Date of Hearing: June 9, 2026

ASSEMBLY COMMITTEE ON JUDICIARY
Ash Kalra, Chair
SB 934 (Wiener) – As Amended June 3, 2026

SENATE VOTE: 30-9

SUBJECT: SEXUAL ORIENTATION OR GENDER IDENTITY CHANGE EFFORTS

SYNOPSIS

Sexual orientation and gender identity change efforts, frequently referred to as "conversion therapy," attempt to direct an individual toward a predetermined sexual orientation or gender identity outcome. Leading medical and mental health associations have taken the position that efforts to change an individual's sexual orientation or gender identity are harmful and ineffective. Many patients who have been subjected to sexual orientation and gender identity change efforts report negative social and emotional consequences such as anger, anxiety, confusion, depression, guilt, hopelessness, deteriorated relationships with family, loss of social support, sexual dysfunction, and even suicide. For those reasons, the Legislature enacted SB 1172 (Lieu) Chap. 835, Stats. 2012, to prohibit licensed mental health providers from applying these efforts towards minors starting in 2013.

Because it may take individuals years to recognize they suffer from trauma associated with these efforts, 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. Similarly, the bill revives claims to the extent that they were otherwise barred by an existing statute of limitations, going back to 2009. Among other things, the bill also adopts a causation framework typically used in cases of latent injuries for the purpose of these claims and revises the current definition of "sexual orientation change efforts" found elsewhere in existing law.

This measure is supported by numerous advocates for the LGBTQ community, reproductive rights groups, and professional mental health organizations, who write that survivors of conversion therapy may not immediately understand or connect later psychological injury to the sexual orientation or gender identity change efforts they experienced. By extending the statute of limitations, they argue that this bill accounts for the delayed discovery that many may experience. This bill is opposed by numerous groups that believe conversion therapy methods are a legitimate form of therapy, as well as opponents of the provisions of gender-health care for gender nonconforming youth. Finally, this bill is also opposed by various public entities unless it is amended to address concerns that the bill expose these entities to retroactive liability.

SUMMARY: 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. Specifically, **this bill**:

1) Makes the following legislative findings and declarations:

    a) The American Psychological Association, the American Psychiatric Association, the American Academy of Pediatrics, the American Medical Association, the American Counseling Association, the American Academy of Child and Adolescent Psychiatry, the

American School Counselor Association, the National Association of Social Workers, and every other mainstream mental health and medical organization in the United States have determined that efforts to change an individual's sexual orientation or gender identity are harmful and ineffective.

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

c) The American Psychiatric Association has stated that it "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 prior assumption that a patient should change their sexual homosexual orientation."

d) The American Academy of Pediatrics has stated that "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."

e) The World Professional Association for Transgender Health, the American Medical Association, and the American Psychological Association recognize that gender identity is not a disorder and that efforts to change an individual's gender identity are harmful.

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

g) The psychological harms caused by sexual orientation or gender identity change efforts often do not manifest until years or decades after the conduct occurred. Survivors frequently do not recognize their experience as conversion therapy, initially fail to recognize such treatment as harmful, fail to connect their psychological injuries to the treatment until much later in life, or are deterred from coming forward by shame instilled by the treatment itself.

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

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

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

k) In cases involving latent injuries where there is scientific consensus regarding harmfulness, California courts have recognized that 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 occurred. This causation framework is appropriate for claims arising from sexual orientation or gender identity change efforts, given the scientific consensus regarding the harmfulness of such efforts and the latent nature of the resulting psychological injuries.

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

2) Defines "sexual orientation or gender identity change efforts" to mean any practices of a licensed mental health provider that seek to direct a patient toward a predetermined sexual orientation or gender identity outcome. Specifies that such efforts include, regardless of the direction of the intended change, either of the following:

   a) Efforts to direct a patient toward a particular sexual orientation by reducing or increasing sexual or romantic attractions or feelings toward individuals of a particular sex.

   b) Efforts to direct a patient toward a particular gender identity by altering, suppressing, or constraining the patient's gender identity or expression.

3) Specifies that "sexual orientation or gender identity change efforts" do 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 any 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) Specifies that a mental health provider may not engage in sexual orientation or gender identity change efforts with a patient under 18 years of age under any circumstances.

5) Specifies that any sexual orientation or gender identity efforts attempted on a patient under 18 years of age by a mental health provider are considered unprofessional conduct and will be subject the mental health provider to discipline by the licensing entity for that mental health provider.

6) 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 will 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. For purposes of this paragraph, all of the following apply:

i. The 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.

ii. The plaintiff need not have knowledge of the full extent of the injury, the specific diagnosis, or that the conduct was wrongful or actionable.

iii. Knowledge that one received treatment from a licensed mental health provider, standing alone, does not constitute discovery.

iv. The discovery period commences only when the plaintiff knew or reasonably should have known that psychological injury or illness generally was caused by sexual orientation or gender identity change efforts. 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 harm.

7) Specifies that the provisions of this bill apply to 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 the negligent hiring, supervision, or retention of a licensed mental health provider who engaged in sexual orientation or gender identity change efforts.

8) Provides that in an action pursuant to this bill, the plaintiff may recover damages, including, but not limited to, all of the following:

a) Economic damages, including medical expenses, mental health treatment costs, lost earnings, and other pecuniary losses.

b) Noneconomic damages, including pain and suffering, emotional distress, and loss of enjoyment of life.

c) Punitive damages if the defendant's conduct was willful, oppressive, fraudulent, or malicious.

d) Reasonable attorney's fees and costs.

9) Specifies that in an action pursuant to this bill, 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.

10) Provides that 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 sexual orientation or gender identity change efforts were not a substantial factor in causing the plaintiff's injury or illness.

11) Specifies that in determining whether 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.

12) States that the causation framework set forth in this bill 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 occurred.

13) Provides that in an action pursuant to this bill, expert testimony regarding the general psychological effects of sexual orientation or gender identity change efforts will be admissible to establish the types of harm such efforts are known to cause based on the scientific and clinical consensus. Specifies that expert testimony may include, but is not limited to, any of the following:

a) The scientific and clinical consensus regarding the harmfulness of sexual orientation or gender identity change 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.

14) Clarifies that 13) does not limit the admissibility of other relevant expert testimony regarding causation or damages.

15) Provides that the bill applies to any actions commenced on or after January 1, 2027.

16) Specifies that notwithstanding any other law, a claim for damages described in this bill 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 would otherwise be barred as of January 1, 2027, because the applicable statute of limitations or any other time limit had expired, will be revived. Specifies that these claims may be commenced within three years of January 1, 2027, or within the time period specified in 6), whichever is later.

17) Provides that the provisions of this bill will not be construed to do any of the following:

    a) Limit the application of any other law that extends the time for commencement of an action.

    b) Limit or restrict any statutory or common law cause of action or remedy available to any person injured by sexual orientation or gender identity change efforts.

    c) Create a new cause of action.

18) Specifies that it is the intent of the Legislature that this section be interpreted broadly to effectuate its remedial purpose of providing civil remedies to persons harmed by sexual orientation or gender identity change efforts.

19) Includes a severability clause.

EXISTING LAW:

1) Provides that the practice of psychology in California affects the public health, safety, and welfare and is subject to regulation and control by the state. Specifies that it is in the public interest to protect the public from the unauthorized and unqualified practice of psychology and from unprofessional conduct by persons licensed to practice psychology. (Business and Professions Code Section 2900.)

2) Provides that notwithstanding any provision of law to the contrary, a minor who is 12 years of age or older may consent to mental health treatment or counseling services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the mental health treatment or counseling services. (Health and Safety Code Section 124260 (b).)

3) Defines “mental health provider” to mean a physician and surgeon specializing in the practice of psychiatry, a psychologist, a psychological assistant, intern, or trainee, a licensed marriage and family therapist, a registered associate marriage and family therapist, a marriage and family therapist trainee, a licensed educational psychologist, a credentialed school psychologist, a licensed clinical social worker, an associate clinical social worker, a licensed professional clinical counselor, a registered associate clinical counselor, a professional clinical counselor trainee, or any other person designated as a mental health

professional under California law or regulation. (Business and Professions Code Section 865 (a).)

4) Defines "sexual orientation change efforts" to mean 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. Specifies that "sexual orientation change efforts" do not include psychotherapies that: provide acceptance, support, and understanding of clients or the facilitation of client's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices; and do not seek to change sexual orientation. (Business and Professions Code Section 865 (b).)

5) Provides that under no circumstances shall a mental health provider engage in sexual orientation change efforts with a patient under 18 years of age. (Business and Professions Code Section 865.1.)

6) Provides that any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider are considered unprofessional conduct and will subject a mental health provider to discipline by the licensing entity for that mental health provider. (Business and Professions Code Section 865.2.)

7) 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 Procedure Section 340.5.)

FISCAL EFFECT: As currently in print this bill is keyed fiscal.

COMMENTS: Many patients who have been subjected to "conversion therapy" or "sexual orientation and gender identity change efforts" report negative social and emotional consequences such as anger, anxiety, confusion, depression, guilt, hopelessness, deteriorated relationships with family, loss of social support, sexual dysfunction, and even suicide. (Krista Conger, *Conversion practices linked to depression, PTSD and suicide thoughts in LGBTQIA+ adults*, Stanford Medicine (Sept. 30, 2024), available at: https://med.stanford.edu/news/all-news/2024/09/conversion-practices-lgbt.html.) Despite the lifetime of damage that these practices can cause, the state's statute of limitations restricts how long actions can be brought to recover for damages caused by these practices. In an effort to allow more individuals who have suffered harm from conversion therapy to seek relief, this bill, among other things, extends the statute of limitations for an action arising from harm caused by the provision of sexual orientation or gender identity change efforts, and revives some claims that may have been previously barred by the statute of limitations.

According to the author:

> SB 934 takes the crucial step of extending the window in which survivors of conversion therapy may seek to redress the harms done to them and eases their burden in doing so.

Sexual orientation and gender identity change efforts, better known as conversion therapy, are a series of noxious practices that have been widely discredited by every major medical association and a robust body of scientific evidence. Conversion therapy is immensely harmful to members of the LGBTQ community and treats intrinsic pieces of identity as a disease to be cured. It teaches individuals to be ashamed of who they are and leads to measurably worse life outcomes, including increased likelihood of depression, suicidality, lower educational attainment, economic insecurity, and lower life satisfaction.

Despite these clear harms, for too long survivors have been unable to seek restitution for the harms they have faced. Under the existing statute of limitation on bringing cases against licensed medical practitioners for negligence, better known as malpractice, action must be brought within three years of the injury or one year of having discovered the injury or having should have discovered the injury, whichever comes first. This barrier prevents many survivors from bringing cases as it can take years to recognize and grapple with the harms that have been done.

SB 934 will extend the statute of limitations to give survivors adequate time to recognize the cost they have borne and bring a suit against those who profited off of the harm done to them. The law only applies to licensed medical providers and does not create a new right of action. Additionally, SB 934 clarifies the role scientific evidence and expert testimony may play in establishing harm when cases are brought forward.

Conversion therapy bans for minors & SB 1172. Sexual orientation and gender identity change efforts attempt to direct an individual toward a predetermined sexual orientation or gender identity outcome. These efforts and practices are sometimes referred to as conversion or reparative therapy. Sexual orientation and gender identity change efforts can include aversive treatments such as electric shock or nausea inducing drugs administered simultaneously with the presentation of homoerotic stimuli. (*See* United Nations Independent Expert on sexual orientation and gender identity, *Report on Conversion Therapy* (May 1, 2020), available at: https://www.ohchr.org/sites/default/files/Documents/Issues/SexualOrientation/ConversionTherapyReport.pdf.) Others have attempted to alter a patient's sexuality or gender identity with visualization, social skills training, talk therapy, and spiritual interventions. (*Ibid.*)

In 2009, the American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation, which concluded that "[e]fforts to change sexual orientation are unlikely to be successful and involve some risk of harm, contrary to the claims of sexual orientation change efforts practitioners and advocates." (American Psychological Association, Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009).) Similarly, in 2021, the American Psychological Association adopted a resolution concluding that gender identity change efforts are harmful and ineffective and calling for their elimination. (American Psychological Association, APA Resolution on Sexual Orientation Change Efforts (Feb. 2021), available at: https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf.) As stated in the findings and declarations of this bill, there are numerous other organizations that have taken similar positions on the effectiveness, need, usefulness and problematic results that may occur when providers engage in these practices.

Because of the harm caused by these efforts, the Legislature enacted SB 1172 (Lieu) Chap. 835, Stats. 2012, which prohibited licensed mental health professionals from applying sexual

orientation change efforts towards minors. While the existing and original term used in statute is "sexual orientation change efforts," the definition includes "efforts to change gender expression." (Business and Professions Code Section 865 (b).) As such, under existing law efforts to change gender identity, as well as sexual orientation are prohibited.

At least 23 states, including California, have banned the application of conversion therapy or sexual orientation or gender identity change efforts towards minors. (Movement Advancement Project, *LGBTQ Policy Spotlight: Laws Protecting LGBTQ Youth from Conversion "Therapy"* (July 2025), available at https://mapresearch.org/report/lgbtq-policy-spotlight-laws-protecting-lgbtq-youth-from-conversion-therapy/.) Following the U.S. Supreme Court's recent opinion in *Chiles v. Salazar* (2026) 146 S. Ct. 1010, there is now significant concern that many of these conversion therapy bans may be challenged and ultimately struck down on constitutional grounds.

Chiles v. Salazar & the First Amendment. In *Chiles,* the Supreme Court considered a First Amendment challenge to a Colorado law, which prohibited licensed counselors from engaging in conversion therapy with minors. (*Ibid.*) The Colorado law specifically prohibited "any practice . . . that attempts or purports 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 attraction or feelings toward individuals of the same sex." (Colorado Revised Statute Sections 12-245-224 and 12-245-202.) Simultaneously, the law allowed counselors to engage in practices or treatments that provide "acceptance, support, and understanding for the facilitation of an individual's . . . identity exploration and development" as well as assistance to a person undergoing gender transition. (*Ibid.*)

Kaley Chiles, the petitioner and a licensed professional counselor in Colorado, brought a pre-enforcement challenge to the statute, asking the court to prevent the law from being enforced against her. (*Chiles*, at p. 1018.) Both the district court and the Tenth Circuit held that Colorado's law was best understood as regulating professional conduct, while only regulating speech incidental to that conduct. (*Id.* at p. 1019-20.) Accordingly, the courts held that the statute only required rational basis review, which requires a government to show that a law is rationally related to a government interest. (*Ibid.*) Because the courts found the law could withstand rational basis review, the petitioner was not entitled to a preliminary injunction.

In an 8-1 decision, the United State Supreme Court disagreed, holding that Colorado's law as applied to talk therapy regulates speech based on viewpoint and should be properly reviewed under the more rigorous standard of review, strict scrutiny. (*See id.* at p. 1023.) Among other things, the Court took issue with assertions that the ban seeks to regulate "professional conduct," rather than speech, and as such, should be subject to a lower standard of review. (*Id.* at p. 1024.) The court concluded that as applied to Chiles, a talk therapist, the law directly regulates her speech, and expressly regulates "what views she may and may not express." (*Id.*) According to the court, laws, like the Colorado statute, that engage in viewpoint discrimination or statutes that are content-based must be subject to a higher standard of review to survive a First Amendment challenge. (*See id.* at p. 1021.)

To be clear, the Court's holding does not invalidate California or any other state's conversion therapy bans, the court remanded the case to the lower courts to determine whether the law will withstand strict scrutiny. (*Id.* at p. 1029.) However, this does mean that states will likely have to prove that such bans are "narrowly tailored to serve compelling government interests," as

required to withstand strict scrutiny. In her concurrence, while Justice Kagan agreed with the majority opinion regarding Colorado's statute, she noted that, "if Colorado had instead enacted a content-based but viewpoint-neutral law, it would raise a different and more difficult question." (*Id.* at p. 1029 (conc. opn. of Kagan, J.).) Justice Kagan's concurrence raises questions as to whether a content-based but viewpoint neutral ban on efforts designed to change a minor's sexual orientation or gender identity would satisfy the requirements of strict scrutiny.

This bill defines "sexual orientation or gender identity change efforts" as any practices of a licensed mental health provider that seek to direct a patient toward a predetermined sexual orientation or gender identity. Regardless of the direction of the intended change, these efforts would be defined to include: 1) efforts to direct a patient towards particular sexual orientation outcome by reducing or increasing sexual romantic attractions or feelings toward individuals of a particular sex, or 2) efforts to direct a patient toward a particular gender identity by altering, suppressing, or constraining the patient's gender identity or expression. Nondirective psychotherapies and age-appropriate interventions to prevent unlawful or unsafe conduct would not be considered sexual orientation or gender identity change efforts.

The revised definition of "sexual orientation or gender identity change efforts" attempts to make the law more viewpoint neutral, by explicitly banning efforts that attempt to "direct" a minor towards any predetermined sexual orientation or gender identity, regardless of the direction. For example, a provider would not be able to direct a patient to adopt any particular attraction towards persons of the same or opposite sex. As in existing law, the bill still provides minor patients with the opportunity to explore their sexual orientation or gender identity with a licensed mental health provider, but it does not allow that same provider to dictate what the patient's orientation or gender identity should be.

Nonetheless, it is impossible to say what a court will do should this revised ban be subject to legal challenge. However, many states including California have clearly articulated the harms associated with efforts to change a minor's sexual orientation or gender identity, and their interests in preventing those harms. Whether the law is narrowly tailored enough to serve that compelling interest remains to be seen. Still, nothing in *Chiles* suggests that the opinion alters the ability of those harmed by sexual orientation or gender identity change efforts to seek relief in cases of professional negligence.

The Legislature has the power to create, extend, and change statutes of limitation as it deems appropriate. In addition to revising the definition under existing law, the bill also extends the statute of limitations for causes of action arising from injuries caused by sexual orientation or gender identity change efforts. Statutes of limitations specify the given time-period during which a legal claim must be brought before a court. The policy behind statutes of limitations provides that they "are designed to promote justice by preventing surprises through the revival of claims that have been allowed to slumber until evidence has been lost, memories have faded, and witnesses have disappeared. The theory is that even if one has a just claim it is unjust not to put the adversary on notice to defend within the period of limitation and the right to be free of stale claims in time comes to prevail over the right to prosecute them." (*Romano v. Rockwell International, Inc.* (1996) 14 Cal. 4th 479, 488.) Nonetheless, courts have acknowledged that "the need for repose is not so overarching that the Legislature cannot by express legislative provision allow certain actions to be brought at any time, and it has occasionally done so." (*Duty v. Abex Corp* (1989) 214 Cal.App.3rd 742, 749, citations omitted.)

Likewise, the California Supreme Court has held that the Legislature has the authority to extend statutes of limitations and revive otherwise barred claims, if the Legislature expressly states its intent to do so. (*See Quarry v. Doe I* (2012) 53 Cal.4th 945, 955-57 ("The Legislature has authority to establish—and to enlarge—limitations periods. . . however, legislative enlargement of a limitations period does not revive lapsed claims in the absence of express language of revival.").)

Still, statutes of limitations reflect the reality that, over time, documents are lost or destroyed, witnesses' memories fade, and evidence erodes. However, those subject to these efforts to change one's sexual orientation or gender identity may not immediately recognize the impact of the practices on their psychological well-being, and current statutes of limitations may limit the ability of these individuals to seek justice.

Currently, the statute of limitations for an action arising out of an injury caused by the negligence of a healthcare professional 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. (Code of Civil Procedure Section 340.5.) This bill extends the statutes of limitations for claims arising from harm caused by the provision of sexual orientation or gender identity change efforts. Specifically, the bill states the statute of limitations for these claims will be the later of the following options:

1) Within 22 years of the date the plaintiff turns the age of majority, if the patient was under 18 at the time of the conduct.

2) Within 10 years of the date of the last treatment session in which sexual orientation and gender identity change efforts occurred, if they were an adult at the time of the conduct.

3) Within 5 years of the date the plaintiff discovers or reasonably should have discovered that psychological injury or illness occurring was caused by sexual orientation or gender identity change efforts.

This approach models several other statutes providing for longer look back periods for cases in which repressed memories of the harm may only be discovered significantly later in life.

This bill revives some, but not all, old claims. The bill revives claims involving sexual orientation or gender identity change efforts that occurred on or after January 1, 2009 that have not been litigated to finality and would have been otherwise been barred by applicable statutes of limitations as of January 1, 2027. Under the bill, parties will have to bring their claims within three years of January 1, 2027 or within the specified statutes of limitations prescribed by the bill, whichever is later. This limited look-back period should give victims time to bring their claims, while addressing concerns regarding retroactivity and fairness.

Notably, stakeholders have still expressed concerns regarding the potential for extensive public entity liability given its retroactivity. A coalition of public employers and joint powers authorities (JPAs) have come out in opposition to the bill unless it is amended to reduce the potential for public entity liability arising out of sexual orientation or gender identity change efforts. They raise two major concerns: 1) it is very difficult to defend against old claims when records and witnesses may be unavailable, and 2) the cost of defending or settling these actions could be astronomical and could prevent the impacted entities from being able to support

providing essential services. Additionally, they cite concerns about the significant liabilities incurred by some counties in connection with the revival of some child sexual assault abuse claims, as permitted by AB 218 (Gonzalez) Chap. 861, Stats. 2019.

According to this coalition, when these kinds of allegations are brought forward, public entities deliberately settle claims, rather than litigate, even in cases where the facts may be vague or circumspect. This approach, while understandable, could and has led to some bad actors taking advantage of this dynamic in other contexts. (Rebecca Ellis, *False sex abuse claim filed 'without consent' in L.A.'s $4-billion settlement, man says*, LA Times (May 25, 2026) available at: https://www.latimes.com/california/story/2026-03-25/la-false-sex-abuse-claim-settlement-allegation.) Additionally, this approach essentially guarantees that no matter how many tools the Legislature and the legal system provide defendants to avail themselves of their due process rights, local entities simply give up and expose taxpayer dollars to potentially predatory plaintiff's attorneys. Exercising some level of due diligence to verify the legitimacy of some claims should provide some basic level of protection against most, but not all, frivolous and fraudulent claims. However, simply exempting public entities from liability or significantly reducing the number of claims that could be brought, slams the courthouse doors closed on victims of legitimate harms perpetrated by government employees. While it is not clear about the degree to which public entities permitted impermissible conversion therapy to occur, should evidence suggest that public entities turned a blind eye to the improper actions of their employees, the entities should not be afforded a "get out of jail free" card simply because the damages suffered by these victims must be paid from taxpayer dollars and not shareholder profits.

Nevertheless, this bill adopts a look back to 2009, while the Legislature did not formally ban conversion therapy until 2013. Accordingly, *the author may wish to consider limiting the look-back period to 2013, when the Legislature first enacted its ban on conversion therapy for minors for public entities.* One could argue that until the adoption of SB 1172 public entities were not legally obligated to supervise their mental health staff to ensure they were not conducting conversion therapy. However, starting in 2013, public entities were clearly on notice that these kinds of efforts were inappropriate, unlawful, and considered unprofessional conduct when applied towards minors, substantially bolstering a would-be plaintiff's negligent supervision claim and lessening any concerns regarding the fairness of reviving these claims. Further, both public and private entities would have been aware that these same practices could harm adult patients as well. Accordingly, commencing in 2013, these entities should have been consistently reviewing provider qualifications before hiring, providing training, and otherwise exercising oversight over their licensed mental health workforce.

Similarly, these public entities have raised concerns about the structure of the statute of limitations provisions. The bill provides that the statute of limitations will be the later of three options: 1) within 22 years after a patient reaches the age of majority, for those who were minors at the time of the conduct; 2) within 10 years of the last treatment session for those who adults at the time of the conduct; 3) or within five years a patient knew or reasonably should have known they were injured by these efforts. Because the bill provides that the statute of limitations will be the *later* of the above-mentioned options, there are concerns that individuals who miss the 10-year or 22-year statute of limitations set out in the bill will be able to bring their claims in perpetuity. There is no clear standard for when a plaintiff should have reasonably discovered that their injuries were caused by sexual orientation or identity change efforts, making it exceedingly difficult for entities to prove that the statute of limitations has expired.

To that end, the author's office has expressed that it intends to continue conversations with these stakeholders regarding their various concerns.

The bill adopts a causation framework to account for delayed discovery of psychological harm from these efforts. For causes of action brought pursuant to this bill, the bill specifies that it adopts a causation framework utilized in cases involving latent injuries. Specifically, *Rutherford v. Owens-Illinois, Inc.* (1997) 16 Cal.4th 953, 957 involved asbestos-related personal injuries and wrongful deaths. Asbestos-related cancer can be caused by cumulative exposure to asbestos, and take decades to manifest, making it difficult to link the specific cause to a particular defendant's actions. (National Institutes of Health, Asbestos Exposure and Cancer Risk Fact Sheet, available at: https://www.cancer.gov/about-cancer/causes-prevention/risk/substances/asbestos/asbestos-fact-sheet.) For these and other reasons, the court permitted the plaintiffs to "meet the burden of proving that exposure to defendant's product was a substantial factor causing the illness by showing that in reasonable medical probability it was a substantial factor contributing to the plaintiff's or decedent's *risk* of developing cancer." (*Id.* at p. 983-84.)

According to the author and sponsors, psychological trauma from conversion therapy, including PTSD, depression, shame-based anxiety, and elevated suicidality, can similarly manifest and compound over years or decades. To address this concern, the bill specifies that a plaintiff may establish general causation by using 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 a plaintiff. Once that general causation is established, the jury may infer specific causation from evidence that the plaintiff was subject to these efforts, and experienced psychological injury that these efforts are capable of causing, unless the defendant establishes by a preponderance of the evidence that these efforts were not a substantial factor in the cause of the plaintiff's harm.

ARGUMENTS IN SUPPORT*:* Several groups in support of LGBTQ groups have written in support of the bill. Among other things, they contend that efforts to change an individual's sexual orientation or gender identity are ineffective and associated with significant harm. Because individuals may not immediately recognize or understand the impact of these practices, these groups argue that individuals may need more time to seek recovery for damages caused by these practices.

One of the co-sponsors of the bill, Equality California, writes:

> Research shows that efforts to change an individual's sexual orientation or gender identity—commonly known as conversion therapy—are ineffective and associated with significant harm. A broad body of peer-reviewed studies finds no credible evidence that these practices work, while documenting serious negative consequences, including increased risk of depression, anxiety, substance use, and suicidality. Major medical and mental health associations—including the American Psychological Association, the American Psychiatric Association, the American Academy of Pediatrics, and the American Medical Association—agree that conversion therapy is deeply harmful and ineffective.
>
> […]

> Medical malpractice claims are a critical tool for protecting consumers from harmful and discredited practices and for holding providers accountable when they cause harm. Under California law, an individual may bring a medical malpractice claim within three years of the date of injury or within one year of when the individual knows or reasonably should have known of the injury. However, because the harms of conversion therapy often take years to fully surface, many survivors are unable to come forward before the statute of limitations expires—leaving them without a meaningful opportunity to seek justice. SB 934 builds on California's existing protections by extending the statute of limitations for malpractice claims related to harms caused by conversion therapy.

Similarly, the California Psychological Association states the following in support of the bill:

> CPA represents licensed psychologists, educators, researchers, graduate students, and others committed to advancing the science and practice of psychology in California. Our members understand the significant psychological harm that can result when a mental health provider attempts to direct a patient toward a predetermined sexual orientation or gender identity. These practices are inconsistent with ethical, evidence-based mental health care and can cause lasting harm, particularly when imposed on children, adolescents, or vulnerable adults.
>
> SB 934 appropriately recognizes that survivors may not immediately understand or connect later psychological injury to the sexual orientation or gender identity change efforts they experienced. By providing a statute of limitations that accounts for delayed discovery of harm, the bill creates a meaningful pathway for accountability while maintaining a structured legal framework for these claims.

***ARGUMENTS IN OPPOSITION**:* Many groups oppose the underlying policy goals of the bill, arguing that conversion therapy techniques are a legitimate form of practice. Likewise, other groups take issue with the inclusion of the term "gender identity" in the bill, contending that there is still widespread dispute as to whether efforts to alter an individual's gender identity are medically sound. Still, others believe the bill discriminates against those who hold certain religious beliefs. For example, the California Baptist Capitol Ministry writes:

> We are deeply concerned that SB 934 would weaponize civil liability to silence licensed counselors, pastors, and faith-based mental health providers who, in accordance with their sincerely held religious convictions and the voluntary requests of their clients, offer counsel consistent with a biblical understanding of human sexuality. The U.S. Supreme Court has recognized that the First Amendment protects the freedom of speech and the free exercise of religion. A counselor offering talk therapy in response to a client's freely expressed desire for help is engaged in constitutionally protected speech and religious practice. SB 934 would expose those providers to decades-long civil liability for engaging in conversations that clients themselves requested, effectively compelling counselors to abandon their convictions under threat of financial ruin.
>
> This bill also undermines patient and parental autonomy. Adults and the parents of minors should retain the right to seek counsel consistent with their own values, faith, and goals. SB 934 does not protect individuals from harm — it restricts their access to care they voluntarily seek and punishes providers who honor their requests. California should not use civil liability as a tool to enforce ideological conformity in the counseling room.

While the Civil Justice Association of California (CJAC) supports the goal of preventing individuals from harmful practices, it has also registered opposition to the bill. Specifically, CJAC writes that:

> … SB 934 departs from long established statutes of limitation principles by reviving time barred claims and allowing actions to proceed long after the underlying conduct. As a matter of legal policy, statutes of limitation exist to ensure fairness by recognizing that, over time, evidence may be lost, memories fade, and witnesses become unavailable. When claims reach too far back in time, the legal system is no longer able to reliably evaluate what did or did not occur, leaving defendants without a meaningful ability to respond.
>
> The bill also creates a broad new cause of action applicable to a wide range of licensed professionals and entities, including those alleged to have known or had reason to know of the conduct. The scope of liability, coupled with the availability of economic, noneconomic, and punitive damages and attorneys' fees, represents a significant expansion beyond traditional frameworks governing professional liability and negligent supervision.
>
> SB 934 also alters traditional causation standards by permitting general causation to be established through expert testimony while allowing specific causation to be inferred from the evidence, effectively shifting the burden of proof to defendants to demonstrate that alleged injuries were attributable solely to other factors. This departure from established burdens of proof increases the difficulty of defending against claims and heightens the risk of expanded litigation, particularly where claims may be based on limited or aged evidence.

Since the submission of CJAC's oppose letter, the author has amended the bill to revise the causation framework so that specific causation may be inferred from specified evidence, unless the defendant establishes by a preponderance of the evidence that the sexual orientation or gender identity change efforts were not a substantial factor in causing the plaintiff's injury or illness. Given the recency of these amendments, it is unclear whether these amendments would remove CJAC's concerns related to the causation framework articulated in the bill.

Finally, a coalition of public entities opposes this bill unless it is amended to address concerns "that will expose public entities to broad, retroactive liability that is disproportionate to their actual culpability — and that will ultimately divert taxpayer dollars from the mental health services, school programs, and county services that LGBTQ+ Californians and all Californians depend on." The Coalition requests amendments to exempt public entities from the bill entirely. However, if that is not possible, the Coalition requests amendments to limit the five-year discovery rule to claims after 2009; add a scienter elect to the definition of sexual orientation and gender identity change efforts to require "intent" on behalf of the provider; and add a prior-knowledge or institutional culpability requirement for revived claims against public employers.

REGISTERED SUPPORT / OPPOSITION:

Support

Alliance for TransYouth Rights (co-sponsor)
California Legislative LGBTQ Caucus (co-sponsor)
Equality California (co-sponsor)
Lambda Legal (co-sponsor)

National Center for LGBTQ Rights (co-sponsor)
Trans Family Support Services (co-sponsor)
Trevor Project (co-sponsor)
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
California Psychological Association
Casita Feliz Latine Lgbtq+ Center
CFT – a Union of Educators & Classified Professionals, AFT, AFL-CIO
Community Health Project LA
Courage California
El/la Para Translatinas
Gender Affirming Professionals
LGBTQ+ Inclusivity, Visibility, and Empowerment (LIVE)
Los Angeles LGBT Center
Los Angeles LGBTQ Chamber of Commerce
Lyon-martin Community Health Services
National Center for Lesbian Rights
One Institute
Outlet a Program of Adolescent Counseling Services
Pflag Clayton-concord
Pflag National
Pflag Sacramento
Pflag San Diego County
Rainbow Families Action Bay Area
San Diego Pride
Somos Familia Valle
The San Diego Lgbt Community Center
The Translatin@ Coalition
West Hollywood/hernan Molina, Governmental Affairs Liaison

Opposition

California Baptist for Biblical Values
California Family Council
California Teachers Supporting Gender-nonconforming Youth
Cause: Californians United for Sex-based Evidence in Policy and Law
Civil Justice Association of California
Democrats for an Informed Approach to Gender
Genspect
International Foundation for Therapeutic and Counselling Choice
Lesbians Advocating for a Resilient Future
LBG (lesbian, Gay, and Bisexual) Alliance Foundation
Our Duty
Protection of the Educational Rights of Kids
Sfv Alliance

The California Baptist Capitol Ministry
Women are Real

Oppose Unless Amended

California Association of Joint Powers Authorities
California Association of School Business Officials (CASBO)
Public Risk Innovation, Solutions, and Management (PRISM)
Rural County Representatives of California
Schools Excess Liability Fund (SELF)
Women's Liberation Front

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