

June 14, 2023

## Ohio Children's Alliance Interested Party Testimony on H.B. 68

Chairman Lipps, Vice-Chair Stewart, Ranking Member Liston, and members of the Public Health Policy Committee, thank you for the opportunity to offer testimony on House Bill (H.B.) 68.

My name is Mark Mecum and I am the CEO of the Ohio Children's Alliance. For 50 years, our organization has contributed to improvements to Ohio's system of care for children and families, with a particular focus on child welfare and behavioral health. We pursue our advocacy and best practice work through partnerships with community-based organizations. We appreciate the opportunity to offer interested party testimony on H.B. 68.

As the Legislature considers establishing prohibitions and regulations associated with children and young adults who identify as transgender, it is important to ensure these children have access to mental health supports. According to the Journal of the American Medical Association (2022), transgender children face a heightened risk of experiencing anxiety and depression and are nearly six times as likely to experience suicidal thoughts, compared to non-transgender children. These children live in Ohio and it is our collective responsibility to ensure the children and their parents have access to supportive professionals.

In reviewing the proposed legislation, we are concerned about a few provisions that we believe could unintentionally block access to mental health care for these children and young adults. Given their heightened risk of mental health pathology and suicide, it is imperative that we ensure children and their family members continue to have access to necessary supportive services from Ohio's system of care. Specifically, we would like to address the requirements for comorbidity/trauma testing and state reporting.

## **Comorbidity and Trauma Screening**

H.B. 68 requires that minors be screened for certain comorbidities and trauma before being diagnosed with gender dysphoria as they could influence the condition. We are concerned about the effect this will have on an already-strained mental health workforce. Assessments such as those for Attention Deficit Disorder and Autism Spectrum Disorder require specialized training and education to complete. Providers who can administer such assessments typically require a special referral and already report long waitlists. Ohio clinicians are educated, trained, licensed, undergo clinical supervision, and are regulated by



the state licensing board. It is not necessary or constructive for the Legislature to require screenings related to mental health diagnoses. Ohio's system of care promotes individualized care and treatment and thus statutory "in the weeds" requirements like this would interfere with treatment planning, interfere with the relationship between a clinician and client, and further strain Ohio's mental health workforce.

## **ODH Reporting**

H.B. 68 requires that each mental health professional report annually to the Ohio Department of Health the number of gender dysphoric youth they treated or diagnosed, their sex assigned at birth, age when symptoms started, their comorbidities or trauma, and if any of them de-transitioned.

Though the bill states that this information should not be identifiable, the specificity of the reporting requirements is causing many community mental health agencies and clinicians to be uncomfortable that they will, in effect, be forced to violate ethical standards of confidentiality. They are also concerned about data collection practices that identifies which clinicians and agencies serve the most transgender youth, and what unintended impact that would have on their practice.

In addition to this, the reporting requirement adds layers of bureaucracy to the workload of mental health providers. As with the comorbidity screening requirement, this language would exacerbate our historic mental health care workforce crisis in this state. Finally, this language would establish a dangerous precedent of adding reporting obligations above and beyond what's normally required solely on the basis that a particular mental health diagnosis is controversial.

## **Potential Unintended Consequences**

Rather than try to meet these requirements, we fear that many mental health providers will choose to stop treating transgender children altogether, due to the administrative burden and concerns about being "singled out" due to the state data collection. We are concerned that providers who continue to serve these youth could under- or mis-diagnose children in order to circumvent this new law. All of these potential unintended consequences are concerning, given the importance of connecting transgender children with mental health care. We must ensure the design of our system of care doesn't contribute to exacerbating mental health symptomology.

Further, it's important to point out a few statistics about our system of care:



- In 2021, more than half of our state's children who experienced major depression did not receive mental health services and only 33% received consistent treatment.<sup>1</sup>
- Recent data reveals that the number of children in Ohio diagnosed with anxiety or depression jumped 42%, representing the 10th highest state increase nationwide.<sup>2</sup>
- Ohio's mental health provider community's capacity is already struggling to keep pace. Due to the sharp increase in caseload and the dwindling staff to meet the need, almost half of the community-based agencies we surveyed in 2022 had to stop taking referrals altogether, and over 2/3 instituted a three-month waiting period.

These statistics reveal that now is a critical time to incentivize Ohio's mental health workforce to treat and support youth and families. We encourage the Legislature to consider the potential unintended consequences of H.B. 68 related to access and quality of mental health care.

Chairman Lipps, Vice-Chair Stewart, Ranking Member Liston, and members of the Public Health Policy Committee, thank you again for the opportunity to testify on H.B. 68. Please feel free to contact me with any questions.

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<sup>1</sup> <u>https://cdfohio.org/wp-content/uploads/sites/6/2021/04/2021-Exec\_Summary\_FINAL-version-4.14.2021.pdf</u>

<sup>&</sup>lt;sup>2</sup> https://assets.aecf.org/m/databook/aecf-2022kidscountdatabook-embargoed.pdf