



Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and Honorable Members of the House Health Committee,

The Ohio Counseling Association (OCA) respectfully submits this testimony in opposition to House Bill 172 (HB 172), which seeks to prohibit the provision of mental health services to minors without parental consent and to repeal Ohio Revised Code (ORC) 5122.04. As the association representing licensed professional counselors, counselor educators, and counseling graduate students across the state, the OCA is deeply concerned that this legislation would have profound and harmful consequences for Ohio's youth, particularly those who are most vulnerable.

Under current law, minors aged 14 and older are permitted to access outpatient mental health counseling without parental consent for a maximum of six sessions or 30 days, whichever occurs first. This safeguard has enabled numerous young individuals to seek support during moments of crisis, fear, or uncertainty. HB 172 proposes to eliminate this protection and mandates parental permission for all forms of mental health treatment. While the bill may be motivated by an intention to encourage parental involvement, it fails to consider the complex and sometimes perilous circumstances faced by many young individuals within their domestic environments. For minors residing in settings characterized by abuse or neglect, obtaining parental consent may be not only impractical but may also expose them to further harm. Youth in such situations often lack alternative sources of assistance. When access to confidential counseling is restricted, they may delay disclosing abuse or neglect or entirely refrain from seeking help. Such delays can result in devastating and occasionally fatal outcomes.

Early access to mental health care is one of the most effective ways to prevent crises from escalating. Counselors routinely work with adolescents who are struggling with depression, anxiety, trauma, and suicidal thoughts. When barriers to care are introduced, the consequences can be life-threatening. Research has consistently demonstrated that timely, preventive mental health care reduces the need for emergency interventions and hospitalizations. If HB 172 is enacted, the removal of low-barrier access to care will almost certainly lead to increased rates of crisis escalation, overburdening already strained emergency departments and inpatient psychiatric units. In practice, this bill would replace early outpatient support with reactive crisis management, an outcome that is more costly to the system and more damaging to the individual.

The bill also poses distinct harm to LGBTQ+ youth, who are statistically more likely to experience family rejection, homelessness, and psychological distress. Requiring parental consent for mental health services places these young people at significant risk, particularly when their families are unsupportive or hostile toward their identities. HB 172 further



compounds this harm by imposing unnecessary screening requirements on youth seeking gender-related care. This language implicitly pathologizes gender diversity and delays affirming interventions. LGBTQ+ adolescents already face some of the highest rates of depression and suicidality among their peers. Removing their ability to independently seek counseling or support will only exacerbate these disparities and further marginalize youth who already struggle to feel safe in their own homes and communities.

Furthermore, HB 172 introduces inconsistencies within Ohio's statutory framework governing healthcare for minors. Current state law permits minors to consent to essential services such as testing and treatment for sexually transmitted infections, substance use disorders, and reproductive health care. These provisions recognize that, in specific circumstances, confidentiality is vital to a young person's safety and well-being. Singularly identifying mental health as an exception diminishes this comprehensive approach to youth health and implies that psychological well-being is less critical to adolescent development. Such a message contradicts both the scientific consensus and the principles of holistic healthcare.

The bill would also have disproportionate effects on youth in foster care or residential facilities, many of whom lack stable parental figures or consistent guardians. By introducing new bureaucratic requirements for institutional consent, HB 172 would slow or even prevent access to mental health treatment for this already at-risk population. Foster and system-involved youth are often found to have some of the highest rates of trauma exposure in the state and rely heavily on timely access to counseling to support stability, safety, and long-term development. Any legislation that delays their care risks deepening their vulnerability and perpetuating cycles of trauma and institutionalization.

For all these reasons, the OCA respectfully requests that the committee oppose HB 172. This legislation would not strengthen families or improve care; instead, it would remove one of the few avenues of protection available to young people in crisis, increase the risk of suicide and hospitalization, and place additional strain on Ohio's already overextended behavioral health system. Counselors across Ohio remain committed to working collaboratively with parents whenever possible, yet we must also preserve the ability to serve minors who cannot safely or reasonably involve their parents in their care. To take away that already temporary access is to take away their voice, their safety, their hope, and, for some, their life.

Thank you for your consideration and for your continued commitment to the health and well-being of Ohio's children and adolescents.