

October 14, 2016

TO: Iowa Board of Medicine

FR: Subcommittee on Sexual Orientation Change Efforts (Ronald Cheney, D.O., chair, Diane Clark, Nicole Gilg Gachiani, M.D., and Mary Jo Romano)

RE: Administrative rule to prohibit physicians from engaging in reparative therapy/conversion therapy in an attempt to change or modify the sexual orientation of an individual under the age of 18.

A petition for rulemaking to prohibit an Iowa-licensed physician from engaging in conversion therapy on patients less than 18 years of age was presented to the Iowa Board of Medicine on February 23, 2016. The petition followed the petitioners' unsuccessful efforts to gain passage of legislation introduced in the 86th General Assembly (Senate File 334 and House File 276) to prohibit the practice of conversion therapy by all mental health providers in Iowa.

The Board issued an order on April 22, 2016, denying the rulemaking petition. The Board determined it did not have sufficient facts to initiate rulemaking, but it did vote to establish a subcommittee to study sexual orientation change efforts and to make a recommendation to the Board on the need for a rule.

The subcommittee held a public hearing on conversion therapy on August 12, 2016, in Des Moines. The subcommittee reviewed national data on the status of regulations concerning the practice of conversion therapy by physicians and received a staff briefing on an informal survey of Iowa-licensed psychiatrists concerning their awareness of conversion therapy practices by Iowa physicians. The subcommittee received a presentation by a primary care physician at the University of Iowa LGBTQ Clinic, which serves the lesbian, gay, bisexual, transgender, and questioning communities. The subcommittee received statements and presentations by individuals and organizations, including the petition

organizers, the Family Leader, the Iowa Medical Society and the Iowa Osteopathic Medical Association.

In its ensuing discussions and review of testimony and materials presented at the hearing or received in the wake of the petition for rulemaking, the subcommittee:

- Acknowledged that its purview was exclusively physicians licensed by the Board, and acknowledged that the Board has not received complaints or reports concerning conversion therapy in Iowa.
- Was unable to document the practice of conversion therapy by an Iowa-licensed physician and was unable to document that an Iowa-licensed physician has referred a patient to a non-physician therapist who engages in this therapy.
- Reviewed compliance resources available to the Board, should intervention in a physician's practice be necessary due to the practice of conversion therapy.
- Acknowledged that administrative rules are in place regarding competency and practice reviews of an Iowa-licensed physician should the Board receive complaints about conversion therapy.

National research (*The Growing Regulation of Conversion Therapy, Journal of Medical Regulation, Vol. 102, No. 20, 2016*) reviewed by the subcommittee recognizes that reparative therapy/ conversion therapy has been repudiated by major mental health organizations because of increasing evidence that this therapy is ineffective and may cause harm to patients and their families.

Five states (California, Illinois, New Jersey, Oregon and Vermont) and the District of Columbia have passed legislation outlawing the practice for patients less than 18 years of age. The research, published in August 2016, reports that there has been no formal actions by a state regulatory body against a provider for engaging in conversion therapy.

Guidance for ethical standards

The Board of Medicine's administrative rule , 653 Iowa Administrative Code 13.20, provides that the Board shall utilize codes of ethics by the American Medical Association and the American Osteopathic Association as guiding

principles in the practice of medicine and surgery and osteopathic medicine and surgery in Iowa.

- **American Medical Association** - Policy Number H-160.991, *Health Care Needs of Homosexual Population*:

“[B]elieves that the physician’s nonjudgmental recognition of sexual orientation and behavior enhances the ability to render optimal patient care in health as well as in illness[,]” and “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 Osteopathic Association** - The AOA does not have a policy statement on reparative or conversation therapy at this time.

Guidance for medical standards

If it investigated a complaint or a mandatory report concerning an Iowa-licensed physician’s practice of conversion therapy, the Board would follow processes defined in administrative rule 653.24, including use of peer review as provided in 653.24(3). The expert opinion through peer review would be asked to view the complaint based on standards of practice established by legitimate, nationally recognized specialty associations and certifying boards:

- **American Psychiatric Association** - *Position Statement on Issues Related to Homosexuality (2013)*:

“The American Psychiatric Associate 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.”

- **American Academy of Pediatrics** - Barbara L. Frankowski et al., Clinical Report: Guidance for the Clinician in Rendering Pediatric Care, *Sexual Orientation and Adolescents*, Pediatrics, Vol. 113, No. 6 (June 2004):

“ ... It is important that pediatricians be able to discuss the range of sexual orientation with all adolescents and be competent in dealing with the needs of patients who are gay, lesbian, bisexual, or transgendered or who may not identify themselves as such but who are experiencing confusion with regard to their sexual orientation ... Because self- awareness of sexual orientation commonly occurs during adolescence, the pediatrician should be available to youth who are struggling with sexual orientation issues and support a healthy passage through the special challenges of the adolescent years.”

Pediatricians are encouraged to “raise issues of sexual orientation and sexual behavior with all adolescent patients or refer them to a colleague who can. Such discussions normalize the notion that there is a range of sexual orientation.”

Recommendations

The subcommittee concludes that a specific rule prohibiting an Iowa-licensed physician from engaging in conversation therapy on patients under age 18 is not necessary at this time. Existing administrative rules provide a process for the Board to review the competency and conduct of an Iowa-licensed physician, and national standards of practice and ethics would be applicable to evaluate a physician’s practice.

The subcommittee is grateful for the petitioners’ bringing the issue forward to the Board as this process has increased the Board’s awareness and knowledge of conversation therapy and has helped the Board identify resources should it receive complaints or reports concerning Iowa-licensed physicians who are engaging in this therapy with patients of any age.

The subcommittee encourages all Iowa-licensed physicians to become more knowledgeable of the healthcare needs of the LGBTQ communities. The subcommittee believes physicians who are competent in LGBTQ care can better meet their patients' healthcare needs.

The subcommittee recognizes the sensitivities of the issues involved and the potential difficulty or reluctance for the public to bring such complaints to the Board’s attention. The subcommittee recommends the Board staff review mechanisms for the public, especially individuals under the age of 18, to register complaints about conversion therapy practices by Iowa-licensed physicians.