



Ohio Psychological Association

Testimony on HB 68

Ohio Senate Government Oversight and Reform Committee

December 6th, 2023

Chair Roegner, Vice Chair Antani, Ranking Member Hicks-Hudson and members of the Ohio Senate Government Oversight and Reform Committee, thank you for the opportunity to offer testimony on House Bill 68.

I am Dustin McKee, the CEO of the Ohio Psychological Association (OPA). OPA represents the nearly 3,500 psychologists who currently practice in Ohio. Our state's psychologists practice in community and private settings, hospitals, businesses, and academia. Psychologists in Ohio are the scientist practitioners of the behavioral health (BH) system, producing the scientific research, innovation and knowledge about the best practices in behavioral healthcare. Our members leverage this psychological science and clinical experience in both clinical and non-clinical settings to improve the mental health and wellness of Ohioans.

The Ohio Psychological Association strongly opposes HB 68. Psychologists represented by the Ohio Psychological Association view the bill as harmful to the well-being of our clients. The bill makes unfounded claims and prejudicial statements for its rationale and ignores a solid body of research about the dangers inherent in depriving a vulnerable population of needed medical and psychological care.

As other expert witnesses have indicated, surgeries on minors in Ohio are not occurring, and the provision of puberty blockers or hormones to minors is rare. Most of the care provided to minors experiencing gender dysphoria is psychotherapy. Contrary to the views of some proponents of HB 68, psychotherapy for minors experiencing gender dysphoria does not involve biased, or coercive tactics to force a change in gender identity in a minor. Such an approach has no place in health care.

The Ohio Psychological Association particularly opposed to the following provisions in HB 68:

Prohibitions on Mental Health Care for Minors with Gender Related Conditions

In summary, the bill prohibits mental health professionals from diagnosing or treating a minor for a gender-related condition without first: (1). Obtaining the consent of both residential parents, legal custodians or guardians, and (2). without conducting a concurrent screening for long list of comorbidities.

Parental Consent

The OPA supports the involvement of parents in the mental health treatment of minors in nearly all circumstances. However, current Ohio law recognizes that there are some time-limited circumstances where a minor needs to receive mental health care from a psychologists or other therapist without parental consent.

By prohibiting mental health care for minors experiencing gender dysphoria without the consent of both parents, we are reversing existing Ohio law, which allows minors who are 14 years or older to receive outpatient counseling without the consent of parents for up to 30 days or 6 total sessions (whichever comes first). This is essential for some minors, particularly those who fear punishment by an abusive parent.

Current Ohio (R.C. 5122.04) law is in place primarily because there are situations where a child is being abused and neglected by a parent and they need care and fear further abuse if they seek professional help for their trauma. A parent may also have an addiction or other mental health problem that the child may feel puts them at risk if they reach out for help.

Typically, however, transgender and gender non-conforming children and teens most often present to clinics for treatment with their parents or guardians. Although parents may sometimes be hesitant, they also wish to support their children. Parents of transgender and gender non-conforming youths wish to have access to affirming care for their children. They are often their child's most vocal advocates for gender-affirming care.

Comorbid Condition Screening

Prohibiting mental health care for minors experiencing gender dysphoria without a required screening for an arbitrary list of co-morbid conditions is unnecessary because psychologists routinely screen for all possible comorbid conditions as part of the intake and ongoing assessment process that is conducted for every client.

This provision sets a troubling precedent, in which the legislative judgement of the Ohio General Assembly – a body composed of mostly non-mental health specialist from various professional backgrounds – is substituted – in serious matters involving the psychological well-being of clients - for the professional judgement of psychologists, who are highly trained mental health professionals that undergo many years of graduate and post graduate specialty training.

Lack of Grandfathering Language

By excluding grandfathering language in HB 68, the legislation will force minors who are already receiving puberty blockers or hormones to re-transition to their birth gender. Forcing minors to re-transition clearly puts their mental and physical health at risk.

Data from the National Institutes of Health indicate that 82% of transgender individuals have considered killing themselves and 40% have attempted suicide, with suicidality highest among transgender youth. Forcing minors to retransition is not responsible public policy and is quite dangerous for transgender youth. Many states have recognized this, and have included such language in similar legislation. The Ohio Senate should move expeditiously to include such language in HB 68 before considering further action on this legislation.

Conclusion

Thank you for this opportunity to testify in opposition to HB 68. We urge members of the Ohio General Assembly to oppose this harmful piece of legislation. We would be happy to answer any questions you may have.