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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 205  
133<sup>rd</sup> General Assembly

## Fiscal Note & Local Impact Statement

[Click here for H.B. 205's Bill Analysis](#)

**Version:** As Introduced

**Primary Sponsor:** Rep. Galonski

**Local Impact Statement Procedure Required:** No

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### Highlights

- **Criminal immunity.** The bill may produce a slight reduction in the number of persons prosecuted and sanctioned for drug paraphernalia offenses, creating a potential expenditure savings and related revenue loss for municipalities and counties with jurisdiction over such matters. The net annual fiscal effect will be minimal.
- **Medicaid.** The bill may result in additional individuals receiving treatment for drug-related medical emergencies. If any of these individuals are enrolled in Medicaid, then Medicaid could experience an indirect increase in costs for treatment relating to the actual medical emergency or later substance abuse treatment.
- **Government-owned hospitals.** It is possible that additional individuals will receive treatment in government-owned hospitals for drug-related medical emergencies as a result of the bill. Thus, these hospitals could realize an indirect increase in treatment costs. It is also possible that some reimbursements or payments could be received for individuals with insurance coverage or those enrolled in the Medicaid Program.

### Detailed Analysis

#### Immunity from prosecution

The bill provides a person, subject to certain qualifying conditions, immunity from arrest, charges, prosecution, conviction, or penalty for certain offenses involving drug paraphernalia to a person who seeks or obtains medical assistance for a drug overdose. Similar immunity currently exists for a minor drug possession offense when a person seeks or obtains medical assistance for an overdose.

This immunity provision may reduce the number of persons, who as a result of seeking medical assistance, otherwise might have been arrested, charged, prosecuted, and sanctioned

for drug paraphernalia offenses. For counties and municipalities with jurisdiction over such matters, this could mean some decrease in cases requiring adjudication, thus creating a potential expenditure savings and related revenue loss (fines, fees, and court costs generally imposed on an offender by the court).

Anecdotal information suggests the number of instances in which a person is, under current law and practice, prosecuted subsequent to seeking medical assistance is relatively small, especially in the context of the total number of criminal and juvenile cases handled by counties and municipalities annually. Thus, the net annual fiscal effect of any expenditure savings and revenue loss is likely to be minimal. For the state, there may be a related negligible annual loss in court costs that otherwise might have been collected for deposit in the state treasury and divided between the Indigent Defense Support Fund (Fund 5DY0) and the Victims of Crime/Reparations Fund (Fund 4020).

### **Possible indirect fiscal effects**

As a result of the bill, it is possible that additional individuals will receive treatment in public hospitals for drug-related medical emergencies. Thus, government-owned hospitals could indirectly realize an increase in treatment costs. The increase would depend on the number of individuals receiving treatment, the services rendered, and the insurance status of the individual. Government-owned hospitals might receive reimbursements or payments for individuals who have insurance coverage or who are enrolled in the Medicaid Program.

Additionally, it is possible that some individuals receiving treatment will be eligible for Medicaid at the time treatment was rendered, but not actually enrolled in the program. In such cases, those individuals could then be enrolled in Medicaid and the program could retroactively pay for treatment rendered in the three months prior to enrollment. Thus, the Medicaid Program could also experience an indirect increase in costs for treatment relating to the medical emergency and possibly for substance abuse treatment if the individual seeks such treatment after release from the hospital. Typically under the Medicaid Program, the federal government reimburses the state for approximately 63% of medical service costs. However, the federal government pays 93% in calendar year (CY) 2019 and will pay 90% for CY 2020 and subsequent years for medical service costs for those individuals found eligible under the Medicaid expansion (Group VIII).