



House Health Committee

Testimony of Landon Krantz, MD, MHS, Assistant Professor of Pediatrics
Cincinnati Children's Hospital Medical Center
HB 172
November 19, 2025

Chairwoman Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, thank you for the opportunity to provide my testimony on **H.B. 172**.

My name is Landon Krantz, and I am writing to express my concern regarding HB 172.

I am a board-certified pediatrician at Cincinnati Children's Hospital Medical Center, where I care for children and adolescents in our primary care clinics. I also lead our mental health initiatives for the Division of General and Community Pediatrics and direct school-based mental health partnerships through our Mental Behavioral Health Institute.

Two years ago, one of my 16-year-old patients developed severe anxiety and depression—feelings of worthlessness, loss of interest in activities, and frequent panic attacks at school. She wanted help but hesitated to tell her mother due to a long history of stigma around mental health in her family. Instead, she reached out to her school-based therapist, told them what she was going through, and expressed her worries over telling her mom.

That session became a turning point. The therapist not only helped her manage her symptoms but also encouraged her to involve her mother (which they did), opening the door to understanding and healing for the entire family. This process would not have been possible without the existing provision around mental health therapy and parental consent. It gave her an entryway to seek professional help in a safe, clinically supervised setting. And, as is best practice, the therapist quickly involved the parent.

The existing policy is not a loophole to circumvent parents—it is a tool for mental health providers to get kids the care they need quickly.

As clinicians, we involve parents or caregivers because, except in rare circumstances, engaging caregivers is best practice. But that process starts with trust between the provider and the adolescent. HB 172 would close the door that allows many young people to take their first step toward seeking help.

Nearly 2 million adolescents per year do not receive treatment for their depression. Sixty percent of youth who die by suicide never see a mental health professional. But states like Ohio that allow limited therapy before parental notification see 25% higher rates of adolescent depression treatment—not higher rates of confidential treatment, but rather higher rates of treatment engagement in general. And the therapy helps. After a few months, 54% of adolescents show improvement with therapy compared to 32% without it.

It is important to note that such confidential visits are rare. Providers cannot bill for these services, and, unless there is a safety concern, the goal is always to involve the caregivers. The largest school-based mental health provider in Cincinnati told me, "Providers will help in the moment of crisis, but parents are typically contacted during the crisis or just after." One provider said they have received only two such confidential requests in the past ten years.

HB 172 is a solution in search of a problem. It is not necessary. I did not hear from proponent parent witnesses that the current law has negatively impacted them in any way. As such, HB 172 will not lead to more parent involvement in youth mental health care, but I can guarantee it will lead to an increase in adolescents with untreated mental health symptoms.

So then why do we need this provision? Because, in rare circumstances, it is the safest and fastest way to get a child the help they need, whether due to an unsafe situation with the parent or because the mental health crisis is urgent.

As a pediatrician and the parent of two young children, I understand the value of family involvement to a child's wellbeing. When my children reach adolescence, and they start to gain new independence, my top priority will always be their safety. I want this option to be there for them because I would rather have them seek help without me than risk them suffering in silence.

For these reasons, I respectfully ask you to vote against HB 172. Please keep this rarely used, proven resource available for Ohio's youth.

Sincerely,

Landon Krantz, MD MHS

Cincinnati Children's Hospital Medical Center