

SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

SB 934 (Wiener)
Version: March 19, 2026
Hearing Date: April 7, 2026
Fiscal: No
Urgency: No
AWM

SUBJECT

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

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.

EXECUTIVE SUMMARY

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; today, 30 states have legislation or executive action prohibiting some or all forms of SOGICE for minors.²

Last month, 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”

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>. All links in this analysis are current as of April 3, 2026.

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. This bill also 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, and sets forth guidelines relating to expert testimony and causation adopted from other latent-injury causes of action. According to the author and sponsors of the bill, these extended limitations periods are necessary because the nature of SOGICE often makes it impossible for a survivor to realize that they were harmed by these unsupported practices until long after the treatments have stopped.

This bill is sponsored by the Alliance for TransYouth Rights, the California Legislative LGBTQ Caucus, Equality California, Lambda Legal, the National Center for LGBTQ Rights, and the Trevor Project, and is supported by 19 organizations. This bill is opposed by eight organizations and one individual.

PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Regulates the providers of health care and mental health care, including by setting standards for professional conduct and subjecting professionals engaging in unprofessional conduct to discipline. (Bus. & Prof. Code, div. 2, §§ 500 et seq.)
- 2) Defines the following relevant terms:
 - a) “Mental health provider” means 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

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

- 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.
- b) "Sexual orientation change efforts" (SOCE) means 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.)
- 3) 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.)
- 4) 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.)
- 5) 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 Civ. Proc., § 340.5)
- 6) Provides that the statute of limitations in 5) 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.)
- 7) Establishes the following with respect to damages in an action for professional negligence against a health care provider:
- a) There is no cap on the plaintiff's recovery of economic damages, but the court shall, at the request of either party, enter a judgment ordering that money damages or its equivalent for future damages be paid in period payments

- rather than as a lump sum when the award is \$250,000 or greater. (Code Civ. Proc., § 667.7.)
- b) Noneconomic damages are capped at \$470,000 for actions not involving a wrongful death, or \$650,000 for an action involving a wrongful death; these amounts will increase by \$40,000 and \$50,000 each year, respectively, until they reach \$750,000 and \$1 million, respectively, at which point they will be adjusted for inflation annually at 2 percent per year. (Civ. Code, § 3333.2.)
 - c) A plaintiff may seek punitive damages only if the court enters an order allowing an amended pleading that includes a claim for punitive damages to be filed; the court may grant such an order only upon a showing that the plaintiff has established a substantial probability that the plaintiff will prevail on the claim. (Code Civ. Proc., § 425.13.)

This bill:

1) Finds and declares the following:

- a) The American Psychological Association (APA), the American Psychiatric Association, the American Academy of Pediatrics, the American Medical Association (AMA), 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 are harmful and ineffective.
- b) In 2009, the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation conducted a systematic 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 APA adopted a resolution concluding that gender identity change efforts are harmful and ineffective and calling for their elimination.
- c) The APA has stated that it "opposes 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 priori 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 AMA, and the APA 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 with 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 realize 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 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 these findings and declarations 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 injury 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 a "licensed mental health provider" as any of the following individuals who hold or held a valid license, certificate, or registration to practice in California at the time the conduct at issue occurred: (1) a physician or surgeon, including one specializing in the practice of psychiatry; (2) a psychologist, psychological assistant, registered psychologist, or psychology trainee; (3) a licensed marriage and family

therapist, marriage and family therapist registered intern, or marriage and family therapist trainee; (4) a licensed educational psychologist; (5) a credentialed school psychologist; (6) a licensed clinical social worker, associate clinical social worker, or clinical social worker intern; (7) a licensed professional clinical counselor, associate professional clinical counselor, or professional clinical counselor trainee; (8) any other person licensed, certified, or registered to provide mental health treatment under California law.

- 3) 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.
- 4) Provides that the definition of “sexual orientation or gender identity change efforts” in 3) 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.
- 5) 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.

- 6) Provides that, for purposes of the delayed discovery prong in 5)(c), the following shall apply:
 - a) 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.
 - b) The plaintiff need not have knowledge of the full extent of the injury, the specific diagnosis, or that the conduct was wrongful or actionable.
 - c) Knowledge that one received treatment from a licensed mental health provider, standing alone, does not constitute discovery.
 - d) The discovery period commences only when the patient 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 the harm.

- 7) Provides that 5) applies 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, supervised, or otherwise exercised authority over a licensed mental health provider, and such person or entity knew or had reason to know that the licensed mental health provider engaged in or was likely to engage in sexual orientation or gender identity change efforts and failed to take reasonable steps to prevent such conduct.
 - 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.

- 8) Provides that, in an action pursuant to 5), 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) 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.
- 10) 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.
- 11) Provides that 10) does not limit the admissibility of other relevant expert testimony regarding causation or damages.
- 12) Provides that 2)-15) apply to any action commenced or on after January 1, 2027, and against claims against any defendant described in 7); a claim for damages 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 5), whichever is later.

13) Provides that 2)-15) shall 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.

14) States that it is the intent of the Legislature that 2)-15) be interpreted broadly to effectuate its remedial purpose of providing civil remedies to persons harmed by sexual orientation or gender change identity efforts.

15) Includes a severability clause.

COMMENTS

1. Author's comment

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.

2. Background on SOGICE and California's prohibition on SOGICE for minors

SOGICE, also known as "conversion therapy," "developed in the mid-nineteenth century to cure homosexual desires, which were then viewed as a mental illness."⁴ SOGICE encompass "a range of techniques used by a variety of mental health professionals and non-professionals with the goal of changing sexual orientation or any of its parts."⁵ As explained by the APA:

[Sexual orientation change efforts] have included interventions such as recommending dating someone of a different sex; developing nonsexual intimacy and belonging with heterosexual same-gender peers; experiencing same-gender non-erotic touch; using religious practices such as prayer, scripture study, exorcism, and confessing same gender-attractions; implementing aversive conditioning; practicing traditional gender expression and gender role behavior; and suppressing gender nonconforming behaviors.⁶

Homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders over 50 years ago,⁷ but some practitioners continued providing SOGICE. Extensive research on SOGICE over that time

...is extensive and shows that people exposed to gender identity conversion efforts of any type are more likely to experience symptoms of depression, anxiety, and post-traumatic stress disorder. They are more likely to attempt suicide, particularly if they were exposed to conversion efforts during childhood. And the literature linking sexual orientation conversion efforts to harm is similarly extensive. These findings have led

⁴ 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. 13.

⁵ APA, *Resolution on Sexual Orientation Change Efforts* (Feb. 2021) available at <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf>, p. 1.

⁶ *Ibid.*

⁷ See, e.g., APA, *Being Gay Is Just as Healthy as Being Straight* (May 28, 2003) available at <https://www.apa.org/topics/lgbtq/mental-health>.

every major U.S. medical and mental health organization to condemn conversion efforts.⁸

Organizations that have condemned SOGICE and gender identity change efforts (GICE) as “dangerous” and “not based on sound evidence” include the APA, the American Psychiatric Association, the National Association of Social Workers, the American Association for Marriage and Family Therapy, the American Counseling Association, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the American College of Physicians, the American School Counselor Association, and the American Medical Association.⁹

In recognition of the harm caused by SOGICE, the Legislature in 2012 enacted SB 1172,¹⁰ a first-in-the-nation measure that prohibited licensed mental medical professionals from providing SOGICE to minors.¹¹ Although the statute refers to “sexual orientation change efforts” (SOCE), the bill’s definition of “SOCE” includes efforts to change gender expression.¹² As this Committee’s analysis of SB 1172 explained:

Despite lack of support from leading medical and mental health associations, SOCE continues to be practiced by some licensed therapists. SOCE techniques may include aversive treatments such as electric shock or nausea inducing drugs administered simultaneously with the presentation of homoerotic stimuli. Practitioners may also try to alter a patient’s sexuality with visualization, social skills training, psychoanalytic therapy, and spiritual interventions. Many SOCE patients 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.¹³

⁸ Brief of Amici Curiae Dr. Jack L. Turban and Dr. Lisa R. Fortuna in Support of Respondents, *Chiles v. Salazar* (Nov. 8, 2024) United States Supreme Court Case No. 24-539, p. 3.

⁹ See 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, pp. 14-15; United States Joint Statement Against Conversion Efforts (Aug. 23, 2023) available at <https://usjs.org/wp-content/uploads/2023/10/USJS-Final-Version.pdf>.

¹⁰ Lieu, Ch. 835, Stats. 2012.

¹¹ See, e.g., Miller, ‘Being LGBTQ is not an illness’: Record number of states banning conversion therapy (Apr. 17, 2018; updated Apr. 26, 2018) available at <https://www.usatoday.com/story/news/nation/2018/04/17/states-banning-conversion-therapy/518972002/>.

¹² See Bus. & Prof. Code, § 865(b).

¹³ Sen. Com. on Judiciary, Analysis of Sen. Bill No. 1172 (2011-2012 Reg. Sess.) as amended Apr. 30, 2012, p. 2.

The United States Court of Appeals for the Ninth Circuit upheld the constitutionality of SB 1172 in 2014.¹⁴ The Ninth Circuit declined to apply heightened First Amendment scrutiny to SB 1172 on the basis that “SB 1172 regulates only (1) therapeutic treatment, not expressive speech, by (2) licensed mental health professionals acting within the confines of the counselor-client relationship,” which falls well within the state’s “considerable latitude to regulate the conduct of its licensed health care professionals in administering treatment.”¹⁵ The United States Supreme Court declined to hear the case, leaving the Ninth Circuit’s ruling intact.¹⁶ Today, 30 states have legislation or executive action prohibiting some or all forms of SOGICE for minors.¹⁷

3. The Chiles v. Salazar case and the United States Supreme Court’s opinion

Colorado, like California, prohibits a licensed mental health professional from providing SOGICE to a minor client.¹⁸ In 2022, Kaley Chiles, a licensed professional counselor in Colorado, filed a suit in the United States District Court for the District of Colorado seeking to enjoin the SOGICE ban on First Amendment grounds, arguing that the ban, as applied to her form of talk therapy, violated both her free speech and free religious exercise rights.¹⁹ The district court denied her request.²⁰

On appeal, the United States Court of Appeals for the Sixth Circuit affirmed the district court’s decision.²¹ With respect to Chiles’s free speech challenge, the Sixth Circuit agreed with the Ninth Circuit that banning SOGICE for minors regulates medical conduct that only incidentally involves speech, thereby requiring only rational basis review.²² From there, the Sixth Circuit had “no trouble concluding the [Colorado law] is rationally related to Colorado’s interest in protecting minor patients seeking mental health care from obtaining ineffective and harmful therapeutic modalities.”²³ With respect to the free exercise challenge, the Sixth Circuit held that Chiles had failed to show that the Colorado law was not neutral or generally applicable, or that it restricted religious practices because of their religious nature.²⁴

¹⁴ See *Pickup v. Brown* (9th Cir. 2014) 740 F.3d 1208, 1215 (superseding original opinion with amended opinion upholding SB 1172 and denying petitions for panel rehearing and for rehearing en banc).

¹⁵ *Id.* at p. 1230.

¹⁶ See *Pickup v. Brown* (2014) 573 U.S. 945.

¹⁷ See St. Louis University School of Law, Conversion Therapy Laws, <https://www.slu.edu/law/health/lgbtq-policy-research/conversion-therapy-data.php>.

¹⁸ Col. Rev. Stats., §§ 12-2450292; 12-245-224(1)(t)(V).

¹⁹ *Chiles v. Salazar* (10th Cir. 2024) 116 F.4th 1178, 1191, 1194, revd. 607 U.S. ___, 2026 WL 2026 WL 872307.

²⁰ *Id.* at p. 1194.

²¹ *Id.* at p. 1225.

²² See *Pickup, supra*, 740 F.3d at p. 1230; *Tingley v. Feguson* (9th Cir. 2022) 47 F.4th 1055, 1077-1079 (applying rational basis scrutiny to, and upholding, Washington’s prohibition on providing conversion therapy to minors).

²³ *Chiles, supra*, 116 F.4th at p. 1220.

²⁴ *Id.* at pp. 1222-1223.

By siding with the Ninth Circuit, *Chiles* contributed to an existing circuit split over the correct legal framework for reviewing speech-based challenges to conversion therapy bans. In 2014, the Third Circuit held that a SOGICE ban should be analyzed as “professional speech” subject to the same intermediate-level scrutiny applied to commercial speech and upheld the ban.²⁵ In 2020, the Eleventh Circuit held that local ordinances prohibiting SOGICE should be reviewed under strict scrutiny and invalidated the ordinances on that basis.²⁶

Chiles petitioned for certiorari in the United States Supreme Court only on the question of whether a SOGICE ban violates the Free Speech Clause.²⁷ The Supreme Court granted review²⁸ and heard oral argument on October 7, 2025.²⁹

The Court issued its *Chiles* opinion on March 31, 2026.³⁰ The opinion explains that the petitioner “[did] not question that Colorado’s law banning conversion therapy has some constitutionally sound applications,” and did “not take issue with the State’s effort to prohibit what she herself calls ‘long-abandoned, aversive’ physical interventions.”³¹ The only question the Court decided was the correct level of scrutiny to apply to a state law that regulates speech-based professional conduct based on the viewpoint of that speech: in an 8-1 majority, the Court held that the district court and Tenth Circuit erred by applying rational basis scrutiny, and that the Colorado law should instead be analyzed under strict scrutiny.³² Accordingly, the Court remanded the case for further proceedings,³³ which will presumably include proceedings before the district court in which Colorado will put forth evidence explaining why its law is narrowly tailored to satisfy a compelling government interest.

California’s ban on SOGICE for minors is still good law in the wake of *Chiles*. *Chiles* merely established standard of review for state prohibitions on medical treatments that implicitly include a viewpoint-based prohibition on speech;³⁴ it did not invalidate Colorado’s law, much less all state laws on the topic. The next step for Colorado – or for any state whose SOGICE ban is challenged – is to prove that the ban is “narrowly tailored to serve compelling state interests.”³⁵ Given that every single reputable medical organization has condemned SOGICE as harmful, and that states have “a compelling interest in protecting the physical and psychological well-being of

²⁵ *King v. Governor of the State of New Jersey* (3d Cir. 2014) 767 F.3d 216, 235, 238.

²⁶ *Otto v. City of Boca Raton* (11th Cir. 2020) 981 F.3d 854, 861, 862, 870.

²⁷ Petition for a Writ of Certiorari, *Chiles v. Salazar* (Nov. 8, 2024) United States Supreme Court Case No. 24-539, p. i.

²⁸ 145 S.Ct. 1328.

²⁹ See *Chiles v. Salazar*, United States Supreme Court Case No. 24-539.

³⁰ *Chiles v. Salazar* (Mar. 31, 2026) 607 U.S. ___, – S.Ct. – 2026 WL 872307.

³¹ *Id.* at p. *6.

³² *Id.* at pp. 8-9.

³³ *Id.* at p. 13.

³⁴ *Chiles, supra*, 607 U.S. at p. ___, 2026 WL 872307 at pp. 8-9.

³⁵ *Id.* at p. *7.

minors,”³⁶ Colorado and other states could conceivably prevail under this exacting level of scrutiny.

4. Background on statutes of limitations

A statute of limitations is a requirement to commence legal proceedings (either civil or criminal) within a specific period of time. Statutes of limitations are tailored to the cause of action at issue: cases arising from a deliberate assault or negligent action resulting in harm must be filed within two years of the date of the wrongdoing;³⁷ cases for breach of contract must be brought within four years of the alleged breach;³⁸ and cases arising from a childhood sexual assault that occurred before January 1, 2024, must be brought within 22 years of the date the plaintiff attained age of majority or within 5 years of the date of the discovery of the harm, whichever is later.³⁹

Although it may appear unfair to bar actions after the statute of limitations has elapsed, that limitations period serves important policy goals that help preserve both the integrity of our legal system and the due process rights of individuals. In many cases, evidence disappears over time – paperwork gets lost, witnesses forget details or pass away, and physical locations that may be critical to a case change over time – so limitations periods protect against lawsuits in which the best evidence is unavailable. Limitations periods also promote finality by encouraging an individual who has been wronged to bring an action sooner rather than later – timely actions arguably ensure that the greatest amount of evidence is available to all parties.

In general, California law requires that all civil actions be commenced within applicable statutes of limitations.⁴⁰ The current 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.⁴¹ This three-year or one-year period will be tolled if there is proof of fraud or intentional concealment, and if the victim is a minor, the one-year discovery window does not apply.⁴²

5. This bill extends the statute of limitations for an action brought by a patient who was harmed by a medical professional’s provision of SOGICE

This bill extends the statute of limitations for causes of action arising from injuries caused by SOGICE. “SOGICE” includes any practices by a licensed mental health provider to direct a patient toward a predetermined sexual orientation or gender

³⁶ *Sable Communications of California v. F.E.C.* (1989) 492 U.S. 115, 126.

³⁷ Code Civ. Proc., § 335.1.

³⁸ *Id.*, § 337.

³⁹ *Id.*, § 340.11.

⁴⁰ *Id.*, § 312.

⁴¹ *Id.*, § 340.5.

⁴² *Ibid.*

identity outcome, so the bill is viewpoint-neutral insofar as does not distinguish between a predetermined outcome that affirms a patient's identity and predetermined outcome that is contrary to the patient's identity.

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 also sets forth guidelines for the use of expert testimony and for establishing causation, which have been imported from other legal regimes involving latent injuries.⁴³ These guidelines do not shift the burden of proof to the defendant – the plaintiff still bears the burden of proving wrongdoing, causation, and injury.

To be clear, this bill does not create a new cause of action; it merely modifies the statute of limitations for claims that arise out of harm caused by SOGICE. As a practical matter, most of the relevant claims will be for professional malpractice on the part of the mental health professional who provided the SOGICE. Additionally, the bill contemplates that a plaintiff could bring an action for the negligent hiring or supervision of the person providing SOGICE, which are also existing causes of action under state law.⁴⁴ The bill does not create any new entitlements to damages or displace current limits on recovery in professional negligence suits, including the cap on noneconomic damages.⁴⁵

According to the author and sponsors, this bill is necessary because the current statutes of limitations are insufficient for victims of SOGICE. For example, according to Equality California:

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.

This bill also 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; this provision is discussed further in Comment 6.

⁴³ See, e.g., *Rutherford v. Owens-Illinois, Inc.* (1997) 16 Cal.4th 953.

⁴⁴ See, e.g., *Doe v. Capital Cities* (1996) 50 Cal.App.4th 1038, 1054.

⁴⁵ See Civ. Code, § 3333.2.

6. Revival of claims

This bill explicitly revives claims arising out of the provision of SOGICE that would have been barred under the current statute of limitations as of January 1, 2027, and permits an injured party to bring an action within three years of January 1, 2027, or by the expiration of the newly extended statute of limitations, whichever is later. This extension does not apply to a claim that has already been litigated to finality, i.e., a claim that was already resolved in the courts.

The California Supreme Court has affirmed that the Legislature may extend the statute of limitations and revive stale claims, provided that the Legislature expressly states its intent to do so:

The Legislature has authority to establish – and to enlarge – limitations periods. . . . [H]owever, legislative enlargement of a limitations period does not revive lapsed claims in the absence of express language of revival. This rule of construction grows out of an understanding of the difference between prospective and retroactive application of statutes. . . . As long as the former limitations period has not expired, an enlarged limitations period ordinarily applies and is said to apply prospectively to govern cases that are pending when, or instituted after, the enactment took effect. This is true even though the underlying conduct that is the subject of the litigation occurred prior to the new enactment. . . . However, when it comes to applying amendments that enlarge the limitations period to claims as to which the limitations period has expired before the amendment became law – that is, claims that have lapsed – the analysis is different. Once a claim has lapsed (under the formerly applicable statute of limitations), revival of the claim is seen as a retroactive application of the law under an enlarged statute of limitations. Lapsed claims will not be considered revived without express language of revival.⁴⁶

The California Supreme Court has also explained that revivals can be perceived as “unfair” as a policy matter, because “the prospective defendant has assumed [the statute of limitations’] expiration and has conducted his affairs accordingly.”⁴⁷

Consistent with the California Supreme Court’s caution, the Legislature has enacted a handful of measures reviving time-barred claims in recent years. These bills generally extend the statute of limitations for claims arising from injuries inflicted on children by adults or other circumstances involving a power differential between the victim and perpetrator.⁴⁸ The rationale for these measures is that the victims were less likely to

⁴⁶ *Quarry v. Doe I* (2012) 53 Cal.4th 945, 955-957.

⁴⁷ *Id.* at p. 908.

⁴⁸ See AB 1455 (Wicks, Ch. 595, Stats. 2021) (reviving claims for assault by a law enforcement officer); AB 3092 (Wicks, Ch. 246, Stats. 2020) (reviving claims arising out of sexual assault or other inappropriate

have been willing or able to come forth at the time they were harmed, due to issues such as shame or a failure to understand that they were harmed until much later in life.

The revival of claims here is both (1) express and (2) consistent with prior legislation reviving expired claims. The relationship between a patient and the person providing them with mental health treatment has enormous potential for abuse, which the patient may or may not realize was abusive until much later in life. As a number of survivors of SOGICE recount, SOGICE is frequently “shame-based” and conveys to the patient that they need to “‘fix’ what was ‘wrong’ with them.”⁴⁹ Moreover, many of these survivors were coerced into SOGICE as minors, complying with their parents’ wishes because they were afraid of being abandoned by their parents.⁵⁰ These are exactly the kind of circumstances that the Legislature has previously found to justify reviving stale claims.

7. 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...

In California, where 35% of LGBTQ+ young people already seriously considered suicide in the past year — including 39% of transgender and nonbinary young people — giving survivors a meaningful path to accountability is one of the most powerful tools we have to fight back...

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.

conduct by a physician employed at UCLA); AB 218 (Gonzalez, Ch. 861, Stats. 2019) (reviving claims for childhood sexual assault); AB 1510 (Reyes, Ch. 462, Stats. 2019) (reviving claims arising out of sexual assault or other improper conduct by a physician occurring at a student health center).

⁴⁹ Brief of Amici Curiae Conversion Therapy Survivor Network and 17 LGBTQ+ Survivors of Conversion Therapy in Support of Respondents, *Chiles v. Salazar* (Nov. 8, 2024) United States Supreme Court Case No. 24-539, p. 9.

⁵⁰ *Id.* at pp. 5-6 (for example, one survivor reports being “forced to choose between his parents abandoning him [or] attending a conversion therapy conference).

The Trevor Project strongly supports SB 934 and urges the Committee to vote favorably. 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.

According to Gender Affirming Professionals:

Efforts to change an individual's sexual orientation or gender identity, commonly known as conversion therapy, are deeply harmful and can leave lasting scars on those subjected to it. Major medical and psychological 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.

Research shows that conversion therapy does not change a person's sexual orientation or gender identity and is associated with serious harm, including increased risk of depression, suicidality, lower educational attainment, economic insecurity, and lower life satisfaction...

It is unconscionable that licensed professionals can provide harmful, unscientific treatments without survivors having a fair opportunity to seek recourse. Survivors of conversion therapy deserve the opportunity to come forward, pursue justice, and begin the process of healing and closure.

8. Arguments in opposition

According to California Baptists for Biblical Values:

The bill broadly defines prohibited “change efforts” as any counseling that directs a patient toward a particular sexual orientation or gender identity. In practice, this would include voluntary, client-directed conversations with licensed therapists who help individuals reduce unwanted same-sex attractions, pursue relationships consistent with their biological sex and marital vows, or live in alignment with their faith and conscience. By weaponizing extended civil liability against providers who offer such help, SB 934 effectively chills free speech, free exercise of religion, and the fundamental right of Californians to receive counseling that matches their deeply held beliefs.

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

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...

There is no external, verifiable, or clinical standard to assess gender identity. Gender identity is whatever the patient says it is, at the time the patient says it, or that a patient may claim it was, years later.

No therapist or psychiatrist can foresee what opinions a mentally ill or distressed patient may hold about their self-proclaimed "identity" 22 hours after treatment, let alone 22 years. A therapist working with a minor patient may well be dealing with a patient so young they have no concept of the eventual direction of their sexual attraction yet, let alone how they will want to dress or be addressed by others decades later. No rational law can hold a mental health professional responsible for patients changing their minds about their "identity" as they mature into true adulthood- a process long recognized as *resolving* identity - based distress.

Additionally, any mental health professional "affirming" an impressionable patient in a gender identity is themselves engaging in "conversion" of the patient's sexual orientation. For example, a young lesbian who expresses a wish she was male is affirmed as a "straight boy." And under the rules of gender identity beliefs, she must also be willing to have sex with a male who identifies as female or she is a bigot.

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)
Trevor Project (co-sponsor)
Access Reproductive Justice
Alliance for Children's Rights
Asian Americans Advancing Justice Southern California
California LGBTQ Health and Human Services Network
Casita Feliz
Community Health Project Los Angeles
Courage California
El/La Para TransLatinas
Gender Affirming Professionals
Los Angeles LGBT Center
Lyon-Martin Community Health Services
One Institute
Outlet
PFLAG National
Rainbow Families Action
San Diego Pride
Somos Familia Valle
TransFamily Support Services
TransLatin@ Coalition

OPPOSITION

California Baptists for Biblical Values
California Family Council
California Teachers Supporting Gender Non-Conforming Youth
CAUSE
Democrats for an Informed Approach to Gender
Lesbians Advocating for a Resilient Future
PERK
Women Are Real
One individual

RELATED LEGISLATION

Pending legislation: None known.

Prior legislation:

AB 2943 (Low, 2018) would have included, as an unlawful practice prohibited under the Consumer Legal Remedies Act, advertising for sale, or selling services constituting,

sexual orientation change efforts, as defined, to an individual. AB 2943 died on the Assembly Floor on concurrence.

SB 1172 (Lieu, Ch. 835, Stats. 2012) prohibited a mental health provider, as defined, from engaging in sexual orientation change efforts, as defined, with a patient under 18 years of age. SB 1172 is discussed in Comment 2 of this analysis.
