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Sponsor Testimony
Senate Bill 138
Senate Addiction and Community Revitalization Committee
March 26th, 2025

Chairman Landis, Ranking Member Blackshear and members of the Senate Addiction and Community Revitalization Committee: Thank you for the opportunity to provide sponsor testimony on Senate Bill 138.

This bill is the culmination of several years of work, research, and compromise. When this committee once traveled around the entirety of the state, we got a current glimpse of not only the addiction crisis here in Ohio, but even more importantly, how Ohio has responded and directed its funding. It became apparent that reform was critically needed.

As many of you may remember, this bill initially took the form of SB 105 from the previous General Assembly and was often the spotlight of this committee. Both myself and former Ranking Member Sykes devoted much of our time and resources into this legislation. While SB 105 may not have passed, it certainly started a long and productive conversation between the ADAMH Boards and health providers from across the state.

SB 138 represents a crowning achievement in the compromise reached between these two organizations. This agreed upon legislation primarily addresses three main areas.

First, it reforms the outdated and highly contentious contract requirements pertaining to the ADAMH Boards. The 120 day notice has been slashed in half to only needing at least 60 day notice if either party no longer wishes to enter into another contract. This will allow the Boards to react in a timelier manner, meeting the needs of their residents, while ensuring a continuum of care for the patients. This language likewise encourages contract renegotiations, competitive selection, and ensures clarity along the process. Additionally, due to the proposed changes in contracting, the bill implements a 6 month runway following the effective date of its adoption, allowing Boards and providers ample time to reassess.

Second, this bill requires the Department of Mental Health and Addiction Services (OMHAS) to collaborate with the ADAMH Boards on developing a data sharing and integration plan. Data is the lifeblood of the ADAMH Boards and to everyone involved in recovery panning; knowing the greatest needs of their communities will allow them to effectively serve residents. Without data, these Boards may as well be operating blindly. It should be the duty and responsibility of OMHAS to advocate on behalf of the Boards and Ohio's drug stricken communities in securing this data. Data sharing and interagency integration will significantly advance this essential partnership.

Lastly, SB 138 makes it a misdemeanor of the first degree for any recovery housing residences who operate or advertise without being certified or accredited. This adds actual teeth to the recovery housing reforms we passed in the previous GA's main operating budget. Often, these bad actors setup shop and operate without any notification to the local Board. Within my own district for example, Scioto County has become a hotbed for these

exploitative groups, turning it into the wild west for recovery housing, going unchecked and unmonitored. While we have many good actors who operate above board, those who do not often prey financially off of those wrestling with addiction. As it is currently, our local Boards have no way of stopping this unethical behavior. These predatory groups give a bad name to all of our great health providers across the state.

In conclusion, the evolution of Ohio's response to the opioid crisis has continually leaned into increased funding and improved methods of organization and administration. But has the situation been markedly improving?

This bill strikes a fine balance between the ADAMH Boards and Ohio's health providers. The local Boards have an important role to play, and we need to make modifications to policy to allow this to happen. They are the ones on the frontlines closest to the problem, often being a direct lifeline into these communities. And where would the Boards be without the essential service of the health providers there with them?

Through collaboration on all levels, state and local, public and private, we can achieve a much more meaningful impact in combatting this scourge. We must never forget the people who are addicted and trying to get better, everything we do to aid the recovery process needs to represent our best possible effort. Just spending money—and we are spending a lot of money—is not enough, we must ensure this money is being spent efficiently and effectively. That is what we owe to everyone trying to get well. And we must also be ever respectful of the taxpayer money with which we are entrusted.

Thank you again for your time and attention regarding this important matter. I will be happy to answer any questions you may have.