

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, thank you for allowing testimony today on HB 172. My name is Liam Strausbaugh and I am testifying in opposition to HB 172 on behalf of NASW Ohio.

HB 172 seeks to remove language from the Ohio Revised Code that has been in place for over 30 years. ORC 5122.04 currently allows minors ages 14 and older to receive either 6 sessions of mental health services or 30 days of mental health services, whichever occurs sooner, without parental permission. While this language in the ORC is not used often, it is used in critical and sensitive circumstances.

As mental health professionals, we know that studies have repeatedly shown that a child's mental health flourishes most when they have a comprehensive support system, including their parents, involved in their care. However, as the people on the front lines working with these youth, we also know that this isn't always a possibility for a variety of reasons. Sometimes these few sessions are used to help a young person process an event or experience to help organize their thoughts before talking to their parents. Other times, a young person might not be safe to discuss certain topics at home and simply needs someone to talk to – such as disclosing abuse or neglect at home. In other cases, the parents simply cannot be reached to provide consent for services. In all of these cases, time is usually of the essence to ensure that the young person is able to receive services and appropriately work through whatever they are going through. Early intervention is proven to reduce long-lasting and more severe mental health symptoms, it is proven to lower costs associated with both mental and physical health interventions, and it is proven to save lives¹²³.

I'd like to expand on some of the misconceptions that I've heard related to ORC 5122.04:

- Parents will not be surprised by bills related to a minor's mental health visit that they did not consent to. ORC 5122.04(C) states "the minor's parent or guardian shall not be liable for the cost of services which are received by a minor under division (A)." This means that the minor must either find a provider willing to deliver the limited services at no cost or the minor must pay for the services themselves.

¹ <https://ppimhs.org/newspost/the-power-of-early-intervention-in-mental-health-a-pathway-to-wellness-and-recovery/>

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC7092613/>

³ <https://www.nami.org/from-the-ceo/early-intervention-can-save-lives/>



- Professionals are still required to relay major concerns to parents regardless of this current language. 5122.04 (A) states that parents are to be notified if “the mental health professional treating the minor determines that there is a compelling need for disclosure based on a substantial probability of harm to the minor or to other persons”.
- Minors cannot continually renew the six sessions without parental consent. After the initial 6 sessions/30-day window is up, the professional must terminate the services or receive parental consent should the minor wish to continue in services. Should a provider violate this, the licensing board has the ability to investigate and take disciplinary action against the provider
- Minors will not be able to use these services for gender transition services without parental consent. Language already passed by the 135th General Assembly’s HB 68, now ORC 3129.03(A), states “notwithstanding section 5122.04 of the Revised Code, no mental health professional shall diagnose or treat a minor individual who presents for the diagnosis or treatment of a gender-related condition without first obtaining the consent of” a minor’s parent, legal custodian, or guardian. This means that minors aged 14+ can seek the temporary services, unless they are seeking services related to gender transition care.
- Bill sponsor Newman stated that this bill must be enacted as current law conflicts with ORC 5122.04. The only bill that currently conflicts with this section of the ORC is HB 8 (which was passed even though it conflicted with existing 5122.04) – which only conflicts when it relates to school settings. Repealing section 5122.04 as a whole, removes this care for all minors, including crisis and drop-in centers – not just minors seeking school-based services, which is what Sponsor Newman’s testimony was based on.

HB 172 simply removes protective language used by a vulnerable few. Removing the language currently codified as ORC 5122.04 will NOT protect youth, but it WILL remove their right to access care if their parents disagree, and it WILL actively make mental health care access more difficult for those that might need it the most.

I ask that you vote NO on HB 172.

Thank you,
Liam Strausbaugh, LSW

