

House Community Revitalization Committee House Bill 58 Opponent Testimony May 6, 2025

Chairman Click, Vice Chair Mullins, Ranking Member Brewer, and members of the House Community Revitalization Committee — thank you for the opportunity to provide comments on House Bill 58. My name is Scott Gehring, and I am the President and CEO of Community Health Alliance, which serves Butler, Clinton, Hamilton, Montgomery, Preble, and Warren counties in Southwest Ohio. Today, however, I am speaking on behalf of the Ohio Alliance of Recovery Providers (OARP), where I serve as Treasurer. OARP represents addiction treatment providers across the state, all certified by the Ohio Department of Mental Health and Addiction Services. Our mission is to expand access to treatment and develop a comprehensive recovery-oriented system of care for all Ohioans.

While we respect the serious challenges facing Portsmouth and its surrounding areas, we are concerned that HB 58 applies a broad, statewide solution to a local problem. The concerns driving this bill are valid and important. However, if enacted, HB 58 would threaten the operations of OARP members providing recovery housing and, more importantly, jeopardize the wellbeing of those we serve across Ohio. For these reasons, we cannot support the bill in its current form.

HB 58 proposes to establish a certificate of need process for all future recovery housing residences statewide. While Certificate of need programs were designed to promote thoughtful growth and prevent overdevelopment, they have consistently fallen short of those goals in practice. Instead of fostering better services, they often stifle competition, introduce costly and time-consuming bureaucratic hurdles, and discourage innovation and expansion—especially in underserved areas where the need is greatest. Behavioral health care must be responsive and flexible to address emerging challenges, including new substances and shifting community needs. The added regulatory barriers proposed in HB 58 would severely limit our ability to adapt and provide timely care.

The bill would also place new annual inspection responsibilities on Ohio's ADAMH boards. Currently, no board has the staffing, expertise, or infrastructure to take on this role. OhioMHAS, as the designated regulatory authority, already holds providers accountable for quality and has both the personnel and resources to carry out investigations effectively. Reassigning this responsibility to 50 separate boards would not only be redundant but would also risk inconsistent

oversight and create multiple inspections for providers operating across board jurisdictions. This would be an impractical and burdensome approach.

Additionally, the bill introduces significant new fees as part of the certificate of need application process. While these fees are intended to support the ADAMH boards' expanded duties, it is highly doubtful they would generate sufficient revenue to cover the costs of staffing, training, or contracting qualified inspectors. This shortfall could force boards to either divert funds from essential community services, seek additional legislative appropriations, or propose new levies—none of which are viable or acceptable solutions.

HB 58 introduces a complex web of new regulations, costs, and oversight responsibilities that would create more challenges than solutions for Ohio's behavioral health providers and the people we serve. We firmly believe that the well-intentioned effort to address a specific regional concern should not lead to sweeping policy changes that undermine recovery housing statewide.

We appreciate the opportunity to share these concerns. We also understand there may be an interested party meeting scheduled to further discuss the bill, and we would welcome the opportunity to participate in that dialogue. OARP is committed to working collaboratively toward thoughtful, effective solutions that will strengthen, not hinder, Ohio's recovery infrastructure.

Thank you again for your time. I would be pleased to answer any questions.