

Ohio Legislative Service Commission

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Version: As Introduced

Primary Sponsors: Reps. Loychik and Bird

Local Impact Statement Procedure Required: Yes

Jamie Doskocil, Fiscal Supervisor, and other LBO staff

Highlights

- The bill (1) establishes the Addiction Treatment Facility Fund (Fund 5VE0), (2) authorizes a \$25.9 million cash transfer from the General Revenue Fund (GRF) on July 1 of 2022 and 2023 to Fund 5VE0, and (3) appropriates that amount in FY 2022 and FY 2023 to related line item 501410, Addiction Treatment Facility Operations.
- The bill's appropriation is to be used by the Director of the Department of Rehabilitation and Correction (DRC) for the purpose of constructing and operating adult addiction treatment facilities, and by the Director of the Department of Youth Services (DYS) for the purpose of constructing and operating juvenile addiction treatment facilities.
- DRC, DYS, and the Department of Mental Health and Addiction Services (OhioMHAS) will experience annual expenditure increases to implement the various program requirements under the bill, including operating addiction treatment facilities (ATFs). The amount of expenditures for those state departments would depend on how extensive the programming is implemented statewide and participation rates.
- DRC, in consultation with OhioMHAS, is required to ensure that enough detoxification providers exist to meet the anticipated need. Costs to DRC and OhioMHAS are indeterminate.
- The bill allows the Controlling Board Emergency Purposes/Contingencies Fund to be used at the request of a state agency or the Director of Budget and Management if funds are needed to provide moneys to DRC to ensure adequate detoxification facilities exist and are available to offenders. The amount of funding needed to ensure that enough detoxification facilities exist in the state is unknown.

- Sentencing changes to drug trafficking penalties is estimated to increase the prison population by 5,500 beds over ten to 20 years. Potential cost increases for DRC may be significant over time. The average cost for an incarcerated adult in FY 2021 was \$97.00 per day, or \$35,405 per year.
- The bill requires each county sheriff to establish at least one restitution work program to which eligible offenders may be sentenced or transferred through sentence modification. County sheriffs would incur expenses related to operating restitution work programs for eligible offenders within their county. DRC would provide a financial manager for the program and would be responsible for paying the workers. Costs to the county may be offset in part by DRC or participating manufacturers.
- DRC would incur costs to administer the Reentry Ohio Program (created by the bill), the magnitude of which is uncertain. DRC is required to issue certain grants under the program via the Reentry Ohio Program Fund, which consists of donations and appropriations made by the General Assembly (no appropriation is made by the bill).
- The bill's requirements with respect to the duties and responsibilities of a county coroner may generate more than minimal annual costs for certain counties.
- The bill creates the position of Deputy Inspector General for DRC in the Office of the Inspector General (IGO) for which no funds are appropriated.
- The bill allows a deduction against either the commercial activity tax (CAT) or the income tax for manufacturers that operate an ATF at a loss. The provision has an indeterminate revenue loss. CAT revenue is distributed to the GRF (85%), the School District Tangible Property Tax Replacement Fund (13%), and the Local Government Tangible Property Tax Replacement Fund (2%).
- The bill authorizes an income tax deduction for individuals who provide volunteer medical services at an ATF. The provision has an indeterminate revenue loss. Under codified law, 96.68% of any tax revenue losses would be borne by the GRF. The remaining revenue losses would be borne by the Local Government Fund (LGF) and Public Library Fund (PLF). Each fund receives 1.66% of GRF tax revenues.

Detailed Analysis

The bill establishes addiction treatment facilities (ATFs), increases penalties for drug trafficking violations, modifies penalties for drug possession, requires an offender convicted of a drug possession or drug trafficking offense involving certain drugs to be subject to ten years of post-release control, and allows a criminal defendant who has a severe substance use disorder involving certain drugs to be confined by a state detoxification provider while awaiting trial.

In addition, the bill requires county sheriffs to establish restitution work programs, creates the Reentry Ohio Program to be administered by the Department of Rehabilitation and Correction (DRC), creates the position of Deputy Inspector General for DRC in the Office of the Inspector General (IGO), requires DRC create recommendations to allow former drug traffickers to stay out of the drug trade, requires DRC to conduct a study on the feasibility of creating a drug trafficker registry, changes certain victim reparations, and creates tax deductions for ATFs.

Addiction treatment facilities

The bill requires DRC to establish and operate adult ATFs, and the Department of Youth Services (DYS) to establish and operate juvenile ATFs. ATFs are to be operated for the incarceration, treatment, and job training of persons convicted of at least one offense and found to have a severe substance use disorder involving a hard drug. DRC and DYS are required to collaborate with the Department of Mental Health and Addiction Services (OhioMHAS) to develop a proposal for the establishment of ATFs outside of DRC, and allows a court to order an offender to be sentenced to a state detoxification provider facility.

Developing and operating the ATFs throughout the state will require staff and resources for DRC, DYS, and OhioMHAS. DRC will need to hire staff for each ATF created and to ensure security; OhioMHAS will need to hire staff to ensure that program participants receive rehabilitation services and to screen participants for conditional release. The number of staff needed will depend on the number of ATFs created. The bill states that DRC is to establish and operate as many ATFs as are necessary to meet demand for those facilities in Ohio, to the extent that doing so is financially feasible.

For this purpose, the bill appropriates \$25.9 million in FYs 2022 and 2023 to Dedicated Purpose Fund (DPF) line item 501410, Addiction Treatment Facility Operations, to be used by the DRC Director for the purpose of constructing and operating adult addiction treatment facilities, and by the DYS Director for the purpose of constructing and operating juvenile addiction treatment facilities. The appropriation is funded with two one-time cash transfers of \$25.9 million on July 1 of 2022 and 2023 or as soon as possible thereafter from the General Revenue Fund (GRF) to the newly created Addiction Treatment Facility Fund (Fund 5VEO). The new fund does not include a dedicated source of revenue.

Other program highlights include:

- Allowing a program participant to be conditionally released from rehabilitation at an ATF if the program participant has a strong likelihood of abstaining from hard drug use upon release;
- Requiring a program participant to be supervised by the ATF for three years after a period of ATF incarceration;
- Requiring ATF participants to work up to 40 hours per week manufacturing or altering items produced by the ATF;
- Requiring DRC/DYS to pay program participants for working at the ATF at the same rate paid to participants in existing DRC work programs and requires earnings of participants to be allocated in the same manner as earnings allocated in existing DRC work programs; and
- Requiring DRC/DYS to designate a financial manager for each ATF to hold earnings of program participants, invest those earnings, keep records of all money paid to participants, and pay funds to participants on release from the ATF.

Not later than one year after the effective date of the bill, OhioMHAS is required to develop a proposal for consideration by the General Assembly regarding the establishment of ATFs outside of DRC whereby an individual may voluntarily and irrevocably commit to treatment.

There will be costs to OhioMHAS to develop the proposal. However, any other impacts will depend on actions taken by the General Assembly in response to the proposal.

Since the bill allows a criminal defendant to apply to the court for rehabilitation at an ATF if the defendant has a severe substance use disorder involving a hard drug and does not have a current charge or previous conviction of a felony offense of violence, courts of common pleas may experience an increase in the number of motions filed.

Deduction for businesses that operate treatment facilities

As explained above, the bill requires DRC and DYS to establish as many ATFs as necessary, under specified conditions. If the Director of DRC or the Director of DYS determines that an ATF is needed in a geographic region of the state, the Director, in consultation with the Director of OhioMHAS, must advertise a request for proposals from manufacturers to establish an ATF in that region.¹ The request for proposals must specify the estimated number of participants who would reside in the proposed ATF and an estimate of the number of hours per week the program participants collectively would be available to work in the manufacturing facility associated with the ATF. The bill also specifies the information to be provided in a manufacturer's proposal, which includes the manufacturer's "actual and projected net profits."

The bill authorizes a tax deduction for manufacturers that operate an adult ATF or juvenile ATF at a loss. The deduction can be claimed against the commercial activity tax (CAT) or, if the manufacturer is organized as a pass-through entity (e.g., an LLC or partnership), the personal income tax (PIT).

A manufacturer is eligible for the deduction if, in its proposal to DRC or DYS, the manufacturer stipulates that it will operate the facility at a loss and provides an estimate of the operating loss it expects to incur annually. The deduction appears to equal the amount specified in the proposal rather than the manufacturer's actual annual operating loss.

If claimed against the PIT, the deduction is available to the manufacturer's equity owners in proportion to each owner's share of the stipulated loss amount, to the extent that the amount has not already been deducted on the owner's federal or Ohio return. For manufacturers that pay the CAT on a quarterly basis, the deduction available in each quarter will equal 25% of the stipulated annual loss amount. A manufacturer and its owners cannot claim a deduction against both the CAT and the income tax in a single year.

Given the conditional necessity of ATFs operated by manufacturing businesses and that LBO staff cannot predict the operating loss that manufacturers would stipulate in their proposals, the revenue loss from the CAT cannot be estimated.

CAT revenue is distributed to the GRF (85%), the School District Tangible Property Tax Replacement Fund (13%), and the Local Government Tangible Property Tax Replacement Fund (2%). The latter two funds reimburse school districts and other political subdivisions, respectively, for a set portion of their revenue losses from the repeal of tangible personal property taxes. If revenue to the two funds is less than the set reimbursement payment amounts, funds are transferred from the GRF to make up the difference.

¹ R.C. 2967.51 and 5139.61.

Income tax deduction for addiction treatment volunteers

The bill also authorizes a PIT deduction for individuals who volunteer at an ATF. To receive the deduction, the individual must provide medical services at the facility, on a volunteer basis, for at least three months of the year. The bill does not specify what types of services qualify as "medical services" or require that the individual be a medical professional.

Under the bill, if an individual volunteers at least 480 hours in a year, that individual can deduct 100% of his or her adjusted gross income – resulting in no tax liability for that year. The deduction percentage decreases if the individual volunteers less than 480 hours in the year in proportion to the number of hours volunteered. For example, if an individual volunteers 240 hours in a year, that individual can deduct 50% of his or her adjusted gross income (calculated after the individual takes any other available deductions).

LBO staff is unable to estimate the number of volunteers, number of qualifying hours, and income of volunteers that would provide medical services at the facilities. In addition, given that the number of ATFs created by the bill is indeterminate, the PIT revenue losses for this tax provision are also necessarily indeterminate. Under codified law, 96.68% of any PIT revenue losses would be borne by the GRF. The remaining revenue losses would be borne by the LGF and PLF. Each fund receives 1.66% of GRF tax revenues.

Detoxification facilities

The bill allows a criminal court to order a person charged with an offense other than an offense of violence to be confined by a state detoxification provider facility located in the area for purposes of detoxification and treatment if it appears to the judge that the person has a severe substance use disorder involving a hard drug or is suffering withdrawal from one of those drugs. The bill requires a person ordered to be confined in a state detoxification provider facility to remain confined at that facility while awaiting trial until the person has completed detoxification. In order to meet these requirements, DRC, in consultation with OhioMHAS, must ensure that enough detoxification providers exist in Ohio to meet the anticipated need.

The bill allows the Controlling Board Emergency Purposes/Contingencies Fund to be used by the Controlling Board at the request of a state agency or the Director of Budget and Management to provide moneys to DRC to ensure adequate detoxification facilities exist. It is uncertain what magnitude of resources would be needed by DRC or OhioMHAS to accomplish this directive. The number of offenders that may be ordered to a detoxification facility is unknown, but could be substantial based on national trend data.

According to the National Institute on Drug Abuse, within the U.S. National Institutes of Health:

The substantial prison population in the United States is strongly connected to drug-related offenses. While the exact rates of inmates with substance use disorders (SUDs) is difficult to measure, some research shows that an estimated 65 percent of the United States prison population has an active SUD. Another 20 percent did not meet the official criteria for an SUD, but were under the influence of drugs or alcohol at the time of their crime.²

Criminal drug trafficking and possession penalties Trafficking

The bill generally increases the penalties for trafficking in cocaine, L.S.D., heroin, hard drug analogs, fentanyl, and carfentanil and presumes or requires a prison term upon conviction, making prison mandatory for many larger quantities. The bill also allows the court to impose additional prison terms of up to 10, 20, or 30 years, depending on the offense.

The bill makes drug trafficking involving heroin, fentanyl, carfentanil, cocaine, L.S.D., or methamphetamine an offense of violence. This change may result in potentially higher bonds, convictions that are not eligible for expungement, additional protection orders for victims, require registration in the violent offender database, and make a victim eligible for certain rights under the victims of crime laws and Marsy's Law. Additionally, the bill requires a period of post-release control of ten years – up from three to five under current law – for these same offenders.

These provisions (1) will increase incarceration and supervision costs for DRC to incarcerate drug traffickers for a longer period and to supervise them for a longer period post-release, (2) potentially increase costs for local criminal justice systems through increased case complexity, additional felony cases (see below), and pretrial supervision resulting from higher bonds, and (3) will increase costs for the Attorney General from additional victim compensation applications and administrative work to register additional offenders with the violent offender database.

In FY 2021, 1,109 individuals were committed to DRC whose most serious offense was trafficking in drugs. This number represents approximately 9% of all commitments for that year. This number would include substances other than heroin, fentanyl, carfentanil, cocaine, L.S.D., or methamphetamine, but for assessing magnitude, it is presumed that somewhere less than 1,000 offenders might be impacted by the bill's changes annually.

According to DRC staff, as a conservative estimate, the trafficking changes are estimated to require adding 5,500 beds over ten to 20 years under current commitment patterns, not accounting for any additional shifts from probation to prison, or the effects of indeterminacy under current sentencing guidelines. In addition, by designating the offense of drug trafficking as an "offense of violence" there would be additional carve-outs created under the Targeted Community Alternatives to Prison Program, or T-CAP, (reducing its diversion benefits) as well as create eligibility exclusions in other areas. By increasing to ten years the period of post-release control to which a felony drug trafficking offender must be subject would exacerbate problems with technical violation returns and worsen post-release control caseload problems at the expense of improving ratios for high-risk offenders.

² U.S. National Institutes of Health, National Institute on Drug Abuse, <u>Criminal Justice DrugFacts</u>, June 2020.

Possession

The bill generally lowers penalties for possession offenses, with some exceptions. For most drugs, an amount of any drug under 0.025g or equivalent amounts are decriminalized. Some number of cases will move from county and municipal courts to the jurisdiction of the courts of common pleas, while some offenders will be sanctioned by the state rather than locally. Some offenders will no longer be charged with a crime and therefore not enter the criminal justice system for the possession of small amounts of certain drugs. The net impact is indeterminate.

Under the bill, (1) a judge is not permitted to order the suspension of a driver's license or commercial driver's license as a penalty for conviction of a drug possession offense and (2) a court is not required to treat forfeited bail for a felony drug possession offense as a fine to be paid directly to local agencies involved in the arrest and prosecution of the offense. These provisions will reduce license reinstatement fees collected by the Bureau of Motor Vehicles (BMV) and potentially reduce revenues for local prosecutors and law enforcement agencies. By decreasing the number of licenses suspended for certain drug offenses, the bill may indirectly affect the number of driving under suspension or in violation of license restriction citations issued in future years. Driving under suspension or in violation of license restriction is a first degree misdemeanor, subject to a fine of up to \$1,000, a jail term not to exceed 180 days, or both. Any resulting decrease in suspensions or citations issued creates a potential expenditure savings effect for local criminal justice systems, as well as the BMV, which administers the license suspension system. Fewer subsequent convictions mean a related revenue loss in the form of fines, fees, and court costs retained by counties and municipalities, and court costs forwarded to the state. The net effect of any expenditure savings and revenue loss is likely to be minimal annually. License reinstatement fees are generally \$40 for drug-related offenses. These fees are collected by the BMV and credited to the Public Safety – Highway Purposes Fund (Fund 5TM0), which in part supports the BMV's operating expenses.

DRC commitment statistics

DRC operates 28 correctional facilities that house a daily population of approximately 44,000 offenders, and provides community supervision for around 31,000 offenders through the Adult Parole Authority.

In Ohio, drug offenders comprised 26.1% (3,135) of total commitments in FY 2021, with possession (1,928, or 16.0%) and trafficking (1,109, or 9.2%) being the two highest subcategories. According to DRC's 2021 Annual Report, the average cost for an incarcerated adult was \$97.00 per day, or \$35,405 per year.³

Table 1 below shows the number of offenders committed annually to prison for felony drug offenses from FY 2017 through FY 2021.

³ DRC, 2021 Annual Report, <u>https://drc.ohio.gov/annual-reports</u>.

Table 1. Number of Prison Commitments for Drug Offenses, FY 2017-FY 2021					
Offense	2017	2018	2019	2020	2021
Abusing Harmful Intoxicants	5	8	3	4	2
Corruption of Another with Drugs	68	73	71	53	28
Counterfeit Controlled Substance Offense	6	12	9	6	6
Deception to Obtain Drug	31	34	13	8	9
Drug Law Pharmacy Violation	7	3	8	4	2
Drug Possession	2,926	2,601	2,491	2,272	1,928
Funding Drug Trafficking		1	1		
Illegal Manufacture of Drugs	594	284	166	80	35
Illegal Processing of Drug Document	24	17	7	2	6
Permit Drug Abuse	17	14	9	4	8
Tampering with Drugs	4	4	2	4	2
Trafficking in Drugs	1,792	1,719	1,831	1,400	1,109
Trafficking in Intoxicants			1		
Total Commitments	5,474	4,770	4,612	3,837	3,135

Restitution work programs

The bill generally requires the sheriff in each county to operate at least one restitution work center (RWC), in accordance with the bill's provisions, to which eligible offenders may be sentenced or transferred through sentence modification under the bill. A defendant is permitted to apply, after trial and prior to sentencing, to serve their sentence under community control through a restitution work program if the defendant is not determined to be an intentional physical threat to the public and meets specified application requirements. If a court chooses to sentence a defendant to community control through a restitution work program in the county of the offender's residence, the length of which must be equal to double the period of incarceration the court would have otherwise imposed on the offender under existing sentencing law.

DRC is required to compensate offenders who participate in an RWC or on a state project at the same rate paid to participants in existing law work programs in addition to any bonus awarded based on receipts of the facility. DRC must designate a financial manager for each county that operates an RWC to hold earnings of program participants, invest those earnings, keep records of all money paid to participants, and pay funds to participants on release from incarceration.

County sheriffs would incur costs to develop, implement, and administer a restitution work center in their county, the magnitude of which is indeterminate. Costs would also depend on the number of participants. The bill establishes several guidelines for the operation of the program, including financial feasibility aspects. The sheriff must advertise a request for proposals from manufacturers to partner with the sheriff in establishing and operating an RWC in the county. The bill stipulates that the money a sheriff receives from a manufacturer under a contract for the operation of an RWC must be divided in the following manner:

- The sheriff retains 25% of receipts in a special fund created and maintained by the county exclusively for operating the county's restitution work program.
- The county restitution work program fund is subject to all applicable provisions of the Tax Levy Law concerning the establishment or maintenance of a special fund.
- The sheriff must deposit 25% of receipts in the state treasury to the credit of the Restitution Work Program Fund.
- The sheriff must deposit 25% of receipts in the state treasury to the credit of the Reparations Fund.
- If the sheriff determines that it is financially feasible to do so, the sheriff must deposit the remaining 25% of receipts in a special fund created and maintained by the county for disbursing offender bonuses.
- The offender bonus fund is subject to all applicable provisions of the Tax Levy Law concerning the establishment or maintenance of a special fund.
- If the sheriff does not determine that it is financially feasible to deposit the final 25% in the offender bonus fund, the sheriff must deposit those remaining receipts in the county restitution work program fund mentioned above.

Reentry Ohio Program

The bill creates the Reentry Ohio Program to provide grants to employers to employ and provide housing to ex-offenders. It makes a Reentry Ohio Program participant who suffers an injury or contracts an occupational disease in the course of and arising out of participation in the program eligible for compensation and benefits under the Workers' Compensation Law. DRC is permitted to establish a separate workers' compensation coverage policy with the Bureau of Workers' Compensation for program participants.

Each ex-offender participating in the Reentry Ohio Program must sign a participation agreement in which the participant agrees to participate in DRC programming after hours or on weekends and to mentor new program participants for the first 18 months that the participant participates in the program, and to mentor participants in an ATF for the first 18 months that the participant participates in the Reentry Ohio Program. These requirements are in addition to the participant's work requirements.

DRC is required to adopt rules, for which there would be a one-time administrative cost. DRC would be responsible for (1) processing grant applications, (2) making periodic payments to

reimburse successful applicants for 50% of the costs of employing ex-offenders participating in a program, (3) identifying affordable housing within walking distance of participating employment opportunities that may be purchased or leased and made available to ex-offenders participating in a program, and (4) providing reentry programming to ex-offenders participating in a program.

The bill creates the Reentry Ohio Program Fund in the state treasury, which consists of any money donated to the fund or appropriated to the fund by the General Assembly. The fund is to be used to provide grants to reimburse employers and to provide housing for ex-offenders participating in the employment program. The bill provides no appropriation.

Opioid prescriptions, suspicious prescribing activity, and overdoses

Coroners

Upon determination by a coroner that a person's death is due to a drug overdose, the coroner is required to notify the health care professional(s) who prescribed the drug(s). If the coroner is unable to identify the prescriber after querying the Ohio Automated Rx Reporting System (OARRS) and after reviewing medical or psychiatric records, the coroner is required to contact hospitals, the deceased's health insurer, or the U.S. Department of Veteran's Affairs in the case of a deceased veteran.

The Ohio Department of Health reported 5,017 unintentional overdose deaths statewide in 2020, or 45.6 deaths per 100,000 population. The 2020 rate exceeded the prior year's total of 3,956 by 25%.

Under continuing law, a coroner is permitted, but not required, to provide a notice of the death to the State Medical Board, the Board of Nursing, or the State Dental Board. The coroner may include in the notice any information relating to the drug that resulted in the overdose, including whether it was obtained by prescription and, if so, the name of the individual who prescribed it.

Based on discussions with one county coroner these new duties are "substantially different from current practice." It is estimated that for smaller offices, this new requirement could be especially burdensome requiring additional time researching, investigating, and notifying the parties outlined in the bill.

Health-related licensing boards

Under the bill, a prescriber who issues an initial prescription for a drug that is an opioid analgesic for the treatment of acute pain is required to (1) limit the prescription to a period of not more than three days, and (2) before prescribing additional opioids after the initial three-day period, issue a new prescription after reexamining the patient.

Before prescribing an opioid, and at least annually thereafter, a prescriber is required to evaluate the patient for signs of drug abuse or addiction under rules established by the prescriber's licensing board.

Health-related licensing boards⁴ are permitted to adopt rules for issuing initial opioid prescriptions for longer than three days and are required to adopt rules:

- Establishing standards and procedures to be followed by prescribers when evaluating patients for signs of drug abuse or addiction; and
- Regarding counseling and education to be provided to the patient who is prescribed an opioid for a period of five days or more.

The health licensing boards will incur administrative costs to adopt rules and address any complaints or violations.

Nursing and medical boards

In addition to the rules above, the Board of Nursing and the State Medical Board are required to adopt, and disseminate to each advanced practice registered nurse, and physicians and physician assistants, respectively, rules to (1) encourage the use of nonaddicting medication-assisted treatment when possible, (2) encourage the tapering of addicting medication-assisted treatment, (3) discourage the use of lifelong treatment except as a last resort, and (4) encourage the use of formulations of medication-assisted treatment with abuse-deterrence labeling claims indicating that the formulation is expected to deter or reduce its abuse. The health licensing boards will incur administrative costs to adopt rules and to provide copies to licensees.

Drug database

The State Medical Board, in collaboration with other health-related licensing boards, is required to develop and implement a system to monitor actively OARRS for suspicious prescribing activity. If suspicious prescribing activity is found through the monitoring, the State Medical Board or other health-related licensing board is required to investigate the activity. This will likely increase costs to the monitoring boards as well as the State Board of Pharmacy to update OARRS for this purpose.

Medicaid

The bill requires pharmacists, when dispensing an opioid analgesic in an amount indicated for five or more days, to discuss with the patient the risks of opioid addiction, including the increased risk for addiction when taking such a drug for more than five days. The bill authorizes pharmacists to charge a fee for each discussion. The fee is to be established by the Medicaid Director, in consultation with the Superintendent of Insurance. The costs to Medicaid will depend on the amount of the fee and the number of discussions.

Additionally, the bill prohibits the Medicaid Program from limiting the number of hours per day for which a Medicaid recipient may obtain peer recovery support from a state detoxification provider. A "detoxification provider" under the bill is a community addiction services provider that has been certified by DRC as having a secured facility for the housing and detention of individuals prior to trial and has been designated by DRC as a detoxification provider, that offers drug addiction services that have been certified by OhioMHAS, and that is a Medicaid

⁴ A health-related licensing board is a state board authorized to issue a license to engage in the practice of a licensed health professional authorized to prescribe drugs.

provider. This prohibition will increase Medicaid costs if additional hours are needed. Costs to Medicaid are indeterminate.

Opiate abuse education program

The bill requires OhioMHAS, within one year of the bill's effective date, to provide recommendations regarding an opiate abuse education program for senior citizens. OhioMHAS will realize administrative costs to provide these recommendations.

Reparations to victims of criminal offenses

The bill adds a disqualification, making a victim ineligible for compensation from the Reparations Fund (Fund 4020), if the claimant was engaged in criminal conduct at the time of the injury that substantially contributed to the injury. The added disqualification would be a net positive for Fund 4020, as individuals who have contributory misconduct would no longer be eligible for awards. The savings would offset any additional expenditures resulting from the removal of other disqualifying conditions.

Deputy Inspector General for DRC

The bill creates, in the Office of the Inspector General, the position of Deputy Inspector General for DRC. The Inspector General, under the bill, is required to provide technical, professional, and clerical assistance to the Deputy Inspector General. The Deputy Inspector General will investigate all wrongful acts or omissions committed by employees of DRC and oversee work safety and conditions of participants in ATFs and RWCs. At the conclusion of an investigation, the Deputy Inspector General must deliver to the Director of DRC and the Governor any case for which remedial action is necessary.

The bill creates a new fund in the state treasury, the Deputy Inspector for the Department of Rehabilitation and Correction Fund. The Inspector General must use the fund to pay costs incurred by the Deputy Inspector General in performing their duties as required under the bill. The bill does not appropriate any funding for this purpose.

The costs attributed to the work of the Inspector General's two existing statutorily designated inspector generals are supported by cash transfers as follows: (1) \$400,000 annually from the Highway Operating Fund (Fund 7002) to the Deputy Inspector General for the ODOT Fund (Fund 5FA0) and (2) \$425,000 annually from the Workers' Compensation Fund (Fund 7023) to the Deputy Inspector General for the Bureau of Workers' Compensation and Industrial Commission Fund (Fund 5FT0).

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