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House Community Revitalization Committee
Testimony on HB 58
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Chair Click, Vice Chair Mullins, Ranking Member Brewer, and members of the House Community Revitalization Committee thank you for the opportunity to offer testimony on HB 58 – legislation addressing the standards and regulatory enforcement structure of Ohio’s recovery housing residences. And while the Ohio Council appreciates the reasoning and intent behind the introduction of this bill, we cannot support the bill as currently drafted for several reasons that I will discuss below.

Committee members, I am Teresa Lampl, CEO of the Ohio Council of Behavioral Health and Family Services Providers (the Ohio Council). The Ohio Council is a statewide trade and advocacy association representing over 170 private businesses that employ nearly 40,000 people and provide services to approximately 2.5 million Ohioans from all walks of life. Our members are nationally accredited and state certified organizations that strive to offer high-quality prevention, mental health and substance use treatment, crisis intervention, and recovery supports in all corners of the state. Some of our member organizations offer recovery housing as part of their continuum of care service array – and many more refer clients and individuals to other recovery housing residences as part of an individual’s person-centered care and transition plan.

I want to thank the sponsors of this bill, Representatives Pizzulli and Jarrells, and this committee for examining the recently established and newly implemented system of quality standards, certification, and regulatory oversight for recovery housing residences in Ohio. Bringing attention through careful examination, policy review, data analysis, and transparent discussions should facilitate greater awareness and understanding of the potential for recovery housing – and I might add, raise awareness for any recovery housing residences not operating in a manner consistent with the new requirements.

As I stated earlier, there are several reasons why the Ohio Council cannot support HB 58 but primarily the bill appears to be premature and reflective of a generally local issue arising from a few counties in southern Ohio. The majority of witnesses appearing at the proponent hearing a few weeks ago were largely all from Scioto or neighboring counties. While I appreciate the witnesses’ concerns, especially the community’s expression of frustration and fatigue of being in the center spotlight of the opioid overdose epidemic for the last

decade – I do not think it's wise or sound policy to make wholesale changes to a law just implemented in January of this year based on such a local or narrow experience.

Alternatively, would it not be more prudent and effective to activate an OhioMHAS and AG led public awareness campaign followed by targeted enforcement efforts in the communities seeking assistance? This focused effort or pilot would appear to be a good first step in helping to address many of the sponsor's and witnesses' concerns. Further, we encourage lawmakers to consider imposing criminal sanctions for those actors not operating a recovery housing residence consistent with the current law – we understand the original recovery housing legislative proposal included such sanctions but were removed during the last budget process. Notably, Senator Johnson is seeking to do just this in a bill that he recently introduced, and we support.

Additionally, the bill would impose a certificate of need process and new fee structure on recovery housing residences. Neither of which would serve to support and promote more opportunities for quality recovery housing residences in the many communities that so desperately need this recovery support option. The certificate of need is an outdated regulatory tool that has become disfavored by most regulatory bodies and healthcare experts. The free-market [Mercatus Institute](#) found that imposing a certificate of need actually reduces services, degrades quality and raises costs in communities.

Moreover, when a certificate of need tool is used, it has traditionally been limited to nursing facilities and hospitals – both large in-patient settings that receive significant federal and state funding, including Medicaid and Medicare. Recovery housing residences, it must be noted, are [not eligible](#) to receive either Medicaid or Medicare funding.

Lastly, granting the various county ADAMHS Boards the authority to set new and additional quality standards, conduct certification reviews, investigate complaints and other related matters, would lead to duplication, confusion, increased compliance costs, and require significant funding from the state or local governments to perform these new duties. Importantly, the [LSC fiscal note](#) makes clear that the revenue generated by the one-time certificate of need application fee would not be sufficient to support the annual and on-going regulatory activities and personnel costs incurred by the county ADAMHS boards.

So, in conclusion, while the Ohio Council cannot support HB 58, we do appreciate the opportunity to offer our perspective on the bill and these important issues. Indeed, the Ohio Council would be pleased to join any interested party meetings that might be held to further discuss the bill and alternative measures that could support and promote accountability and improvements within Ohio's recovery housing residence system.

Thank you again for the opportunity to testify and I am happy to answer any questions.