



OHIO LEGISLATIVE SERVICE COMMISSION

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Fiscal Note & Local Impact Statement

Bill: H.B. 325 of the 131st G.A.

Date: December 2, 2016

Status: As Passed by the Senate

Sponsor: Reps. Green and S. O'Brien

Local Impact Statement Procedure Required: No

Contents: To encourage pregnant women who are addicted to controlled substances to seek treatment, authorize certain children's crisis care facilities to maintain firearms, and to make an appropriation

State Fiscal Highlights

- The bill appropriates an additional \$2.0 million in fiscal year 2017 to GRF line item 336421, Continuum of Care Services and distributes these funds to programs that address opiate addiction.

Local Fiscal Highlights

- The bill creates a process for courts to place in abeyance or dismiss complaints made by a public children services agency against a pregnant woman and/or a newborn solely because the mother used a controlled substance. There could be an increase in administrative costs for courts to determine compliance with certain provisions.

Detailed Fiscal Analysis

Opiate addiction treatment

The bill appropriates an additional \$2.0 million in fiscal year 2017 to GRF line item 336421, Continuum of Care Services. The bill requires the \$2.0 million be distributed to programs that address opiate addiction. Additionally, the bill requires the Ohio Department of Mental Health and Addiction Services (OMHAS) to prioritize programs that are currently in operation and are scalable statewide.

Addiction treatment of pregnant women

The bill specifies that if a public children services agency (PCSA) files an abuse, neglect, or dependent complaint regarding a newborn solely because the mother used a controlled substance while pregnant, the court is to determine whether the mother did the following: enrolled in a treatment program before the end of her 20th week of

pregnancy; successfully completed the program or is in the process of completing the program; maintained her regularly scheduled appointments and prenatal care recommended by her health care provider; and, at the request of a PCSA, provided the agency with an affirmative representation that she complied with the previous three items. If the court determines that the mother complied with these stipulations, the bill requires a court to hold the complaint in abeyance if the mother is in the process of completing the program if certain information is provided or to dismiss the complaint if the mother has successfully completed the program if certain information is provided. The bill also permits a court to hold such a complaint in abeyance or dismiss such a complaint if the mother is enrolled in drug treatment after her 20th week of pregnancy, is in the process of completing a treatment program, and maintained her regularly scheduled appointments and prenatal care. There could be an increase in administrative costs for courts to determine compliance with these provisions. According to the Public Children Services Association of Ohio, there would be no changes in caseload for PCSAs. If these measures lead to additional women seeking treatment, costs for local alcohol, drug addiction, and mental health services boards and the Medicaid Program could indirectly increase. On the other hand, if fewer babies are born with complications due to addiction, then Medicaid Program costs could decrease.

In addition, the bill requires OMHAS to give priority to the treatment of pregnant women addicted to drugs of abuse, including by requiring community addiction services providers that receive public funds to give priority to pregnant women referred for treatment. According to the Department, funding is currently prioritized in this manner. Thus, this provision would codify the existing practice and have no fiscal effect.

The bill requires certain health care professionals to encourage drug treatment for pregnant patients under certain circumstances. LSC assumes that most health care professionals would currently encourage drug treatment in such cases. Therefore, this provision would have little fiscal impact on the state or its political subdivisions.

Children's crisis care facilities

The bill permits a children's crisis care facility that has as its primary purpose the provision of residential and other care to infants who are born drug exposed and that regularly maintains on its premises schedule II controlled substances, to have its security personnel maintain and bear firearms while on the grounds of the facility. The provision is permissive, so any potential costs relating to maintain firearms would also be permissive for any local entity that is a children's crisis care facility.