Chair Schmidt, Vice Chair Deeter, Ranking Member Somani and honorable Members of the House Health Committee, thank you for allowing me to testify on behalf of the National Association of Social Workers – Ohio Chapter (NASW OH). We have serious concerns about the implications of House bill 324. First, this bill is much too vague in its language, and because of this, it puts mental health care in Ohio at risk.

While the bill does define severe adverse effects and sets a threshold of what shall be considered too much of a risk for a drug to be prescribed under the current status quo, this is not enough to make this bill good legislation. Almost any drug has the potential to fall under the definitions outlined in this bill.

Taking some mental health medications long-term can lead to kidney issues, and others may cause heart problems. This does not mean that these drugs should be beholden to restrictions that can easily cause them to be unobtainable to those who need them most. It means that we should trust the health professionals to do their job correctly, as they have been doing.

It also does not mean that those professionals need to have an in-person visit to discuss potential issues with their provider. Imposing a mandated in-person visit with a prescriber before a patient can receive medication that could be life-saving for them is an example of gross government overreach.

It is also a well-known fact that Ohio is in a mental healthcare workforce shortage, with the Department of Behavioral Health stating that 2.4 million Ohioans cannot access care. The reason this number is not significantly higher is the ability of providers to offer telehealth services. Limiting this ability because a drug might cause adverse effects is nonsensical, and it would harm rural Ohioans the most. In July, the Rural Health Information Hub released data showing that only 13 of our 88 counties were not designated as mental health care health professional shortage areas (HPSAs)[1]. The state would be taking several steps backward by passing this bill while simultaneously launching initiatives to address the workforce issues we currently face [2].

All of these concerns come even before considering the unnecessary duplication of work this will cause for the Department of Health. In this situation, the Department of Health will essentially become a peer reviewer for the federal Food and Drug Administration (FDA), while relying on the FDA's data to verify its work. The FDA already has a process in place to ensure that a drug is safe for patients and a process to recall drugs if new information reveals that the drug is, in fact, unsafe.

We should not waste taxpayers' money on a process that recreates work that is already being done, creates new government mandates on healthcare workers and patients and worsens the mental healthcare workforce shortage that already exists. I respectfully urge the committee to vote no to this harmful bill and instead consider ways that would make it easier and more accessible for people to the treatment and medications they need to thrive.

1. https://www.ruralhealthinfo.org/charts/7?state=OH
2. dbh.ohio.gov/about-us/media-center/news/pressrelease-2025.07.17