accept recommendations such as these which seem more in line with forcing a political agenda than a health issue. Unless an inquiry can be made that is impartial, based on hard evidence from reliable sources, and presented by a committee made up of members acceptable to both sides of the argument, it is better tabled at this time. Leave it as it is; an option to be used by those properly licensed and trained to use it.

Commenter: Anne Paulk, Restored Hope Network

12/10/19 9:31 pm

This ban imposes on individual's rights—adults, children, parents, doctors and nurses

Respect Freedom

Two clear objectives are stated in Virginia's Board of Medicine proposal 85-7.

1. Virginia's Board of Medicine regulates doctors and nurses who do not generally provide therapeutic counseling, yet the Board of Medicine is looking to make a firm statement against 'conversion therapy' as it relates to sexual attraction, specifically unwanted same sex attraction.
2. The Medical Board is also seeking to put in place a firm statement in favor of 'gender affirming' surgically body-altering medical solutions for those with gender confusion (gender identity disorder, now referred to as 'gender dysphoria,' ie. discomfort with one's biology)

Many comments posted on this forum suggest that 'conversion therapy' is cruel or harms individuals. One should wonder what methods of which 'conversion therapy' is composed. I have found that 'conversion therapy' is a kitchen sink term to incorporate anything including horror stories from the 1960's and 70's. In the proposed Board of Medicine document, any and all care that is not LGBT identity affirming is banned, regardless of method or mode. News stories imply aversion methods, yet the American Psychological Association Task Force Report (2009) agreed that change allowing therapy today uses *non-aversive* methods.^[i] No research studying negative outcomes has yet met the APA Task Force's scientific standards.^[ii] Concurrently, the APA Task Force stated that it has no scientific evidence that *gay-affirmative therapy* is safe or effective.^[iii] Research remains lacking about *gay affirmative therapy*.^[iv] Please especially take note of what was agreed upon by both parties in the City of Tampa case and you will see many more arguments against banning change allowing talk therapy.^[v]

So, what exactly is the Board of Medicine seeking to forbid as unethical? It is clear they are seeking to forbid change allowing talk therapy, not aversive techniques. What happens if a clinician is helping a client and they change as a result of dealing with what is causing the client unwanted shame, anxiety or depression? *Could such a clinician be called a 'conversion therapist'?* After all, according to Dr. Lisa Diamond, sexual identity fluidity is rather common.^[vi] A client is the only one who can dictate the goals of care as it relates to homosexuality. In this arena, it appears that the Virginia Board of Medicine would be telling adults and children that some goals cannot be pursued. *The Board of Medicine appears to limit what options a person has to live and love according to their faith and beliefs.* Instead, the Virginia Board of Medicine would be imposing its own beliefs upon medical professionals and patients. This policy does not respect the liberty of youth, nor freedoms of adults. Both groups' views would be limited by an externally imposed ideological view that may be quite contrary to sincere religious belief. This seems highly un-American and may well violate 1st Amendment rights of US Citizens. In the US Supreme Court case *NIFLA v Becerra*, the court ruled that professional speech is also protected speech and referenced *Pickup v Brown* which challenged the California 2012 teen counseling ban.^[vii]

Secondly, on the matter of 'gender affirmation', the Board of Medicine has much authority. In this case, the *Board of Medicine would be telling doctors and nurses that the only allowable effect would be medical interventions, rather than 'watchful waiting'* as the proper course of treatment for gender confused individuals. Some of those medical interventions would be halting natural puberty, cross sex hormones, removal of healthy body parts and an attempt to manufacture similes of opposite sex body parts. These medical interventions have had shady pasts.^[viii] and the future for each individual patient includes sterility and loss of sexual function. These are the natural functions of removing healthy and functional body parts. What is horrific to me as a mom and former lesbian is that these 'interventions' are proposed for children who are not allowed to make many other significant decisions in their lives and need the care and oversight of those who have in mind their best interests—their parents.

This second objective of the statement by the Virginia Board of Medicine would likely lead to pressuring, based on bad science, insurance companies to fund such hatchet jobs on adults and children. And funding leads to more 'gender clinics' destroying bodies and create life-long medical patients who rely on cross sex hormones. *Funds may be at the root of this proposal, not compassion, nor the directive, "Do no harm."* That medical directive is the exact opposite of this proposal. This direction leads immediate to pressure exerted upon all doctors and nurses to participate in sexual mutilation of children or risk losing their license and have fines. Conscience rights matter for all, including doctors and nurses:

The fact is that gender confusion is being suggested to young children and may be driving many who would not otherwise have struggled against their bodies. This may explain the 4,400% increase in young UK natal girls identifying as trans in recent history^[ix]. Natal boys identifying as trans in the UK have also risen by 1,151%. In fact, *"The UK's Government Equalities Office suspects the influence of social media and teaching of transgender philosophy by the educational system have fueled the striking increase in transgender children."*^[x]

Many children on the autism spectrum, particularly natal females, are identifying as trans^[xi]. Many of these precious ones also deal with co-morbid issues like anxiety or depression or bi-polar disorder. These health issues should be addressed which may resolve the individual's gender confusion. Instead, this proposal by Virginia Board of Medicine suggest surgically modifying their bodies as if it were a solution to bi-polar disorder, for example. The old wisdom of the ages, "watchful waiting" appears to be the best course of action for those under 18. Encouraging identification with their biological sex is a course of action that does not result in numerous surgeries and life-long medical support. Instead, the statement suggests that learning to identify with one's biology is itself harmful. Rigorous studies have shown the opposite. Children given a chance to go through natural puberty can resolve their confusion in incredibly high numbers 80-98%. (Zucker^[xii])

Arguing for surgical interventions, trans advocatés claim that patients might otherwise commit suicide. The reality is that in trans-affirming Sweden those who are gender confused are 12 times more likely to complete suicide, including after surgery. (Dhejne C, et al, 2011)^[xiii] That is a very sad story. Please do not be complicit in funneling kids or adults down a pathway that leads to self-destruction. All people are precious and deserve respect. I ask that you do not proceed with this ban as it imposes on individual's rights—adults, children, parents, doctors and nurses.

[i] <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>, p. 82

[ii] *ibid*, pp. 37-42

[iii] *ibid*, p. 91

[iv] O'Shaughnessy, T., & Speir, Z. (2018). The state of LGBTQ affirmative therapy clinical research: A mixed-methods systematic synthesis. *Psychology of Sexual Orientation and Gender Diversity*, 5(1), 82–98. <https://doi.org/10.1037/sgd0000259>

[v] <https://lc.org/newsroom/details/100419-tampa-counseling-ban-struck-down>, <http://lc.org/PDFs/Attachments2PResAs/100419TampaOrderGrantingMSJ.pdf>

[vi] <https://www.newscientist.com/article/mg22730310-100-sexuality-is-fluid-its-time-to-get-past-born-this-way/>

[vii] https://www.supremecourt.gov/opinions/17pdf/16-1140_5368.pdf

[viii] http://www.bbc.co.uk/sn/tyradio/programmes/horizon/dr_money_prog_summary.shtml

[ix] <https://www.telegraph.co.uk/politics/2018/09/16/minister-orders-inquiry-4000-per-cent-rise-children-wanting/>

[x] <https://www.cnsnews.com/blog/craig-bannister/transgender-kids-uk-number-girls-jumps-4415-number-boys-rises-1151>

[xi] <https://doi.org/10.1371/journal.pone.0214157>

[xii] Annual Review of Clinical Psychology, Volume 1, 2005 Zucker, pp 467-492

[xiii] <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016695>

Commenter: Paul Rinderle

12/10/19 9:35 pm

Mind Conversion

No one has a right to determine how I raise my Child.

Freedom!

Whoever even tries to actuate this body mutilation on people without public voting at the polls must be sued and that's every last politician/bureaucrat/un-elected official that votes for this impossible gender selection in the mind ideology as it a scientific impossibility to change genders as well as being inhumane. to mutilate beyond repair a human being by force let alone reason. Gender Mind/body selection people have disordered minds i.e. INSANE and should be committed for remediation.

Enough of this INSANE Transgender minority of sick minds running our lives.

FREEDOM!

Commenter: Nicolle Campa

12/10/19 9:36 pm

Virginia Must Ban Conversion Therapy

Please protect our LGBTQ+ youth and ban conversion therapy. This proposed guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be "cured"—a view with no scientific basis.

We must protect our youth from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness- it is not!

Conversion therapy is a harmful practice, which uses rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Chris Karanski

12/10/19 9:40 pm

Protect the freedom of Virginia families to acquire the counseling they choose

I oppose any ban for counseling or therapy that "seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to... reduce sexual or romantic attractions or feelings toward individuals of any gender." Such a regulatory ban would infringe the fundamental right of parents to care for their children and violate freedom of speech and free exercise of religion.

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Bas Aimes

12/10/19 9:47 pm

Mandatory Conversion Therapy is WRONG

Minors DO NOT have the cognitive capacity to make drastic decisions such as Gender transition and in 90% of cases where minors identify with a different gender than their genitalia the MINORS will identify with their biological gender before reaching adulthood.

MANDATORY Conversion therapy is not only wrong it is immoral and goes against modern psychological research.

Commenter: Russell Bogacki

12/10/19 9:51 pm

Supporting Organizations No Longer Represents Most Physicians

The guidance document suggests that the AMA is an authoritative organization when it comes to medical opinions. It's not, as illustrated by its declining memberships. It only represents 25% of American physicians. See: <https://www.statnews.com/2016/12/22/american-medical-association-divisions/>

Trust the opinions of Virginians. Respect their freedom.

Commenter: Anonymous (for my safety)

12/10/19 10:00 pm

Conversion Therapy Is Dangerous

I urge that Virginia ban conversion therapy. As a senior citizen who is both transgender and lesbian, I can attest that neither my sexual orientation nor my gender identity is a "lifestyle choice," any more than my race or right-hand dominance. I was born with all of these attributes.

I am fortunate that my parents had the wisdom not to put me through any sort of "conversion therapy" to "cure" me of being transgender or lesbian. However, I have experienced a lifetime of torment from people who have harangued me out of "Christian love" to change my ways. I cannot imagine how difficult it would be if I had to see any of these people in a therapeutic setting. It would only be worse if I were a child and lacked the self-esteem to know that I am a good and valuable person just the way I am. I cannot imagine the terror of well-intentioned adults persuading me I am doomed to burn in hell because of something I am powerless to change.

Having grown up in the Bible belt, I have known other LGBT people who have agonized over religious issues and have tried in vain to "pray the gay away," either on their own or with "professional" help. They were not successful doing so. They only tormented themselves and became hollow shells. One of them even attempted suicide. In my lifetime of having known hundreds or thousands of LGBT people, I've never known anyone to be "cured." Our sexual orientation and gender identity are immutable. The ONLY well-adjusted LGBT people I know are the ones who have accepted themselves for who they are, despite protestations from evangelical Christians.

Commenter: NC Beck

12/10/19 10:11 pm

Conversion Therapy Unethical

There would be no need to convert someone who is happy with themselves. Conversion Therapy is ineffectual and has a strong potential to be harmful to the child who is forced to submit to the program. It's a draconian practice that offers no value to the family and creates barriers between unaccepting parents and children who only want to be accepted.

Commenter: Stephen Kantz

12/10/19 10:31 pm

Opposed to this Guidance

I oppose this proposal. It is censorship. It puts the State in a role reserved for parents

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Commenter: MR DAVID K SHEPHERD

12/10/19 10:35 pm

This is unacceptable

- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

I oppose this action.

Commenter: Jay Fisette

12/10/19 10:37 pm

Support Ban on Conversion Therapy

I am a 63 year old gay man. I came out at age 24, at a time when being honest about my sexual orientation was not easy. I was fearful, there was little information available, and few role models. It was hard to be honest.

Conversion therapy is dangerous and damaging. It uses shame, rejection and psychological abuse to force young people to try and change who they are. It is like trying to force a straight person to be attracted to someone of the same sex. It doesn't work, and too often leads to depression, lower self-esteem and even suicide.

Read the book Prayers For Bobby, and you will understand the damage that can be done by a mother, or a therapist, who does not accept a child for who s/he is. Bobby killed himself, and his mother forever carries that guilt.

One's sexual orientation is not a choice, it is a discovery. Conversion therapy is wrong. No young person should ever be shamed into believing that who they are is wrong.

I urge you to protect our youth. Ban conversion therapy in Virginia, as has been done elsewhere.

Thank you,

Jay Fisette

First openly gay elected official in Virginia, served 20 years on the Arlington County Board (1998-2017)

Commenter: Adam Copeland

12/10/19 10:49 pm

Ban conversion therapy

I support the banning of conversion therapy. This so-called practice is destructive. Let us remove this from Virginia to support the health and well-being of everyone in our commonwealth.

Commenter: Marvin J. Weniger

12/10/19 10:54 pm

Ban on Conversion Therapy is WRONG

There are many times in the life of a child or an adult when constructive comments and criticisms about a wide range of topics from a parent or a friend are appropriate, required, and appreciated. To take a single issue such as sexual orientation and say that you cannot talk about that particular

topic alone is totally absurd. When a young child asks questions of a parent, that parent MUST have the freedom to address the issue in context with family conditions and values, and must not have unnecessary and absurd restrictions placed upon them by an overaggressive government. Our constitution was never meant to place such restrictions on the people of our country.

Commenter: Cassie Porter, Self

12/10/19 11:08 pm

I support the ban on conversion "therapy"

Sexual orientation and gender identity are NOT things that need reversal. Its 2019, we know better than this. Conversion "therapy" isnt a psychological treatment or resource, it's disgusting abuse. Ban all practices of conversion "therapy" ASAP.

Commenter: MARIANNE MAZZATENTA

12/10/19 11:27 pm

Protect Parental Rights by opposing Guidance Document (85-7)

Please *protect* Parental Rights by opposing Guidance Document (85-7). A few points to remember:

- Parents are closest to their children's challenges and in the best position to ensure their well-being.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Jim Best / President Floyd PFLAG

12/10/19 11:37 pm

The purpose of Licensure is to prevent fraud and set a high standard for public services.

Evidence-based practice is the result of requiring empirical data for a positive outcome. Conversion therapy does not qualify for either, lacking both practice or training models and lacks empirical data to substantiate that practice. If there are no criteria for training one cannot qualify to be a professional deserving licensure in any field. Just because a parent wants to effect a change in their child does not mean that there is a reputable service provider for that change. All major national health, psychological, educational and social service associations attest to the unsubstantiated benefit at best and deadly effects at worst of conversion therapy. State regulatory boards must have evidence-based criteria, meet high standards of peer review and increase public confidence in a legitimate service by recognizing providers who meet clear professional standards. None of these criteria are met for conversion therapy. It must be outlawed for what it is: wishful thinking perpetuated by tradition and myth.

Commenter: Cynthia Clark

12/11/19 12:01 am

Please put an end to conversion therapy- wrong, damaging, evil

I am the mother of a gay son. He serves others in so many ways, he is a ray of light to the seniors and children he teaches. That anyone would think that he is damaged in any way is outrageous. He is intelligent, talented, compassionate, and the most kind and authentic person I know. He was taunted and ridiculed in high school, and I didn't find out until much later. Those who think conversion therapy is an option is seriously troubled. Someone so afraid of something they don't understand are ones who need help. Please put an end to this horrific practice.

Commenter: Marie Sibenik

12/11/19 12:39 am

I have a gay cousin. And have met someone who underwent a sex change they regret having

"Conversion" therapy is not what the gay community says it is when practiced by ethical therapists. Children's sexual identity is very fluid in childhood and early teens. Because this is true, children and their parents deserve the chance to receive counseling that will enable them to be comfortable

with their biological sex. Conversion therapy is not used to teach children that being gay is bad, but that they should wait to make sexual decisions until this period of fluidity has passed and that there are many negative social and sometimes medical problems for those who choose to identify themselves as lesbian, gay, queer, transsexual, etc. and live that lifestyle. I love my cousin dearly, but she has indeed had some of these problems.

Children and even adults make decisions that they regret later in life. In the 70's I met a woman who transitioned to manhood that person was one of the first in Virginia to do so, and he told me that he wished that he had never done so. For privacy concerns I will not reveal the Gynecologist doctor's name in whose office I met him nor his name.

The bottom line is that parents deserve to be supported in selecting counseling done by a licensed counselor whom they deem appropriate for their children.

Commenter: Rosa Malagisi

12/11/19 2:13 am

why is this even still a thing?!

NOBODY should EVER be shamed by a ANYBODY into thinking that who they are is wrong. Everybody should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

This world is already messed up enough trying to grow up and "fit in" without also having to always feel like you're less than for no reason.

Commenter: Grace Lawton

12/11/19 2:29 am

Conversion therapy is a violation of basic human rights

Commenter: Heather Hanly

12/11/19 3:10 am

pls ban conversion therapy

Please ban conversion therapy. It is abuse and must be categorized that way. It is inhumane.

Commenter: k danowski

12/11/19 3:37 am

"conversion therapy" is torture

To Whom It May Concern:

Ban the discredited and unscientific practice of "conversion therapy." Research has clearly demonstrated that both sexual orientation and gender identity are innate and cannot be changed. Major professional associations, such as the AMA, APA, ASA, AAP, oppose "conversion therapy." Even the UN considers this practice a human rights violation.

- This guidance will protect youth from "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a "mental illness" that needs to be cured – a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a "mental illness," and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and suicide attempts.
- No person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, transgender, and questioning people.
- We can't allow one more person to be targeted and hurt by these dangerous and discredited practices.

Thank you.

Commenter: Nancy Archipoli

12/11/19 6:02 am

I support conversion therapy

Respect parental rights. I don't want the government's intrusion banning therapy of any type to those who seek it for themselves or for their children. Parents alone know what is best for their children.

Commenter: Jean Juárez

12/11/19 6:11 am

Conversion Therapy

Conversion Therapy is a dangerous, dehumanizing, and unsuccessful treatment that is best abolished now.

Commenter: Diane Ferrante

12/11/19 6:16 am

Protect Parents Primary Right to educate and counsel children.

Virginia needs to protect a parent's right to seek the counsel and/or education necessary for forming its children. This is a primary God-given right that cannot be violated to satisfy motives for politically correct and/or any other political agendas pertaining to trending movements.

Diane Ferrante

Commenter: B. McDermott

12/11/19 6:27 am

Archaic practice that causes harm!

Conversion (reparative) therapy has been in the news quite a lot these days. So much so, that the scientific and medical communities have taken it upon themselves to study and research its effects on the person being subjected to it. Both the scientific and medical communities have come to the (rightful) conclusion that this type of "therapy" is detrimental to the person being subjected to it. Statistics have shown that those who have been forced into this therapy have a much higher rate of suicidal ideation, and completed suicide. It has also been shown that this type of "therapy" causes an increase in mental health issues over all among those who are subjected to it. Further studies have shown that in the end, it doesn't change the person, it doesn't "make them straight". Allowing anyone to be licensed to force their religious beliefs (most times this "therapy" is religiously based) onto another person, especially a minor, is a violation of that person's rights. Science has also proven that being LGBTQ isn't a choice, but that people are born that way. If God created all in His image, then why would you want to license people to try to change what God made so beautifully and perfectly? BAN CONVERSION "THERAPY"!!!! It's killing Virginia's kids and doing irreparable harm to families!

Commenter: Theresa Gullo

12/11/19 6:33 am

Conversion Therapy

I support banning the practice of conversion therapy in Virginia

Commenter: Dr. Leanne Heaton

12/11/19 6:34 am

Support the ban on conversion therapy

Conversion therapy is a discredited practice in the scientific community. It is based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured. These practices use rejection, shame, and psychological abuse to force young people to try and change who they are. They are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. They should seek to repair family relations through scientifically sound family acceptance practices. Affirming practices have a scientific basis. Please vote to ban conversion therapy.

Commenter: Lindsay Rooney

12/11/19 6:36 am

Protect Parental Rights, Oppose Ban on Therapy Choice

I oppose the ban proposed in this document. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children. This proposal would deny families the freedom to seek out counseling aligned with their faith. Taking away the ability for patients to seek out all licensed therapists with years of education and experience is not only not fair to those professionals who sought and obtained licensure through the proper procedures, but it also removes choice from the process of helping patients work through their physical, mental, and emotional struggles.

Commenter: Casey B Martinez

12/11/19 6:58 am

Ban conversion therapy

Please support the ban on conversion therapy. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

They are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

These practices actually do harm, and have been proven ineffective, and there are actual studies that prove it.

By banning them, you would be helping to protect young people from this useless, harmful practice.

Commenter: Michael Meszaros

12/11/19 7:21 am

Ban conversion therapy!

Conversion therapy is a joke. It damages the individual and is simply not grounded in reality. Pure and simple, it is prejudice.

Commenter: Elizabeth Spoth

12/11/19 7:29 am

Protect Parental Rights

Protect the rights of parents in VA who know their children best. Preserve the freedom to select treatment for their children that aligns with their faith.

Commenter: Tim Belton

12/11/19 7:36 am

So-called "Conversion Therapy" is malpractice

The harmful practice of so-called Sexual Orientation Conversion Therapy needs to be banned in our commonwealth. The whole thing has been discredited on numerous occasions and it results in many harmful and sometimes dangerous experiences for those who are subjected to it. The General Assembly must act to ban this discredited practice and penalize those medical or mental health professionals who might seek to continue harming their patients with this hateful practice; which is in my opinion, the very definition of malpractice.

Commenter: Hope Staton

12/11/19 7:37 am

It's Time to Protect Our Youth By Banning Conversion Therapy

First, let us be abundantly clear. **This is not a religious freedom or parenting rights issue.** Banning Conversion Therapy is about protecting minors and vulnerable members of our society and even saving lives. Conversion therapy is based on the dangerous and false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no legitimate scientific basis.

Suicide is already the 2nd leading cause of death in the 10-24-year-old age range (a tragic number that continues to grow) but according to the CDC's National Center for Injury Prevention and Control, gay/bisexual youth are three times more likely to consider suicide, and five times more likely to attempt suicide than their peers. According to the Report of the 2015 U.S. Transgender Survey, 40% of transgender adults report having made a suicide attempt before age 25. In a 2009 article in the medical journal Pediatrics, gay/bisexual youth who come from highly rejecting families were reported to be 8.4 times more likely to have attempted suicide than gay/bisexual youth who report no or low levels of family rejection. Multiple medical and scientific studies confirm that Conversion Therapy increases the risk of suicide, particularly in children.

Supporting this ban protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

As a youth minister with the Bridgewater Church of the Brethren, I firmly believe that no young person should ever be demeaned by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for all young people no matter how they identify. Navigating adolescence is already tough enough without allowing what amounts to State-sanctioned shaming. Our children deserve better from us.

Commenter: Mike Mondoro

12/11/19 7:45 am

Fundamental Parental Rights

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Commenter: Dr. Ted Williams

12/11/19 8:04 am

Do not ban conversion therapy

I support conversion therapy from qualified therapists. Many who wish to be free from their homosexual relationships find their only hope in the therapy offered by qualified, compassionate counselors. Please do not reject those who seek positive change in their lives through the proper intervention of these qualified therapists.

Commenter: Joel Kocomo

12/11/19 8:09 am

Will Not Stand Under a Court Challenge

This is a violation of freedom of speech.....

Commenter: Robert Luong, Cocerned Citizen

12/11/19 8:15 am

Conversion Therapy is Harmful

Hello,

How are you?

My name is Robert. I am a citizen of Prince William Country.

Conversion Therapy is harmful and terrifying. It also more doors open for abuse and leaves the child with a mental scaring and sometimes a cracked psyche. It's horrible, inhumane and is similar to a communist re-education camp. It opens door for parents to be psychically, mentally and other forms of abuse I can. Or bring myself to say. It also validated a toxic parent's view that any form of abuse is okay due to conversion therapy and it's practitioners view on homosexuality.

Homosexuality is commonly found in mammals and other animals and is a naturally occurring thing in nature. Penguins are a good example. They're often in same sex relationships and go one to adopt eggs that have been abandon due to their heterosexual counterparts that didn't think the egg would survive.

Same sex couples have existed in indigenous relationships and long ago before modern day.

Conversion therapy shouldn't be legal, people have died from it. People have chose to take their own life from the mental abuse and the shame of conversion therapy.

We are losing future mothers and future father who are three times more likely to adopt them their peers. We're losing adoptive parents each time a person take their life because of the mental abuse they had to endure in Conversions therapy.

Conversion Therapy is a re-education camp that is toxic, violent, unhealthy, mentally damaging, that opens up doors from abuse from parents.

That causes lasting effects that lead to self harm and even suicide.

it should be practice. It's unethical, immoral, in-humane, and against Human Rights.

Commenter: Michael Woods

12/11/19 8:22 am

Oppose the ban

As a parent of four and grandparent of ten I believe that a parent is best suited to determine the best treatment for their minor children. Placing a ban on possible actions is a violation of a parent's rights and duty toward their, not the government's, children.

Commenter: Mallory Graydon

12/11/19 8:38 am

Conversion therapy is harmful and should be banned

Conversion therapy—discredited attempts to coerce people into conforming to sexual and gender norms rather than embracing their natural selves—is harmful and should be banned. All the credible medical institutions agree that being LGBTQ is not, in and of itself, a disorder and that

attempts to "cure" people from these non-diseases might instead harm them. The canard that so-called conversion 'therapies' help anyone should be dismissed as the inversion of reality that they are: Proper care for persons questioning whether they are LGBTQ does not attempt to make them LGBTQ but to help them discover for themselves who they really are. It is coercive conversion therapy that attempts to push people into a pre-determined identity, using shame and guilt that can lead to depression and suicide. Stop legitimizing the quacks. Ban this harmful practice.

Commenter: Tommy Lo

12/11/19 8:39 am

Conversion Therapy is all about HATE

Conversion therapy is misguided and wrong. It is rooted in hate. The "therapy" is targeted primarily at youth who are vulnerable. The effects of the "therapy" are terrible and inhumane. We should love and accept people for who they are rather than hating them and trying to change them. There is no room for this in a society that is compassionate and intelligent.

Regards,

Tommy Lo

Commenter: Anthony Caterine MD

12/11/19 8:47 am

psychiatrist with 30 + years of experience

In 1973 (46 years ago) the American Psychiatric Association made a resolution to state clearly that homosexuality is not a mental illness. My 30 years of experience treating psychiatric patients supports this experience. I have seen no evidence that people who are homosexual are distressed due to the homosexuality itself but only by the uninformed prejudice they suffer from others. I have seen many patients that were harmed by parents not accepting their homosexuality which is a core part of who they are. I have never seen someone who underwent successful conversion therapy and was happier for it. I would ask people to imagine if they were adopted at a young age by homosexual parents and they were heterosexual and their parents sent them to someone to change them to be homosexual how that would feel. But this hypothetical has never happened in my experience. Government has had to protect the rights of minors over their parents rights many times before - good example being that adult Jehovahs Witness believers right to refuse blood transfusion based on their religious beliefs did not transfer to refusing blood for the children. We don't allow parents to abuse their children just because they are their parents and conversion therapy in my professional opinion should be considered a form of abuse.

Commenter: Christine Robinson

12/11/19 8:56 am

Attempts to change SOGIE of minors is religious indoctrination, and is NOT Therapy

STOP CALLING IT THERAPY.

Attempts to change the sexual orientation and/or gender identity and/or gender expression of minors is not therapy.

When this is done by health practitioners, it almost always attempted through religious indoctrination and it is definitely NOT therapy. This should be banned by ALL health professional associations, including religious ones AND it should be illegal.

Commenter: HBuck

12/11/19 9:04 am

Oppose Guidance Document 85-7

This Guidance Document would prevent doctors, nurses and therapists (the experts) from practicing anything that does not validate and affirm the gender identity of a patient, even if they believe that previous trauma, developmental challenges or other mental health issues are the underlying cause of the patient's distress. This Document would also prevent parents from receiving unbiased, clinical care for their children. In short, this regulatory ban would infringe:

- The fundamental rights of parents to care for their children;
- Freedom of Speech and Free Exercise of Religion under the First Amendment; and
- Limits on regulatory authority that ensure conformity with the General Assembly's decisions.

12/11/19 9:06 am

Commenter: A. Claassen

Opposition to "conversion therapy"

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Maria Gullickson

12/11/19 9:21 am

Ban Conversion Therapy

Conversion Therapy has been shown to be incredibly harmful and greatly increases suicide rates. It is essentially abuse. Please ban this dangerous practice.

Commenter: John Wilson

12/11/19 9:31 am

conversion therapy

Ban all forms of conversion therapy. It is harmful and misguided

Commenter: A Francis Guidarelli

12/11/19 9:43 am

Do not ban therapy that addresses sexual orientation

Parents have the absolute right to protect the health & well being of their children. This right includes seeking therapy for children who experience difficulty with their sexual orientation. The government has no right to determine what therapy a parent may or may not choose for a child. This proposed ban on therapy that addresses sexual orientation also violates the religious freedom of Virginians who seek help in addressing their proper relationship with God and with their fellow human beings. We all have the right to strengthen, with counseling if we so choose, our understanding of ourselves and of our human nature as male and female, as men and women, and has human persons in society with others.

Commenter: Simon Joyce

12/11/19 9:46 am

Ban Conversion Therapy

As an educator and the parent of an LGBTQ+ child, I strongly support legislation to outlaw the practice of "conversion therapy." These practices are without scientific foundation, relying on outdated and harmfully stigmatizing ideas about homosexuality and gender identity. There is ample testimony from survivors of such programs that they cause incredible harm to vulnerable children who are often forced to endure these "therapeutic" practices by unsympathetic parents and faith groups, and also that they don't actually work to accomplish their misguided goals; instead, they can lead to increased depression, diminished self-esteem, and self-harm. "Conversion therapy" has no place in a modern, tolerant society.

Commenter: Shana Moore

12/11/19 9:50 am

Conversion is brainwashing NOT therapy

The practice of conversion "therapy" is brainwashing, not therapy. It is one group of people forcing their morals on an individual, repressing who that person IS, to appease someone else's public and superficial morality. This is not humane, nor is it necessary. Science proves that diversity is necessary and natural for the best survival of a species. Our Constitution supports diversity and the right to our own pursuit of happiness. Our Commonwealth is stronger and better able to function with many voices. Do not support, condone, or legalize this travesty parading as medicine...this practice has been being discredited and proven harmful. End Conversion Therapy.

Commenter: Shana Moore

12/11/19 9:51 am

Conversion is brainwashing NOT therapy

The practice of conversion "therapy" is brainwashing, not therapy. It is one group of people forcing their morals on an individual, repressing who that person IS, to appease someone else's public and superficial morality. This is not humane, nor is it necessary. Science proves that diversity is necessary and natural for the best survival of a species. Our Constitution supports diversity and the right to our own pursuit of happiness. Our Commonwealth is stronger and better able to function with many voices. Do not support, condone, or legalize this travesty parading as medicine...this practice has been being discredited and proven harmful. End Conversion Therapy.

Commenter: Sabrina Barry, veterinarian

12/11/19 9:54 am

Not an acceptable practice

I am a resident of the Commonwealth and I do not think conversion therapy is an acceptable practice.

Commenter: Jason Shriner

12/11/19 10:29 am

Conversion therapy is torture

I am a long time resident of Virginia and grew up here in Prince William County as a gay man. I started one of the first Gay Straight Alliances in our county when I was in high school and as part of my activism I am a youth facilitator for our PFLAG community group here in the county.

Simply put, conversion "therapy" is torture. Queer folks should not have to change who we are in order to be accepted by anybody and all conversion "therapy" aims to do is try to change an immutable characteristic through trauma.

Accepting myself and finding supportive friends within my community has been what I've needed to become the successful person I am today. We need to focus our efforts on creating support networks and ending dangerous toxic beliefs that cause harm - especially to young people.

Commenter: Joann

12/11/19 10:47 am

Safeguard Parental Rights / Responsibilities

Parents are closest to their children and their challenges which puts them best position to ensure their wellbeing. Parents have the fundamental right / responsibility to make decisions regarding the upbringing, education and care of their children. Individuals may have attractions they desire to understand, accept, moderate or change and there must be options for families and individuals to seek counseling to address these issues. Licensed medical professions should not be removed from the process of helping people work through their physical, mental and emotional struggles.

Commenter: BMC

12/11/19 10:47 am

I oppose the proposed ban

When children have unwanted same-sex or mixed-sex attractions, they and their families should be free to seek medical counseling toward the resolutions they desire. Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

Parents are closest to their children's challenges and in the best position to ensure their wellbeing. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

The proposal would deny families the freedom to seek counseling aligned with their faith.

Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Virginia Resident

12/11/19 11:04 am

In Opposition to the Guidance Document

- ~~Parents are closest to their children's challenges and in the best position to ensure their wellbeing.~~
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Please also note Supreme Court Precedent of Meyer v. Nebraska and Pierce v. Society of Sisters.

Commenter: melissa terrell

12/11/19 11:08 am

Why is Conversion Therapy even a thing

In the infamous words of Lady Gaga: "baby, I was born this way." I can't even believe that conversion therapy is even considered remotely okay. There is not one shred of evidence that it does anything more than scar someone's psyche for life.

Commenter: Mary Hazzard

12/11/19 11:30 am

Oppose Guidance Document 85-7

Commenter: Janet Paisley, LCSW

12/11/19 12:13 pm

Ban "Conversion Therapy"

I have been practicing as a Licensed Clinical Social Worker for 30 years, and have always upheld the standards and ethics of my profession. Human rights and dignity are foundation in any legitimate therapy.

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Thank you. Janet Paisley, LCSW

Commenter: Mary Yasenchak

12/11/19 12:17 pm

Ban Conversion Therapy

Commenter: Roland Winston

12/11/19 12:19 pm

Ban Conversion Therapy on Minors

Conversion Therapy is a dangerous and discredited practice. It is driven by manipulative, controlling bigotry of some based on religious belief, has been rejected by every mainstream mental health and medical organization. The practice has been proven to lead to health risks including anxiety, depression, substance abuse, homelessness and suicide. The real horror is that only licensed practitioners can be regulated. Conversion Therapy by licensed practitioners must be banned!

Commenter: Rev. Nicolas Johnston

12/11/19 12:25 pm

Conversion therapy exploits vulnerable children and defrauds parents

Conversion therapy promises the impossible- that gender identity and sexual orientation can be changed, when the bulk of scientific evidence indicates that this is not true. Conversion therapy harms and exploits vulnerable kids and their families. LGBTQ children aren't broken, and they don't need to be fixed.

Commenter: Kimberly Staton, BSW, RN

12/11/19 12:33 pm

Ban Conversion Therapy

I am writing in favor of banning conversion therapy. Conversion therapy is based on the false premise that sexual preference and gender identity are malleable characteristics. Caution is advised when defining conversion therapy as a "parental rights" issue, especially when parental rights are coming from a desire for absolute authority coupled with wishful thinking and no forethought or understanding of the likely long-term damage that can be caused. Banning conversion therapy does not preclude a patient's prerogative to seek therapy for their own discomfort and dysphoria resulting from their sexual preference and/or gender identity. The APA and Board of Medicine's time and talent could be more effectively used in helping the community at large (including parents, educators and religious leaders) explore and come to terms with their own discomfort and dysphoria around others' sexuality and gender issues.

Commenter: Floyd Taylor

12/11/19 1:01 pm

Ban Conversion Therapy

The Board of Medicine must follow the scientific consensus that conversion therapy has no place in medical practice and must be banned. The guidance document lists several major professional organizations that supporting banning conversion therapy. Others not listed include American Academy of Family Physicians, the American Academy of Nursing, the American Association of Sexuality Educators, Counselors, and Therapists, the American Counselling Association, the American Medical Student Association, the American Psychoanalytic Association, the Clinical Social Work Association, and the American Psychological Association. Not one medically and scientifically recognized organization supports conversion therapy. The Board of Medicine must follow the pure scientific and medical agreement -- ban conversion therapy. To do otherwise would be akin to allowing someone for religious grounds to use Laetrile for cancer therapy. You must ban conversion therapy.

Commenter: Melissa Howell, MS, Resident in Counseling

12/11/19 1:03 pm

Ban Conversion Therapy

Conversion "therapy" is the antithesis of therapy. Carl Rogers core conditions for therapy include unconditional positive regard. The American Counseling Association opposes conversion therapy, "it does not work, can cause harm, and violates our Code of Ethics."

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Thank you for your consideration.

Melissa D. Howell, MS, Resident in Counseling

Commenter: Roger & Mary RITTER

12/11/19 1:09 pm

Parental Rights

We support the rights of Virginia parents to choose age-appropriate counseling and therapy for their children, in accordance with their religious beliefs. We are concerned that a ban on "conversion therapy" would contravene parental rights, so that any form of religious counseling could be prohibited. We see the proposed ban as part of a concerted attack on our Catholic Faith and its moral teachings.

Commenter: Jesse Daniel

12/11/19 1:20 pm

Ban Conversion Therapy

This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Erin

12/11/19 1:56 pm

Oppose...This amendment is not a finished product (READ ON FOR MORE INFORMATION)

Of course, you cannot force someone to become heterosexual. However, to take away someone's rights to find therapies that do work and are in accordance with one's faith is unconstitutional. God bless you all!

Commenter: B. Borzino

12/11/19 2:03 pm

Oppose the Proposed Regulation

I oppose the proposed ban of counseling for both minors and adults. This proposed regulation would infringe the fundamental right of parents to care for their children and violate freedom of speech and free exercise of religion. Parents are closest to their children's challenges and in the best position to ensure their wellbeing. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision. Furthermore, this proposal would deny families the freedom to seek counseling aligned with their faith. Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Mary Biagiotti

12/11/19 2:26 pm

Parents have the fundamental right to make decisions regarding the care of their children

Commenter: Brittany Bogle

12/11/19 2:37 pm

Ban Conversation "Therapy"

"Conversation therapy" is a dangerous and discredited practice aimed at changing one's sexual orientation or gender identity. I support the measure to ban "conversation therapy". There is no scientific data to support the efficacy of such a practice. In fact, evidence to the contrary suggests that individuals suffering through "conversation therapy" may experience deleterious physical and psychological effects. Therapeutic interventions should be based on a demonstrated history of efficacy and adhere to one of the basic tenants of the health care profession, to "do no harm." Even those who claim, "the ends justify the means" must recognize the inherent harm that is being perpetrated against the victims who are forced to undergo "conversation therapy interventions." The "therapy" in and of itself is centered on the application of painful and uncomfortable stimuli, both physical and psychological, to an individual. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

I recognize that some oppose the ban in favor of protection of parents' rights to educate their children without interference or regulation from the government. However, I question the degree to which "conversation therapy" is different from circumstances under which a health professional would be required to make a mandated report or in which an educational practitioner would intervene. For example, as a mandated reporter, if a child reports that they experienced physical conditions comparable to those employed in "conversation therapy", such as electric shock to hands and/or genitals or nausea-inducing drugs concurrently with homoerotic stimuli, one would make a report to the state's child protective services, as we know these actions are harmful to the child. Additionally, if an educational practitioner witnessed a child being subjected to psychological group pressures, asserting that the child is somehow mentally-ill or morally flawed, the practitioner would be required to intervene in order to thwart instances of bullying; as we know the effects from treatment like this can lead to harmful psychological effects. If we recognize these actions as harmful in one setting, what qualifies them as acceptable in another? No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Alexis Mazzocco

12/11/19 2:39 pm

Oppose Guidance Document 85-7

Parents and medical professionals should decide what is best for our children!

Commenter: M.C.Y.

12/11/19 2:40 pm

Please reject 85-7

I believe that because parents naturally understand their children better than anyone else, they should be the ones to make decisions about their child's wellbeing, and in fact, they have a right in this state to do so in raising and educating their children. Furthermore, those who want to seek the counseling or therapy dealt with in this document should have the right and freedom to explore all their options, including counseling or therapy. However, that right and freedom is denied by this proposal. Those who want to work through their struggles, be they physical, mental, or emotional, should have the option to consult and receive help from experienced and educated licensed medical professionals, including those who perform this kind of counseling or therapy. Therefore, as a citizen of the Commonwealth of Virginia, I respectfully ask that the Virginia Board of Medicine reject Guidance Document 85-7.

Commenter: Peggy Palizzi

12/11/19 3:03 pm

Parents' choice

Virginia parents should have the right to choose the counseling they deem best for their child.

Commenter: Commonwealth Citizen

12/11/19 3:13 pm

Conversion "Therapy"

Please tread very carefully in looking to regulate this proposed process. Medicine for children must be thought through and leverage all long term studies for both medical and psychological benefit. It is much to early for government mandates when the science has no quality long term studies (peer reviewed, etc.) to make an informed decision.

Commenter: Elizabeth Florek

12/11/19 3:18 pm

Ban conversion therapy

I'm sick of restating the obvious over and over again, but conversion therapy is medically disproven and the practice should not be allowed in Virginia.

Also, vaccinate your kids.

Commenter: Cole Mallard

12/11/19 3:40 pm

Rights of parents and children

Let parents, children, and youth, obtain help from a professional -- why not.

And let's stop ignoring harmful contaminants that might be causing homosexuality.

An important factor which should be looked at in the LGBTQ populations, is the adverse effects of BPA. In a 2014 report by the National Institutes of Health, "BPA has been found to produce several defects in the embryo, such as feminization of male fetuses, [and] atrophy of the testes ..." --National Institutes of Health

Adverse effects of BPA on male reproductive function

Manfo FP1, Jubendradass R, Nantia EA, Moundipa PF, Mathur PP; *Rev Environ Contam Toxicol.* 2014;228:57-62. doi: 10.1007/978-3-319-01619-1_3. Author information

Abstract

BPA is a ubiquitous environmental contaminant, resulting mainly from manufacturing, use or disposal of plastics of which it is a component, and the degradation of industrial plastic-related wastes.

Growing evidence from research on laboratory animals, wildlife, and humans supports the view that BPA produces an endocrine disrupting effect which can adversely affect male reproductive function.

Therefore, it is important to realize that "gay" men may be suffering from exposure to this contaminant.

I guess what I want to point out here is that homosexuality is not a "natural" tendency.

Why don't we explore further and come to understand what is interfering with the bodies hormone levels.

Commenter: Kristen Tully

12/11/19 3:42 pm

Support of Guidance on Ban of Conversion Therapy

"Conversion therapy" is a harmful and barbaric practice rooted in homophobia. There is no proof that so called "conversion therapy" works and the practice is widely disputed by multiple national and state mental health and public health agencies. Banning conversion therapy as a practice for

licensed professionals is the right thing to do. The LGBT community has suffered enough, it now needs to see that Virginia and the Board of Medicine is behind them.

Commenter: Jeanne Sause

12/11/19 3:43 pm

Parent's Rights

Parents are closest to their children's challenges and in the best position to ensure their wellbeing.

Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Christina Riebeling, PhD., Licensed Clinical Psychologist

12/11/19 3:52 pm

Support Ban on Conversion Therapy

I strongly support adopting a ban on conversion therapy. Conversion therapy is widely regarded by mental health professionals as dangerous and discredited. Sexual minorities are not mentally ill and should never be subjected to "therapy" that uses rejection, shame and emotional abuse to try to change who they are. Young people need protection from this harmful practice, which has no place in the skill set of a mental health professional. Rather, mental health professionals should provide ethical and affirming care for lesbian, gay, bisexual and transgender people.

Commenter: Irene Reisinger

12/11/19 3:59 pm

Parents and Gender Discussions with their Children

Parental rights should never be violated. This bill tramples on the rights of parents and tries to push an agenda which goes against the mores of Catholic parents. This agenda being endorsed by those who have power should never be helped by preventing parents from teaching their own children morality. I can't believe you are trying to silence parents.

Commenter: M. Kapp, MSW

12/11/19 4:09 pm

Reject 85-7

I strongly reject any sort of ban on therapy that might truly help a child through a tough time in their life.

I do reject injections, operations that permanently mutilate, artificial hormones (possibly cancer causing), drugs approved for prostate cancer that cause permanent damage to bone and brain health...

I believe children should learn to love the body that they are in, whether big or tall, short or small, no matter the color, or gender.

Commenter: Shirley Hedeem

12/11/19 4:21 pm

Ban Conversion Therapy

As a constituent of Virginia, I ask that you ban conversion therapy in our state. This "therapeutic" method is outdated, ineffectual and only causes harm to the person who is subjected to its practice. Individuals have been forced into this therapy and have been told that who they are is wrong and they are not worthy of God's love or anyone's for that matter. This only belittles one of God's greatest creations, His child. Please ban this atrocity.

Commenter: Katherine Drummond

12/11/19 4:26 pm

Ban conversion therapy!

please ban this horribly abusive practice. It leads to higher rates of suicide and discriminated against the LGBTQ+ community!

Commenter: Julie Miles RN

12/11/19 4:33 pm

Ban Conversion Therapy

As a Registered Nurse, I urge you to ban Conversion Therapy. It is antiquated and is not an Evidence Based Practice. I consider it an abusive act.

Commenter: John Buczacki

12/11/19 4:37 pm

Ban Conversion Therapy

My wife and I having raised 5 children in Fairfax County are opposed to Conversion Therapy. Parents are closest to their children's challenges and in the best position to ensure their well being. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Commenter: Peter Sprigg, Family Research Council

12/11/19 5:02 pm

Oppose Guidance Document 85-7 on "Conversion

Commenter: Peter Sprigg, Family Research Council

12/11/19 5:16 pm

Oppose Guidance Document 85-7 on "Conversion Therapy"

To: Virginia Board of Medicine

From: Peter Sprigg, Senior Fellow for Policy Studies, Family Research Council (Washington, D.C.)

Re: Oppose Guidance Document 85-7, "Guidance Document on the Practice of Conversion Therapy"

<https://townhall.virginia.gov/L/GDocForum.cfm?GDocForumID=165>

Date: December 11, 2019

I write in *opposition* to the proposed "Guidance Document on the Practice of Conversion Therapy," and urge the Board *not* to adopt this policy.

Policy Statements are not Science

The guidance document is correct in stating, "Leading professional medical and mental health associations have issued position and policy statements regarding conversion therapy/sexual orientation change efforts . . ." However, "position and policy statements" are not the same as actual scientific findings. Unfortunately, "position and policy statements" are often the product of a highly-politicized process that is not representative of the professional population for whom they claim to speak.

Consider the first organization cited in the guidance document, the American Medical Association (AMA). According to a 2012 media report, there are 1.2 million physicians and medical students in the United States. Only 17% (217,490) are members of the AMA.[1] (The AMA claims "approximately 250 thousand members" as of December 31, 2018.[2]) Furthermore, AMA "position and policy statements" are not voted on by their entire membership, but rather adopted by a "House of Delegates" which consists of only 640 members as of June 2019.[3] That means only one-quarter of one percent of all AMA members—and only a little more than one in every two thousand U.S. doctors—approve AMA position and policy statements.

The AMA press release announcing the new House of Delegates policy stated, "The AMA heard testimony, including first-hand accounts, regarding the significant harms triggered by conversion therapy . . ." Unfortunately, it has been documented that such "first-hand accounts" by LGBT activists are often implausible[4] and sometimes demonstrably fabricated.[5] What was *not* included in the AMA press release was any indication that the organization had undertaken a systematic review of the scientific evidence regarding either the effectiveness of sexual orientation change efforts (SOCE) or their alleged harms.

Concessions by the American Psychological Association

By contrast, the American Psychological Association (APA) did undertake a systematic review ten years ago. Although the resulting task force report was critical of SOCE, it *did not call for legislative or regulatory restrictions* on the practice. In fact, the APA made concessions that *undermine* the case for government intervention.[6] For example:

1) Opposition to SOCE is based on the belief that people are born gay as a result of a "gay gene" or some other biological factor present at birth.

However, the APA admits that "there is no consensus among scientists" about what causes homosexuality, and that "nurture" may play a role.[7]

2) Opposition to SOCE is based on the belief that sexual orientation is fixed and unchangeable.

However, the APA has acknowledged that "for some, sexual orientation identity . . . is fluid or has an indefinite outcome." [8]

3) Opposition to SOCE, especially for children and adolescents, is based on the belief that individuals, especially children or adolescents, are often coerced into undergoing therapy (e.g., by parents).

However, the APA acknowledges that some people, including children and adolescents, may experience "distress" about having same-sex attractions and consider such feelings to be unwanted.[9]

The APA has also acknowledged that concerns about potential coercion could be mitigated by implementing a system of "developmentally appropriate informed consent to treatment." [10]

4) Most of the therapy bans that have been enacted or proposed are specifically targeted at minor clients.

However, the APA acknowledges that there has been virtually *no* actual research done on SOCE with children or adolescents.[11]

5) Opposition to SOCE is premised on the belief that it has no benefits for the clients who undertake it.

However, the APA acknowledged, "Some individuals perceived that they had benefited from SOCE . . ."[12]

6) Opposition to SOCE is based on the claim that it is always (or at least usually) harmful to clients.

However, the APA admits that there is *no* "valid causal evidence" that SOCE is harmful.[13]

7) The APA acknowledges that licensed mental health providers (LMHP) should "respect a person's (client's) right to self-determination," allow the client to choose her or his own goals, and "be sensitive to the client's . . . religion." [14]

However, legislative or regulatory restrictions on SOCE *directly violate* this core ethical principle of client self-determination.

A Literature Reviews of Studies Alleged to Show Harm from SOCE

When a recently-published book included an appendix titled, "Peer-Reviewed Journal Articles and Academic Books on 'Conversion Therapy' Outcomes that Include Measures of Harm," [15] I set out to do a literature review (soon to be published) of this list of 79 sources.[16] I discovered that a number of them make no reference to SOCE being harmful at all—it is inexplicable how they ended up on such a list. Of the remainder, approximately half are literature reviews or opinion pieces—not studies of actual SOCE participants.

All the entries that did study SOCE participants had significant methodological weaknesses, such as a lack of random sampling. Almost all of these studies represent anecdotal evidence only (via retrospective self-reports). *Only one* of the 79 sources used the gold-standard social science technique of a prospective and longitudinal design (that is, enrolling subjects at the beginning of or early in their therapy experience and interviewing the same individuals at different points in time to identify changes). That study found,

"The attempt to change sexual orientation *did not* appear to be harmful on average for these participants. The only statistically significant trends that emerged . . . indicated *improving* psychological symptoms . . ." (emphasis added).[17]

The most frequently cited article purporting to find harm from SOCE is a 2002 article by Shidlo and Schroeder.[18] They asked respondents if they felt that "this counseling harmed you or had a negative effect," and then followed up with a checklist of symptom areas. Oddly, the authors said in their article, "We do not report here on the frequency of responses to these items." Because of this "qualitative" approach, the authors explicitly acknowledge,

"The data presented in this article do not provide information on the incidence and the prevalence of failure, success, harm, help, or ethical violations in conversion therapy."

Ironically, the one number that was reported—suicide attempts—showed that 25 participants had attempted suicide *before* "conversion therapy," but only 11 had done so *after* such therapy.[19] This would seem to suggest that SOCE is effective at *reducing* the risk of suicide, rather than increasing it as is sometimes alleged.

Conclusion

The evidence compiled so far regarding SOCE is either scientifically inconclusive or suggests that SOCE benefits those who seek treatment. It indicates a need for better and more extensive research on SOCE outcomes and techniques. The current state of research provides no valid scientific support for a draconian legislative or regulatory policy that would infringe upon the freedom of both clients and therapists to pursue the voluntary goal of sexual orientation change.

Unelected government officials should not insert themselves into the doctor/patient relationship, especially when relying on the politicized "policy statements" issued by a tiny minority of health professionals—statements that are unsupported by research and that are heavily qualified or even contradicted by the APA. I urge you *not* to adopt the proposed "Guidance Document on the Practice of Conversion Therapy."

[1] Emily P. Walker, "AMA Makes Small Gain in Membership," *MedPage Today*, June 17, 2012; online at:

<https://www.medpagetoday.com/meetingcoverage/ama/33320>.

[2] American Medical Association, "2018 Annual Report," online at:

<https://www.ama-assn.org/system/files/2019-07/annual-report-2018.pdf>.

[3] American Medical Association, "Delegates & federation societies," online at:

<https://www.ama-assn.org/hod-delegates/hod-organization/delegates-federation-societies> (accessed December 10, 2019).

[4] Peter Sprigg, "New York Times Spreads Fake News About Sexual Orientation Therapy," *FRC Blog*, January 30, 2018; online at:

<https://www.frcblog.com/2018/01/new-york-times-spreads-fake-news-about-sexual-orientation-therapy/>.

[5] Christopher Doyle, "Transgendered 'woman' lies about therapy 'torture,'" *WorldNetDaily*, March 21, 2013; online at: <https://www.wnd.com/2013/03/transgendered-woman-lies-about-therapy-torture/>.

[6] A more detailed version of this analysis can be found in: Peter Sprigg, "The Hidden Truth About Changing Sexual Orientation: Ten Ways Pro-LGBT Sources Undermine the Case for Therapy Bans," *Issue Analysis* (Washington, D.C.: Family Research Council, May 2018); online at: <https://downloads.frc.org/EF/EF18E83.PDF>.

[7] American Psychological Association, *Answers to Your Questions: For a Better Understanding of Sexual Orientation and Homosexuality* (2008), p. 2; online at: <http://www.apa.org/topics/lgb/orientation.pdf>.

[8] APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation* (Washington, DC: American Psychological Association, August 2009), p. 2; online at: <https://www.apa.org/pil/lgbt/resources/therapeutic-response.pdf>.

[9] *Ibid.*, p. 8.

[10] *Ibid.*, pp. 74, 79, 87.

[11] *Ibid.*, pp. 33, 72-73, 76.

[12] *Ibid.*, p. 3.

[13] *Ibid.*, p. 42.

[14] *Answers to Your Questions*, p. 3.

[15] "Appendix C: Measures of Harm: Peer-Reviewed Journal Articles and Academic Books on 'Conversion Therapy' Outcomes that Include Measures of Harm;" in Christopher Doyle, *The War on Psychotherapy: When Sexual Politics, Gender Ideology, and Mental Health Collide* (Manassas, VA: Institute for Healthy Families, 2019), pp. 365-74. The book's author says that he received this list from A. Lee Beckstead (p. 107); but it is unclear whether Beckstead himself compiled the list.

[16] Peter Sprigg, "The Search for Scientific Proof of 'Conversion Therapy' Harms: A Preliminary Report," unpublished PowerPoint presentation, December 5, 2019.

[17] Stanton L. Jones and Mark A. Yarhouse, "A Longitudinal Study of Attempted Religiously Mediated Sexual Orientation Change," *Journal of Sex & Marital Therapy* 37 (2011), pp. 404-427; online at:

<https://static1.squarespace.com/static/55efa8b5e4b0c21dd4f4d8ee/58ace57f725e2598015952b8/1487725953826/ContentServer+%2874%29.pdf>.

[18] Ariel Shidlo and Michael Schroeder, "Changing Sexual Orientation: A Consumers' Report," *Professional Psychology: Research and Practice* 33:3 (2002), 249-259. Full text available online at: <https://pdfs.semanticscholar.org/a8fa/f008ed1c74f105da2ddaf5d20172033e2d4a.pdf>.

[19] *Ibid.*

Commenter: Tom Field

12/11/19 5:27 pm

Conversion Therapy Is Torture

The techniques used in so-called "conversion therapy" amount to torture. Moreover, these techniques are ineffective, because sexual orientation is inborn -- like being left or right-handed. One can force people to write with their right hand, but that does not make them right-handed, which is why we no longer force lefties to write with their right hand.

Let's stop trying to force people to be something they are not.

Commenter: Sandy Downey

12/11/19 5:30 pm

Ban the practice of "conversion therapy"

"Conversion therapy" is a dangerous and discredited practice that is based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ+) is a mental illness that needs to be cured--a view with no scientific basis. These practices can lead to depression, decreased self-esteem, substance use, and suicide attempts, and must be stopped.

Commenter: Eileen McCabe

12/11/19 5:38 pm

Conversion Therapy is tantamount to torture

The phenomena of homosexuality, bisexuality and non-binary identification are as old as recorded history. It is only in the context of judeo-christian culture that it has become something shameful, something to be 'cured.' An individual may not be comfortable with this aspect of themselves, and they can choose to modify their own behavior accordingly. However, to subject an individual, particularly a minor to a 'treatment' that inflicts shame, mental abuse, drugs, and even shock therapy is not just inhumane, it is torture. It has driven some to suicide. It is not a medically sound process and should be banned. Parents and others who subject minors to this process should be charged with child abuse.

Commenter: Bib Rodgers

12/11/19 5:46 pm

Ban Conversion Therapy

The Commonwealth of Virginia should not allow conversion therapy. It is morally wrong and should be banned!

Commenter: Susan Jacobs

12/11/19 5:47 pm

Conversion Therapy

Conversion therapy is unacceptable and should not be allowed in Virginia. Please ensure this pseudo-science is banned forever.

Commenter: Ramsay Cogen

12/11/19 5:55 pm

Ban Conversion Therapy

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Leslie Anderson

12/11/19 5:56 pm

Support ban on conversion therapy

I am a mother of three children living in Virginia and I strongly encourage our state to take the necessary actions to protect our youth from conversion therapy. It is a dangerous and discredited practice, based on the false claim that being LGBTQ is a mental illness to be cured - a view with no scientific basis. As a mother, I will add that it is cruel and morally abject to try to influence a developing child by using tactics of rejection, shame, and psychological abuse with the intent of forcing him or her to change who they are. These are extremely dangerous practices for our youth and must be stopped; they can lead to depression, self-harm, and suicide.

Our state protects children, their families, and the values that keep our families strong. I'm proud to be a Virginian and look forward to seeing this important legislative change take place.

Thank you,

Leslie Anderson

Commenter: Nicolas Foster

12/11/19 6:17 pm

Ban conversion therapy

Ban this barbaric practice.

Commenter: Patrick Reilly

12/11/19 6:31 pm

Oppose Guidance Document 85-7

This ban is a violation of parental rights, without medical justification. Until the origins of homosexuality are known, and the psychiatric community is permitted to freely study the origins without APA restrictions, there can be no certainty that justifies government interference in parental choices to for the good of their children.

12/11/19 6:31 pm

Commenter: Robert Rigby, Jr., Fairfax County Public Schools Pride

Ban Conversion Therapy

Conversion therapy was the most destructive experience in my life. It is destructive by its very nature, with the practitioner reinforcing the notion that being LGBTQIA is in some way less than desirable. This practice seeks out the most vulnerable people in the LGBTQIA community, or their parents and tells them that something about them is "wrong." No ethical medical or mental health professional should engage in a "therapy" that is so intrinsically destructive; thus, the Board of Medicine should enact this guidance which spells out the unethical and improper nature of "conversion therapy."

Commenter: D Schwartz

12/11/19 7:22 pm

Ban Conversation Therapy

Banning conversion therapy is long overdue. It's a dangerous and discredited practice that tries to force individuals to change their sexual orientation or gender identify. The practice is based on a false claim with absolutely no scientific evidence that being LGBTQ is a mental illness that must be cured. The guidance helps protect youth from disreputable state-licensed therapists in VA who falsely claim to parents and youth that they can "cure" youth of being LGBTQ.

These practices are harmful. They rely on rejection, shame and psychological abuse to force youth to try to change who they are. In fact, these practices produce depression, decreased self-esteem, substance abuse, self-harm, and suicide attempts.

Mental health professionals should help youth, not harm them. We must ban conversation therapy so these discredited and harmful practices don't hurt even one more youth.

Commenter: T. Coley

12/11/19 7:33 pm

Ban Conversion Therapy

Conversion therapy is not therapy and is not science. It is torture and it does not convert anyone? This junk science needs to be banned before it injures another innocent child or teen.

Commenter: Susan King

12/11/19 7:43 pm

Conversion Therapy is Extremely Dangerous

Hello, I am writing to you to place a permanent ban on so-called "conversion therapy" - an unscientific practice based purely on repression, fear, and hate. Being lesbian, gay, bisexual, transgender, or queer are not mental illnesses!

Using conversion therapy is extremely dangerous leading to life long depression and suicide. No one - NO ONE - should be shamed for being who they are. By establishing a solid guidance that outlaws this practice, the state of Virginia shows that it has the best health and well being of all its citizens firmly in mind. It would also protect the most vulnerable from criminal manipulation by hack therapists. Please take the necessary steps to end this cruelty.

Thank you,

Susan King

Commenter: Adam Hoppe

12/11/19 8:02 pm

Guidance Document 85-7

Guidance Document 85-7 is a serious overreach of governmental authority and if enacted would impinge upon the first and second amendment freedoms of child patients, their parents, adult patients and medical providers.

Please drop this proposal.

Thank you

Commenter: David Dooley

12/11/19 8:02 pm

Ban Conversion Therapy

Conversion therapy is not needed. Please ban this harmful practice. Medical professionals have proven this is more harmful to the patient and their families.

Commenter: Tom Trykowski

12/11/19 8:19 pm

Preserve Parental Rights

Since under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children, banning conversion therapy would infringe on this right. This proposal would also deny families the freedom to seek counseling aligned with their religious beliefs.

Commenter: M. Crimmins

12/11/19 8:31 pm

Protect parents' right to guide their children — oppose the ban!

Commenter: Mrs Laura Brooks, parent, citizen

12/11/19 8:32 pm

Parental rights and families not to be usurped by Government

Parents know what is best for their children. Government infringes on the rights of parents when they dictate whether or not counseling or therapy, or what type, is to be pursued.

Commenter: RP

12/11/19 8:35 pm

Reject guidance document 85-7

The guidance document is vague & broadly worded and is intended to ban conversion therapy.

Please consider that parents are closest to their children's challenges and in the best position to ensure their wellbeing. Under VA law, parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children.

Young people and adults may have attractions they wish to change. Others may want medical counsel in choosing a particular therapy. Either case, options should be available for families or individuals to make informed decisions.

Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults address their physical, mental, and emotional struggles.

This guidance document would deny families or individuals the opportunity to seek counseling aligned with their faith.

Thank you for your consideration.

Commenter: M. Bannon, Virginia resident and parent

12/11/19 8:57 pm

Reject Guidance Document (85-7)

Guidance document 85-7 should be rejected. It seeks to replace parents with the State in matters it concerns. In doing that, it would restrict the personal liberty and freedom of Americans living in Virginia, which would be completely unacceptable. It would condemn freedom of speech, which would be completely unacceptable. And, it would replace religious beliefs with the dictates of the State, which also is completely unacceptable. Parents, not individuals outside the family, raise their children and make decisions for minors especially decisions that concern matters of faith. The State of Virginia is wrong to attempt to usurp parental authority in this area through its regulatory power. This guidance document should be rejected.

Commenter: Jenji C Learn

12/11/19 9:09 pm

You Hold Innocent Lives in the Palm of Your Hands. Protect Them. End this Pseudoscientific Sadism

I am a proud Virginian who was forced to leave my state as an adult because I believed it was not safe for me and I would never be able to prosper there... and because of the things I had lived through that were nothing but needless suffering. I believed that my state would not treat me with dignity and value my humanity and today, you have a chance to decide whether or not I was right to flee. But for me, the damage is done-- for so many innocent children going through the same struggles and fears... you have a chance to stop this evil and let them know that they are loved and cherished in Virginia and can make their home there one day. Or, you can abandon them to horror and depravity.

You can't even begin to understand the amount of harm that has been done by this evil; so many people with wounds that will never heal. It is a truly upside down world when people who claim to be concerned for children also claim the legal right to abuse and torment them if they don't turn out to be what you want them to be.

https://www.vice.com/en_us/article/pg7nq7/to-stop-trans-kids-from-killing-themselves-shocking-study-says-accept-them?utm_campaign=sharebutton

And then they will turn around and accuse the parents who love and accept their children as they were born to be "playing God" somehow. The existence of Trans and Intersex people is a natural phenomena that has been recorded in one way or another across the world for all of human history, and now our scientific understanding of it is growing by leaps and bounds year after year.

<https://scopeblog.stanford.edu/2015/02/24/sex-biology-redefined-genes-dont-indicate-binary-sexes/>

<https://www.dailymail.co.uk/news/article-5516745/Scientists-uncover-20-genes-linked-transgender.html>

<https://academic.oup.com/jcem/article/104/2/390/5104458?fbclid=IwAR3sxSipdU8sNjm5thyL2Up1MZNYTBd5uZyl5svgPx8YLGNg1d8bzFZwwU>

This misbegotten and so-called "conversion therapy" is born of totally debunked psychoanalytic notions of human sexuality and identity based on Freudian quackery and rises out of the efforts to so-called "assign" a sex to intersex children by coercively performing genitoplasty procedures on them as infants and then lying and gaslighting them about and aggressively trying to "program" and "condition" to identify the "right" way. And the same monsters claim they have a right to apply those same grotesque and abusive and sadistic "programming" methods to "cure" LGBT children as well.

https://www.huffpost.com/entry/doctors-resort-to-nonsensical-arguments-to-justify_b_597b9b19e4b09982b7376474?utm_campaign=hp_fb_pages&utm_source=qv_fb&utm_medium=facebook&ncid=fbclkushpmg0000050&guc_consent_skip=1576085225

I do not make an appeal to the heart, because I'm not sure if the people who could possibly favor this barbaric treatment to try to control and force an artificial identity onto their child by teaching them they are worthless and grotesque and broken and physically and emotionally abusing them while calling it "therapy" could possibly have a heart. My only appeal is to reason, evidence, and science, and as public officials it is your duty to understand that evidence.

Because this is what you will unleash and countenance in the Commonwealth if you don't, and send the signal that LGBTI people are a scourge or a disease to be 'cured', by one means or the other... and this is what you will unleash on innocent kids who only want to have a normal childhood and be loved. The damage you do to them by teaching them that they are broken and defective and deserve punishment for having been born, for teaching them that there is no one they can trust and that they will never be allowed to live a real, authentic or happy life... is damage that will last a lifetime, even if they do survive it.

https://www.towleroad.com/2018/08/hunting-season/?utm_source=facebook&utm_medium=referral&utm_campaign=sumome_share&fbclid=IwAR3LSd4X7Nbo6HuL9xcqFipiaAEFJvQhTMxuQkbbk1lzpoJraFSyc

You have to stop this evil. It is psuedoscience and eugenics and child-abuse, and if you can't accept the world of the people who are effected then understand all of the quantifiable empirical data for yourselves, and step out of the middle ages and the perverse mythologies of certain child-abusing cults masquerading in modern garb and meaningless jargon.

Do not force any other child to have to live through this, or may a just and loving God hold you accountable one day for what you do now. I beg you, let it end. We were here yesterday. We are here today. We will be here tomorrow. We are not broken. We are not sick. We are not your playthings or lab rats. We are your friends and families and colleagues, and we deserve the chance to live.

Commenter: Phyllis Byrne

12/11/19 9:14 pm

PLEASE BAN CONVERSION THERAPY!

Commenter: Ruby Nicdao

12/11/19 9:15 pm

Respect Parental Rights, Free speech, and Religious freedom

Why discriminate against those who seek conversion therapy that will help them overcome their problem? Why deprived parents of their rights to protect their children?

Let's not be tyrannical by banning these beneficial therapies. This is outrageous and an egregious attempt to deprive parents of their rights to make healthy decisions for their children and practice their religion freely.

Commenter: Judith A. vanBever-Green

12/11/19 9:17 pm

Parents who Care for their Children SUPPORT the Ban!

The Commonwealth of Virginia has a vested interest in ensuring that medical professionals and psychologists base their treatment protocols on proven methods supported by data that show the effectiveness of such treatment. Conversion therapy has been proven to be ineffective and, even worse, harmful. It is based on shame and creates depression and negative self-worth that has led to suicide in many cases. We know that the DSM was changed many years ago and reflects the fact that same-sex attraction is NOT an illness and does not need to be cured through conversion. In fact, what the data show is that conversion therapy is both damaging and ineffective. Adults have the right to seek whatever so-called "treatment" they want, but the Commonwealth must prevent sham practitioners from gaining access to vulnerable children and youth, to whom these conversion practices can do great harm. Parents who truly care about their children will love them as they are and support them in reaching their potential. They will not seek to change them through the use of harmful and debunked practices. I support a ban on conversion therapy in Virginia.

Commenter: JC

12/11/19 9:25 pm

reject the vague and broadly worded Guidance Document (85-7)

Parents are closest to their children's challenges and in the best position to ensure their wellbeing. Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Liz Hildebrand

12/11/19 9:38 pm

Ban Conversion Therapy

Commenter: Helen D.

12/11/19 9:42 pm

Please oppose Guidance Document 85-7

Not allowing free choice for what therapy you as a parent or as a client want is wrong.

Commenter: WJ Johnson

12/11/19 9:43 pm

The therapy should remain an available option for those who choose it

Commenter: James Anderson

12/11/19 9:51 pm

Ban Conversion Therapy

Conversion Therapy is harmful to people. Banning it does not represent a taking of religious freedom or parents rights. People are still entitled to practice their own religious beliefs and raise their children how they wish. But those rights do not come before the safety of children. Conversion Therapy practices are known to be damaging to children.

Commenter: Lucy Anderson

12/11/19 9:57 pm

Ban Conversion Therapy

Commenter: Todd Gathje, Ph.D., The Family Foundation

12/11/19 9:58 pm

Don't Prohibit Talk Therapy

I write to express The Family Foundation of Virginia's opposition to the Board of Medicine's proposed Guidance Document 85-7. Such guidance will not only cause numerous ethical and moral harms to professionals, and developmental harms to children, but it is at odds with the laws of Virginia and the Constitution of the United States.

As a general matter, the Virginia Code expressly provides that parents, not the government and its regulatory agencies, have a "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child." Va. Code § 1-240.1 However, the effect of this Guidance Document would unduly limit the right of parents to make decisions concerning the upbringing, education, and care of their child by preventing them from getting them the help they and their child need and desire.

Virginia's constitution declares that "the right to be free from any governmental discrimination upon the basis of religious conviction . . . shall not be abridged[.]" Constitution of Virginia, Article 1, Section 11 (Bill of Rights). This Guidance Document would directly discriminate against Christian, Jewish, and Muslim health professionals who maintain, as a fundamental tenet of their faith, that human beings are created by God as either male or female and that human sexuality is only properly expressed between a man and a woman in the context of marriage. Such a conception of human sexuality reflects the historical, conventional, and orthodox views of these major faith traditions, and has transcended cultures and boundaries for millennia. Denying licensed psychologists through this policy the right to acknowledge this while acting in their professional capacity subjects them to "discrimination on the basis of religious conviction," and thus runs afoul of one of Virginia's most basic constitutional guarantees.

The Board's policy as expressed in this proposed Guidance Document would also be unconstitutional in light of the U.S. Constitution because it would infringe on the free speech rights of professional counselors by prohibiting them from speaking certain messages (or, if not strictly prohibiting it, then by significantly "chilling" their free speech). In 2018, the U.S. Supreme Court rejected the state of California's claim that so-called "professional speech" receives less First Amendment protection than ordinary speech, stating that: "This Court has not recognized 'professional speech' as a separate category of speech. Speech is not unprotected merely because it is uttered by 'professionals.'" National Institute of Family and Life Advocates (NIFLA) v. Becerra, 138 S. Ct. 2361, 2371-72 (2018).

The Supreme Court's opinion highlighted three cases – two of which involved state bans on so-called "conversion therapy" for minors – as being erroneously decided for holding that counseling was afforded less constitutional protection as a matter of free speech. As a result, the lower court cases upholding bans on "conversion therapy" were effectively overruled. Because this policy would have the direct and immediate effect of censoring the protected speech of health professionals in Virginia, it would not likely survive a legal challenge. If this Board does go forward with such a violation of free speech, it should expect such a challenge.

Effectively prohibiting the practice of so-called "conversion therapy" among licensed counselors, as the draft Guidance Document defines that term, goes too far in its attempt to address the hypothetical concerns some have raised. (It is worth noting that no known complaint has ever been received by any of the health regulatory boards concerning "conversion therapy.") As the term is now over-broadly and vaguely defined, it "compels individuals to contradict their most deeply held beliefs, beliefs grounded in basic philosophical, ethical, or religious precepts, or all of these." NIFLA v. Becerra, 138 S. Ct. 2361, 2379 (Kennedy, J., concurring). That is something this Board may not do.

The Supreme Court in NIFLA cautioned that "when the government polices the content of professional speech, it can fail to 'preserve an uninhibited marketplace of ideas in which truth will ultimately prevail.'" Id. at 2374 (quoting McCullen v. Coakley, 134 S. Ct. 2518, 2529 (2014)). There are significant disagreements about the merit of therapies which help a young person resolve, and in many cases by reversing (read testimonies of many for whom this happened at <https://changedmovement.com/>) their unwanted sexual attractions or gender confusion. These disagreements should be settled in the marketplace of ideas and according to the wishes of the minor and his or her parents. The effect of this regulation, however, would only be to silence unpopular ideas and suppress information.

We urge this Board to heed the U.S. Supreme Court's words when it observed that "the best test of truth is the power of the thought to get itself accepted in the competition of the market' and the people lose when the government is the one deciding which ideas should prevail." Id. at 2375 (quoting Abrams v. United States, 250 U.S. 616, 630 (1919) (Holmes, J., dissenting)).

Commenter: Family Watch International

12/11/19 9:59 pm

Oppose Guidance Document 85-7 on "Conversion Therapy"

Opinions of Professional Organizations Do Not Establish Science

Vulnerable youth and their parents should be able to seek the help they need without interference from the government. The Alliance for Therapeutic Integrity (previously called NARTH) conducted a review of 125 years of research and clinical experience—one of the most extensive reviews ever undertaken. This research shows unequivocally that many people with unwanted same-sex attraction can, and do, change their sexual orientation, and, of those who do not change, most still greatly benefit from therapy that helps them cope with their unwanted same-sex attractions. Unethical and abusive practices are already prohibited by law.

Further, a 2009 American Psychological Association Task Force report concludes that there is no proof of harm from "Sexual Orientation Change Efforts (SOCE)." Although another part of the APA report states that SOCE therapy could be harmful, it also indicates the evidence is inconclusive on the matter. Yet, this same 2009 APA report is one of the primary "studies" that therapy ban activists use in legislatures to claim that therapy has been proven to cause actual harm. Notwithstanding the lack of evidence of harm, activists cherry-pick the parts of the report that support their bias. Moreover, it should also be noted that every APA doctor selected to be on that APA task force was gay except for one who was a LGBT-affirmative therapist. There is no need to limit the choices of youth and their parents based on hypothetical concerns.

Thousands of therapists and doctors have left the larger "mainstream" professional organizations that have abandoned the principle of self-determination to form their own organizations that more accurately communicate what the research shows in these areas. These organizations include the American College of Pediatricians and the

Alliance for Therapeutic Integrity, which have issued strong statements opposing bans like the one Virginia is considering.

Claims of Harm from Non-Abusive Therapy Are Groundless

Advocates of limiting the choices of vulnerable youth and their parents argue that allowing choice in how to respond to same-sex attractions or concerns about sexual identity causes suicide. Suicide is a tragedy that all must work to prevent. Unsupported and simplistic claims about what leads to suicide do not make the situation better. Research does not, and probably cannot sort out causation.

In fact, there has been almost no research on this point and what has been conducted involves self-selected participants, no control groups and other methodological limitations. The most recent survey claims a heightened risk for those who seek help to live consistent with their biological sex but is based on reports of individuals who seek help after suicidality, totally undercutting any claim that the therapy was the cause.

Some states have made it illegal for vulnerable youth and their parents to seek the help they determine would be best when experiencing same-sex attractions or sexual-identity challenges. There is no evidence that these states have seen drops in their teen suicide rates as a result. This is not surprising because suicide is affected by many factors. The tragedy of youth suicide should not be a political tool to gain an advantage in public debates.

Although much is made of the states that have passed laws to preclude vulnerable youth and their parents from seeking the help they choose when their choice is inconsistent with currently popular notions in some circles, little attention has been paid to the fact that 24 states have rejected laws that would have done the same thing: Arizona, Colorado, Florida, Georgia, Iowa, Idaho, Indiana, Kentucky, Massachusetts, Maine, Michigan, Minnesota, Missouri, North Carolina, Nebraska, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Virginia, Wisconsin, West Virginia, and Wyoming.

Research Counsels Caution with Supporting Gender Transition

Research shows that as many as 88% of girls and up to 98% of boys who experience gender dysphoria—significant discomfort with living consistently with their biological sex will eventually decide to live consistent with that sex. This proposal would, strangely, prohibit vulnerable youth and their parents from seeking help to ensure they make this choice successfully, while only allowing treatment aimed at increasing their discomfort and embracing the notion that they should seek radical treatment to change appearance that may be difficult to reverse and may have lifetime medical and psychological ramifications.

There is strong evidence that vulnerable youth who decide to pursue so-called “sex change” treatment are at heightened risk for poor mental health outcomes. A study of “324 sex-reassigned persons (191 male-to-females, 133 female-to-males) in Sweden” and looked at conditions for those who had been “reassigned.” The study found “overall mortality for sex-reassigned persons was higher during follow-up than for controls of the same birth sex, particularly death from suicide. Sex-reassigned persons also had an increased risk for suicide attempts.” Cecilia Dhejne, et al., Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden, 6 PLOS ONE e16885 (2011).

Claims of increased risk experienced by vulnerable youth who seek help to live consistent with their biological sex do not typically mention that as many as 70 percent of patients with gender dysphoria have an additional psychiatric condition (comorbidity), which makes them much more susceptible to suicidal ideation, regardless of what kind of therapy they receive. Studies also show that that the very high suicide rate (as high as 19 times greater than the general population), is not significantly reduced by cross-sex surgery and hormone treatment and does not relieve many of the problems experienced by individuals with gender confusion. This proposal endorses one type of treatment—encouraging identification with the opposite-sex—despite evidence suggesting this is unlikely to address underlying concerns or to decrease risks to physical and mental health.

This Proposal Raises Serious Legal Concerns

Courts recognize that laws can have a chilling effect on free speech. Imagine a vulnerable youth who may be the victim of sexual abuse or bullying and whose concerned parents seek help from a therapist. Under this proposed law, a therapist who would otherwise be willing to help this youth to heal and live consistent with her deeply-held beliefs would surely be more hesitant to do so for fear of running afoul of this vague prohibition.

While some courts have upheld laws that limit the therapeutic choices of vulnerable youth and their parents, there is reason to believe that such bans might not be constitutional. At least one trial court in Florida has noted the free speech implications of such a law. The Supreme Court has recently rejected the idea that licensed professionals have more limited rights of speech than other citizens, undercutting the rationale for some of the cases upholding bans on choice in therapy. See Nat'l Inst. of Family & Life Advocates v. Becerra, 138 S. Ct. 2361, 2371–72 (2018) (abrogating Pickup v. Brown, 740 F.3d 1208 (2014) and King v. Governor of the State of New Jersey, 767 F.3d 216 (2014)). Adopting this proposal would open Virginia to free speech litigation.

Commenter: paul wooldridge

12/11/19 10:00 pm

Conversion therapy is a money-grabbing hoax.

These discredited practices represent a dangerous approach to treating lesbian, gay, bisexual, transgender, queer, intersexual individuals as if they have a mental disease, when they are simply human and represent a version of being human that many don't accept. I'm firmly against those practices of conversion therapy. We should have therapy to convert those who hate into those who love and accept, and move on to helping larger causes.

Commenter: Lucy Anderson

12/11/19 10:00 pm

Ban Conversion Therapy

It shouldn't be legal to hurt people.

12/11/19 10:02 pm

Commenter: Carlos Berrios

parents should be allowed to guide their children without state intervention

I feel that the state should not dictate what is best for children; that is the job of parents. Let's stop being dictatorial.

Commenter: M. Loyd

12/11/19 10:07 pm

Ban Conversion Therapy

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: sw

12/11/19 10:13 pm

Opposed to the ban

This ban seems an unlawful infringement of parental responsibility... Is it not the law of the Commonwealth that parents have fundamental rights for making decisions regarding upbringing, education and care of their children?

Commenter: James Carney

12/11/19 10:13 pm

Gender identity is not chosen, but given. It is either natural or disordered to be corrected.

Commenter: Jason G.

12/11/19 10:16 pm

Ban this practice

Commenter: Robert Dwyer MD

12/11/19 10:18 pm

Guidance Document

I am not in favor of this document. For the state to control and limit the decisions parents make regarding the medical treatment of their children is wrong. These are not your children. You did not give birth to them. You do not shelter feed and love them. Their parents do that and they are vastly more qualified to determine the nature of their medical care. The opinions of various medical societies listed in the document are counter intuitive and betray no appreciation of the natural law. this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Kevin Zrenda

12/11/19 10:19 pm

I suppose the AMA's "First, do no harm" doesn't count genital mutilation on teens and younger

First, free speech. Second, reality (meaning scientific, biological, what your eyes would actually see). This proposal would ban me from telling my children-- if they were actually confused on their gender-- that they are what they actually scientifically are...

As a Democrat, we propose to care about all people. Helping those who are confused should not be binned as hateful or harmful. If my father seeks help when he tells me the toaster talks to him, am I now evil and hateful for aiding him in seeking assistance for his condition?

There is only one study I've seen (which primarily solicited inputs from those who self-reported negative results from conversion therapy and continued "identifying" as their "new" gender) that emphasized any amount of negative impacts.

If we as a society care for and respect people, then there's no reason to fear talking through people's insecurities, doubts, and fears. Many teens/youth have gender identity issues, most grow out of or through that stage and identify as their actual biological sex/gender. Yet this would deny that majority group any help. How undemocratic to care for this group as well... care for all!

God Bless- Kevin

Commenter: National Task Force for Therapy Equality

12/11/19 10:24 pm

Harms of Therapy Bans

Oppose Guidance Document 85-7. Harms of Censoring Change-Allowing Therapy

Dear Members of the Virginia Board of Medicine:

HIGHLIGHTS OF OUR CONCERNS: Right to Happiness

- (1) SCOTUS says professional speech has the same 1st Amendment rights as other speech. It abrogated 9th and 3rd Circuit Ct decisions on which bans have relied. New York City repealed its own ban rather than lose at SCOTUS.
- (2) The robust Kaiser-Permanente study found psychiatric disorders and hospitalizations led up to onset of gender non congruence in 66% of adolescent cases. The World Professional Association for Transgender Health said, when psychiatric disorders cause gender dysphoria, it does not recommend gender affirming treatment. Forbidding talk therapy leaves few options for help.
- (3) A gene study of nearly half a million people said LGB behaviors are influenced somewhat by genes but largely by early experiences, and research and professional consensus agree that non congruent gender identity also is also caused by a mixture of biological and environmental influences—like other traits therapists help people diminish or change every day.
- (4) The *APA Handbook of Sexuality and Psychology*, which the American Psychological Association declared authoritative, and research, say family factors and childhood sexual abuse may be causal factors in having same-sex partners for some, and family pathology may be a causal factor for transgender identity. Affirmative therapy requires affirming LGBTQ feelings or behaviors caused by trauma. It denies harmful underlying causes for some. Treating underlying causes may shift/change LGBTQ feelings. Failure to treat can lead to ongoing mental health disorders and suicide. Contemporary, ethical therapists who are open to change use evidence based trauma interventions and well established practices used by therapists worldwide. There is no reason why this therapy should be more harmful or less effective than any other therapy. Some clients report their depression or suicidality subsides from this therapy. A therapy ban will deprive patients of much needed therapy.
- (5) The *APA Handbook of Sexuality and Psychology* and robust research internationally have established that same-sex attraction, romantic partnerships, behavior, and identity all commonly shift or change for adolescents and adults, women and children. They can change.
- (6) Childhood gender dysphoria overwhelmingly resolves by adulthood if minors go through puberty. Living as the opposite sex and puberty blockers stop this natural resolution.
- (7) Sex hormones and surgeries lead to 2-2.5 times higher rates of deaths from cancers and heart disease, 19 times higher rate of completed suicides.
- (8) Sterilizing or castrating minors with hormones or surgery should be illegal.
- (9) One of the most comprehensive reviews ever conducted on over a century of research, including studies published by APA members in APA peer-reviewed journals, shows some people change their sexual attraction and behavior through a variety of safe and effective, non-aversive, mainstream therapy methods.
- (10) The APA Task Force: (i) Said no research meeting scientific standards shows today's change-allowing talk therapy to be harmful or ineffective or gay-affirmative therapy to be better. It's still true. (ii) Did not declare SOCE unethical. (iii) Said aversive methods have not been used for 40-50 years. (iv) Said it based its recommendations on anecdotal evidence, not on research that met its standards.
- (11) A number of professional organizations oppose gender affirming treatment and/or support therapy that is open to change in unwanted sexual attraction or behavior or unwanted gender identity or expression. A consensus of professional organizations does not exist. The scientific process, not legislative fiat or activist lobbies in professional guilds, should resolve these scientific questions.

Everyone has the right to walk away from sexual practices and experiences that don't work for them. Everyone should have the right to live the way that brings them happiness.

Laura Haynes, Ph.D., Psychologist, Chair of Research and Legislative Policy,
National Task Force for Therapy Equality, laurahaynesphd3333@gmail.com

MORE INFO & REFERENCES at TherapyEquality.org/HarmsOfTherapyBans

Commenter: Dino Iganelli

12/11/19 10:31 pm

Oppose proposed "Guidance Document on the Practice of Conversion Therapy"

I write in *opposition* to the proposed "Guidance Document on the Practice of Conversion Therapy," and urge the Board *not* to adopt this policy.

Commenter: Mary Ann West

12/11/19 10:37 pm

Continue to allow Medical and Counselling Services /Reject Guidance Document 85-7

Please reject Guidance Document 85-7 and continue to allow parents of minor children and adults to have options in the care of their children and/or themselves.

First, in the case of parents, who have a fundamental right to make decisions for the care of their children, allowing treatments and counseling from professional medical/counseling persons who recommend and are competent to care for children, and with a parent's agreement, should continue to be able to do so.

Secondly, just to use an example, a certain percentage of adults who have been sexually abused as children, have a tendency to be "hyper-sexualized" and act out on that as they mature. This document, would "prohibit treatment" to "reduce sexual attractions", leaving these already suffering victims untreated. Cruel and Unusual Punishment!

Thirdly, this document is worded in such a general way that it could prohibit almost anything in the care of a person with any kind of sexual/physiological disorder. A doctor/counselor should be able to use her/his best judgement in the care of a patient/client.

Please reject this document and its intent.

Commenter: Parents and Friends of ex-gays ans Gays

12/11/19 10:38 pm

The majority of youth who question their sexuality at an early age identify as heterosexual by th

Commenter: Regina Griggs, Parents And Friends Of Ex-gays and Gays

12/11/19 10:56 pm

In opposition

We are a parents organization opposing this guidance and supporting full rights of all to choose the therapy of their choice.

Parents and friends of Ex-gays and Gays

PFOX

Commenter: Melissa Temme

12/11/19 11:09 pm

Parental rights, opportunity to choose

The rights of parents to seek help for their children should not be hindered by the ideology of others. Additionally, I know of adults who are same-sex attracted and who feel they have deeper issues at the root that stem back from childhood. They wanted to get help with those issues as part of overall treatment focused in same-sex attraction. Why should he not be allowed to do so?

Please do not ban conversion therapy. Allow therapists to give them kind of treatment that individuals are seeking and let parents and adults decide what they think is best for those they love or for themselves.

Thank you

Commenter: Florence Hubbs

12/11/19 11:14 pm

Oppose Guidance Document 85-7

Each of us are broken to some degree. The brokenness needs to be looked at. The terminology of conversion therapy is a myth. Root issues of brokenness are deep and emotional. Some of these may be from elementary school, not fitting in, being called names, or being bullied, or even sexual abuse. When you put a ban on the guidance of a person, you are really saying that person has little value, they are stuck in their situation.

Every one lives with sinful desires and temptations, but that does not define who we are. Many have decided there is no God. Yet God loves & longs to be reconciled with each person. Reconciliation with God is how individual brokenness can be healed. He can replace the shame with confidence, and sorrow with joy. God's love can change the distorted perception of our self and bring about inner healing, renewing and transforming a person from the inner wounds.

Commenter: Gerda Keiswetter

12/11/19 11:15 pm

Please out law conversion therapy!

- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- Being GLBTQ+ is part of a person's basic nature and cannot be changed. Conversion therapy is harmful and wrong.

Commenter: Eric Michael Holloway

12/11/19 11:18 pm

Conversion therapy is mental health

Kids are naturally hetero and of the gender identified by their sex chromosome. To think otherwise is to force a social view of gender on the child and enact bodily change for something that is non biological! This will cause a lifetime of mental harm and any therapy that can gently move back to their natural state should be allowed! We wouldn't ban other kinds of mental health therapy so why ban the conversion therapy?

Commenter: Rick Loffredo

12/11/19 11:19 pm

NO to ban conversion therapy

NO to ban conversion therapy!

Commenter: Fr. Stephen Vaccaro

12/11/19 11:19 pm

Do NOT Limit Counseling Options

- Parents are closest to their children's challenges and in the best position to ensure their well being.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Nick M.

12/11/19 11:20 pm

What ever happened to

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

The government can't have it both ways. "Freedom of choice" when it comes to intimate healthcare decisions should apply across the board or not all- the government has no right to ban some choices, like in this case, yet declare choice to be a fundamental right in others (i.e. abortion).

Commenter: Emily Macedonia

12/11/19 11:24 pm

Preserve families' choices!

I oppose this regulatory ban. Not only does it infringe upon the fundamental right of parents to care for their children, it also violates freedom of speech and the free exercise of religion.

Parents are closest to their children's challenges and in the best position to ensure their wellbeing. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

Commenter: Jeffrey Datt

12/11/19 11:30 pm

Respect Parental Rights, Free speech, and Religious freedom

Why discriminate against those who seek conversion therapy that will help them overcome this problem of sorrow. Why deprive parents of their rights to protect their children and the opportunity of returning them back to what God had created them as man or woman.

Let the children know they are designed and made by God in his image with the gender given at birth. To be loved and receive happiness and share the joy of their life.

Commenter: Richard Mast, Liberty Counsel

12/11/19 11:32 pm

Reject Proposed "Conversion Therapy" Ban – Guidance Document 85-7

RE: Reject Proposed "Conversion Therapy" Ban – Guidance Document 85-7

Dear Virginia Board of Medicine:

Liberty Counsel is a national nonprofit litigation, education and public policy organization with an emphasis on First Amendment liberties. With offices in Florida, Virginia and Washington, D.C., Liberty Counsel is litigating against so called "conversion therapy" bans around the country.

I write to urge the Virginia Board of Medicine to reject Guidance Document 85-7. The Guidance is unconstitutional and laden with inaccuracies. The Guidance bans speech in the form of talk therapy or verbal counseling (erroneously called "conversion therapy") based on the viewpoint of that counseling. The Supreme Court has not recognized a "professional speech" exception to the First Amendment. (See excerpts from the United States Supreme Court's June 26, 2018 opinion in *Nat'l Inst. of Family & Life Advocates v. Becerra*, 585 U.S. ___, 138 S. Ct. 2361 (2018) [hereinafter "*NIFLA*"], below. See also excerpts from the recent decision striking down a similar speech ban in *Vazzo v. City of Tampa*, No. 8:17-cv-2896-T-02AAS, 2019 WL 4919302 (M.D. Fla. Oct. 4, 2019), which Liberty Counsel is litigating.

The High Court's decision in *NIFLA* reversed Ninth Circuit decisions regarding the so-called Reproductive "Freedom, Accountability, Comprehensive Care, and Transparency" Act (FACT Act). The decision abrogated the central rationales of the Ninth Circuit's decision in *Pickup v. Brown*, 740 F. 3d 1208 (9th Cir. 2014), and the similar Third Circuit decision in *King v. Governor of New Jersey*, 767 F. 3d 216 (3d Cir. 2014), upon which the authors of all state-level "conversion therapy" bans have relied. Liberty Counsel litigated both of these cases.

In *NIFLA*, Supreme Court Justice Clarence Thomas, writing for the majority, rejected the Ninth Circuit's analysis of the First Amendment in *Pickup* and the similar analysis adopted by the Third Circuit in *King*, as shown by the following excerpts:

Some Courts of Appeals have recognized "professional speech" as a separate category of speech that is subject to different rules. See, e.g., *King v. Governors of New Jersey*, 767 F. 3d 216, 232 (CA3 2014); *Pickup v. Brown*, 740 F. 3d 1208, 1227–1229 (CA9 2014)

Id. at 2373 (emphasis added). Justice Thomas continued:

In sum, neither California nor the Ninth Circuit has identified a persuasive reason for treating professional speech as a unique category that is exempt from ordinary First Amendment principles.

Id. at 2375 (emphasis added).

The Board of Medicine should also consider a recent federal court ruling in the State of Florida striking down the City of Tampa's functionally identical counseling ban. The Tampa ban prohibited only counseling for minors, and was struck down. The Virginia Board of Medicine's ban goes further, banning counseling for adults.

The Tampa case was brought by Liberty Counsel, and is summarized below. The ruling has implications for speech bans like Guidance 85-7. As a public interest law firm, Liberty Counsel is monitoring the Board's speech ban with significant litigation interest.

On October 4, 2019, federal Judge William F. Jung issued an order granting summary judgment to Liberty Counsel in a suit to invalidate the City of Tampa ordinance that prohibited licensed counselors from

providing, and minors and their families from receiving, counseling to reduce or eliminate their unwanted same-sex attractions or behaviors, or sexual or gender identity conflicts.

Because the court determined that professional regulations like Tampa's counseling ban are preempted to the state under Florida law, the court invoked the doctrine of constitutional avoidance to avoid ruling on the ban's significant First Amendment problems. The court did not avoid, however, making numerous factual findings that gutted the ostensible rationale for Tampa's ban, which findings are equally relevant to Virginia's proposed ban:

Although the City expresses confident certitude, the City's experts, one or both, expressly agreed with the following points:

- **Minors can be gender fluid and may change or revert gender identity.** Dkt. 192-2 at 38-40.
- **Gender dysphoria during childhood does not inevitably continue into adulthood.** Dkt. 192-2 at 85-87.
- **Formal epidemiologic studies on gender dysphoria in children, adolescents, and adults are lacking.** Dkt. 192-2 at 92.
- **One Tampa expert testified there is not a consensus regarding the best practices with prepubertal gender nonconforming children.** Dkt. 192-2 at 120-21.
- **A second Tampa expert testified consensus does not exist regarding best practices with prepubertal gender nonconforming children, but a trend toward a consensus exists.** Dkt. 192-1 at 159.
- **Emphasizing to parents the importance of allowing their child the freedom to return to a gender identity that aligns with sex assigned at birth or another gender identity at any point cannot be overstated.** Dkt. 192-2 at 123.
- **One cannot quantify or put a percentage on the increased risk from conversion therapy, as compared to other therapy.** Dkts. 192-2 at 131; 192-1 at 198-99.
- **Scientific estimates of the efficacy of conversion therapy are essentially nonexistent because of the difficulties of obtaining samples following individuals after they exit therapy, defining success, and obtaining objective reassessment.** Dkt. 192-1 at 136-37.
- **Based on a comprehensive review of this work, the American Psychological Association 2009 SOCE Task Force concluded that no study to date has demonstrated adequate scientific rigor to provide a clear picture of the prevalence or frequency of either beneficial or harmful SOCE outcomes. More recent studies claiming benefits and/or harm have done little to ameliorate this concern.** Dkt. 192-1 at 148.
- **No known study to date [looking at 2014 article Dkt. 192-6 at 2] has drawn from a representative sample of sufficient size to draw conclusions about the experience of those who have attempted SOCE.** Dkt. 192-1 at 149.
- **No known study [looking at same 2014 article] has provided a comprehensive assessment of basic demographic information, psychosocial wellbeing, and religiosity, which would be required to understand the effectiveness, benefits and/or harm caused by SOCE.** Dkt. 192-1 at 150.
- **Although research on adult populations has documented harmful effects of SOCE, no scientific research studies have examined SOCE among adolescents.** Dkt. 192-1 at 153.
- **With extraordinarily well-trained counseling "in a hypothetically perfect world" it may be an appropriate course of action for a counselor to aid a gender-dysphoric child who wants to return to biological gender of birth.** Dkt. 192-1 at 171-72.
- **There is a lack of published research on efforts to change gender identity among childhood and adolescents.** Dkt. 192-1 at 177.
- **As of October 2015 no research demonstrating the harms of conversion therapy with gender minority youth has been published.** Dkt. 192-1 at 180-81. **In 2018 an article was published on youth but causal claims could not be made from that 2018 report.** Dkt. 192-1 at 181."

As the citations above show, the City's highly-credentialed experts, one or both, expressly agreed with the above bullet points.

Vazzo, 2019 WL 4919302, at *13-14 (emphasis added).

Liberty Counsel trusts the decisions in *NIFLA* and in *Vazzo v. City of Tampa* will be informative to the deliberations of the Virginia Board of Medicine. Liberty Counsel requests that the Board reject Guidance 85-7.

Sincerely,
/s/
Richard L. Mast
Liberty Counsel

Licensed in Virginia

Commenter: Donald R Mannebach

12/11/19 11:32 pm

Preserve freedom of parenting and speech, not bans

- Parents are closest to their children's challenges and in the best position to ensure their wellbeing.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.
- The proposal would deny families the freedom to seek counseling aligned with their faith.
- Licensed medical professionals with years of education and experience should not be removed from the process of helping children or adults work through their physical, mental and emotional struggles.

Commenter: Elizabeth Fogarty

12/11/19 11:35 pm

Support Guidance Document 85-7

I support protecting youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer is a mental illness that needs to be cured—a view with no scientific basis. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. It is time to update the regulations to ban conversion therapy.

Commenter: Loretta D'Amico

12/11/19 11:50 pm

Oppose Guidance Document 85-7 on Conversion Therapy

I oppose the proposed ban for the following reasons:

It threatens the fundamental rights of parents. Parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. They are closest to their children's challenges and in the best position to ensure their well-being.

The proposal would also deny families the freedom to seek counseling aligned with their faith.

Licensed professionals with years of education and experience should not be removed from the process of helping children/adults work through their physical, mental and emotional struggles/challenges.

Commenter: Alicia Bradford

12/11/19 11:53 pm

Dysphoria - What is wrong with helping children flourish in the bodies they have?

Why would we do this when a high percentage of children with gender dysphoria become comfortable with their bodies by the time they reach adulthood? Why would we shut down seeking further understanding to adopt only one approach? Why would we not seek to understand how children might be able to flourish in the bodies that they have? Why would we want to push them in anyway towards irreversible sterilization? There are many other forms of body dysphoria (such as anorexia) but gender dysphoria is the only one where the dysphoria is unquestionably accommodated, and this only because of certain philosophical assumptions about gender that have been accepted without questioning them.

I include this from the following article:

https://www.thenewatlantis.com/docLib/20160819_TNA50SexualityandGender.pdf

As we have seen above in the overview of the neurobiological and genetic research on the origins of gender identity, there is little evidence that the phenomenon of transgender identity has a biological basis. There is also little evidence that gender identity issues have a high rate of persistence in children. According to the DSM-5, "In natal [biological] males, persistence [of gender dysphoria] has ranged from 2.2% to 30%. In natal females, persistence has ranged from 12% to 50%."67 Scientific data on persistence of gender dysphoria remains sparse due to the very low prevalence of the disorder in the general population, but the wide range of findings in the literature suggests that there is still much that we do not know about why gender dysphoria persists or desists in children. As the DSM-5 entry goes on to note, "It is unclear if children 'encouraged' or supported to live socially in the desired gender will show higher rates of persistence, since such children have

not yet been followed longitudinally in a systematic manner.⁶⁸ There is a clear need for more research in these areas, and for parents and therapists to acknowledge the great uncertainty regarding how to interpret the behavior of these children.

With the uncertainty surrounding the diagnosis of and prognosis for gender dysphoria in children, therapeutic decisions are particularly complex and difficult. Therapeutic interventions for children must take into account the probability that the children may outgrow cross-gender identification. University of Toronto researcher and therapist Kenneth Zucker believes that family and peer dynamics can play a significant role in the development and persistence of gender-nonconforming behavior, writing that: "it is important to consider both predisposing and perpetuating factors that might inform a clinical formulation and the development of a therapeutic plan: the role of temperament, parental reinforcement of cross-gender behavior during the sensitive period of gender identity formation, family dynamics, parental psychopathology, peer relationships and the multiple meanings that might underlie the child's fantasy of becoming a member of the opposite sex."⁶⁹

Zucker worked for years with children experiencing feelings of gender incongruence, offering psychosocial treatments to help them embrace the gender corresponding with their biological sex—for instance, talk therapy, parent-arranged play dates with same-sex peers, therapy for cooccurring psychopathological issues such as autism spectrum disorder, and parent counseling.⁷⁰

In a follow-up study by Zucker and colleagues of children treated by them over the course of thirty years at the Center for Mental Health and Addiction in Toronto, they found that gender identity disorder persisted in only 3 of the 25 girls they had treated.⁷¹ (Zucker's clinic was closed by the Canadian government in 2015.⁷²)

Commenter: Robert Pauli

12/11/19 11:57 pm

No way. This violates a parents God given rights

Commenter: Susan Migliore

12/11/19 11:58 pm

NO TO BAN that interferes with counselor/patient conversations

I am writing AGAINST the proposed ban. While well-intentioned, this ban would interfere in the counselor/patient relationship. It would infringe the fundamental right of parents to care for their children and the ban would violate freedom of speech and free exercise of religion. Under Virginia law parents have the fundamental right to make decisions regarding their children. Parents, not government, are closest to their child's challenges and parents are in the best position to ensure their children's wellbeing. This proposal would deny families the right to seek counseling aligned with their faith. The proposed ban also ignores the fact that some individuals have attractions they DESIRE to change or moderate. Others may desire medical counsel before choosing therapy. The government should stay OUT of the patient/counselor relationship.

Commenter: Carol Jones

12/11/19 11:58 pm

Parental Responsibility

Those who seek to impose their views on others who do not share their moral choices are overstepping the authority of the state. Religious freedom requires that those who have their own moral compass remain free to handle these issues in a way that is consistent with their beliefs. Parents have the responsibility to care for their children and they should have the final say in how their children are guided in these matters.

Commenter: Nick Henriquez

12/11/19 11:58 pm

This is the land of the free.

Consent is key. Nobody is getting hurt. There is biting to convert. People have a right to privacy. Conversation therapy does more harm than good. Leave these people be.

Commenter: David DePerro

12/11/19 11:58 pm

Illegal meddling in care of all Virginians

The Commonwealth is meddling illegally in the therapy and counseling care of all Virginians. This "guidance" would have a chilling effect on all counselors and patients, as well as prospective patients and those students who want to enter the field. The message is clear: "We own you. We can intrude on your counseling relationship. We can dictate the care you receive. Our opinion

matters, yours does not—in your own care. We know what is best for your lives. We can destroy the livelihoods of your counselors. We can deter those who disagree with us from entering the field." Outrageous and wrong; reject.

Here are some good reasons why someone would come to a counselor to get help with their sexuality.

Federal Centers For Disease Control:

Gay, bisexual, and other men who have sex with men (collectively referred to as MSM) are at increased risk for STDs, including antimicrobial resistant gonorrhea, when compared to women and exclusively heterosexual men. Because STDs, and the behaviors associated with acquiring them, increase the likelihood of acquiring and transmitting HIV infection, STD incidence among MSM may also be an indicator of higher risk for subsequent HIV infection.

During 2000–2015, the rise in the P&S syphilis rate was primarily attributable to increased cases among men and, specifically, among MSM. In 2015, men accounted for over 90% of all cases of P&S syphilis. Of those male cases for whom sex of sex partner was known, 81.7% were MSM.

The estimated burden of disease [gonorrhea] represented by MSM, men who have sex with women only (MSW), and women varied substantially across collaborating sites. San Francisco had the highest proportion of estimated MSM cases (87.8 %).

Across all SSuN collaborating jurisdictions in 2015, 42.2% of gonorrhea cases were estimated to be among MSM, 25.4% among MSW, and 32.4% among women.

In 2015, 22.3% of GISP isolates were resistant to ciprofloxacin. Among isolates from MSM, 32.1% were resistant; 16.4% of isolates from MSW exhibited ciprofloxacin resistance.

The estimated rate-ratio of MSM to female and MSM to heterosexual males during the study period ranged from 10.7 to 13.9 demonstrating a substantial and increasing inequality in the burden of disease [gonorrhea] between MSM and heterosexuals.

Overall, the proportion of isolates from MSM in selected STD clinics from GISP sentinel sites has increased steadily, from 3.9% in 1989 to 38.1% in 2015. GISP has demonstrated that gonococcal isolates from MSM are more likely to exhibit antimicrobial resistance than isolates from MSW.

The CDC recently posted the following warning: "Clinical Advisory: Ocular Syphilis in the United States/Since December 2014, at least 15 cases of ocular syphilis from California and Washington have been reported to the U.S. Centers for Disease Control and Prevention. At least five other states have suspected cases under investigation. The majority of cases have been among MSM with HIV; and a few cases have occurred among HIV-uninfected persons including heterosexual men and women. Several of the cases have resulted in significant sequelae including blindness." With the bulk of new syphilis cases nationwide appearing primarily in the gay male community, it's no surprise that the homosexual capitals of LA and San Francisco have been hardest hit: in LA – there were 858 infections in 2009 and 1,299 in 2013; in San Francisco – there were 438 infections in 2009 and 814 in 2013. Interestingly, Portland, Oregon, which after San Francisco, has the largest percentage of gay residents in the US, also had a major jump in cases: with 53 infections in 2009 as compared to 240 in 2013.

Commenter: Robert Pauli

12/12/19 12:01 am

Another no to a ban on Conversion therapy

Some young people and adults may have attractions they desire to change or moderate. Others may simply desire medical counsel in choosing a particular therapy. In either instance, there should be options for families and individuals who want to make an informed decision.

Agenda Item: Opioid Electronic Prescribing

Staff Note: Beginning July 1, 2020, all prescriptions for medications that contain an opioid must be transmitted electronically to the dispensing pharmacy. The December 2019 Executive Committee indicated that it wanted licensees apprised of this requirement 3 times before July 1, 2020. In the following pages, you will find the lead item in the December 2019 Board Briefs. You will also find a form to request a waiver for up to 1 year. Licensees were advised to look for the form in the next Board Briefs.

Action: Approve or amend the form that will appear in the next Board Briefs.

ELECTRONIC PRESCRIPTIONS REQUIRED BY JULY 1, 2020

Initially passed in 2017 and included in the May 2017 Board Briefs, law requires that all prescriptions for opioids be transmitted to a pharmacy electronically beginning July 1, 2020. The General Assembly passed additional law in 2019 that includes the provision for a health regulatory board to grant a waiver of this requirement for up to 1 year for demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber. Below is the law for your convenient review. Please note that the law does not provide an extension of the 1-year waiver. Look for the form to request a waiver in the next Board Briefs.

§ 54.1-3408.02. (Effective July 1, 2020) Transmission of prescriptions.

A. Consistent with federal law and in accordance with regulations promulgated by the Board, prescriptions may be transmitted to a pharmacy as an electronic prescription or by facsimile machine and shall be treated as valid original prescriptions.

B. Any prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription.

C. The requirements of subsection B shall not apply if:

1. The prescriber dispenses the controlled substance that contains an opioid directly to the patient or the patient's agent;

2. The prescription is for an individual who is residing in a hospital, assisted living facility, nursing home, or residential health care facility or is receiving services from a hospice provider or outpatient dialysis facility;

3. The prescriber experiences temporary technological or electrical failure or other temporary extenuating circumstance that prevents the prescription from being transmitted electronically, provided that the prescriber documents the reason for this exception in the patient's medical record;

4. The prescriber issues a prescription to be dispensed by a pharmacy located on federal property, provided that the prescriber documents the reason for this exception in the patient's medical record;

5. The prescription is issued by a licensed veterinarian for the treatment of an animal;

6. The FDA requires the prescription to contain elements that are not able to be included in an electronic prescription;

7. The prescription is for an opioid under a research protocol;

8. The prescription is issued in accordance with an executive order of the Governor of a declared emergency;

9. The prescription cannot be issued electronically in a timely manner and the patient's condition is at risk, provided that the prescriber documents the reason for this exception in the patient's medical record; or

10. The prescriber has been issued a waiver pursuant to subsection D.

D. The licensing health regulatory board of a prescriber may grant such prescriber, in accordance with regulations adopted by such board, a waiver of the requirements of subsection B, for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

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Virginia Department of
Health Professions
Board of Medicine

REQUEST FOR WAIVER FOR ELECTRONIC TRANSMISSION OF OPIOID PRESCRIPTIONS

[Virginia Code § 54.1-3408.02](#) requires that all prescriptions containing an opioid be transmitted to a pharmacy electronically on and after July 1, 2020. This law includes the provision that a health regulatory board may grant a one-time waiver of this requirement for up to one (1) year for **demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.**

LICENSEE INFORMATION

Last Name:	First Name:
License #:	Last (4) SSN #:
Email:	Phone: ()

Number of opioid prescriptions per month:

1 -10

11-25

26-50

More than 50

I am requesting a Waiver for the following reasons/time period:

<input type="checkbox"/> Economic Hardship	<input type="checkbox"/> 1 month	<input type="checkbox"/> 3 months
<input type="checkbox"/> Technological Limitations	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months
<input type="checkbox"/> Other Exceptional Circumstances		

Provide a detailed narrative below in support of the reason you are requesting a Waiver. Attach documents to "demonstrate" the hardship, limitations, or circumstances:

By signature below, I confirm the accuracy of the information provided for this Waiver:

Licensee Signature:	Date:
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Below Section to be completed by Board staff ONLY

Granted By:	Date:
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Executive Director or Designee

Revised: 2/10/2020

Agenda Item: Licensing Report

Staff Note: Mr. Sobowale will provide information on note-worthy licensing matters.

Action: None anticipated.

Agenda Item: Licensure by Endorsement Report

Staff Note: Ms. Opher will provide information on note-worthy licensing matters.

Action: None anticipated.

Agenda Item: Discipline Report

Staff Note: Ms. Deschenes will provide information on discipline matters.

Action: Consent orders may be presented for consideration.

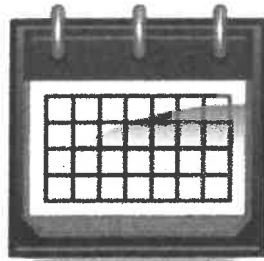
Agenda Item: Appointment of a Nominating Committee

Staff Note: The current officer terms will expire at the time of the June 2020 Board meeting. A new slate of officers will be presented by the Nominating Committee at the June Board meeting for approval.

Action: Appointment of the Nominating Committee.

Next Meeting Date of the Full Board is

June 18, 2020



Please check your calendars and advise staff of any known conflicts that may affect your attendance.



If you are not a state employee, you are eligible for a \$50.00 per diem and reimbursement of your mileage.

The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher with 30 days after completion of their trip”. (CAPP Topic 20335, State Travel Regulations, p.7)

In order for the agency to be in compliance with the state travel regulations, please submit your request for today’s meeting no later than

March 20, 2020

See Co-Co for guidelines on submitting your travel voucher electronically.