



SEATTLE CITY COUNCIL

Legislative Summary

CB 118746

Record No.: CB 118746

Type: Ordinance (Ord)

Status: Passed

Version: 3

Ord. no: Ord 125100

In Control: City Clerk

File Created: 07/01/2016

Final Action: 08/03/2016

Title: AN ORDINANCE related to human rights; and adding a new Chapter 14.21 to the Seattle Municipal Code to prohibit the practice of conversion therapy on minors.

Notes:

Filed with City Clerk: 8/3/2016

Mayor's Signature: 8/3/2016

Sponsors: González

Vetoed by Mayor:

Veto Overridden:

Veto Sustained:

Attachments:

Drafter: patrick.wigren@seattle.gov

Filing Requirements/Dept Action:

History of Legislative File

Legal Notice Published:

☐ Yes

☐ No

Ver- sion:	Acting Body:	Date:	Action:	Sent To:	Due Date:	Return Date:	Result:
1	City Clerk	07/05/2016	sent for review	Council President's Office			
	Action Text: The Council Bill (CB) was sent for review. to the Council President's Office						
	Notes:						
1	Council President's Office	07/08/2016	sent for review	Civil Rights, Utilities, Economic Development, and Arts Committee			
	Action Text: The Council Bill (CB) was sent for review. to the Civil Rights, Utilities, Economic Development, and Arts Committee						
	Notes:						
1	Full Council	07/25/2016	referred	Civil Rights, Utilities, Economic Development, and Arts Committee			
1	Civil Rights, Utilities, Economic Development, and Arts Committee	07/26/2016	pass as amended				Pass
	Action Text: The Committee recommends that Full Council pass as amended the Council Bill (CB).						
	In Favor: 3 González , Herbold, O'Brien						

Opposed: 0

- 1 Full Council 08/01/2016 passed as amended Pass
- Action Text: The Motion carried, the Council Bill was passed as amended by the following vote, and the President signed the bill:
- Notes: ACTION 1:

Motion was made by Councilmember González, duly seconded and carried, to amend Council Bill 118749, Section 14.21.050.B, as shown in the underlined and srike through language below:

B. Reporting and investigation of violations. The Director ~~may~~ shall investigate any 10 violations of this Chapter 14.21.

ACTION 2:

Motion was made and duly seconded to pass the Council Bill as amended.

In Favor: 9 Councilmember Bagshaw, Councilmember Burgess, Councilmember González , Council President Harrell, Councilmember Herbold, Councilmember Johnson, Councilmember Juarez, Councilmember O'Brien, Councilmember Sawant

Opposed: 0

- 3 City Clerk 08/02/2016 submitted for Mayor
Mayor's signature
- Action Text: The Council Bill (CB) was submitted for Mayor's signature. to the Mayor
- Notes:
- 3 Mayor 08/03/2016 Signed
- Action Text: The Council Bill (CB) was Signed.
- Notes:
- 3 Mayor 08/03/2016 returned City Clerk
- Action Text: The Council Bill (CB) was returned. to the City Clerk
- Notes:
- 3 City Clerk 08/03/2016 attested by City Clerk
- Action Text: The Ordinance (Ord) was attested by City Clerk.
- Notes:
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CITY OF SEATTLE

ORDINANCE 125100

COUNCIL BILL 118746

AN ORDINANCE related to human rights; and adding a new Chapter 14.21 to the Seattle Municipal Code to prohibit the practice of conversion therapy on minors.

WHEREAS, being lesbian, gay, bisexual, transgender, gender nonconforming, or queer

(LGBTQ) is not a disease, disorder, illness, deficiency, or shortcoming. The major professional associations of mental health practitioners and researchers in the United States have recognized this fact for nearly 40 years;

WHEREAS, the American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation. The task force conducted a systematic review of peer-reviewed journal literature on sexual orientation change efforts, and issued a report in 2009. The task force concluded that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources;¹

¹ American Psychological Association, Task Force on Appropriate Therapeutic Responses to Sexual Orientation, Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009), *available at* <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

1 WHEREAS, the American Psychological Association issued a resolution on Appropriate
2 Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009, which
3 states that it “advises parents, guardians, young people, and their families to avoid sexual
4 orientation change efforts that portray homosexuality as a mental illness or
5 developmental disorder and to seek psychotherapy, social support, and educational
6 services that provide accurate information on sexual orientation and sexuality, increase
7 family and school support, and reduce rejection of sexual minority youth”;²

8 WHEREAS, the American Academy of Pediatrics in 1993 published an article in its journal,
9 Pediatrics, stating: “Therapy directed at specifically changing sexual orientation is
10 contraindicated, since it can provoke guilt and anxiety while having little or no potential
11 for achieving changes in orientation”;³

12 WHEREAS, the American School Counselor Association issued a position statement in 2014
13 which states that: “It is not the role of the professional school counselor to attempt to
14 change a student’s sexual orientation or gender identity. Professional school counselors
15 do not support efforts by licensed mental health professionals to change a student’s
16 sexual orientation or gender as these practices have been proven ineffective and
17 harmful”;⁴

18 WHEREAS, the American Psychoanalytic Association issued a position statement in June 2012
19 on attempts to change sexual orientation, gender identity, or gender expression, and in it
20 the Association states: “As with any societal prejudice, bias against individuals based on

² American Psychological Association, Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts (2009), *available at* <http://www.apa.org/about/policy/sexual-orientation.pdf>.

³ American Academy of Pediatrics, Homosexuality and Adolescence, 92 Pediatrics 631 (1993), *available at* <http://pediatrics.aappublications.org/content/92/4/631.full.pdf>.

⁴ The American School Counselor Association, The School Counselor and LGBTQ Youth (revised 2014), *available at* https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_LGBTQ.pdf.

1 actual or perceived sexual orientation, gender identity or gender expression negatively
2 affects mental health, contributing to an enduring sense of stigma and pervasive self-
3 criticism through the internalization of such prejudice”; and “Psychoanalytic technique
4 does not encompass purposeful attempts to ‘convert,’ ‘repair,’ change or shift an
5 individual’s sexual orientation, gender identity or gender expression. Such directed
6 efforts are against fundamental principles of psychoanalytic treatment and often result in
7 substantial psychological pain by reinforcing damaging internalized attitudes”;⁵

8 WHEREAS, the American Academy of Child and Adolescent Psychiatry in 2012 published an
9 article in its journal, Journal of the American Academy of Child and Adolescent
10 Psychiatry, stating: “Clinicians should be aware that there is no evidence that sexual
11 orientation can be altered through therapy, and that attempts to do so may be harmful.
12 There is no empirical evidence adult homosexuality can be prevented if gender
13 nonconforming children are influenced to be more gender conforming. Indeed, there is no
14 medically valid basis for attempting to prevent homosexuality, which is not an illness. On
15 the contrary, such efforts may encourage family rejection and undermine self-esteem,
16 connectedness and caring, important protective factors against suicidal ideation and
17 attempts. Given that there is no evidence that efforts to alter sexual orientation are
18 effective, beneficial or necessary, and the possibility that they carry the risk of significant
19 harm, such interventions are contraindicated”;⁶

⁵ American Psychoanalytic Association, Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression (2012), *available at* <http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender>.

⁶ Adelson SL, American Academy of Child and Adolescent Psychiatry Committee on Quality Issues (CQI), Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents, 51 J. Am. Acad. Child & Adolescent Psychiatry 957 (2012), *available at* <http://www.guideline.gov/content.aspx?id=38417#Section420>.

1 WHEREAS, the Pan American Health Organization, a regional office of the World Health
2 Organization, issued a statement in 2012 stating: “These supposed conversion therapies
3 constitute a violation of the ethical principles of health care and violate human rights that
4 are protected by international and regional agreements.” The organization also noted that
5 conversion therapies “lack medical justification and represent a serious threat to the
6 health and well-being of affected people”;⁷

7 WHEREAS, the American College of Physicians wrote a position paper in 2015 stating: “The
8 College opposes the use of ‘conversion,’ ‘reorientation,’ or ‘reparative’ therapy for the
9 treatment of LGBT persons. . . . Available research does not support the use of reparative
10 therapy as an effective method in the treatment of LGBT persons. Evidence shows that
11 the practice may actually cause emotional or physical harm to LGBT individuals,
12 particularly adolescents or young persons”;⁸

13 WHEREAS, minors who experience family rejection based on their sexual orientation face
14 especially serious health risks. In one study, lesbian, gay, and bisexual youth who
15 reported higher levels of family rejection during adolescence were 8.4 times more likely
16 to report having attempted suicide, 5.9 times more likely to report high levels of
17 depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report

⁷ Pan American Health Organization, “Therapies” to change sexual orientation lack medical justification and threaten health (2012), *available at* http://www.paho.org/hq/index.php?option=com_content&view=article&id=6803%3A2012-therapies-change-sexual-orientation-lack-medical-justification-threaten-health&catid=740%3Apress-releases&Itemid=1926&lang=en.

⁸ American College of Physicians, Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians, *Ann Intern Med*. Published Online (2015), *available at* <http://annals.org/article.aspx?articleid=2292051>.

1 having engaged in unprotected sexual intercourse compared with peers from families that
2 reported no or low levels of family rejection;⁹

3 WHEREAS, the LGBTQ community still faces threats to their physical safety, economic
4 security, and overall well-being;

5 WHEREAS, The City of Seattle has a compelling interest in protecting the physical and
6 psychological well-being of minors, including LGBTQ youth, and in protecting its
7 minors against exposure to serious harms caused by conversion therapy, NOW,
8 THEREFORE,

9 **BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:**

10 Section 1. A new Chapter 14.21 is added to the Seattle Municipal Code as follows:

11 **Chapter 14.21 THE USE OF CONVERSION THERAPY ON MINORS**

12 **14.21.010 Findings**

13 Due to the serious harms to minors caused by conversion therapy or reparative therapy, it
14 is false and deceptive under Section 7.08.030 to advertise that a provider provides conversion
15 therapy or reparative therapy to minors.

16 **14.21.020 Purpose**

17 This Chapter 14.21 is an exercise of police power of the City for the public safety, health,
18 and welfare; and its provisions shall be liberally construed to accomplish that purpose. The
19 purpose of this Chapter 14.21 is to protect the physical and psychological well-being of minors,
20 including lesbian, gay, bisexual, and transgender youth, from exposure to the serious harms
21 caused by conversion therapy.

⁹ Caitlin Ryan, *et al.*, Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults, 123 *Pediatrics* 346 (2009), *available at* <http://pediatrics.aappublications.org/content/123/1/346>.

14.21.030 Definitions

“City” means the City of Seattle.

“Conversion therapy” or “reparative therapy” means any practices or treatments that seek 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 attractions or feelings toward individuals of the same gender. Conversion therapy shall not include counseling that provides support and assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change sexual orientation or gender identity.

“Department” means the Seattle Office for Civil Rights.

“Director” means the Director of the Seattle Office for Civil Rights or the Director’s designee.

“Provider” means any licensed medical or mental health professional including but not limited to licensed mental health counselors, mental health counselor associates, marriage and family therapists, marriage and family therapist associates, social workers, and social worker associates, and any physicians, psychologists, psychotherapist, certified chemical dependency professionals, certified chemical dependency professional trainees, counselors, certified counselors, and certified advisers.

“Minor” means any person under 18 years of age.

14.21.040 Conversion therapy prohibited

1 It is a violation for any provider to provide conversion therapy or reparative therapy to a
2 minor, regardless of whether the provider receives compensation in exchange for such services.

3 **14.21.050 Enforcement**

4 A. Powers and duties. The Director shall investigate alleged violations of this Chapter
5 14.21 and has such powers and duties in the performance of these functions as are defined in this
6 Chapter 14.21 and otherwise necessary and proper in the performance of the same and provided
7 for by law. The Director of the Department is authorized to adopt and promulgate rules to
8 implement the provisions of this Chapter 14.21 pursuant to the Administrative Code, Chapter
9 3.02.

10 B. Reporting and investigation of violations. The Director shall investigate any violations
11 of this Chapter 14.21.

12 1. Individual reporting of a violation of this Chapter 14.21 should include a
13 statement of the date, location, and provider or providers responsible for such violation.

14 2. The Director shall keep confidential, to the maximum extent permitted by
15 applicable laws, the name and other identifiable information of the person reporting the
16 violation, as well as the name and other personally identifiable information of the involved
17 minor.

18 C. Advisory Letter

19 If the Director receives a report of an alleged violation of this Chapter 14.21, the Director
20 may issue a letter notifying the provider that provision of conversion therapy or reparative
21 therapy is prohibited.

22 D. Civil violations

1 The violation or failure to comply with any provision of this Chapter 14.21 shall
2 constitute a civil violation and shall be enforced under the citation provisions set forth in this
3 Section 14.21.050 by the Director.

4 E. Citation

5 1. If the Director determines that a violation of this Chapter 14.21 has occurred,
6 the Director shall issue a citation to the provider or providers. The citation shall include the
7 following information: (1) the name and address of the person to whom the citation is issued; (2)
8 the date of the violation; (3) a statement that the person cited must respond to the citation within
9 15 days after service; (4) the applicable penalty; (5) a statement that a response must be sent to
10 the Hearing Examiner and received not later than 5 p.m. on the day the response is due; (6) the
11 name, address, and phone number of the Hearing Examiner where the citation is to be filed; (7) a
12 statement that the citation represents a determination that a violation has been committed by the
13 person named in the citation and that the determination shall be final unless contested as
14 provided in this Chapter 14.21; and (8) a certified statement of the Director's representative,
15 authorized by RCW 9A.72.085, setting forth facts supporting issuance of the citation.

16 2. The citation may be served by personal service in the manner set forth in RCW
17 4.28.080 for service of a summons or sent by first class mail, addressed to the last known address
18 of such person(s). Service shall be complete at the time of personal service, or if mailed, on the
19 date of mailing. If a citation sent by first class mail is returned as undeliverable, service may be
20 made by posting the citation at a conspicuous place on the property.

21 F. Response to citation

22 A person must respond to a citation in one of the following ways:

1 1. Paying the amount of the monetary penalty specified in the citation, in which
2 case the record shall show a finding that the person cited committed the violation; or

3 2. Requesting a contested hearing in writing specifying the reason why the cited
4 violation did not occur or why the person cited is not responsible for the violation, and providing
5 an address to which notice of such hearing may be sent.

6 A response to a citation must be received by the Office of the Hearing Examiner
7 no later than 15 days after the date the citation is served. When the last day of the appeal period
8 so computed is a Saturday, Sunday, or federal or City holiday, the period shall run until 5 p.m.
9 on the next business day.

10 G. Failure to respond. If a person fails to respond to a citation within 15 days of service,
11 an order shall be entered by the Hearing Examiner finding that the person cited committed the
12 violation stated in the citation, and assessing the penalty specified in the citation.

13 H. Contested hearing

14 1. Date and notice. If a person requests a contested hearing, the hearing shall be
15 held within 60 days after the written response to the citation requesting such hearing is received.

16 2. Hearing. Contested hearings shall be conducted pursuant to the procedures
17 for hearing contested cases contained in Section 3.02.090 and the rules adopted by the Hearing
18 Examiner for hearing contested cases, except as modified by this Section 14.21.050. The issues
19 heard at the hearing shall be limited to those that are raised in writing in the response to the
20 citation and that are within the jurisdiction of the Hearing Examiner.

21 3. Sufficiency. No citation shall be deemed insufficient for failure to contain

1 a detailed statement of the facts constituting the specific violation which the person cited is
2 alleged to have committed or by reason of defects or imperfections, provided such lack of detail
3 or such defects or imperfections do not prejudice substantial rights of the person cited.

4 4. Amendment of citation. A citation may be amended prior to the conclusion of
5 the hearing to conform to the evidence presented if substantial rights of the person cited are not
6 thereby prejudiced.

7 5. Evidence at hearing. The certified statement or declaration authorized by RCW
8 9A.72.085 shall be prima facie evidence that a violation occurred and that the person cited is
9 responsible. The certified statement or declaration authorized under RCW 9A.72.085 and any
10 other evidence accompanying the report shall be admissible without further evidentiary
11 foundation. Any certifications or declarations authorized under RCW 9A.72.085 shall also be
12 admissible without further evidentiary foundation. The person cited may rebut the Department's
13 evidence and establish that the cited violation(s) did not occur or that the person contesting the
14 citation is not responsible for the violation.

15 6. Disposition. The Hearing Examiner shall determine by a preponderance of the
16 evidence whether the violation occurred. If the Hearing Examiner determines that the violation
17 occurred, the citation shall be sustained and the Hearing Examiner shall enter an order finding
18 that the person cited committed the violation and imposing the applicable penalty. If the Hearing
19 Examiner determines that the violation did not occur, the Hearing Examiner shall enter an order
20 dismissing the citation.

21 7. Final decision. The Hearing Examiner's decision is the final decision of the
22 City.

23 I. Failure to appear for hearing

1 Failure to appear for a requested hearing will result in an order being entered finding that
2 the person cited committed the violation stated in the citation and assessing the penalty specified
3 in the citation. For good cause shown and upon terms the Hearing Examiner deems just, the
4 Hearing Examiner may set aside an order entered upon a failure to appear.

5 J. Penalties

6 The following penalties shall be assessed for violations of any provision of this Chapter
7 14.21:

8 a. \$500 for the first violation; and

9 b. \$1,000 for each subsequent violation.


10 K. Collection of penalties

11 If the person cited fails to pay a penalty imposed pursuant to this chapter, the penalty may
12 be referred to a collection agency. The cost to the City for the collection services will be assessed
13 as costs, at the rate agreed to between the City and the collection agency, and added to the
14 penalty. Alternatively, the City may pursue collection in any other manner allowed by law.

15 Section 2. The provisions of this ordinance are declared to be separate and
16 severable. The invalidity of any clause, sentence, paragraph, subdivision, section, or portion of
17 this ordinance, or the invalidity of its application to any person or circumstance, does not affect
18 the validity of the remainder of this ordinance or the validity of its application to other persons or
19 circumstances.

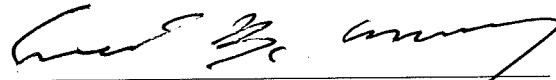
Section 3. This ordinance shall take effect and be in force 60 days after its approval by the Mayor, but if not approved and returned by the Mayor within ten days after presentation, it shall take effect as provided by Seattle Municipal Code Section 1.04.020.

Passed by the City Council the 1st day of August, 2016,
and signed by me in open session in authentication of its passage this 1st day of
August, 2016.



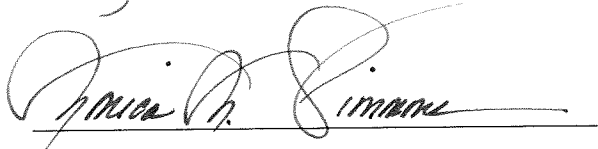
President _____ of the City Council

Approved by me this 3rd day of August, 2016.



Edward B. Murray, Mayor

Filed by me this 3rd day of August, 2016.



Monica Martinez Simmons, City Clerk

(Seal)

SUMMARY and FISCAL NOTE*

Department:

Contact Person/Phone:

Executive Contact/Phone:

City Council

Asha Venkataraman/4-5382

** Note that the Summary and Fiscal Note describes the version of the bill or resolution as introduced; final legislation including amendments may not be fully described.*

1. BILL SUMMARY

Legislation Title: An ordinance related to human rights; and adding a new Chapter 14.21 to the Seattle Municipal Code to prohibit the practice of conversion therapy on minors.

Summary and background of the Legislation: This legislation reflects the City Council's recognition that there is nothing wrong with LGBTQ individuals, and efforts to convert those individuals to a different sexual orientation or gender than the one they identify with is harmful, especially to youth. These efforts are referred to as "conversion therapy" or "reparative therapy." The professional mental health community in the United States supports the Council's view. This bill prohibits anyone in the City who is in a position to provide conversion or reparative therapy from providing it to minors, and puts in place an enforcement framework to address violation of that prohibition.

2. CAPITAL IMPROVEMENT PROGRAM

_____ This legislation creates, funds, or amends a CIP Project.

(If box is checked, please attach a new (if creating a project) or marked-up (if amending) CIP Page to the Council Bill. Please include the spending plan as part of the attached CIP Page.)

Project Name: Project I.D.: Project Location: Start Date: End Date: Total Cost:

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3. SUMMARY OF FINANCIAL IMPLICATIONS

Please check one:

_____ This legislation has direct financial implications. (If the legislation has direct fiscal impacts (appropriations, revenue, positions), fill out the relevant sections below. If the financial implications are indirect or longer-term, describe them in narrative in the "Other Implications" section.)

X _____ This legislation does not have direct financial implications.

(Please skip to "Other Implications" section at the end of the document and answer questions a-i.)

Budget program(s) affected:				
Estimated \$ Appropriation change:	General Fund \$		Other \$	
	2016	2017	2016	2017

Estimated \$ Revenue change:	Revenue to General Fund		Revenue to Other Funds	
	2016	2017	2016	2017
Positions affected:	No. of Positions		Total FTE Change	
	2016	2017	2016	2017
Other departments affected:				

3.a. Appropriations

☐ **This legislation adds, changes, or deletes appropriations.**

(If this box is checked, please complete this section. If this box is not checked, please proceed to Revenues/Reimbursements.)

Fund Name and number	Dept	Budget Control Level Name/##	2016 Appropriation Change	2017 Estimated Appropriation Change
TOTAL				

**See budget book to obtain the appropriate Budget Control Level for your department.*

(This table should reflect appropriations that are a direct result of this legislation. In the event that the project/programs associated with this ordinance had, or will have, appropriations in other legislation please provide details in the Appropriation Notes section below. If the appropriation is not completely supported by revenue/reimbursements listed below, please identify the funding source (e.g. available fund balance) to cover this appropriation in the notes section. Also indicate if the legislation changes appropriations one-time, ongoing, or both.)

Appropriations Notes:

3.b. Revenues/Reimbursements

☐ **This legislation adds, changes, or deletes revenues or reimbursements.**

(If this box is checked, please complete this section. If this box is not checked, please proceed to Positions.)

Anticipated Revenue/Reimbursement Resulting from this Legislation:

Fund Name and Number	Dept	Revenue Source	2016 Revenue	2017 Estimated Revenue
TOTAL				

(This table should reflect revenues/reimbursements that are a direct result of this legislation. In the event that the issues/projects associated with this ordinance/resolution have revenues or reimbursements that were, or will be, received because of previous or future legislation or budget actions, please provide details in the Notes section below. Do the revenue sources have match requirements? If so, what are they?)

Revenue/Reimbursement Notes:

3.c. Positions

 This legislation adds, changes, or deletes positions.
(If this box is checked, please complete this section. If this box is not checked, please proceed to Other Implications.)

Total Regular Positions Created, Modified, or Abrogated through this Legislation, Including FTE Impact:

Position # for Existing Positions	Position Title & Department*	Fund Name & #	Program & BCL	PT/FT	2016 Positions	2016 FTE	Does it sunset? (If yes, explain below in Position Notes)
TOTAL							

* List each position separately

(This table should only reflect the actual number of positions created by this legislation. In the event that positions have been, or will be, created as a result of previous or future legislation or budget actions, please provide details in the Notes section below.)

Position Notes:

4. OTHER IMPLICATIONS

a) Does the legislation have indirect or long-term financial impacts to the City of Seattle that are not reflected in the above?

(If yes, explain here.)

b) Is there financial cost or other impacts of not implementing the legislation?

(Estimate the costs to the City of not implementing the legislation, including estimated costs to maintain or expand an existing facility or the cost avoidance due to replacement of an existing facility, potential conflicts with regulatory requirements, or other potential costs or consequences.)

If the bill is not instituted, those providing conversion therapy will be legally permitted to continue to do so, which will cause harm to LGBTQ youth, who are already a vulnerable population in our community.

c) Does this legislation affect any departments besides the originating department?

(If so, please list the affected department(s) and the nature of the impact (financial, operational, etc.), and indicate which staff members in the other department(s) are aware of the proposed legislation.)

d) Is a public hearing required for this legislation?

(If yes, what public hearing(s) have been held to date, and/or what public hearing(s) are planned for the future?)

e) Does this legislation require landlords or sellers of real property to provide information regarding the property to a buyer or tenant?

(If yes, please describe the measures taken to comply with RCS 64.06.080.)

f) Is publication of notice with *The Daily Journal of Commerce* and/or *The Seattle Times* required for this legislation?

(For example, legislation related to sale of surplus property, condemnation, or certain capital projects with private partners may require publication of notice. If you aren't sure, please check with your lawyer. If publication of notice is required, describe any steps taken to comply with that requirement.)

g) Does this legislation affect a piece of property?

(If yes, and if a map or other visual representation of the property is not already included as an exhibit or attachment to the legislation itself, then you must include a map and/or other visual representation of the property and its location as an attachment to the fiscal note. Place a note on the map attached to the fiscal note that indicates the map is intended for illustrative or informational purposes only and is not intended to modify anything in the legislation.)

h) Please describe any perceived implication for the principles of the Race and Social Justice Initiative. Does this legislation impact vulnerable or historically disadvantaged communities?

(If yes, please explain how this legislation may impact vulnerable or historically disadvantaged communities. Using the racial equity toolkit is one way to help determine the legislation's impact on certain communities.)

This bill will benefit the LGBTQ youth community, who are already a vulnerable population. It will decrease the harm from a lack of acceptance by the larger community of a youth's self-identified sexual orientation or gender, and help to ensure that the harm perpetuated by providers of conversion or reparative therapy is one less source of risk to a youth's mental health.

i) If this legislation includes a new initiative or a major programmatic expansion: What are the long-term and measurable goals of the program? Please describe how this legislation would help achieve the program's desired goals.

(This answer should highlight measurable outputs and outcomes.)

j) Other Issues:

List attachments/exhibits below: