

Testimony of Elizabeth Watson
Before the Senate Committee on Health and Human Services
SF 4706
Oppose
April 7, 2026

Chair and members of the Committee:

My name is Elizabeth Watson, I reside in Sherburne County, Minnesota. Thank you for the opportunity to testify today in strong opposition to SF 4706.

This bill would create a private civil cause of action allowing lawsuits against mental health professionals for providing what it labels “conversion therapy” to minors. It imposes steep financial penalties—including a minimum \$50,000 civil penalty per claim, plus damages, attorney fees, and injunctive relief—based on vague claims of “psychological harm.” This approach is not a neutral consumer-protection measure. It is a direct attempt to chill and punish protected speech, and it should be rejected.

Just days ago, on March 31, 2026, the U.S. Supreme Court issued an 8-1 ruling in *Chiles v. Salazar* striking down Colorado’s ban on so-called conversion therapy for minors. The Court held that the law unconstitutionally regulated viewpoint-based speech in talk therapy. Justice Gorsuch’s majority opinion made clear that when a state licensing regime prohibits counselors from discussing certain client goals—such as reducing unwanted same-sex attractions or achieving harmony with one’s biological sex—while explicitly permitting affirming or transition-oriented counseling, it triggers strict First Amendment scrutiny. The Colorado law failed that test because it discriminated based on the viewpoint expressed in the therapeutic conversation.

SF 4706 suffers from the same constitutional defect. By defining “conversion therapy” broadly and then exposing therapists to ruinous lawsuits for engaging in disfavored talk therapy with minors, the bill creates a powerful deterrent effect that suppresses the very speech the Supreme Court just protected. States cannot use civil liability as a workaround to evade the First Amendment. This bill places Minnesota on a collision course with the Constitution.

Historically, early efforts to change sexual orientation—directed

primarily at gay and lesbian individuals—sometimes involved genuinely barbaric practices, such as electroconvulsive therapy (ECT), aversion techniques with electric shocks, nausea-inducing drugs, and even lobotomies. Those coercive, physically invasive methods have long been abandoned by ethical practitioners and rightly condemned. No one defends them today.

What SF 4706 threatens, however, is something entirely different: exploratory talk therapy for youth experiencing gender distress. This is not “conversion therapy.” Exploratory therapy involves careful, client-led psychological assessment to understand the full range of factors contributing to a young person’s distress—trauma, mental health comorbidities, family dynamics, social influences, or underlying conditions—without a predetermined goal of either immediate medical transition or suppression of identity. It respects the minor’s right to self-determination and the therapist’s ethical duty to “first, do no harm.”

Conflating neutral, evidence-based exploratory therapy with the historical abuses of gay conversion therapy is both inaccurate and dangerous. It discourages the very careful evaluation that vulnerable gender-distressed youth desperately need, especially amid rapidly rising rates of adolescent-onset gender dysphoria and growing international caution (as seen in reviews from the UK’s Cass Report and European health authorities).

Mental health professionals must retain the freedom to engage in open, non-coercive dialogue with their clients. Parents and families deserve access to therapists who prioritize comprehensive assessment over ideological affirmation. SF 4706 undermines that freedom through the threat of litigation and bankrupting judgments.

I urge the committee to reject SF 4706. It is constitutionally flawed in light of the recent Supreme Court ruling, it mischaracterizes legitimate therapeutic exploration as harmful “conversion,” and it will ultimately harm the very minors it claims to protect by limiting access to careful, individualized mental health care.

Thank you for your time and consideration.

Respectfully submitted,

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