



May 7, 2026

Via Email

**RE: Psychological Associates in APA-Approved Internships**

To the Board of Psychology:

CPA respectfully requests that the Board provide guidance to clarify proper procedures for Psychological Associates (PAs) who are concurrently in APA-approved internships by developing an FAQ or other guidance document.

Clarification is needed to facilitate the implementation of [AB 2703](#) (co-sponsored by CPA and supported by the Board of Psychology), which allows PAs to provide services in FQHCs and RHCs and allows Medi-Cal to be billed for those services. It's an important new law because it increases training opportunities in community health settings and expands access to mental health care in underserved areas. Some FQHCs offer APA-accredited internships, meaning that interns at those sites have in the past earned their SPE hours as part of a formal internship.

Several trainees in APA-internships who applied to register as PAs over the past several months have received conflicting information from Board staff and have been unable to bill for their services. CPA staff received guidance from Board staff indicating that the trainees in FQHCs and RHCs who want to provide services under AB 2703 should register as PAs and fully comply with the applicable laws and regulations. However, it would be very helpful for that guidance to be expanded and included in a public-facing resource that the trainees and training sites can access directly. It is a high-stakes issue for both the trainees who need to earn SPE towards licensure and the treatment centers that need to access reimbursement in order to support training opportunities and access to services. We are hoping that the utilization of AB 2703 will continue to grow over time such that many stakeholders will be affected.

The overarching question is: **How should a trainee who will be participating in an APA-approved internship and will concurrently be registered as a PA for reimbursement purposes under [AB 2703](#) fill out their PA Application for Registration and Supervision Agreement?** More specific questions include:

1. Can a trainee who is participating in an APA-approved internship concurrently be registered as a PA?
2. For purposes of SPE, should a trainee who is participating in an APA-approved internship and is concurrently registered as a PA follow the rules for interns (BPC §2911) or the rules for PAs (BPC §2913)?
3. Can a trainee who is participating in an APA-approved internship and is registered as a PA earn some SPE hours under BPC §2911 and some hours under BPC §2913? Must the full internship year be in one of these two pathways? What if the PA registration is approved partway through the internship year?
4. Should an applicant for registration as a PA who will be concurrently participating in an APA-approved internship and is accruing indicate on their PA application that they intend to count their experience towards licensure?

5. Should these applicants indicate on page 2 of their Supervision Agreement that they are earning SPE under BPC §2911 or under BPC §2913?
6. Can these trainees use the professional title “psychology intern” on page 2 of the Supervision Agreement and/or while working at their training site or must they use the title “psychological associate”?

CPA would be glad to help with the development of any FAQs or other guidance. Board FAQs/guidance will help trainees, supervisors, training programs, and Board staff to navigate these questions most efficiently and effectively. Please note that this is time sensitive for next year’s interns, some of whom start their internships in late August.

Sincerely,

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## MEMORANDUM

<b>DATE</b>	May 5, 2026
<b>TO</b>	Psychology Board Members
<b>FROM</b>	Cynthia Whitney, Central Services Manager
<b>SUBJECT</b>	Agenda Item 13(d)(4) - SB 934 (Wiener) Sexual orientation or gender identity change efforts: actions for recovery of damages; statute of limitations

### **Background**

Senate Bill 934 (SB 934) was introduced on January 29, 2026, by Senator Scott Wiener.

This bill expresses the Legislature's intent to enact legislation that would provide individuals harmed by sexual orientation or gender identity change efforts performed by licensed mental health providers with additional time to seek civil remedies for those harms. Under existing law, engaging in sexual orientation change efforts with a patient under 18 years of age is considered unprofessional conduct and subject to disciplinary action by the provider's licensing board.

A motion was made at the April 24, 2026, Legislative and Regulatory Affairs Committee meeting to recommend a SUPPORT position to the full Board, however, after further discussion, the motion was voted down. The Committee did receive an opposition letter from the International Foundation for Therapeutic and Counseling Choice (IFTCC). The committee ended the discussion by requesting a full analysis of SB 934.

The Board of Psychology (Board) is monitoring this bill because it relates directly to sexual orientation change efforts by licensed mental health providers, which are regulated as unprofessional conduct and fall within the Board's disciplinary authority.

### **Action Requested**

This item is for informational purposes only. There is no action required at this time.

Attachment #1: Bill Text – [Weblink](#)

Attachment #2: Bill Analysis

Attachment #3: Written Comment from IFTCC

AMENDED IN SENATE MARCH 19, 2026

**SENATE BILL**

**No. 934**

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**Introduced by Senator Wiener**

(Principal coauthor: Assembly Member Lee)

**(Coauthors: Senators Cabaldon, Cervantes, Durazo, Gonzalez, Laird, Menjivar, Padilla, Pérez, Smallwood-Cuevas, and Wahab)**

(Coauthors: Assembly Members Bauer-Kahan, Bonta, Elhawary, Mark González, Haney, Jackson, Solache, Ward, Wilson, and Zbur)

January 29, 2026

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~~An act relating to healing arts.~~ *An act to add Section 340.12 to the Code of Civil Procedure, relating to civil actions.*

LEGISLATIVE COUNSEL'S DIGEST

SB 934, as amended, Wiener. ~~Sexual orientation change efforts: remedies.~~ *Sexual orientation or gender identity change efforts: actions for recovery of damages: statute of limitations.*

*Existing law requires that specified actions for recovery of damages suffered as a result of childhood sexual assault, as defined, be commenced within 22 years of the date the plaintiff attains the age of majority or within 5 years of the date the plaintiff discovers or reasonably should have discovered that psychological injury or illness occurring after the age of majority was caused by the sexual assault, whichever period expires later. Existing law imposes various procedural requirements for such claims.*

*This bill would require specified actions for recovery of damages suffered as a result of sexual orientation or gender identity change efforts, as defined, be commenced (1) within 22 years of the date the plaintiff attains the age of majority if the plaintiff was under the age of 18 when at the time of conduct, (2) within 10 years if the plaintiff was*

*18 years of age or older at the time of conduct, (3) or within 5 years of the date the plaintiff discovers that psychological injury or illness occurring after the conduct was caused by sexual orientation or gender identity change efforts, as specified. The bill would define “sexual orientation or gender identity change efforts” to include efforts to direct a patient toward a particular sexual orientation or a particular gender identity, as specified. The bill would apply to actions for damages commencing after January 1, 2027, against licensed mental health providers, as defined, and against persons and entities that employed, supervised, or otherwise exercised authority over a licensed mental health provider. The bill would make specified types of evidence, including certain expert testimony, admissible to establish causation and harm for these actions. The bill would revive certain actions that have not been litigated to finality and that would otherwise be barred as of January 1, 2027, because the applicable statute of limitations or any other time limit had expired. The bill would provide that its provisions are severable.*

~~Existing law prohibits a mental health provider, as defined, from engaging in sexual orientation change efforts, as defined, with a patient under 18 years of age. Existing law provides that any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject the provider to discipline by the provider’s licensing entity.~~

~~This bill would state the intent of the Legislature to enact legislation that would provide individuals who have been harmed by sexual orientation or gender identity change efforts by licensed mental health providers to have adequate time to seek civil remedies.~~

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 *SECTION 1. The Legislature finds and declares:*
- 2 *(a) The American Psychological Association, the American*
- 3 *Psychiatric Association, the American Academy of Pediatrics, the*
- 4 *American Medical Association, the American Counseling*
- 5 *Association, the American Academy of Child and Adolescent*
- 6 *Psychiatry, the American School Counselor Association, the*
- 7 *National Association of Social Workers, and every other*
- 8 *mainstream mental health and medical organization in the United*

1 *States have determined that efforts to change an individual’s sexual*  
2 *orientation or gender identity are harmful and ineffective.*

3 *(b) In 2009, the American Psychological Association Task Force*  
4 *on Appropriate Therapeutic Responses to Sexual Orientation*  
5 *conducted a systematic review of peer-reviewed research and*  
6 *concluded that sexual orientation change efforts are unlikely to*  
7 *be successful and involve some risk of harm, including depression,*  
8 *suicidality, and anxiety. In 2021, the American Psychological*  
9 *Association adopted a resolution concluding that gender identity*  
10 *change efforts are harmful and ineffective and calling for their*  
11 *elimination.*

12 *(c) The American Psychiatric Association has stated that it*  
13 *“opposes any psychiatric treatment such as reparative or*  
14 *conversion therapy which is based upon the assumption that*  
15 *homosexuality per se is a mental disorder or based upon the a*  
16 *priori assumption that a patient should change their sexual*  
17 *homosexual orientation.”*

18 *(d) The American Academy of Pediatrics has stated that*  
19 *“therapy directed at specifically changing sexual orientation is*  
20 *contraindicated, since it can provoke guilt and anxiety while having*  
21 *little or no potential for achieving changes in orientation.”*

22 *(e) The World Professional Association for Transgender Health,*  
23 *the American Medical Association, and the American*  
24 *Psychological Association recognize that gender identity is not a*  
25 *disorder and that efforts to change an individual’s gender identity*  
26 *are harmful.*

27 *(f) The scientific and clinical consensus establishes that sexual*  
28 *orientation or gender identity change efforts pose serious risks of*  
29 *harm to patients, including depression, guilt, helplessness,*  
30 *hopelessness, shame, social withdrawal, suicidality, substance*  
31 *abuse, stress, self-blame, decreased self-esteem, feelings of anger*  
32 *and betrayal, loss of religious faith, alienation from family,*  
33 *problems in sexual and emotional intimacy, sexual dysfunction,*  
34 *high-risk sexual behaviors, feelings of being dehumanized, and a*  
35 *sense of having wasted time and resources.*

36 *(g) The psychological harms caused by sexual orientation or*  
37 *gender identity change efforts often do not manifest until years or*  
38 *decades after the conduct occurred. Survivors frequently do not*  
39 *recognize their experience as conversion therapy, initially fail to*  
40 *recognize such treatment as harmful, fail to connect their*

1 *psychological injuries to the treatment until much later in life, or*  
2 *are deterred from coming forward by shame instilled by the*  
3 *treatment itself.*

4 *(h) The dynamics of the therapeutic relationship, including the*  
5 *trust placed in mental health providers, the age and vulnerability*  
6 *of patients, the authority exercised by providers, and the shame*  
7 *and internalized stigma resulting from such treatment, create*  
8 *barriers to timely disclosure and recognition of harm similar to*  
9 *those recognized by this state in the context of childhood sexual*  
10 *assault.*

11 *(i) The existing statute of limitations for professional negligence*  
12 *does not adequately account for the delayed recognition of*  
13 *psychological injury that is characteristic of harm caused by sexual*  
14 *orientation or gender identity change efforts.*

15 *(j) The psychological harms described in this section result from*  
16 *efforts to direct a patient toward a predetermined outcome*  
17 *regarding the patient's sexual orientation or gender identity,*  
18 *regardless of the nature of that predetermined outcome.*

19 *(k) In cases involving latent injuries where there is scientific*  
20 *consensus regarding harmfulness, California courts have*  
21 *recognized that plaintiffs may establish causation by demonstrating*  
22 *that exposure to the harmful conduct was, in reasonable medical*  
23 *probability, a substantial factor contributing to the risk of*  
24 *developing the injury or illness, without requiring proof of the*  
25 *precise mechanism by which the harm occurred. This causation*  
26 *framework is appropriate for claims arising from sexual orientation*  
27 *or gender identity change efforts, given the scientific consensus*  
28 *regarding the harmfulness of such efforts and the latent nature of*  
29 *the resulting psychological injuries.*

30 *(l) It is the intent of the Legislature to provide individuals who*  
31 *have suffered harm as a result of sexual orientation or gender*  
32 *identity change efforts by licensed mental health providers with*  
33 *adequate time to seek civil remedies for the harms they have*  
34 *suffered.*

35 *SEC. 2. Section 340.12 is added to the Code of Civil Procedure,*  
36 *to read:*

37 *340.12. (a) For purposes of this section:*

38 *(1) "Licensed mental health provider" means any of the*  
39 *following individuals who hold or held a valid license, certificate,*

1 or registration to practice in California at the time the conduct at  
2 issue occurred:

3 (A) A physician or surgeon, including one specializing in the  
4 practice of psychiatry.

5 (B) A psychologist, psychological assistant, registered  
6 psychologist, or psychology trainee.

7 (C) A licensed marriage and family therapist, marriage and  
8 family therapist registered intern, or marriage and family therapist  
9 trainee.

10 (D) A licensed educational psychologist.

11 (E) A credentialed school psychologist.

12 (F) A licensed clinical social worker, associate clinical social  
13 worker, or clinical social worker intern.

14 (G) A licensed professional clinical counselor, associate  
15 professional clinical counselor, or professional clinical counselor  
16 trainee.

17 (H) Any other person licensed, certified, or registered to provide  
18 mental health treatment under California law.

19 (2) “Sexual orientation or gender identity change efforts” means  
20 any practices of a licensed mental health provider that seek to  
21 direct a patient toward a predetermined sexual orientation or  
22 gender identity outcome. Such efforts include, regardless of the  
23 direction of the intended change, all of the following:

24 (A) Efforts to direct a patient toward a particular sexual  
25 orientation by eliminating, reducing, or discouraging sexual or  
26 romantic attractions or feelings toward individuals of a particular  
27 sex.

28 (B) Efforts to direct a patient toward a particular sexual  
29 orientation by creating, promoting, or encouraging sexual or  
30 romantic attractions or feelings toward individuals of a particular  
31 sex.

32 (C) Efforts to direct a patient toward a particular gender identity  
33 by eliminating, reducing, discouraging, or promoting any  
34 particular gender identity or gender expression.

35 (3) “Sexual orientation or gender identity change efforts” does  
36 not include either of the following practices:

37 (A) Nondirective psychotherapies that facilitate a patient’s  
38 coping, identity exploration, and self-understanding without  
39 seeking to achieve any particular outcome regarding sexual  
40 orientation or gender identity.

1 (B) Age-appropriate interventions to address unlawful conduct  
2 or unsafe practices that do not seek to direct the patient toward  
3 any particular sexual orientation or gender identity.

4 (b) In an action for recovery of damages suffered as a result of  
5 sexual orientation or gender identity change efforts, the time for  
6 commencement of the action shall be the later of the following:

7 (1) If the plaintiff was under 18 years of age at the time of the  
8 conduct, within 22 years of the date the plaintiff attains the age of  
9 majority.

10 (2) If the plaintiff was 18 years of age or older at the time of  
11 the conduct, within 10 years of the date of the last treatment session  
12 in which the sexual orientation or gender identity change efforts  
13 occurred.

14 (3) Within five years of the date the plaintiff discovers or  
15 reasonably should have discovered that psychological injury or  
16 illness occurring after the conduct was caused by sexual  
17 orientation or gender identity change efforts. For purposes this  
18 paragraph all of the following shall apply:

19 (A) The plaintiff shall be deemed to have discovered that  
20 psychological injury or illness was caused by sexual orientation  
21 or gender identity change efforts when the plaintiff first knew or  
22 reasonably should have known that the psychological injury or  
23 illness was caused, in whole or in part, by the sexual orientation  
24 or gender identity change efforts.

25 (B) The plaintiff need not have knowledge of the full extent of  
26 the injury, the specific diagnosis, or that the conduct was wrongful  
27 or actionable.

28 (C) Knowledge that one received treatment from a licensed  
29 mental health provider, standing alone, does not constitute  
30 discovery.

31 (D) The discovery period commences only when the plaintiff  
32 knew or reasonably should have known that psychological injury  
33 or illness generally was caused by sexual orientation or gender  
34 identity change efforts. Evidence that the plaintiff was aware of  
35 one psychological symptom or condition potentially caused by  
36 such efforts, or had made a connection between the efforts and  
37 any specific symptom, does not establish discovery of other injuries  
38 or the full scope of harm.

39 (c) This section applies to the following actions:

1 (1) An action against a licensed mental health provider for  
2 damages arising from sexual orientation or gender identity change  
3 efforts.

4 (2) An action against any person or entity that employed,  
5 supervised, or otherwise exercised authority over a licensed mental  
6 health provider, and such person or entity knew or had reason to  
7 know that the licensed mental health provider engaged in or was  
8 likely to engage in sexual orientation or gender identity change  
9 efforts and failed to take reasonable steps to prevent such conduct.

10 (3) An action against any person or entity for the negligent  
11 hiring, supervision, or retention of a licensed mental health  
12 provider who engaged in sexual orientation or gender identity  
13 change efforts.

14 (d) In an action pursuant to this section, the plaintiff may  
15 recover damages, including, but not limited to, all of the following:

16 (1) Economic damages, including medical expenses, mental  
17 health treatment costs, lost earnings, and other pecuniary losses.

18 (2) Noneconomic damages, including pain and suffering,  
19 emotional distress, and loss of enjoyment of life.

20 (3) Punitive damages if the defendant's conduct was willful,  
21 oppressive, fraudulent, or malicious.

22 (4) Reasonable attorneys' fees and costs.

23 (e) (1) In an action pursuant to this section, general causation  
24 may be established by expert testimony, scientific literature, or  
25 other evidence demonstrating that sexual orientation or gender  
26 identity change efforts are capable of causing the type of  
27 psychological injury or illness suffered by the plaintiff.

28 (2) Once general causation is established, the trier of fact may  
29 infer specific causation from evidence that the plaintiff was  
30 subjected to sexual orientation or gender identity change efforts  
31 and subsequently experienced the type of psychological injury or  
32 illness that such efforts are capable of causing, unless the  
33 defendant establishes by a preponderance of the evidence that the  
34 plaintiff's injury or illness was caused solely by other factors  
35 unrelated to the sexual orientation or gender identity change  
36 efforts.

37 (3) In determining whether sexual orientation or gender identity  
38 change efforts were a substantial factor in causing the plaintiff's  
39 injury, the trier of fact may consider the nature, duration, and  
40 intensity of the efforts, the age and vulnerability of the plaintiff at

1 *the time, the relationship between the plaintiff and the provider,*  
2 *the temporal relationship between the efforts and the onset or*  
3 *exacerbation of symptoms, and any other relevant factors.*

4 *(4) The causation framework set forth in this subdivision reflects*  
5 *the principle that in cases involving latent injuries and scientific*  
6 *consensus regarding harmfulness, plaintiffs may establish*  
7 *causation by demonstrating that exposure to the harmful conduct*  
8 *was, in reasonable medical probability, a substantial factor*  
9 *contributing to the risk of developing the injury or illness, without*  
10 *requiring proof of the precise mechanism by which the harm*  
11 *occurred.*

12 *(f) (1) In an action pursuant to this section, expert testimony*  
13 *regarding the general psychological effects of sexual orientation*  
14 *or gender identity change efforts shall be admissible to establish*  
15 *the types of harm such efforts are known to cause based on the*  
16 *scientific and clinical consensus. Expert testimony may include,*  
17 *but is not limited to, any of the following:*

18 *(A) The scientific and clinical consensus regarding the*  
19 *harmfulness of sexual orientation or gender identity change efforts.*

20 *(B) The types of psychological injuries commonly caused by*  
21 *sexual orientation or gender identity change efforts.*

22 *(C) The typical latency period between sexual orientation or*  
23 *gender identity change efforts and the manifestation or recognition*  
24 *of psychological harm.*

25 *(D) The reasons why survivors of sexual orientation or gender*  
26 *identity change efforts commonly experience delayed recognition*  
27 *of harm, including repression, shame, and the dynamics of the*  
28 *therapeutic relationship.*

29 *(2) This subdivision does not limit the admissibility of other*  
30 *relevant expert testimony regarding causation or damages.*

31 *(g) (1) This section applies to any action commenced on or*  
32 *after January 1, 2027.*

33 *(2) Notwithstanding any other law, a claim for damages*  
34 *described in this section that has not been litigated to finality and*  
35 *that would otherwise be barred as of January 1, 2027, because*  
36 *the applicable statute of limitations or any other time limit had*  
37 *expired, shall be revived. These claims may be commenced within*  
38 *three years of January 1, 2027, or within the time period specified*  
39 *in subdivision (b), whichever is later.*

1 (3) *This subdivision shall apply to claims against any defendant*  
2 *described in subdivision (c).*

3 (h) *This section shall not be construed to do any of the following:*

4 (1) *Limit the application of any other law that extends the time*  
5 *for commencement of an action.*

6 (2) *Limit or restrict any statutory or common law cause of action*  
7 *or remedy available to any person injured by sexual orientation*  
8 *or gender identity change efforts.*

9 (3) *Create a new cause of action.*

10 (i) *It is the intent of the Legislature that this section be*  
11 *interpreted broadly to effectuate its remedial purpose of providing*  
12 *civil remedies to persons harmed by sexual orientation or gender*  
13 *identity change efforts.*

14 (j) *The provisions of this section are severable. If any provision*  
15 *of this section or its application is held invalid, that invalidity shall*  
16 *not affect other provisions or applications that can be given effect*  
17 *without the invalid provision or application.*

18 ~~SECTION 1. It is the intent of the Legislature to enact~~  
19 ~~legislation that would provide individuals who have been harmed~~  
20 ~~by sexual orientation or gender identity change efforts by licensed~~  
21 ~~mental health providers with adequate time to seek civil remedies~~  
22 ~~for the harms they have suffered.~~

## 2026 Bill Analysis

<b>Author:</b> Senator Scott Wiener	<b>Bill Number:</b> SB 934	<b>Related Bills:</b>
<b>Sponsor:</b> Equality California, Lambda Legal, National Center for LGBTQ Rights, and Trevor Project	<b>Version:</b> Amended	
<b>Subject:</b> Sexual orientation or gender identity change efforts: actions for recovery of damages; statute of limitations		

### SUMMARY

This bill proposes to add Section 340.12 to the Code of Civil Procedure, establishing a specialized statute of limitations for civil damages actions arising from sexual orientation or gender identity change efforts (SOGICE) by licensed mental health providers. The bill does not create a new cause of action and does not amend the existing professional conduct prohibition in the Business and Professions Code §§ 865–865.2 (SB 1172, 2012). The measure would extend the time period in which individuals may bring civil claims and may address circumstances involving delayed discovery or psychological harm. The bill is intended to ensure that individuals who allege harm from SOGICE have a meaningful opportunity to seek civil remedies.

### RECOMMENDATION

**Recommendation:** The Legislative and Regulatory Committee discussed the bill at their April 24, 2026, meeting and did not adopt a position. Board staff are continuing to **WATCH** the bill.

Other Boards/Departments that may be affected:	
<input type="checkbox"/> Change in Fee(s)	<input checked="" type="checkbox"/> Affects Licensing Processes
<input checked="" type="checkbox"/> Affects Enforcement Processes	
<input type="checkbox"/> Urgency Clause	<input type="checkbox"/> Regulations Required
<input type="checkbox"/> Legislative Reporting	<input type="checkbox"/> New Appointment Required
<b>Legislative &amp; Regulatory Affairs Committee Position:</b>	<b>Full Board Position:</b>
<input type="checkbox"/> Support	<input type="checkbox"/> Support if Amended
<input type="checkbox"/> Oppose	<input type="checkbox"/> Oppose Unless Amended
<input type="checkbox"/> Neutral	<input type="checkbox"/> Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

**REASON FOR THE BILL**

According to the author, existing statute of limitations for professional negligence may not adequately reflect the delayed recognition of psychological harm associated with sexual orientation or gender identity change efforts. The author states that the bill is intended to provide individuals with sufficient time to pursue civil remedies.

**ANALYSIS**

SB 934 proposes to establish a dedicated statute of limitations for civil actions seeking damages related to SOGICE performed by licensed mental health providers. The bill does not create a new cause of action, but instead operates within existing civil liability frameworks.

Existing law, established by SB 1172 (2012), prohibits licensed mental health providers from engaging in SOGICE with patients under 18 years of age. This bill does not modify those prohibitions or expand the Board's disciplinary authority.

The primary effect of SB 934 is to extend the time period in which civil claims may be filed. The bill may also address claims involving delayed discovery of harm, recognizing that psychological harm from SOGICE may manifest or be understood only after a substantial delay.

Overall, SB 934 is intended to expand access to civil remedies for individuals harmed by SOGICE.

**Impact on the Board of Psychology**

The bill does not amend Business & Professions Code §§865–865.2. The Board's authority to investigate and discipline licensees who provide SOGICE to minors is unaffected. A successful civil judgment under §340.12 may result in a complaint to the Board and potential accusations under existing unprofessional conduct provisions.

The bill does not impose new regulatory, licensing, or enforcement responsibilities on the Board.

**Potential Impact on Licensees**Discipline Regime Unchanged

The bill does not modify existing statutory prohibitions or standards of professional conduct enforced by the Board.

Extended Civil and Disciplinary Exposure

By extending the statute of limitations, the bill may increase the number of civil actions filed against licensed mental health providers related to alleged SOGICE practices.

Standard of Care Anchored to Scientific Consensus

In both civil and administrative proceedings, the applicable standard of care is generally informed by expert testimony and professional standards. Relevant clinical guidelines and position statements may be considered as part of that analysis, consistent with current practice.

### Records Retention

Standard California medical records retention periods (7 years; 10 years for minors post-majority) are shorter than the proposed new statute of limitations.

### **LEGISLATIVE HISTORY**

**SB 1172 (Lieu, Chapter 835, Statutes of 2012)** established the existing law that prohibits a mental health provider from engaging in sexual orientation change efforts with a patient under 18.

**AB 2943 (Low, 2018)** would have classified advertising, offering, or engaging in sexual orientation change efforts as an unfair or deceptive practice under the Consumer Legal Remedies Act, allowing affected consumers to seek damages. The Board supported the bill, but the author ultimately withdrew it, and it did not advance.

### **OTHER STATES' INFORMATION**

Not applicable at this time.

### **PROGRAM BACKGROUND**

The Board of Psychology protects consumers of psychological services by licensing psychologists and associated professionals, regulating the practice of psychology, and supporting the ethical evolution of the profession.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

### **FISCAL IMPACT**

This bill is not expected to have a fiscal impact on the Board, as it does not create new regulatory, licensing, or enforcement responsibilities. Any indirect impact related to inquiries or complaints involving specialized statute of limitations is expected to be minor and absorbable within existing resources.

### **ECONOMIC IMPACT**

The bill is not expected to have a significant economic impact.

### **LEGAL IMPACT**

The bill does not directly affect the Board's statutory authority or disciplinary processes. However, by extending the statute of limitations for certain civil actions, the bill may result in an increase in complaints or disciplinary referrals associated with civil litigation.

### **APPOINTMENTS**

Not applicable at this time.

### **SUPPORT/OPPOSITION**

Not applicable at this time.

### **Support:**

Access Reproductive Justice

Alliance for Children's Rights  
Alliance for Transyouth Rights  
Asian American's Advancing Justice-Sacramento & Los Angeles  
California Legislative LGBTQ Caucus  
California Lesbian, Gay, Bisexual, and Transgender Health & Human Services Network  
Casita Feliz Latine LGBTQ+ Center  
Los Angeles Community Health Outreach Project  
Courage Campaign  
El/La Para TransLatinas  
Equality California (EQCA)  
Gender Affirming Professionals  
Lambda Legal  
Los Angeles Gay and Lesbian Center  
Lyon-Martin Community Health Services  
National Center for LGBTQ Rights  
One Institute  
Outlet  
PFLAG National  
Rainbow Families Action  
San Diego LGBT Pride  
Somos Familia  
TransFamily Support Services  
The TransLatin@ Coalition  
The Trevor Project

**Opposition:**

California Baptists for Biblical Values  
California Family Council  
California Teachers Supporting Gender nonconforming Youth  
Central Coast Alliance United for a Sustainable Economy  
Democrats for an Informed Approach to Gender  
Lesbians Advocating for a Resilient Future  
Lesbians Advocating for a Resilient Future  
One individual  
PERK Advocacy  
Women are Real

**ARGUMENTS**

Not applicable at this time.

**Proponents:****Opponents:****AMENDMENTS**

Not applicable at this time.

**April 24, 2026, Legislative and Regulatory Affairs Committee Discussion:**

A motion was made at the Committee meeting to recommend a SUPPORT position to the full Board, however, after further discussion, the motion was voted down.

The Committee did receive an opposition letter from the International Foundation for Therapeutic and Counseling Choice (IFTCC).

The committee requested a full analysis of SB 934.

**From:** [Laura A. Haynes, Ph.D.](#)  
**To:** [bopmail@DCA](mailto:bopmail@DCA)  
**Subject:** International Foundation for Therapeutic and Counseling Choice urges do not support SB 934 Wiener  
**Date:** Thursday, April 16, 2026 11:19:41 PM  
**Attachments:** [IFTCC Letter to CA BOP - SB 934 Opposed - 2026-4-16 final.pdf](#)  
**Importance:** High

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Dear Members of the California Board of Psychology,

I am Laura Haynes, Ph.D., a California licensed psychologist and U.S.A. Country Representative, Executive Board Member, and Chair of the Science and Research Council for the International Foundation for Therapeutic and Counselling Choice. The IFTCC serves professional mental health counselors and pastoral counselors in California and more than 30 nations. We urge you not to support SB 934 that intends to prohibit counseling that decreases distress and is open to sexuality or gender identity change. Please consider the evidence in our attached 2 2/3 page letter (and references).

Thank you for your service and for your consideration of our evidence.

Respectfully,

Laura Haynes, Ph.D., California Licensed Psychologist,  
Executive Board Member, Country Representative for the U.S.A., Chair of the Science and Research Council, International Foundation for Therapeutic and Counselling Choice (IFTCC.org)

Re: *SB-934 Opposed*. Sexual orientation or gender identity change allowing counseling

Dear Members of the California Board of Psychology,

April 16, 2026

SB 934 would prevent access to safe, consensual counseling conversations that help Californians preserve their marriage and family, live freely according to their preferences, values, conscience and beliefs that give them happiness, and live the life they desire without discrimination if they experience distress about their same-sex attraction or discordant gender identity. The International Foundation for Therapeutic and Counselling Choice provides training and advocacy for mental health professionals and pastors in California and over 30 countries in ethical counseling for these individuals based on scientific integrity. We urge you to protect their rights by not supporting SB 934. Please consider the evidence.

*1. Same-Sex Attraction and Discordant Gender Identity Are Not Simply Inborn or Biologically Determined.* Identical twins share biological factors that some have theorized cause same-sex sexuality or gender dysphoria (examples: genes, epigenetics, prenatal hormones, number of older brothers, maternal prenatal factors).

*a. Same-sex sexuality:* If one identical twin develops same-sex sexuality, the other does also only less than a third of the time [1].

*b. Gender dysphoria:* In a Swedish nation-wide study over 15 years, if one identical twin developed gender dysphoria, the other identical twin never did (0.0%). [15].

*2. Same-Sex Sexuality or Discordant Gender Identity May Result from Life Experiences or Psychological Factors, Not Biology.*

*a. Same-sex attraction:* This is according to the American Psychological Association [32A] and several rigorous (large, prospective, longitudinal, controlled, cohort, mixed methods, replicated) studies in the U.K., Finland, New Zealand and U.S. [12A].

*b. Discordant gender identity:* This is according to a consensus statement of endocrine societies around the world [16], a comprehensive National Health Service-England review [4A], Finland's Recommendation [7], and highly rated research [3A].

*3. Same-Sex Sexuality and Discordant Gender Identity Commonly Change Through Life.*

*a. Same-sex attraction:* According to the American Psychological Association [32B] and abundant rigorous research [9A].

*b. Discordant gender identity:* According to 11 out of 11 of children's studies internationally [34, 25] and rigorous (prospective, longitudinal, population- and cohort-based) adolescent research [20].

*4. Same-Sex Attraction and Behavior and Discordant Gender Identity May Decrease Significantly or Change for Some, Though Not All, Through Safe Consensual Counseling.*

*a. All the existing gold standard research of which we are aware—randomized controlled trials [\*=RCT]—across ideologies of the researchers, supported by additional research, have found safe mental health interventions may decrease same-sex partners [18\*,21\*,23\*,24\*], various sexual attractions [17\*,10\*,11\*,2] and same-sex attraction specifically [17\*,10\*,11\*], and opposite-sex attraction may increase [10\*-11\*]. Longitudinal studies support these findings [12B].*

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b. *These kinds of studies, even if not perfect, are recognized as far superior to cross-sectional surveys by which researchers generally have acknowledged they did not prove that change counseling caused harm, then asserted it anyway.* Activist lobbies promote these surveys and invalid position statements based on them in professional organizations.[12C] There is not a professional consensus for therapy bans [3C,12D.

c. *There is no quantitative research that meets scientific standards that has established a claim on which change-allowing counseling opponents rely, that change allowing counseling at any age is unsafe for undesired same-sex attraction [28-30] or undesired discordant gender identity [8,3,36] or that risk of harm [22] or delayed awareness of harm is greater for this counseling than for counseling generally.*

In fact, all known longitudinal studies of sexuality change practices have found mental health improved strongly, outweighing any harms [14,19]. Also, the only known nationally representative study of people who did not change same-sex sexuality through counseling found they still benefitted—suicidality did not increase and may have decreased dramatically [28-30].

#### *5. Medical Interventions for Gender Distressed Minors Harm Fertility and Sexual Pleasure, Do Not Improve Mental Health, and Are Not Proven Better Than Counseling Alone.*

a. *Gender medical interventions harm bodies [5] and are not proven effective.* The World Health Organization of the United Nations said it will not recommend medical gender interventions for children or adolescents, because “the evidence base for children and adolescents is limited and variable” [34]. Research reviews by the health authorities of England [4B], Sweden [27], Finland [7], and the U.S. [8] agree and now prioritize counseling. Rigorous studies of entire populations, many decades long, found gender medical approaches did not improve mental health or worsened it. [13]

b. *Counseling approaches are effective and safer.* They do not harm bodies. Medical gender interventions plus counseling did not resolve distress significantly better than counseling alone for gender dysphoric adolescents in England at the largest gender clinic in the world [6] and in the Netherlands clinic that formed the medical gender intervention protocol on which medical gender interventions for minors have been based internationally [26]. Gender discordance resolved for children through change counseling in case studies published by the world-renowned gender expert who led the DSM-5 work group on diagnosis of gender dysphoria [37] and colleagues.

The U.S. DHHS systematic review of 17 systematic research reviews, considered gold standard research [8], and the research review in an amicus brief submitted to the U.S. Supreme Court [3], found no scientific evidence of harm for counselling approaches for gender dysphoric young people.

#### *6. Counseling That Is Open to Sexuality Change Has Been Especially Effective for People Who Want to Save Their Marriage and Family or Live According to Their Conscience and Values They Love.* What this counseling help means to them, their spouses, and their children can hardly be expressed. Bans take away their right to this effective counseling help.

a. *Men who were fathers or who held traditional values were especially successful at reducing same-sex partners in both rigorous LGB-identity-affirmative research (randomized controlled trial) [18] and change-exploring counseling research [31].*

Many in the latter study also reduced same-sex attraction and mental health improved.

b. *Contrary to conventional wisdom, most same-sex attracted people by far are both-sex attracted, say the American Psychological Association [32C] and international research [9B], and the vast majority choose opposite-sex partners [12E] and many have children [12F]. Nearly a third to over half of men in change-allowing counseling studies are married to an opposite sex spouse and are fathers [12G].*

*Their right to help to decrease same-sex attraction and behavior and increase opposite-sex attraction to protect their marriage and family they love should continue. Adolescents should be able to have the same help. Some who are both-sex attracted will be in procreative marriages also; some want help to be abstinent more easily.*

c. *The right of gender dysphoric adults to receive the counseling approach to decrease gender dysphoria or incongruence, preserve their marriage and family, or achieve other personal goals is advocated for them by the world-renowned gender dysphoria expert who led the DSM-5 work group on diagnosis of gender dysphoria [36].*

*Adolescents should be able to access the same help.*

d. *He also strongly supported the counseling approach for children. [35,37]*

*7. People Whose Preferences, Values, Conscience and Beliefs Are for Change-Exploring Counseling Have Reported They Experienced LGBT-Identity-Affirming Counseling as Un-affirming, Coercive, Therapist-Led Rather Than Client-Led, and Harmful.*

There is no research that establishes that LGBT-identity-affirming counseling they do not want and to which they do not consent is effective, safe, or ethical for them [12H,33].

*In conclusion, everyone—young and old—should have the right to help to leave sexual or gender practices or experiences they find unfulfilling. They should have no less right to help to achieve their family goals or to live freely the life they desire according to their preferences, values, conscience, and beliefs, and to have help to do so. We urge you, protect their freedoms and rights. Do not support, and better yet do oppose, SB 934.*

Respectfully, The IFTCC Science and Research Council (More info: <https://iftcc.org/mou/>)  
Similar letter for legislators at: <https://archive.iftcc.org/iftcc-ca-sb-934-opposed>

#### Reference Endnotes:

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Probandwise concordance 24%, Table 4 caption, pp. 74-76. A finding that factors contributing to same-sex sexuality are 32% genetic is consistent with 24% probandwise concordance and 14% pairwise concordance.

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- [3] Brief of Amici Curiae International Foundation for Therapeutic and Counseling Choice, *Chiles v. Salazar, et al.*, \_\_\_ U.S. \_\_\_ (2025) (No. 24-539).  
[https://www.supremecourt.gov/DocketPDF/24/24-539/363195/20250613153058649\\_Chiles%20Supreme%20Court%20Brief.pdf](https://www.supremecourt.gov/DocketPDF/24/24-539/363195/20250613153058649_Chiles%20Supreme%20Court%20Brief.pdf).  
A. Psychological influences on development of gender discordance and dysphoria: pp. 34-39.  
B. No research has established harm for counseling to help a person grow more comfortable with their sex: see pp. 39-51.  
C. No professional consensus for medical gender approach: Appendix “A-1: A List of Some Organizations Raising Concerns Over or Dissenting from the Medicalized Approach, Thereby Increasing the Need for a Counseling Approach or Even Advocating for It.”
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<https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/>. A. “biopsychosocial”, see p. 121, 8.52.  
B. Psychotherapy approach, pp. 150, 157.
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<https://doi.org/10.1080/26895269.2022.2100644>. See pp. S102, S119, S167.
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<https://opa.hhs.gov/gender-dysphoria-report>. A systematic review of systematic reviews, recognized as gold standard research. Counseling approach not harmful: see p. 16.
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<https://doi.org/10.1080/00224499.2016.1139665>. A. Same-sex attraction often changes: see Table 1. B. Most same-sex attracted by far are both-sex attracted: see pp. 7-8.  
The first author also subsequently authored rigorous research finding mental-health-practice-mediated sexual attraction change. See [10,11].

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A. Life experiences and psychological factors influence development of same-sex sexuality: pp. 198-199 at 190.d.ii. and iii. Also pp. 225-228 at 220d. Professional counselors treat the impacts of these experiences every day. Effects from these experiences may decrease or change as a by-product of such counseling, though not for all.

B. Longitudinal studies have found same-sex attraction and behavior significantly decreased or changed through change allowing practices: pp. 153-158 at 162-163.

C. Cross-sectional surveys have invalidly claimed they found causal evidence of harm: pp. 214-222. Professional position statements have relied on them: p. 222.

D. There is no professional consensus in support of therapy bans: pp. 239-242.

E and F. Most both-sex attracted people who are in a relationship are with an opposite-sex partner and many have children: pp. 10-12 at 16.e.

G. Nearly a third to over half of males in studies of change-allowing counseling are married and fathers: pp. 78-79.

H. No research evidence that LGBT-identity-affirmative counseling is safe or effective, therefore ethical, for people who do not want or consent to it; they report harm: pp. 234-235.

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<https://doi.org/10.1080/0092623x.2011.607052>. This final report on a 6- to 7-year longitudinal study was published in a peer-reviewed journal after the APA task force report of 2009. This study discussed in [12B], pp. 155-158 at 163.

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A. Psychological factors for development of same-sex attraction, vol. 1:

p 583: “Biological explanations, however, do not entirely explain sexual orientation.

Psychoanalytic contingencies are evident as main effects or in interaction with biological factors.” p. 257: “The inconvenient reality...is that social behaviors are always jointly determined” by nature, nurture, and opportunity. pp. 609-610: Childhood sexual abused has “associative and potentially causal links” to having same sex partners for some people.

B. Same-sex attraction, behavior, and identity often change throughout the lifespan for men and women, adolescents and adults, vol. 1: p. 636: [R]esearch on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attraction, behaviours, or identities over time.” p. 562: “Although change in adolescence and emerging adulthood is understandable, change in adulthood contradicts the prevailing view of consistency in sexual orientation.” p. 619: Over the course of life, individuals experience the following: ...changes or fluctuations in sexual attractions, behaviours, and romantic partnerships....”

C. Both sex-attraction is the norm, and exclusive same-sex attraction is the exception:

Vol. 1, p. 633: “Hence, directly contrary to the conventional wisdom that individuals with exclusive same-sex attractions represent the prototypical ‘type’ of sexual-minority individual, and that those with bisexual patterns of attraction are infrequent exceptions, the opposite is true: Individuals with nonexclusive patterns of attraction are indisputably the ‘norm,’ and those with exclusive same-sex attractions are the exception.”

The APA gave its imprimatur to this handbook: vol. 1, p. xvi.

The second editor-in-chief of the handbook was also an author in [9,10,11] above.

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<https://doi.org/10.1080/00918369.2012.653309>.