

THIRD READING

Bill No: SB 934
Author: Wiener (D), et al.
Amended: 5/14/26
Vote: 21

SENATE JUDICIARY COMMITTEE: 10-2, 4/7/26

AYES: Umberg, Allen, Ashby, Caballero, Durazo, Reyes, Stern, Wahab, Weber
Pierson, Wiener

NOES: Niello, Valladares

NO VOTE RECORDED: Laird

SENATE APPROPRIATIONS COMMITTEE: 5-2, 5/14/26

AYES: Cervantes, Cabaldon, Grayson, Richardson, Wahab

NOES: Seyarto, Dahle

SUBJECT: Sexual orientation or gender identity change efforts: actions for recovery of damages: statute of limitations

SOURCE: Alliance for TransYouth Rights
California Legislative LGBTQ Caucus
Equality California
Lambda Legal
National Center for LGBTQ Rights
Trevor Project

DIGEST: This bill extends the statute of limitations for an action arising from harm caused by the provision of sexual orientation or gender identity change efforts, as defined, to a patient by a licensed mental health professional.

ANALYSIS:

Existing law:

- 1) Defines “sexual orientation change efforts” (SOCE) as any practices by mental health providers that seek to change an individual’s sexual orientation,

including efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex; but does not include psychotherapies that (1) provide acceptance, support, and understandings of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices; and (2) do not seek to change sexual orientation. (Bus. & Prof. Code, § 865.)

- 2) Provides that under no circumstances shall a mental health provider engage in SOCE with a patient under 18 years of age. (Bus. & Prof. Code, § 865.1.)
- 3) Provides that any SOCE attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject a mental health provider to discipline by the licensing entity for that mental health provider. (Bus. & Prof. Code, § 865.2.)
- 4) Provides that the statute of limitations in an action arising from an injury caused by a health care provider's professional negligence is three years after the date of the injury or one year after the plaintiff discovers, or should have discovered, the injury, whichever occurs first; however, if the plaintiff was a minor at the time of the injury, the statute of limitations is three years from the date of the alleged wrongful act, unless the minor was under six years of age, in which case the action shall be commenced within three years or prior to their eighth birthday, whichever is longer. (Code of Civil (Civ.) Procedure (Proc.), § 340.5)
- 5) Provides that the statute of limitations in 4) shall be tolled upon proof of fraud, intentional concealment, or, for a minor, any period in which the parties' insurance companies committed fraud or collusion in the failure to bring an action on behalf of the injured minor for professional negligence. (Code Civ. Proc., § 340.5.)

This bill:

- 1) Makes Legislative findings and declarations relating to the scientific and clinical consensus regarding the ineffectiveness and harmfulness of SOGICE.
- 2) Defines "sexual orientation or gender identity change efforts" as practices of a licensed mental health provider that seek to direct a patient toward a predetermined sexual orientation or gender identity outcome; such efforts include, regardless of the direction of the intended change, all of the following:

- a) Efforts to direct a patient toward a particular sexual orientation by eliminating, reducing, or discouraging sexual or romantic attractions or feelings toward individuals of a particular sex.
 - b) Efforts to direct a patient toward a particular sexual orientation by creating, promoting, or encouraging sexual or romantic attractions or feelings toward individuals of a particular sex.
 - c) Efforts to direct a patient toward a particular gender identity by eliminating, reducing, discouraging, or promoting any particular identity or gender expression.
- 3) Provides that the definition of “sexual orientation or gender identity change efforts” in 2) does not include either of the following practices:
- a) Nondirective psychotherapies that facilitate a patient’s coping, identity exploration, and self-understanding without seeking to achieve a particular outcome regarding sexual orientation or gender identity.
 - b) Age-appropriate interventions to address unlawful conduct or unsafe practices that do not seek to direct the patient toward any particular sexual orientation or gender identity.
- 4) Provides that, in an action for recovery of damages suffered as a result of sexual orientation or gender identity change efforts, the time for commencement of the action shall be the later of the following:
- a) If the plaintiff was under 18 years of age at the time of the conduct, within 22 years of the date the plaintiff attains the age of majority.
 - b) If the plaintiff was 18 years of age or older at the time of the conduct, within 10 years of the date of the last treatment session in which the sexual orientation or gender identity change efforts occurred.
 - c) Within five years of the date the plaintiff discovers, or reasonably should have discovered, that psychological injury or illness occurring after the conduct was caused by sexual orientation or gender identity change efforts; a plaintiff shall be deemed to have discovered that psychological injury or illness was caused by sexual orientation or gender identity change efforts when the plaintiff first knew or reasonably should have known that the psychological injury or illness was caused, in whole or in part, by the sexual orientation or gender identity change efforts, and evidence that the plaintiff was aware of one psychological symptom or condition potentially caused by

such efforts, or had made a connection between the efforts and any specific symptom, does not establish discovery of other injuries or the full scope of the harm.

- 5) Provides that the statutes of limitations in 4) apply in the following actions:
 - a) An action against a licensed mental health provider for damages arising from sexual orientation or gender identity change efforts.
 - b) An action against any person or entity that employed a licensed mental health provider for damages arising from sexual orientation or gender identity change efforts.
 - c) An action against any person or entity for negligent hiring, supervision, or retention of a licensed mental health provider who engaged in sexual orientation or gender identity change efforts.
- 6) Provides that, in an action pursuant to 5), the plaintiff may recover damages, as specified, and attorney's fees and costs.
- 7) Provides that, in an action pursuant to 5), the following applies with respect to causation:
 - a) General causation may be established by expert testimony, scientific literature, or other evidence demonstrating that sexual orientation or gender identity change efforts are capable of causing the type of psychological injury or illness suffered by the plaintiff.
 - b) Once general causation is established, the trier of fact may infer specific causation from evidence that the plaintiff was subjected to sexual orientation or gender identity change efforts and subsequently experienced the type of psychological injury or illness that such efforts are capable of causing, unless the defendant establishes by a preponderance of the evidence that the plaintiff's injury or illness was caused solely by other factors unrelated to the sexual orientation or gender identity efforts.
 - c) In determining whether the sexual orientation or gender identity change efforts were a substantial factor in causing the plaintiff's injury, the trier of fact may consider the nature, duration, and intensity of the efforts, the age and vulnerability of the plaintiff at the time, the relationship between the plaintiff and the provider, the temporal relationship between the efforts and the onset or exacerbation of symptoms, and any other relevant factors.

- d) The causation framework set forth in (a)-(c) reflects the principle that in cases involving latent injuries and scientific consensus regarding harmfulness, plaintiffs may establish causation by demonstrating that exposure to the harmful conduct was, in reasonable medical probability, a substantial factor contributing to the risk of developing the injury or illness, without requiring proof of the precise mechanism by which the harm was caused.
- 8) Provides that, in an action pursuant to 5), expert testimony regarding the general psychological effects of sexual orientation or gender identity change efforts shall be admissible to establish the types of harm such efforts are known to cause based on the scientific and clinical consensus, and may include, but is not limited to, any of the following:
 - a) The scientific and clinical consensus regarding the harmfulness of sexual orientation and gender identity efforts.
 - b) The types of psychological injuries commonly caused by sexual orientation or gender identity change efforts.
 - c) The typical latency period between sexual orientation or gender identity change efforts and the manifestation or recognition of psychological harm.
 - d) The reasons why survivors of sexual orientation or gender identity change efforts commonly experience delayed recognition of harm, including repression, shame, and the dynamics of the therapeutic relationship.
 - 9) Provides that 8) does not limit the admissibility of other relevant expert testimony regarding causation or damages.
 - 10) Provides that this bill applies to any action commenced or on after January 1, 2027, and against claims against any defendant described in 5); a claim for damages arising from conduct that occurred, in whole or in part, on or after January 1, 2009, that has not been litigated to finality and that otherwise would be barred as of January 1, 2027, because the applicable statute of limitations or any other time limit has expired shall be revived, and such claims may be commenced within three years of January 1, 2027, or the time period specified in 4), whichever is later.
 - 11) States that it is the intent of the Legislature that this bill be interpreted broadly to effectuate its remedial purpose of providing civil remedies to persons harmed by sexual orientation or gender change identity efforts.

Comments

Sexual orientation or gender identity change efforts (SOGICE) date back to the nineteenth century when homosexuality was considered a mental illness that needed to be “cured.” SOGICE encompass a range of techniques and are offered by medical professionals and non-professionals alike. According to the American Psychological Association and 13 other mental health organizations, SOGICE “do not meet the criteria of a legitimate therapeutic treatment. SOGICE are potentially harmful, discredited practices, and are not supported by credible scientific evidence.”¹ In light of the medical consensus surrounding the risks of SOGICE, California banned sexual orientation change efforts for minors in 2012.²

In March 2026, the United States Supreme Court held in *Chiles v. Salazar* that a Colorado law prohibiting SOGICE for minors should be analyzed under the “strict scrutiny” standard, to the extent it prohibits speech-based SOGICE.³ The district court and the Tenth Circuit had held that SOGICE prohibitions should be reviewed under the “rational basis” test because they regulate, first and foremost, medical conduct. The Court remanded the case so that the district court can determine whether Colorado’s law is narrowly tailored to achieve a compelling government purpose.

While this bill, like the *Chiles* case, involves SOGICE, this bill addresses only the harm caused by SOGICE after the fact and does not preemptively prohibit speech. Specifically, this bill extends the statute of limitations for existing causes of action arising from SOGICE, such as malpractice actions where the provision of SOGICE fell below the standard of care. Under this bill, patients who were under 18 years of age at the time they were injured by SOGICE would have 22 years from the date they reach the age of majority to bring an action, and patients who were 18 years of age or older at the time of the injury would have 10 years from the date of the last treatment session involving SOGICE to bring the action. The bill is clear that “SOGICE” includes any effort to direct a patient toward a predetermined sexual orientation or gender identity outcome, regardless of whether that outcome or identity is consistent with, or contrary to, the patient’s current orientation or identity. Additionally, this bill revives causes of action that have expired under the current statutes of limitation but are still within the time periods set forth in the bill, provided that the harm was caused in whole or in part on or before January 1,

¹ Brief of the American Psychological Association, the American Psychiatric Association, and Twelve Other Mental Health and Medical Professional Organizations as Amici Curiae in Support of Respondents, *Chiles v. Salazar* (Nov. 8, 2024) United States Supreme Court Case No. 24-539, p. 3.

² See St. Louis University School of Law, Conversion Therapy Laws, <https://www.slu.edu/law/health/lgbtq-policy-research/conversion-therapy-data.php> (link current as of May 14, 2026).

³ *Chiles v. Salazar* (Mar. 31, 2026) 607 U.S. ___, — S.Ct. — 2026 WL 872307.

2009—the date at which the clinical consensus regarding the harmfulness of SOGICE was firmly established. Finally, this bill sets forth guidelines relating to expert testimony and causation adopted from other latent-injury causes of action.

FISCAL EFFECT: Appropriation: No Fiscal Com.: No Local: No

According to the Senate Appropriations Committee:

Unknown, potentially significant to major costs to state entities which employed licensed mental health professionals to the extent litigation is successfully brought and entities are liable for damages (General Fund).

Unknown, potentially significant cost pressure to the courts to adjudicate new cases. While the superior courts are not funded on a workload basis, an increase in workload could result in delayed court services and would put pressure on the General Fund to fund additional staff and resources (Trial Court Trust Fund, General Fund).

Unknown, potentially significant to major costs to local entities which employed licensed mental health professionals to the extent litigation is successfully brought and entities are liable for damages.

To the extent successful litigation affects liability insurance premiums, local entities could experience unknown, potentially significant costs related to procuring liability insurance, apart from any specific claims (Local funds).

Potential damages, payable by state and local entities may include economic damages (medical expenses, lost earnings, etc.), noneconomic damages (pain and suffering, emotional distress, etc.), punitive damages if the defendant's conduct was willful or fraudulent and reasonable attorney's fees.

SUPPORT: (Verified 5/14/26)

Alliance for TransYouth Rights (co-source)
California Legislative LGBTQ Caucus (co-source)
Equality California (co-source)
Lambda Legal (co-source)
National Center for LGBTQ Rights (co-source)
Trevor Project (co-source)
Access Reproductive Justice
Alliance for Children's Rights
Asian Americans Advancing Justice Southern California
Board of Behavioral Sciences

California LGBTQ Health and Human Services Network
Casita Feliz
CFT – A Union of Educators & Classified Professionals, AFT, AFL-CIO
Community Health Project Los Angeles
Courage California
El/La Para TransLatinas
Gender Affirming Professionals
LGBTQ+ Inclusivity, Visibility, and Empowerment
Los Angeles LGBT Center
Los Angeles LGBTQ Chamber of Commerce
Lyon-Martin Community Health Services
One Institute
Outlet
PFLAG National
PFLAG Sacramento
Rainbow Families Action
San Diego LGBT Community Center
San Diego Pride
Somos Familia Valle
TransFamily Support Services
TransLatin@ Coalition
One individual

OPPOSITION: (Verified 5/14/26)

Cali Baptist Capitol Ministry
California Baptists for Biblical Values
California Family Council
California Teachers Supporting Gender Non-Conforming Youth
CAUSE
Civil Justice Association of California
Democrats for an Informed Approach to Gender
Genspect
Lesbian, Gay, and Bisexual Alliance USA
Lesbians Advocating for a Resilient Future
Our Duty
PERK
SFV Alliance
Women Are Real
Women's Liberation Front
Four individuals

ARGUMENTS IN SUPPORT: According to the Trevor Project:

We don't just oppose conversion therapy on principle — we see its consequences every day in our crisis work. In the last year, more than 1,200 of our crisis conversations from over 500 cities and towns across the country explicitly raised conversion therapy. Young people brought it up themselves, in the middle of their darkest moments...

As attacks on the well-being of LGBTQ+ youth mental health rise, so does the potential for them to be subject to this harmful practice. Survivors deserve justice. But seeking justice requires time — time for survivors to process what happened to them, time to find the words, time to build support systems, time to heal from the shame and manipulation to come forward. The current statute of limitations doesn't account for the severity or complexity of the harm these practices cause.

SB 934 gives survivors the chance to seek the justice they deserve on a timeline that reflects the gravity of what was done to them. It also sends a clear message to practitioners that these harmful practices will not go unanswered — a deterrent effect that protects the next generation of LGBTQ youth.

ARGUMENTS IN OPPOSITION: According to CAUSE:

SB 934 establishes extraordinary liability that will penalize out of existence any therapeutic approaches to gender dysphoria diagnosis or treatment which embrace the reality of biological sex. At the same time, SB 934 insulates from all scrutiny the “affirmation only” approach to mental distress over a person's concern they may have a “gender identity” that is incongruent with their physical body. SB 934 will act to cement into California law the increasingly shaky philosophical concepts around belief in “gender identity” into policy and law, at a moment when other states and countries are pulling back from this, due to the mounting evidence against this concept *especially* as a therapeutic model.

Prepared by: Allison Whitt Meredith / JUD. / (916) 651-4113
5/18/26 15:05:41

**** END ****