



**Opponent Testimony, HB 68
Senate Government Oversight Committee
December 6, 2023**

Chair Roegner, Vice-Chair Antani, Ranking Member Hicks-Hudson, and members of the Senate Government Oversight Committee, thank you for your time and for providing the opportunity to hear our testimony.

My name is Liam Strausbaugh, I use he/they pronouns and I am a licensed social worker and staff member with the Ohio chapter of the National Association of Social Workers (NASW Ohio). I am testifying today to express NASW Ohio's opposition to HB 68 which would have not only a tragic and immense impact on gender diverse youth, but also on ethical social work practice and the behavioral health workforce in Ohio.

Gender-affirming services are evidence-based, life-saving interventions for gender-diverse individuals, which is supported by the National Association of Social Workers, the American Academy of Child and Adolescent Psychiatry, the American Psychiatric Association, the American Medical Association, and the World Medical Association, to name only a few.

As social workers, the gender-affirming services that are provided under our care include providing non-judgmental support, resources for how to come out to others (including non-supportive parents and family members) and providing a listening ear for their gender exploration. If HB 68 were to pass, social workers would be unable to provide this support to youth without adding additional barriers to mental health care access that are both unnecessary and harmful to both social workers' ethical duties and the youth that we serve.

Standards are already in place to ensure that mental health professionals working with youth are obtaining parental consent for services; adding additional stipulations only for gender-diverse youth is discriminatory. As currently written, HB 68 would require youth to receive parental consent to even receive a diagnosis of gender dysphoria. This practice is completely unheard of in mental health or physical health settings – your medical provider doesn't ask if you consent to being diagnosed with diabetes and your therapist does not ask if you consent to being diagnosed with anxiety. The professional meets with you, discusses your symptoms, including the severity and the persistence, and comes to a diagnostic conclusion based on evidence, not simply what the patient or the parent wants to hear.

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Additionally, requiring a mental health professional to obtain additional explicit parental permission for any treatment of gender-affirming care can result in a client being outed when they potentially are not ready or safe to do so, which can be incredibly dangerous for youth with unsupportive parents or guardians. Studies have shown that LGBT youth are 120% more likely to experience homelessness with the leading cause of this homelessness being family rejection based on sexual orientation, gender identity, and gender expression[1]. It must be explicitly noted that there are no exceptions to these rules in the current version of the bill if a youth is not safe to share their gender identity or questioning with their parents or guardians. Requiring a social worker to break client confidentiality and ignore their clinical expertise to seek this superfluous consent could jeopardize client safety, disrupt the therapeutic process, and interrupt clinical progress and success. It is never the goal of a mental health provider to keep information from a minor client's parents, however it essential that clinicians have the ability to follow best practice and utilize clinical judgment to protect the safety of their clients and ensure clinical success without fear of liability or disciplinary action upon their license.

Section 3129.03 (2a) also adds a substantial burden to the already overloaded behavioral health workforce. Mental health professionals already screen for co-occurring disorders throughout the course of treatment, but any full assessments for ADHD or autism require specialized training and most providers would need to meet the client, refer them to another provider to complete an assessment, then have them come back. There is also no scientific evidence to suggest that ADHD or ASD causes someone to be transgender, gender non-conforming, or to experience gender dysphoria. Additionally, potentially needing to refer a client out for additional assessment when they exhibit no signs or symptoms of the diagnosis being screened for goes against evidence-based practice and common sense. These overburdensome and extraneous practice requirements would discourage many providers from accepting minors as clients. 68 of Ohio's 88 counties are already in a Health Professional Shortage Area for Mental Health[2] leading to wait times of 6 months to 1 year for some youth according to a 2022 interview by WBNS with Columbus behavioral health providers[3]. Passing this legislation would greatly increase these wait times.

Gender-affirming care is not only evidence-based best practice, but it is also an ethical standard of social work practice which compels social workers to "respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals" (NASW Code of Ethics, Standard 1.02). As practitioners, we do not seek to promote, encourage, or persuade clients to change their gender identity or expression, but to simply provide a safe, supportive, non-judgmental environment for clients to explore their identities and navigate their

way through the world. Social workers are also obligated to follow evidence-based practice, refrain from discrimination based on sex, gender identity, and gender expression, and protect the confidentiality of our clients. HB 68 contradicts each of these ethical standards.

HB 68 would not only greatly harm the mental health and well-being of gender-diverse youth in Ohio, would but impact all youth's ability to receive timely care by further diminishing the already low number of behavioral health professionals willing to treat youth and extending wait times for those who actually do need ADHD or ASD assessments. This bill would also force licensed professionals to choose between following legal statute or our ethical responsibilities, forgoing either one of which could land us in front of the licensing board at risk of losing our licenses and the way to our livelihood.

We ask that you vote no on HB 68 to help protect mental health care for youth, to protect social work ethical practice, and to not further limit the behavioral health workforce in Ohio.

Thank you.

[1] Morton, M. H., Samuels, G. M., Dworsky, A., & Patel, S. (2018). Missed opportunities: LGBTQ youth homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago.

[2] Ohio Department of Health. (November 2022). Retrieved April 14, 2023, from https://trails.ohio.org/wps/wcm/connect/gov/4e6d331f-5fd6-43b1-b355-acc0a07f56d/Mental+Health+HPSA+Map+2022.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGK0N0J000Q09DDDDM3000-4e6d331f-5fd6-43b1-b355-acc0a07f56d-ohTO.vz.

[3] Landers, K. (2022, February 10). Ohio's Child Behavioral Health System is at a 'breaking point'. 10tv.com. Retrieved April 18, 2023, from <https://www.10tv.com/article/news/health/mental-health-ohio-child-behavioral-health-system-at-a-breaking-point/530-1ce016b5-b745-4ffe-9c50-6c2cbd34acf6>.

Opponent Testimony - HB 68

Chair Roegner, Vice Chair Antani, Ranking Member Hicks-Hudson, and members of the Senate Government Oversight Committee:

My name is Avery Neal and I am a licensed social worker specializing in neuro-affirming and LGBTQ+-affirming mental health care. I am here to express my opposition to HB 68 in the strongest possible terms and implore that you do not advance this bill any further. HB 68 unfairly discriminates against transgender, non-binary, and gender expansive youth; conflicts with best practices and ethical standards of social work; and has the potential to further destabilize Ohio's mental health care workforce.

HB 68 requires mental health professionals to obtain parental consent for both the diagnosis and treatment of Gender Dysphoria. This provision is problematic for many reasons including:

1. It has the potential to out transgender, non-binary, and gender expansive children to their parents before they are ready. There are no exceptions in the bill for instances where there is reasonable concern that the youth would be in imminent danger due to being outed.
2. This provision is not diagnostically sound because parental consent is not in the diagnostic criteria for anything in the DSM-5-TR. Diagnoses exist based upon presenting symptoms, not parental buy in.
3. It is discriminatory because it requires a separate set of rules and procedures for transgender, non-binary, and gender expansive youth that literally no one else seeking mental health services will have to undertake.
4. It violates the ethical responsibility of social workers to honor an individual's right to self-determination.

This bill is clearly discriminatory toward trans, nonbinary, and gender expansive youth by strong arming mental health professionals into adhering to a set of rules that apply to transgender youth and literally no other folks seeking mental health services. The irony of this attempt to discriminate through legislation is that HB 68 will impact all youth in need of mental health services and potentially adults as well. Mental health workers are not going to choose to violate their ethical codes, abandon what is best practice in their field, and open themselves to the potential for disciplinary action; they will take steps to mitigate risk and ensure they can perform their duties ethically. It would be a difficult, but necessary decision for many clinicians to stop accepting referrals to work with all minors to avoid having to adhere to the provisions of HB 68 and so they can continue their careers to support themselves and their families. Other clinicians may let their licenses lapse and put their skills to use in another profession. This is not dramatization. In 2022 Texas Governor Greg Abbott enacted an order requiring the Department

of Protective and Family Services to investigate the parents of transgender youth and it led to DPFS social workers resigning their positions¹.

Ohio cannot afford to lose additional mental health care workers. Per the Ohio Department of Health, 68 out of 88 counties in Ohio are currently in a Mental Health Provider Shortage Area². SB 90 was passed by this Senate earlier this year to enter Ohio into the Social Work Licensure Compact which is a wonderful step toward addressing this shortage. However, its impact would likely be stunted because SB 90 requires social workers from other states to adhere to applicable laws and regulations in the client's home state³. Though we have variances in laws from state to state, social workers share the same professional ethical code. Out of state social workers are unlikely to want to open themselves to the liabilities and ethical violations should HB 68 pass.

Gender-affirming care in the mental health field includes offering a secure, nonjudgmental space for gender expansive individuals to process their feelings, experiences, and understanding of their gender. Gender-affirming care is non-directive and is person centered. It may include honoring an individual's chosen name, pronouns, and connecting them to relevant resources. Mental health professionals providing gender affirming care are not trying to pressure gender expansive individuals toward a specific agenda. Gender-affirming mental health care is not as ominous as it is being painted. It is similar to general mental healthcare in that it takes a nonjudgmental stance and treats the individual as the expert in their lived experience. To prohibit gender-affirming mental health care for youth is a move to criminalize ethical, competent mental health care. I ask that you vote no to protect equitable access to quality mental health care for gender expansive youth and help maintain the current mental health workforce.

Respectfully submitted,

R. Avery Neal, MSW, LSW
Resident of Washington Township, Ohio

¹ Klibanoff, E. (2022, April 11). Distraught over orders to investigate trans kids' families, Texas child welfare workers are resigning. The Texas Tribune. <https://www.texastribune.org/2022/04/11/texas-trans-child-abuse-investigations/>

² Ohio Department of Health. (2022, November). Ohio mental health professional shortage areas (HPSAs). <https://odh.ohio.gov/wps/wcm/connect/gov/4e6d331f-5fd6-43b1-b355-accd0a07f56d/MH+HPSA+Map+2021.pdf?MOD=AJPERES>

³ To enact sections 4757.52 and 4757.521 of the Revised Code to enter into the Social Work Licensure Compact (2023). https://search-prod.lis.state.oh.us/solarapi/v1/general_assembly_135/bills/sb90/PS/02/sb90_02_PS?format=pdf