Sacramento and Washington, D.C. – Pursuit of County Advocacy Position on State Legislation Related to Sexual Orientation or Gender Identity and Federal Legislation related to Mental Health and Data Centers

This report contains a pursuit of County advocacy position on the following State legislation:

Sexual Orientation or Gender Identity Change Efforts

Background

- Existing law defines "sexual orientation change efforts" as practices by mental health providers that seek to change an individual's sexual orientation. It prohibits mental health providers from engaging in sexual orientation change efforts with patients under 18 and such effort is considered unprofessional conduct subject to disciplinary action by the provider's licensing board. Existing law also establishes 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. For minors, the deadline is three years from the alleged act, except that children under six may file until age eight or within three years, whichever is longer.
- SB 934 (Wiener), as amended on June 3, 2026, would extend the statute of limitations for an action arising from harm caused by the provision of sexual orientation or gender identity change efforts to a patient by a licensed mental health professional.
- Specifically, SB 934 would:
    - Expand the definition of sexual orientation change effort to include attempts to direct a patient toward a particular gender identity by altering, suppressing, or restricting their identity or expression.
    - Exclude nondirective therapy that supports coping, exploration, and self-understanding without seeking a specific outcome, as well as age-appropriate interventions addressing unlawful or unsafe behavior.
    - Establish specific statute of limitations for claims involving these practices:
        - For conduct occurring when the patient was a minor: within 22 years after reaching adulthood;
        - For adults: within 10 years of the last treatment session involving such efforts; and

        - Alternatively, within five years of discovering that later occurring psychological harm was caused by the efforts.
    - Provide detailed discovery standards, including that discovery occurs when the patient knew or should have known the psychological harm was caused by the efforts, without needing to understand the full extent of the injury or that the conduct was legally actionable. Awareness of treatment alone does not constitute discovery.
    - Allow for civil actions against the provider, the provider's employer, or any person/entity responsible for negligent hiring, supervision, or retention.
    - Allows recovery of economic losses, noneconomic damages, punitive damages for egregious conduct, and reasonable attorneys' fees and costs.
    - Apply to cases filed on or after January 1, 2027, and revive certain previously time-barred claims arising from conduct on or after January 1, 2009. Revived claims must be filed by the latest of: three years from January 1, 2027; within 22 years after reaching majority (if a minor at the time); within 10 years of the last treatment session (if an adult at the time); or within five years of discovery.
    - Allow plaintiffs to establish general causation through expert testimony, scientific research, or other evidence showing that such practices are capable of causing the type of psychological harm alleged.

County Impact

- SB 934 would invite lawsuits against the County and individual mental health practitioners who dealt with children and adults suffering from gender dysphoria and related issues. Lawsuits alleging harm from conduct occurring on or after January 1, 2009, may be brought at any time under the bill's extended statute of limitations, while claims based on conduct before that date cannot be filed. The bill adopts an expansive basis for bringing claims against the County, potentially encompassing mental health services involving routine discussions of a patient's sexual orientation or gender identity. Although the author's stated goal is to enable civil recovery for harms linked to conversion therapy, the broad statutory language could also capture treatment for gender dysphoria and related issues, exposing providers and the County to liability for a wide range of therapeutic practices and conversations that would otherwise be lawful.
- The Department of Mental Health (DMH) reports that SB 934 could expose the County and DMH to liability beyond the author's intent by extending the bill to cover any practices by a licensed mental health provider that are interpreted as directing a patient toward a predetermined sexual orientation or gender identity. As written, this could include litigation alleging harm even in the context of appropriate, LGBTQ-affirming care that aligns with DMH and national clinical standards. DMH is also concerned that individuals who later detransition could bring claims related to earlier treatment, even when that care was consistent with accepted standards at the time.
- DMH further reports that SB 934 would establish a broad causation framework allowing plaintiffs to demonstrate causation through expert testimony or literature showing that such "change efforts" are capable of causing psychological harm, without requiring proof of a specific mechanism. This could lower the evidentiary threshold for bringing claims against the County.
- According to the Department of Health Services (Health Services), SB 934 provisions could be interpreted to mean that even routine clinical activities

within standard medical practice might be viewed as attempts to change a person's gender identity. Although the bill is currently focused on mental health providers, this ambiguity could have broader implications for medical practice.
- Health Services notes that while the bill is intended to protect patients exploring their sexuality or gender identity, it may ultimately restrict access to services if physicians decline to provide gender-affirming care due to concerns about future liability. Providers may limit or reduce services to avoid potential consequences, which could result in immediate harm to individuals seeking care.

Support and Opposition
- SB 934 is sponsored by: Alliance for TransYouth Rights; California Legislative LGBTQ Caucus; Equality California; Lambda Legal; National Center for LGBTQ Rights; Trans Family Support Services; and Trevor Project.
- The bill is supported by over 30 organizations, including: Alliance for Children's Rights; Asian Americans Advancing Justice-southern California; California Psychological Association; Community Health Project LA; Los Angeles LGBT Center; and Los Angeles LGBTQ Chamber of Commerce.
- SB 934 is opposed by over 15 organizations, including: California Baptist for Biblical Values; Cause: Democrats for an Informed Approach to Gender; International Foundation for Therapeutic and Counselling Choice; Lesbians Advocating for a Resilient Future; LBG Alliance Foundation; and Women are Real.
- The bill is opposed unless it is amended by: California State Association of Counties; California Association of Joint Powers; Authorities California Association of School Business Officials; Public Risk Innovation, Solutions, and Management; Rural County Representatives of California; Schools Excess Liability Fund; Urban Counties of California; and Women's Liberation Front.

Status
- SB 934 is pending consideration in the Assembly Appropriations Committee.

Recommendation
- This Office, DMH, and DHS recommend opposing SB 934 unless it is amended to: exempt public entities; reduce or eliminate the retroactive revival window; limit institutional liability; and narrow the overly broad definition related to sexual orientation and gender identity change efforts.
- Therefore, unless otherwise directed by the Board, consistent with existing policy to oppose proposals that expand administrative and civil penalties on local government entities, **the Sacramento Advocates will oppose SB 934 unless amended.**

This report also contains pursuits of County advocacy position on the following federal legislation:

HEART Act of 2026

Background
- Existing law, through H.R. 1 (Public Law 119-21), allocated more than $76 billion for immigration and enforcement activities, hiring and training of additional immigration personnel, and additional immigration detention capacity.
- H.R. 9365 (Rivas), the Healing and Equity for Enforcement-Affected Residents and Trauma (HEART) Act of 2026, as introduced on June 18, 2026, would establish the

Office of Immigrant Community Mental Health and Resilience (Office) within the Office of the Secretary of Health and Human Services, and would repurpose $76 billion allocated in H.R. 1 for the Office's functions.

- H.R. 9365 would require the Office to carry out programs and activities to assist impacted communities, including through the provision of mental health services to individuals experiencing fear-based trauma related to immigration law enforcement activities taken by federal agencies, including:
    - Direct care and service delivery to impacted communities;
    - Data reporting for local jurisdictions to report immigration actions;
    - Workforce development for culturally competent care; and
    - Community involvement to develop and implement educational materials.
- The bill would also require the Office to make grants to eligible entities serving impacted communities to:
    - Provide trauma-informed mental health services;
    - Address emergent behavioral health crises;
    - Provide mental health and substance use prevention, response, and recovery services;
    - Develop and implement a "know your rights" campaign relating to health care rights;
    - Deploy mobile or community-based mental health response services; or
    - Integrate multilingual, trauma-informed mental health services with health care services provided by local educational agencies.

County Impact

- H.R. 9365 would help address a growing need for mental health support and services for immigrant communities and may lead to potential grant opportunities for the County and clinical network partners.
- According to the Department of Mental Health (DMH), H.R. 9365 would lead to the strengthening of national leadership on the critical and growing need for services and funding that are tailored to meet the cultural and linguistic needs of the immigrant communities. This is particularly important as DMH and its clinical network partners have observed an increase in reports of trauma, fear, and anxiety among local immigrant communities, coinciding with heightened immigration enforcement activities in recent years.
- DMH notes that H.R. 9365 would dedicate funding to support two areas that the department has identified as areas of need – the development of a culturally competent workforce and community stakeholder involvement in the development of client educational materials.
- The Department of Consumer and Business Affairs (DCBA) reports that there is the need for the mental health services prescribed in the bill and does not have concerns with the bill. DCBA recommends that the bill emphasize strong confidentiality protections, data minimization, aggregate and de-identified reporting, and clear safeguards prohibiting any program information housed by future grantees from being used for immigration enforcement purposes.

Support and Opposition

- H.R. 9365 is supported by: Coalition for Humane Immigrant Rights and National Latino Behavioral Health Association.
- H.R. 9365 has two co-sponsors, including Representative Gil Cisneros.
- Opposition to H.R. 9365 is unknown at this time.

Status

- H.R. 9365 has been referred to the House Committee on Energy and Commerce.

Recommendation

- This Office and DMH recommend supporting H.R. 9365, as it would help address a growing need for mental health support and services for immigrant communities.
- Therefore, unless otherwise directed by the Board, consistent with existing policy to support proposals that enhance local behavioral health crisis response infrastructure, **the Washington, D.C. Advocates will support H.R. 9365 and similar measures.**

Data Infrastructure Energy Measurement and Standards Act

Background

- H.R. 9372 (Subramanyam), as introduced on June 18, 2026, would direct the National Institutes of Standards and Technology, in coordination with the Department of Energy, to develop best practices and technical standards for measuring data center energy and water use.

County Impact

- H.R. 9372 would establish a technical foundation for better electricity forecasting, improved resource management, and better infrastructure planning and data center siting, which would help address forecasting capabilities, inform decision-making, and better understand the resource demands of artificial intelligence and other advanced computing technologies.
- The Chief Sustainability Office (CSO) reports that this bill would create consistent rules for major data center companies, similar to the voluntary rules of the Rate Payer Protection Pledge. This bill would also support the development of standardized metrics, best practices, and data-sharing mechanisms.

Support and Opposition

- Support and opposition to H.R. 9372 is unknown.

Status

- H.R. 9372 is pending consideration on the floor of the House of Representatives.

Recommendation

- This Office and CSO recommend supporting H.R. 9372 as it would create more consistent rules for data centers and resource usage measurement standards.
- Therefore, unless otherwise directed by the Board, consistent with existing policy to support proposals that promote sustainability in programs, projects, and technologies, **the Washington, D.C. Advocates will support H.R. 9372 and similar measures.**

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