In Person Proponent Testimony for Ohio House Bill 172

Submitted by: Kathy Boff, Volunteer, Protect Ohio Children
October 22, 2025 House Health Committee Hearing

Chairwoman Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee.

My name is Kathy Boff, and I am an 8-year volunteer with Protect Ohio Children Coalition, a state-wide grassroots organization dedicated to safeguarding parental rights and the well-being of Ohio's youth. We advocate for policies that empower families. Today, I urge your support for House Bill 172, which would repeal Ohio Revised Code (ORC) 5122.04, prohibiting mental health services for minors without parental consent. This bill restores parental authority, closes a dangerous loophole, and aligns Ohio's laws with family-driven care.

ORC 5122.04, enacted in 1989 as a crisis safety net, allows minors to access limited outpatient mental health services without parental consent. In practice, it undermines parents as primary caregivers. For 36 years, no data has been collected on its usage, outcomes, or impacts, leaving a significant gap in oversight. Repealing 5122.04 through HB 172 eliminates this un-monitored exception and strengthens Ohio's child welfare framework.

This repeal complements ORC 3313.473, the Parents' Bill of Rights, which requires schools to notify parents of changes in a child's mental, emotional, or physical health services, including counseling, and mandates parental consent for non-emergency care. By repealing 5122.04, schools and mental health providers can no longer bypass parents, ensuring transparency and involvement as intended by the bill.

The repeal is urgent given recent debates over youth mental health. Before HB 68 (the SAFE Act) passed in 2024, some Ohio organizations advocated excluding parents from discussions about their child's sexuality or gender identity. Repealing 5122.04 aligns with HB 68's parental consent mandates, ensuring parents are informed about sensitive topics like gender dysphoria, especially in Ohio's Mobile Response Stabilization Services (MRSS) settings. MRSS providers, often linked with schools, could otherwise discuss such issues without parental knowledge under 5122.04. This repeal empowers families to guide their child's care according to their values, fostering trust in the system.

Critics may argue with valid concerns that 5122.04 protects at-risk youth, but Ohio law already includes emergency provisions and abuse reporting safeguards under ORC 2151.421 to address these concerns. The 36-year data gap on 5122.04 and opposition from groups prioritizing minor autonomy over family involvement highlight the need for reform. Parental involvement is proven to improve mental health outcomes for minors, aligning with Ohio's family-centric values.

In conclusion, HB 172 strengthens parental rights, enhances transparency, and ensures Ohio's mental health system prioritizes families. I respectfully urge your support for this critical reform.

Thank you for hearing my testimony, and I'm happy to answer any questions.

Respectfully submitted,
Kathy Boff, Volunteer, Protect Ohio Children