

Opposition Testimony to Ohio House Bill 172

Presented to the Ohio House Committee on Health (November 19th, 2025)

Presented by Mia I. Patel, Private Citizen

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I. Introduction

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the committee, thank you for the opportunity to provide testimony. My name is Mia Patel, and I am writing to respectfully oppose House Bill 172. I am deeply concerned that repealing ORC § 5122.04 would eliminate a narrow but critical safeguard for vulnerable youth to access timely mental health support when parental involvement is not immediately possible or safe.

II. Legal and Practical Concerns

- ORC § 5122.04 currently allows minors aged 14 and older to receive up to six outpatient counseling sessions—or 30 days of care—without parental consent very limited circumstances. This statute was designed to allow early intervention to allow struggling youth to access help before their needs escalate into emergencies requiring hospitalization, law enforcement, or child protective services.
- H.B. 172 would require parental authorization for nearly all mental health and counseling services, even when situations make it unsafe or impractical. This bill also places mental health professionals in legally and ethically conflicting positions when responding to urgent behavioral health needs.

III. Impact on Vulnerable Youth

Repealing § 5122.04 will disproportionately affect groups already facing significant barriers to care:

- Youth in foster care or non-traditional guardianship arrangements, where parental contact is inconsistent
- Youth experiencing abuse, neglect, or family estrangement, who may avoid seeking help with mandatory parental notification
- Youth in rural and underserved communities where school-based or community outpatient services may be their only realistic access point to care

HB 172 removes one of the few confidential pathways available to these youth, increasing the risk of untreated mental health concerns and long-term harm.

IV. Financial Considerations

I urge the committee to evaluate the fiscal impact of restricting early access to mental health services for minors. Without § 5122.04, we may see increased:

- emergency department utilization,
- law enforcement involvement in mental health crises,
- inpatient psychiatric admissions, and
- strain on Medicaid and county behavioral health boards.

The cost of crisis-level care far exceeds the cost of preventive outpatient counseling. The committee should ensure that the financial implications of HB 172 are fully understood and sustainable.

V. Conclusion

I fully support appropriate parental engagement in minors' health decisions. However, H.B. 172 removes the professional discretion needed when parental involvement is unsafe, or unavailable. ORC § 5122.04's limited six-session window acts as a safeguard for youth in distress—not a mechanism for undermining family authority.

The argument that § 5122.04 is incompatible with H.B. 8 is misguided. H.B. 8 governs school-based policies; § 5122.04 applies to all mental health professionals. *Legislative consistency should never come at the expense of youth safety or public health.*

I respectfully ask the committee to consider amendments that preserve limited, conditional access to confidential mental health care so that Ohio's laws continue to protect families, youth, and the clinicians who serve them. We all want safe, effective mental healthcare for Ohio's youth.

Thank you for your time and consideration.

Sincerely,

Mia Patel