

Dear Committee Members,

My name is Dr. Andrew Moss. I am an educator, behavioral healthcare professional, and lifelong resident of the State of Ohio. I am writing in emphatic opposition to companion bills SB 1 & HB 6. This legislation erroneously claims to promote and protect academic freedom but instead would likely compromise the foundational pillars of education that have advanced knowledge and promoted independent thought for decades throughout Ohio's institutions of higher learning.

Nearly every section of these bills is rooted in flawed assumptions and either seeks to solve problems that do not exist or exacerbates current challenges with solutions that have seemingly been designed without any key stakeholder input. And while I take issue with the proposed legislation as whole, I am most troubled by the bills' ambiguous language around "controversial belief(s) or policies" as well as prohibitions and restrictions on programming that promotes diversity, equity, and inclusion (DEI). As a behavioral healthcare educator, I am compelled by my discipline to teach key concepts in their entirety. These concepts include important information about systems of care, historical and contemporary trauma, and clinical strategies that support inclusion for every unique patient, client, and consumer. I provide my students with valuable information about theoretical approaches to treatment, community resources, and emerging clinical techniques that can be implemented to provide competent care.

These proposed laws could easily be exploited by bad-faith arguments to limit what behavioral health educators can teach, and as a result, students will be inadequately prepared to meet the needs of diverse Ohioans who will depend on them for competent care in the future. The description of "controversial beliefs and policies" could be inappropriately attached to any of the abovementioned topics and therefore stricken from a curriculum. Understanding theoretical approaches to care requires dialogic exchange and debate, and those key processes would be significantly limited by imposing the tenets of these bills. Furthermore, behavioral healthcare education programs could realistically lose accreditation if forced by this legislation to remove key educational units that are required by accrediting bodies, and this will incentivize Ohioans seeking degrees in Social Work and Counseling to relocate to other states so that they can more easily secure professional licensure.

Failing to understand diversity of experience between patients can also cause considerable patient harm, and this harm is inevitable if students and educators are forbidden from exploring these ideas in the classroom. Behavioral healthcare practitioners cannot practice competently, compassionately, and effectively if they are never given guidance on how to examine and eradicate harmful biases that they hold which would otherwise negatively impact service delivery. The language of these bills grossly misrepresents and maligns the nature of DEI efforts in higher education. Discussing and honoring diversity does not limit intellectual diversity, though with obvious irony, this legislation certainly would. In a very direct way, SB 1 & HB 6 would not only weaken the quality of education received by behavioral healthcare students in Ohio, but it would also have a detrimental impact on healthcare services to all Ohioans for generations to come.

Any competent educator can recognize and acknowledge the need for continuous improvement in our education system. Regardless of the intentions of its authors, SB 1 & HB 6 lead us further away from addressing the very real problems of student access to higher education, rising tuition costs, inadequate student resources, and keeping pace with technological changes, to name a few. Passing this legislation would be a consequential unforced error in Ohio, and I strongly urge you to oppose SB 1 & HB 6 due to the harm that it would inflict on students, faculty, higher education institutions, and our healthcare workforce.

Dr. Andrew Moss, EdD, LPCC-S, LICDC-CS