Written-Only Opponent Testimony for HB 162
House Health Committee Hearing on Wednesday, June 18, 2025
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Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, thank you for the opportunity to provide written testimony. My name is Stephanie Ash (she/her) and I am a licensed attorney and social worker in Ohio. I serve as the Region 3 (Cleveland area) Co-Director on the National Association of Social Workers (NASW) Ohio Chapter Board. I am also a member of the NASW Ohio Social Work Criminalization Task Force. I write to voice my opposition to HB 162.

HB 162 does not seem problematic on its face, but there are two serious issues with this bill. First, the Fiscal Note and Local Impact Statement prepared by the Ohio Legislative Service Commission does not adequately outline the costs government-owned hospital systems will incur to upgrade their electronic health records (EHR) systems to comply with this new law. These EHR upgrades could cost taxpayers millions of dollars, but estimates have not been provided. I urge lawmakers to thoroughly consider the costs of compliance and request a more detailed and realistic cost analysis before voting on this bill.

Second, HB 162 may put undue pressure on minors from medical providers on an annual basis. HB 162 requires providers to ask minors every year to provide consent to "medical records regarding care that the minor patient may have consented to, or may consent to in the future, without parent or guardian consent" (HB 162, lines 37-49) if they have not previously consented. There are no guidelines for this consent and many questions remain: is the minor asked in front of their parents? Can the minor ask the provider questions? Do non-verbal infants need to be asked for consent to fulfil this obligation?

Since minor patients are only asked until they give consent, and never asked again, they are implicitly pressured to give consent for parental access. Once the minor caves to the implicit pressure involved in a provider asking for consent every year, revocation of their consent is never offered or explained. This breaches the trust between the provider and the minor patient and may cause them not to seek care in the 8 codified circumstances involving sensitive care minors may access by law in Ohio. Although accessing care is not expressly forbidden by HB 162, giving parents and guardians unrestricted access to future medical records will create another barrier to care for minors.

I urge the Committee to vote NO on HB 162 in its entirety. Alternatively, I recommend that the Committee postpone a vote until EHR upgrade costs are more fully analyzed, add clauses to compel providers to ask for consent every year and discuss revocation of previously given consent, and establish more clear guidelines for the consent process. Thank you.