

# State of North Carolina

**ROY COOPER**  
GOVERNOR

August 2, 2019

**EXECUTIVE ORDER NO. 97**

## **PROTECTING MINORS FROM CONVERSION THERAPY**

**WHEREAS**, North Carolina is home to approximately 320,000 adults who identify as lesbian, gay, bisexual, transgender, or queer (“LGBTQ”); and

**WHEREAS**, being LGBTQ is an innate quality and is not a disease, disorder, illness, deficiency or shortcoming; and

**WHEREAS**, conversion therapy, also known as “reparative therapy,” “sexual orientation change efforts” (“SOCE”) or “gender identity change efforts” (“GICE”), refers to any practice or treatment that seeks or purports to change an individual’s sexual orientation or gender identity, including efforts to change behaviors or gender expressions, or eliminate or reduce sexual or romantic attractions or feelings towards individuals of the same gender; and

**WHEREAS**, the American Psychological Association, the American Psychiatric Association, the American School Counselor Association, the American Academy of Pediatrics, the American Medical Association, the National Association of Social Workers, the American Counseling Association, the American Psychoanalytic Association, the American Academy of Child and Adolescent Psychiatry, and the Pan American Health Organization all oppose the practice of conversion therapy for minors; and

**WHEREAS**, the American Medical Association has concluded that “it is clinically and ethically inappropriate for health care providers to direct mental or behavioral health interventions, including SOCE and GICE, with a prescriptive goal aimed at achieving a fixed developmental outcome of a child’s or adolescent’s sexual orientation, gender identity or gender expression”; and

**WHEREAS**, the Substance Abuse and Mental Health Services Administration has expressed serious concerns with conversion therapy: “Interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression and sexual orientation are coercive, can be harmful and should not be part of behavioral health treatment”; and

**WHEREAS**, a 2019 study by the Williams Institute at the University of California at Los Angeles School of Law establishes that a total of 698,000 LGBTQ adults in the U.S. have received conversion therapy, with more than half of them receiving it as adolescents; and

**WHEREAS**, research by the Family Acceptance Project at San Francisco State University found that LGBTQ young adults whose parents attempted to change their sexual orientation or gender identity attempted suicide at double the rate of those who reported no such efforts, and suicide attempts nearly tripled for LGBTQ “young adults who reported both home-based efforts

to change their sexual orientation by parents *and* intervention efforts by therapists and religious leaders”; and

**WHEREAS**, a recent survey by The Trevor Project found that 42% of LGBTQ youth who have undergone conversion therapy attempted suicide, and 57% of transgender and non-binary youth who have undergone conversion therapy attempted suicide; and

**WHEREAS**, the American Psychological Association has concluded that conversion therapy can pose critical health risks to LGBTQ minors, including but not limited to an increased risk of depression, suicidality, substance use disorder and high-risk sexual behaviors; and

**WHEREAS**, eighteen (18) states, Puerto Rico, and the District of Columbia have already recognized the dangers of conversion therapy by passing laws which prohibit licensed mental health professionals from subjecting LGBTQ minors to conversion therapy; and

**WHEREAS**, the undersigned issued Exec. Order No. 24, 32 N.C. Reg. 958-62 (Nov. 15, 2017), which reaffirms the commitment to promoting diversity and inclusion; and

**WHEREAS**, additional action is necessary to promote the health, safety, and wellbeing of the state’s LGBTQ minors, who are uniquely vulnerable to conversion therapy; and

**WHEREAS**, state health care funds are spent to support evidence-based medical services, and medical experts have found conversion therapy to be ineffective, coercive and harmful to the health and well-being of minors.

**NOW, THEREFORE**, by the authority vested in me as Governor by the Constitution and the laws of the State of North Carolina, **IT IS ORDERED**:

**Section 1. Purpose**

It is the policy of the Office of the Governor and the North Carolina Department of Health and Human Services (“DHHS”) to promote and implement actions that protect the wellbeing of all North Carolina residents regardless of their sexual orientation, gender identity, or gender expression. Additionally, it is the policy of the Office of the Governor and DHHS to ensure that state and federal funds that are allocated to DHHS and earmarked for medical and mental health care are not used to provide services that have been rejected as ineffective and unsafe by respected medical and mental health professional organizations. State and federal funds allocated to DHHS are used only for effective therapeutic services that are supported by credible evidence and medical experts.

**Section 2. Definitions**

- a. “State Agency”: Any North Carolina department, agency, board, commission or committee for which the undersigned has oversight responsibility.
- b. “Conversion Therapy”: The practice of attempting to change an individual’s sexual orientation or gender identity, including efforts to change behaviors or gender expressions, or eliminate or reduce sexual or romantic attractions or feelings towards individuals of the same sex.

Conversion therapy does not include the following: (i) any practice or treatment that provides acceptance, support, or understanding to an individual; (ii) any practice or treatment that facilitates an individual’s coping, social support, or identity exploration and development, including any practice or treatment that is neutral with regard to sexual orientation or gender identity and that seeks to prevent or address unlawful conduct or unsafe practices, and that does not seek to change sexual orientation or gender identity; or (iii) any practice or treatment that assists an individual seeking to undergo a gender transition or who is in the process of undergoing a gender transition.

**Section 3. DHHS Obligations**

DHHS is hereby directed to take appropriate steps to expressly disallow payment of DHHS allocated state and federal funds for conversion therapy for individual patients under eighteen (18) years of age. Such funds include but are not limited to those earmarked for medical and mental health care by North Carolina Medicaid or North Carolina Health Choice.

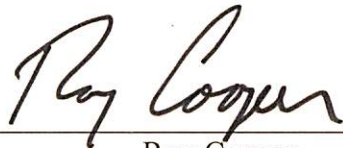
**Section 4. State Entities**

State entities not subject to the undersigned's oversight are encouraged but not required to adopt policies consistent with this Executive Order or help ensure that North Carolina is a good steward of taxpayer funds while protecting minors from the practice of conversion therapy.

**Section 5. Miscellaneous**

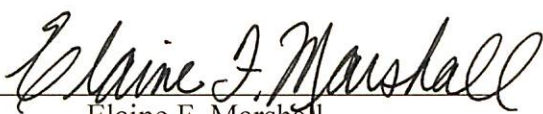
- a. This Executive Order is consistent with and does not otherwise abrogate federal or state law.
- b. Unless otherwise provided, this Executive Order supersedes and rescinds any previous Executive Order to the extent that they conflict.
- c. This Executive Order is effective immediately and shall remain in effect until amended or rescinded.

**IN WITNESS WHEREOF**, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 2<sup>nd</sup> day of August in the year of our Lord two thousand and nineteen.



Roy Cooper  
Governor

**ATTEST:**



Elaine F. Marshall  
Secretary of State

