



OHIO LEGISLATIVE SERVICE COMMISSION

Bill Analysis

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Sub. H.B. 427*

132nd General Assembly

(As Reported by H. Community & Family Advancement)

Rep. Young

BILL SUMMARY

Substance abuse grant programs

- Creates three grant programs to be administered by the Department of Mental Health and Addiction Services which must award grants to community or faith-based organizations that manage programs supporting individuals suffering from substance abuse and addiction.
- Requires the Department to disburse grant funds to each appropriate board of alcohol, drug addiction, and mental health services, which must then distribute the funds to each entity in its jurisdiction awarded a grant.

Drug overdose fatality review committees

- Authorizes the establishment of county or regional drug overdose fatality review committees to decrease the incidence of preventable overdose deaths.
- Requires each committee to collect certain information concerning drug overdose or opioid-involved deaths, review the information, and submit annual reports to the Department of Health.
- Requires specified individuals or entities that provided services to a person whose death is reviewed by a committee to submit summary sheets of information to the committee.

* This analysis was prepared before the report of the House Community and Family Advancement Committee appeared in the House Journal. Note that the list of co-sponsors and the legislative history may be incomplete.

- Grants immunity from civil liability to committee members and any individual or entity providing information to a committee.
- Provides that records presented to a review committee, statements made by committee members, committee work products, and data submitted to the Department, other than annual reports, are confidential and not subject to disclosure under the public records law.

Drug overdose death reports

- Requires the Department of Health to publish monthly reports on its website showing the number of drug overdose deaths, delineated by county.
- Requires the Department to issue a press release each time a monthly report is completed.

Appropriations

- Makes appropriations.

CONTENT AND OPERATION

Substance abuse grant programs

The bill creates three substance abuse grant programs to be administered by the Department of Mental Health and Addiction Services and award grants to one or more nonprofit community or faith-based organizations.¹ Each program requires the Department to do all of the following:²

(1) Create a separate grant application and develop a process for reviewing and evaluating completed applications on a competitive basis;

(2) Ensure that a grant application includes a "letter of input" from the board of alcohol, drug addiction, and mental health services (ADAMHS Board) having jurisdiction over the entity. The letter must convey the Board's position on the entity's perceived ability to successfully use the grant for its intended purpose.

(3) Select initial grant recipients not later than nine months after the bill's effective date;

¹ R.C. 5119.63, 5119.64, and 5119.65(A).

² R.C. 5119.63, 5119.64, and 5119.65(D).



(4) Award a grant to an out-of-state applicant if the applicant attests in the application that the amount received will be used only to serve Ohio residents; and

(5) Disburse the grant funds to each ADAMHS Board, which must then distribute all of these funds to each entity in its jurisdiction that is awarded a grant.³

In addition to these common requirements, the bill specifies unique requirements for each program.

Curricula grant program

Under the "Community and Faith-based Substance Abuse Curricula Grant Program," the Department must award grants to one or more nonprofit community or faith-based entities that administer programs intended to support individuals in avoiding abuse of or overcoming addiction to one or more substances and that use curricula materials to achieve this intended purpose. The curricula materials may be faith-based in nature. The grant application must require an applicant to specify which of the following the Department must consult with to obtain input about the entity's success with supporting individuals in avoiding abuse of or overcoming addiction: a judge or magistrate from the drug court or other court that considers drug-related prosecutions in the same jurisdiction as the entity, that jurisdiction's chief police officer or the officer's delegate, the Ohio Attorney General, or any combination of the foregoing. The Department must give this input, as well as the input expressed in the letter of input from the local ADAMHS Board (discussed above), significant weight when making a final determination regarding a grant award; however, the Department's decision is final.⁴

Transportation assistance grant program

Under the "Community and Faith-based Substance Abuse Transportation Assistance Grant Program," the Department must award grants to one or more nonprofit community or faith-based entities that administer programs intended to support individuals in avoiding abuse of or overcoming substance addiction. A grantee may use the award only to defray the cost of providing the grantee's program participants with transportation services to program meetings or activities or to reimburse them for the costs they incur in traveling to program meetings or activities. Like the first grant program, the application must require an applicant to specify at least one of the same parties who the Department must consult with for input regarding the entity's success. The Department must give that input, as well as the input expressed in

³ R.C. 340.038.

⁴ R.C. 5119.63.



the letter of input from the local ADAMHS Board (discussed above), significant weight when making a final determination regarding a grant award; however, the Department's decision is final.⁵

Rehabilitation facility grant program

Under the "Community and Faith-based Substance Abuse Rehabilitation Facility Grant Program," the Department must award grants to one or more nonprofit community or faith-based entities that meet all of the following criteria:⁶

--Have been operating for at least three years immediately before application;

--Are able to demonstrate success with supporting individuals, including those who participate in drug court or are incarcerated, in avoiding abuse of or overcoming addiction to one or more substances using faith-based programming;

--Are able to demonstrate that they have received community support for their programming, including financial support; and

--Have been endorsed by at least three judges or police officers in a community intended to benefit from a grant.

The Department must give significant weight to the quality of the evidence it receives, as well as the local ADAMHS Board's input expressed in its letter of input (discussed above), when making a final grant award. The Department's decision regarding an award is final.⁷

A grantee may use its award to open and operate one or more facilities at which certified drug addiction services are provided. Addiction services are certified by the Department under continuing law.⁸ The entity must ensure that all such facilities are located in or not more than ten miles from a community that has historically had a high incidence of accidental death by opioid overdose.⁹

⁵ R.C. 5119.64.

⁶ R.C. 5119.65(B).

⁷ R.C. 5119.65(D).

⁸ R.C. 5119.36, not in the bill.

⁹ R.C. 5119.65(C).



The bill prohibits the Department from transferring any funds appropriated to it for this program to other programs or services the Department administers.¹⁰

Drug overdose fatality review committees

The bill authorizes the board of county of commissioners of a single county or the boards of two or more counties jointly to establish a county or regional committee to review drug overdose and opioid-involved deaths occurring in that county or region. To formally establish a drug overdose fatality review committee, the board or boards must appoint a health commissioner of a board of health located in the county or counties to do so.¹¹

Purpose

The purpose of a drug overdose fatality review committee is to decrease the incidence of preventable overdose deaths by doing all of the following:¹²

--Promoting cooperation, collaboration, and communication between all groups, professions, agencies, or entities engaged in drug abuse prevention, education, or treatment efforts;

--Maintaining a comprehensive database of all overdose deaths occurring in the county or region to develop an understanding of the causes and incidence of those deaths;

--Recommending and developing plans for implementing local service and program changes that might prevent overdose deaths; and

--Advising the Department of Health of aggregate data, trends, and patterns concerning overdose deaths.

Membership, chairperson, and meetings

If established, a review committee must consist of the health commissioner and the following six members:¹³

(1) A county coroner or designee;

¹⁰ R.C. 5119.65(G).

¹¹ R.C. 307.631.

¹² R.C. 307.633.

¹³ R.C. 307.632.



(2) The chief of police or sheriff that serves the greatest population in the county or region or designee of the chief or sheriff;

(3) A public health official or designee;

(4) A leader of a faith-based organization that serves the county or region over which the review committee has jurisdiction;

(5) The executive director of an ADAMHS Board or designee; and

(6) An Ohio-licensed physician.

The health commissioner convenes committee meetings and serves as the committee's chairperson.¹⁴ Committee meetings are not subject to Ohio's Open Meetings Law.¹⁵ Any vacancy on the committee must be filled in the same manner as original appointments. Members are neither compensated for serving on the committee nor reimbursed for expenses incurred, unless compensation or reimbursement is received as part of the member's regular employment. A majority of the members may invite additional members to serve on the committee. Each additional member serves for the period of time determined by the majority and has the same authority, duties, and responsibilities as an original member.¹⁶

Information to be collected

For each drug overdose or opioid-involved death reviewed by a committee, the committee must collect all of the following:¹⁷

(1) Demographic information of the deceased, including age, sex, race, and ethnicity;

(2) The year in which the death occurred;

(3) The geographic location of the death;

(4) The cause of death;

(5) Any factors contributing to the death; and

¹⁴ R.C. 307.634.

¹⁵ R.C. 121.22(D).

¹⁶ R.C. 307.632.

¹⁷ R.C. 307.636(B).



(6) Any other information the committee considers relevant.

On the request of a review committee, any individual, law enforcement agency, or other public or private entity that provided services to a person whose death is reviewed by the committee must submit to the committee a summary sheet of information. In the case of a request made to a health care entity, the summary sheet must contain only information available and reasonably drawn from a medical record created by the entity. With respect to a request made to any other individual or entity, the sheet must contain only information available and reasonably drawn from any record involving the person that the individual or entity develops in the normal course of business.¹⁸

Confidentiality

Any information, document, or report presented to a review committee, all statements made by committee members during meetings, all work products of the committee, and data submitted to the Department of Health, other than the annual report, are confidential and may be used by the review committee, its members, and the Department only in the exercise of proper committee or departmental functions.¹⁹ The bill also specifies that all of these items are not public records.²⁰

Security of information collected

Each review committee must establish a system for collecting and maintaining information necessary for the review of drug overdose or opioid-involved deaths in the county or region. In an effort to ensure confidentiality, each committee must maintain all records in a secure location; develop security measures to prevent unauthorized access to records containing information that could reasonably identify any person; and develop a system for storing, processing, indexing, retrieving, and destroying information obtained in the course of reviewing a drug overdose or opioid-involved death.²¹

¹⁸ R.C. 307.637(A).

¹⁹ R.C. 307.639.

²⁰ R.C. 149.43(A)(1)(gg).

²¹ R.C. 307.636(A).



The bill specifies that a physician who provides information, documents, or reports to a review committee is not subject to disciplinary action by the State Medical Board for "willfully betraying a professional confidence."²²

Annual reports

By April 1 of each year, a committee must prepare and submit to the Department of Health a report that includes the following information for the previous calendar year:²³

(1) The total number of drug overdose or opioid-involved deaths in the county or region;

(2) The total number of drug overdose or opioid-involved deaths reviewed by the committee along with the total number not reviewed by the committee;

(3) A summary of demographic information for the deaths reviewed, including age, sex, race, and ethnicity; and

(4) A summary of any trends or patterns identified by the committee.

The report also must include recommendations for actions that might prevent other deaths and may include any other information the review committee determines should be included. The report is a public record for the purposes of Ohio's Public Records Law.

Pending investigations or prosecutions

A review committee may not conduct a review of a death while an investigation of the death or prosecution of a person for causing the death is pending, unless the prosecuting attorney agrees to allow the review. On the conclusion of an investigation or prosecution, the law enforcement agency conducting the criminal investigation or prosecuting attorney prosecuting the case must notify the committee's chairperson of the conclusion.²⁴

In addition, an individual, law enforcement agency, prosecuting attorney, or entity cannot provide to a review committee any information regarding the death of a

²² R.C. 4731.22(B)(4).

²³ R.C. 307.636(C).

²⁴ R.C. 307.635.



person while an investigation or prosecution is pending, unless the prosecuting attorney has agreed to allow the review.²⁵

Immunity

Any individual or entity providing information to a review committee is immune from civil liability for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of providing the information. Each member of a review committee is also immune from civil liability as a result of the member's participation on the committee.²⁶

Rules

The bill requires the Department of Health to adopt rules that establish a procedure for county or regional drug overdose fatality review committees to follow in conducting a review of an overdose death. The rules must be adopted in accordance with the Administrative Procedure Act²⁷ and do all of the following:²⁸

--Establish the format for the annual reports that review committees must submit to the Department;

--Establish guidelines for a review committee to follow in creating and maintaining statistics for the annual reports so that the reports do not contain individually identifiable information;

--Establish guidelines for a review committee to follow in creating and maintaining the comprehensive database of overdose deaths required by the bill, including provisions establishing uniform record-keeping procedures;

--Establish guidelines for reporting drug overdose fatality review data to the Department, ensuring that the confidentiality of individually identifiable information is maintained; and

--Establish guidelines, materials, and training to help educate review committee members about the purpose of the review process, the confidentiality of certain information presented to and generated by a committee, and the fact that such information is not a public record.

²⁵ R.C. 307.637(B).

²⁶ R.C. 307.638.

²⁷ R.C. Chapter 119.

²⁸ R.C. 3701.049.



Drug overdose death reports

The bill requires the Department of Health to publish on its website the number of deaths, delineated by county, for which it determined during the preceding month that the known cause of death was drug overdose. The Department must update this information on a monthly basis using information submitted through the Ohio Public Health Data Warehouse.²⁹ The Department must issue a press release each time a monthly report is completed. The press release is required to include the most current hotline number for addiction treatment referral services administered by the Department of Mental Health and Addiction Services or its representative.³⁰

The bill authorizes the Director of Health to adopt rules as necessary to implement this requirement. All rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.).³¹

HISTORY

ACTION	DATE
Introduced	11-27-17
Reported, H. Community & Family Advancement	---

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²⁹ The Ohio Public Health Data Warehouse is a self-service online tool where anyone can obtain the most recent public health data available about Ohio. Ohio Department of Health, *Ohio Public Health Data Warehouse*, available at <http://publicapps.odh.ohio.gov/EDW/DataCatalog>.

³⁰ R.C. 3705.161(A).

³¹ R.C. 3705.161(B).

