

**Opponent Testimony, HB 68
House Public Health Policy Committee**

Chair Lipps, Vice-Chair Stewart, Ranking Member Liston, and members of the House Public Health Policy Committee, thank you for your time and for providing the opportunity to hear our testimony.

My name is Liam Strausbaugh (he/they) and I am a licensed social worker and staff member with the Ohio chapter of that National Association of Social Workers (NASW-OH). I am testifying today to express NASW-OH's opposition to HB 68 which would have not only a tragic and immense impact on gender diverse youth, but also on ethical social work practice and the behavioral health workforce in Ohio.

Gender-affirming services are evidence-based, life-saving interventions for gender diverse individuals, which is supported by the National Association of Social Workers, the American Academy of Child and Adolescent Psychiatry, the American Psychiatric Association, the American Medical Association, and the World Medical Association, to name only a few.

As social workers, the gender-affirming services that are provided under our care include providing non-judgmental support, resources for how to come out to others (including non-supportive parents and family members) and providing a listening ear for their gender exploration. If HB 68 were to pass, social workers would be unable to provide this support to youth without adding additional barriers to mental health care access that are both unnecessary and harmful to both social workers' ethical duties and the youth that we serve.

Standards are already in place to ensure that mental health professionals working with youth are obtaining parental consent for services; adding additional stipulations only for gender-diverse youth is discriminatory. Requiring a mental health professional to obtain additional explicit parental permission for any treatment of gender-affirming care can result in a client being outed when they potentially are not ready or safe to do so, which can be incredibly dangerous for youth with unsupportive parents or guardians. Studies have shown that LGBT youth are 120% more likely to experience homelessness with the leading cause of this homelessness being family rejection based on sexual orientation, gender identity, and gender expression¹. Requiring a social

¹ Morton, M. H., Samuels, G. M., Dworsky, A., & Patel, S. (2018). Missed opportunities: LGBTQ youth homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago.



worker to break client confidentiality and ignore their clinical expertise to seek this superfluous consent could jeopardize client safety, disrupt the therapeutic process, and interrupt clinical progress and success.

Section 3129.03 (2a) also adds a substantial burden to the already overloaded behavioral health workforce. Assessments for Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) are assessments that require specialized training to complete and would require many practitioners to refer clients out to other providers with long waitlists to be screened and then be referred back for on-going services. This would greatly increase the wait time, as well as the financial and emotional burden, for youth seeking necessary mental health care. Mental health professionals already screen for co-occurring disorders throughout the course of treatment; adding these extra steps for assessments as a prerequisite for clients to receive gender-affirming care is both burdensome and unnecessary. There is no scientific evidence to suggest that ADHD or ASD causes someone to be transgender, gender non-conforming, or to experience gender dysphoria. Additionally, referring a client out for additional assessment when they exhibit no signs or symptoms of the diagnosis being screened for goes against evidence-based practice and common sense. These overburdensome and extraneous practice requirements, let alone the new reporting demands included in this bill, would discourage many providers from accepting minors as clients. 68 of Ohio's 88 counties are already in a Health Professional Shortage Area for Mental Health² leading to wait times of 6 months to 1 year for some youth according to a 2022 interview by WBNS with Columbus behavioral health providers³. Passing this legislation would greatly increase these wait times.

Gender-affirming care is not only evidence-based best practice, but it is also an ethical standard of social work practice which compels social workers to "respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals" (NASW Code of Ethics, Standard 1.02). As practitioners, we do not seek to promote, encourage, or persuade clients to change their gender identity or expression, but to simply provide a safe, supportive, non-judgmental environment for clients to explore their identities and navigate their

² Ohio Department of Health. (November 2022). Retrieved April 14, 2023, from https://trails.ohio.org/wps/wcm/connect/gov/4e6d331f-5fd6-43b1-b355-accd0a07f56d/Mental+Health+HPSA+Map+2022.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIKONJO00QO9DDDDM3000-4e6d331f-5fd6-43b1-b355-accd0a07f56d-ohTO.vz.

³ Landers, K. (2022, February 10). Ohio's Child Behavioral Health System is at a 'breaking point'. 10tv.com. Retrieved April 18, 2023, from <https://www.10tv.com/article/news/health/mental-health-ohio-child-behavioral-health-system-at-a-breaking-point/530-1ce016b5-b745-4ffe-9c50-6c2cbd34acf6>.



way through the world. Social workers are also obligated to follow evidence-based practice, refrain from discrimination based on sex, gender identity, and gender expression, and protect the confidentiality of our clients. HB 68 contradicts each of these ethical standards.

HB 68 would not only greatly harm the mental health and well-being of gender-diverse youth in Ohio, but impact all youth's ability to receive timely care by further diminishing the already low number of behavioral health professionals willing to treat youth and extending wait times for those who actually do need ADHD or ASD assessments. This bill would also force licensed professionals to choose between following legal statute or our ethical responsibilities, forgoing either one of which could land us in front of the licensing board at risk of losing our licenses and the way to our livelihood.

We ask that you vote no on HB 68 to help protect mental health care for youth, to protect social work ethical practice, and to not further limit the behavioral health workforce in Ohio.

