



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Bill Rowland, Director

Office of Research
and Drafting

Legislative Budget
Office

H.B. 172*
136th General Assembly

Occupational Regulation Report

[Click here for H.B. 172's Bill Analysis / Fiscal Note](#)

Primary Sponsor: Rep. Newman

Impacted Profession: Mental health professionals

Jill Rowland, Attorney

LSC is required by law to issue a report for each introduced bill that substantially changes or enacts an occupational regulation. The report must: (1) explain the bill's regulatory framework in the context of Ohio's statutory policy of using the least restrictive regulation necessary to protect consumers, (2) compare the regulatory schemes governing the same occupation in other states, and (3) examine the bill's potential impact on employment, consumer choice, market competition, and cost to government.¹

LEAST RESTRICTIVE REGULATION COMPARISON

Ohio's general regulatory policy

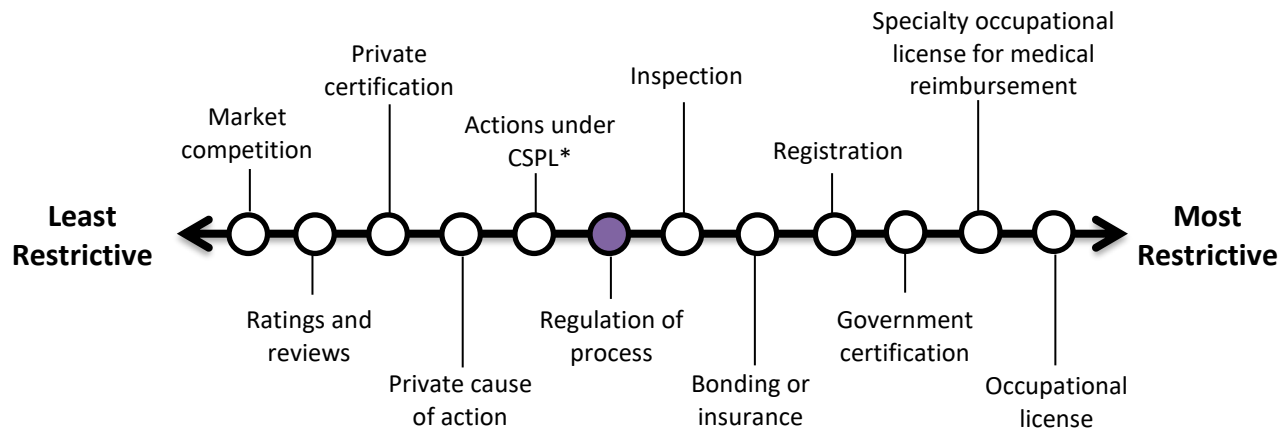
The general policy of the state is reliance on market competition and private remedies to protect the interests of consumers in commercial transactions involving the sale of goods or services. For circumstances in which the General Assembly determines that additional safeguards are necessary to protect consumers from "present, significant, and substantiated harms that threaten health, safety, or welfare," the state's expressed intent is to enact the "least restrictive regulation that will adequately protect consumers from such harms."²

The degree of "restrictiveness" of an occupational regulation is prescribed by statute. The following graphic identifies each type of occupational regulation expressly mentioned in the state's policy by least to most restrictive:

* This report addresses the "As Introduced" version of H.B. 172. It does not account for changes that may have been adopted after the bill's introduction.

¹ R.C. 103.26, not in the bill.

² R.C. 4798.01 and 4798.02, neither in the bill.



*CSPL – The Consumer Sales Practices Law

H.B. 172 requires mental health professionals to obtain consent from a minor’s parent or guardian before providing any mental health services. It does so by eliminating current authorization for mental health professionals to provide outpatient mental health services to minors age 14 or older on a temporary basis without such consent.³

Note that it is unclear which occupations are included in the term “mental health professionals.”⁴

Necessity of regulations

Representative Johnathan Newman, the bill’s primary sponsor, testified that the legislation is necessary to eliminate current law that ‘specifically states that “mental health services” may be provided to [a] minor student, “without the consent or knowledge of the minor’s parent or guardian and [that] “the minor’s parent or guardian shall not be informed of the services without the minor’s consent.” He asserted that these provisions “are in direct contradiction to” continuing law recently enacted by the Parents’ Bill of Rights Act,⁵ which provides that the “General Assembly maintains that a parent has a fundamental right to make decisions concerning the upbringing, education, and care of the parent’s child.”

Representative Newman explained that the Parents’ Bill of Rights Act requires a school district to obtain authorization from parents before providing any type of health care to the student, including physical, mental, and behavioral care. He argued that, if the current law repealed by the act were retained, it would confuse schools into thinking that they should promote concealing a child’s mental health treatment from the child’s parents. Representative Newman furthermore pointed out that, under continuing law, a school administrator or mental

³ R.C. 5122.04, repealed by the bill.

⁴ R.C. 340.02, not in the bill, and 5122.04(E), repealed by the bill.

⁵ R.C. 3313.473. See also H.B. 8 of the 135th General Assembly, effective April 9, 2025. For a detailed explanation of the Parents’ Bill of Rights Act, see the [LSC final analysis \(PDF\)](#).

health professional who determines a parent committed a crime involving child abuse or neglect must report the crime to law enforcement officials.

Representative Newman concluded by testifying that students who suffer with mental health struggles should receive the help they need. He asserted that the bill seeks to do that by ensuring that parents, a child's authority and the most essential part of a student's recovery, cannot be left out of the picture.⁶

Restrictiveness of regulations

Regulation of process

The state's policy does not provide specific guidance as to when a regulation of process is the best means of protecting the health, safety, and welfare of consumers. However, the policy as a whole suggests that regulations of process are the most preferred method of regulation when market competition, ratings and reviews, private certifications, private causes of action, and actions under the state's Consumer Sales Practices Law do not provide sufficient protection.⁷

Whether these mechanisms are a sufficient means of protecting consumers is a policy decision. However, continuing law establishes various parental consent requirements for services provided to minors, such as requiring prescribers to obtain written consent from a minor's parent or guardian before prescribing opioids to the minor.⁸

Consent requirement

Currently, mental health professionals may temporarily provide outpatient mental health services to minors age 14 or older without a parent's or guardian's consent. After providing six sessions or 30 days of the services, whichever occurs sooner, a mental health professional must obtain such consent or terminate the services.⁹

The bill eliminates this temporary treatment authority, thus requiring a mental health professional to receive consent from a minor's parent or guardian before providing any mental health services. (However, it appears that this requirement may be subject to continuing law that allows physicians to treat a minor, without parental or guardian consent, for a condition caused by drug or alcohol abuse.)¹⁰

In addition, no generally applicable penalty appears to be established for providing mental health services to a minor without a parent's or guardian's consent. However, for example, a mental health professional who treats a minor for a gender-related condition without

⁶ See [H.B. 172 Sponsor Testimony \(PDF\)](#) (House Health Development Committee, May 21, 2025), which is accessible by conducting a keyword "HB 172" search and looking under the "Committee Activity" tab on the General Assembly's website: legislature.ohio.gov.

⁷ R.C. 4798.01, not in the bill.

⁸ R.C. 3719.061, not in the bill.

⁹ R.C. 5122.04, repealed by the bill.

¹⁰ R.C. 3719.012, not in the bill.

such consent is guilty of unprofessional conduct and is subject to discipline by the applicable licensing board.¹¹

For a more detailed explanation of the bill, please see the [LSC bill analysis \(PDF\)](#).

IMPACT STATEMENT

Opportunities for employment

While the bill requires mental health professionals to comply with particular requirements, such as obtaining consent from a parent, custodian, or guardian before treating a minor for a gender-related condition, the bill does not increase the requirement for employment as a mental health professional. While a noncomplying professional could lose authorization to work in the profession, similar requirements for professional behavior already exist and have little to no effect on opportunities for employment in Ohio.

Consumer choice and market competition

Creating new requirements might induce the marginal mental health professional to leave the field, reducing competition and increasing the market power of remaining professionals, which will be experienced by the consumer as increased prices. However, the number of such noncomplying mental health professionals would presumably be very low.

Cost to government

For costs to government, please see the [LSC fiscal note \(PDF\)](#)

¹¹ R.C. 3129.03 and 3129.05, neither in the bill.

COMPARISON TO OTHER STATES

Under the bill, Ohio requires mental health professionals to obtain consent from a minor's parent or guardian before providing any mental health services.¹²

Likewise, the states surrounding Ohio generally require consent of a minor's parent or guardian before mental health treatment is provided to the minor. However, under specified conditions, Kentucky, Michigan, and Pennsylvania allow mental health treatment to be provided to a minor without such consent. Those conditions are summarized below.

Kentucky: Authorizes a physician to provide outpatient mental health counseling to any child age 16 or older on the child's request.

Also authorizes any mental health professional to provide outpatient mental health counseling to any child age 16 or older on the child's request if the child is an "unaccompanied youth" as that term is defined in federal law.¹³

Additionally, it allows a minor to obtain counseling for emotional disturbance from the effects of a family member's or guardian's substance abuse.¹⁴

Michigan: Authorizes a mental health professional to temporarily provide (for not more than 12 sessions or four months) mental health services, excluding abortion referral services or the use of psychotropic drugs, to a minor age 14 or older.¹⁵

Pennsylvania: Authorizes a minor age 14 or older to consent to voluntary inpatient or outpatient mental health treatment.¹⁶

The surrounding states' laws described above do not specifically address treatment provided for a minor's substance abuse. Like Ohio under continuing law, the surrounding states allow such treatment to be provided without the consent of the minor's parent or guardian.¹⁷

OR-136-0009/BB

¹² R.C. 5122.04, repealed by the bill.

¹³ Ky. Rev. Stat. 214.185 and 202A.011.

¹⁴ Ky. Rev. Stat. 222.441.

¹⁵ Mich. Comp. Laws 330.1707.

¹⁶ 35 Pa. Cons. Stat. 10101.1.

¹⁷ R.C. 3719.012, not in the bill; Ind. Code 12-23-12-1; Ky. Rev. Stat. 222.441; Mich. Comp. Laws 330.1264; 71 Pa. Cons. Stat. 1690.112; and W. Va. Code 60-6-23 and 60A-5-504(e).