SENATE THIRD READING
SB 934 (Wiener)
As Amended August 13, 2026
Majority vote

SUMMARY

Defines ″sexual orientation or gender identity change efforts″ to mean any practices of a license mental health provider that seek, during the provision of mental health services, to direct a patient toward a predetermined sexual orientation or gender identity outcome, regardless of the direction of the intended change.

Major Provisions

1) Defines ″sexual orientation or gender identity change efforts″ to mean any practices of a licensed mental health provider that seeks, during the provision of mental health services, 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 suppressing, or constraining the patient′s gender identity or expression.

2) Provides that ″sexual orientation or gender identity change efforts″ does not include any 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.

   c) Counseling, psychotherapy, or other supportive services, provided in a manner consistent with the applicable standards of care, that respects the gender identity of the patient, as experience and defined by the patient.

3) Adds a clinical social work intern to the definition of mental health provider in existing law.

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 subject the mental health provider to discipline by the licensing entity for that mental health provider.

6) Provides a severability clause.

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.) The holding in a recent U.S. Supreme Court case may undermine the state′s current ban on the provision of conversion therapy to minors and in an effort to ensure the state′s existing ban withstands a legal challenge, the author introduced this measure.

*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.*)

Because of the harm caused by these efforts, the Legislature enacted SB 1172 (Lieu) Chapter. 835, Statues. 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.*)

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, during the provision of mental health services, 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 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. Additionally, counseling, psychotherapy, or other supportive services, provided in a manner consistent with applicable standards of care, which respect a patient′s gender identity are excluded from the definition of 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.

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.

Arguments in Support

Several organizations in support of the broader LGBTQ community 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.

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.

Similarly, another co-sponsor, Trans Family Support Services states the following in support of the bill:

> Conversion therapy has been shown to be ineffective and linked to serious negative outcomes, including higher rates of depression, suicidality, and reduced life satisfaction. Leading organizations including the American Psychological Association, American Psychiatric Association, American Academy of Pediatrics, and American Medical Association affirm that LGBTQ+ identities are not disorders and do not require treatment.

> SB 934′s focused approach reflects both legal necessity and sound public policy. By clarifying that prohibited conversion practices include attempts by licensed mental health professionals to change a young person′s sexual orientation or gender identity, regardless of the direction of the attempted change or the outcome sought, the bill ensures California′s protections remain aligned with current constitutional guidance and established professional standards while continuing to safeguard youth from these discredited practices.

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. California Baptist for Biblical Values writes:

> This legislation is not about protecting people from coercion or abusive practices that are already illegal and unethical. Instead, it is an attack on viewpoint diversity in mental health care. It tells faithful Christians and others that the state will punish therapists who respect their clients′ desire to live according to Scripture rather than the latest ideological consensus. It denies parents and adult clients the freedom to choose therapy that honors God′s design for human sexuality and gender. It ignores the lived testimonies of thousands who have experienced genuine transformation and improved mental health through faith-integrated counseling, and it dismisses peer-reviewed evidence showing that sexual attractions and gender identity are not fixed and immutable for everyone.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, costs of an unknown, but potentially significant, amount to litigate court challenges related to the revised definition in the bill (General Fund).

VOTES

SENATE FLOOR: 30-9-1
YES: Allen, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Cortese, Durazo, Gonzalez, Grayson, Hurtado, Laird, Limón, McGuire, McNerney, Menjivar, Padilla, Pérez, Reyes, Richardson, Rubio, Smallwood-Cuevas, Stern, Umberg, Wahab, Weber Pierson, Wiener
NO: Alvarado-Gil, Choi, Dahle, Grove, Jones, Ochoa Bogh, Seyarto, Strickland, Valladares
ABS, ABST OR NV: Niello

ASM JUDICIARY: 9-3-0
YES: Kalra, Bauer-Kahan, Bryan, Connolly, Harabedian, Pacheco, Papan, Stefani, Zbur
NO: Macedo, Dixon, Sanchez

ASM APPROPRIATIONS: 11-4-0
YES: Wicks, Arambula, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache
NO: Hoover, Dixon, Ta, Tangipa

UPDATED

VERSION: August 13, 2026

CONSULTANT: Kristian Wright / JUD. / (916) 319-2334 FN: 0003577