



**Ohio House of Representatives Public Testimony
House Health Committee**

November 17, 2025

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and other members of the House Health Committee:

My name is Candace Janidlo (she/her) and I am the Legislative Affairs Manager for Equitas Health. As you are likely aware, Equitas Health is a non-profit community health center and one of the largest LGBTQ+ and HIV/AIDS serving healthcare organizations in the country. Each year, we serve tens of thousands of patients in Ohio, Texas, Kentucky, and West Virginia, and since 1984, we have been working to advance “care for all.”¹ I’m thankful for the opportunity to address you today, and I’m here to provide testimony in opposition to HB 172. This bill endangers vulnerable youth by limiting access to essential mental health care, even when that care may be the only safe support available to them.

LGBTQ+ youth already face disproportionately high rates of depression, anxiety, and suicidal ideation.² A 2024 survey by The Trevor Project found that while 84% of LGBTQ+ youth wanted mental health care, half were unable to access it.³ The top barriers they cited were fear of discussing their mental health needs, inability to afford care, and lack of permission from caregivers. Denying or limiting mental health care does not change a young person’s need for support, it only increases their vulnerability. Additionally, legislative efforts to restrict access to care often rely on misleading and unfounded claims. Best-practice models already advocate a “holistic assessment” in gender affirming mental health care, which explicitly incorporates neurodevelopmental screens alongside mental health evaluations. Portraying gender dysphoria as merely a symptom of trauma or neurodivergence distorts the clinical understanding of these youth’s needs and fosters a hostile environment that harms their mental health and well-being.⁴

HB 172 would significantly restrict the ability of minors, and specifically LGBTQ+ youth, to access timely, essential mental health services. Section 5122.04 of the Ohio Revised Code already provides a limitation to the amount of mental health care that a minor over the age of 14 can access without parental consent, and mental health care providers cannot prescribe medication under this regulation.⁵ Additionally, Section 5122.04 allows parental notification if a child is at serious risk or harm. HB 172 removes these critical safeguards and could prevent many young people from receiving care when they need it most, especially in cases where parental involvement may not be safe or possible. While parental

¹ <https://equitashealth.com/about-us/>

² <https://www.cdc.gov/healthy-youth/lgbtq-youth/health-disparities-among-lgbtq-youth.html>

³ <https://www.bakercenter.org/lgbt-3>

⁴ <https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care.pdf>

⁵ <https://codes.ohio.gov/ohio-revised-code/section-5122.04>

engagement is essential, it must be balanced with the reality that not all students live in affirming or safe home environments.⁶ Given this reality, HB 172 will have long-lasting and deeply detrimental effects on the mental health of minors who depend on these programs in times of need.

Equitas Health is also deeply concerned about the bill's chilling effect on school-based mental health services. Section 3313.473(B)(3-4) of HB 172 would prohibit school-based mental health professionals from providing care for minors without prior parental consent, even when youth are in immediate distress. This creates significant barriers for students who rely on trusted school counselors, psychologists, or social workers as a first point of support. According to the National Association of School Psychologists, school-based mental health professionals play a critical role in identifying and addressing students' mental health needs early, often when no other care is available.⁷ By limiting confidential access to these supports, HB 172 disrupts established care pathways and undermines students' ability to seek help in safe, familiar environments.⁸ The result is a loss of timely interventions, particularly for marginalized students, and a breakdown of trust between youth and the adults they turn to most.

With all of this in mind, Equitas Health opposes HB 172 because it endangers vulnerable youth by limiting access to essential mental health care. Given that the Ohio Revised Code already provides critical, reasonable safeguards to mental health service access for youth, we urge the committee to reject HB 172 and instead support policies that expand youth access to mental health care, affirm all young people, and protect their dignity and well-being.

Respectfully submitted,

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⁶ <https://childmind.org/article/mental-health-challenges-of-lgbtq-kids/>

⁷ <https://www.nasponline.org/x32094.xml>

⁸ <https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/quality-guides/Screening.pdf>