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Bill Analysis

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SUMMARY

Board title and composition

- Changes the name of the Chemical Dependency Professionals Board to the Behavioral Health Professionals Board.
- Modifies the membership of the Board.

Peer supporters

- Requires the Board to certify peer recovery supporters, youth peer supporters, and family peer supporters.
- Requires peer supporters to practice under supervision.
- Establishes a peer support supervisor endorsement, which must be obtained by a peer supporter or other chemical dependency professional to serve as a supervisor of a peer supporter.
- Permits other mental health professionals to supervise peer supporters after completing training requirements established by Board rule.
- Permits peer supporters currently certified by the Department of Behavioral Health to continue practicing as a peer supporter at the Board's discretion for up to one year after the Board's initial rules regarding peer supporters are adopted.

Qualified mental health professionals

- Requires the Board to certify qualified mental health assistants (QMHAAs), qualified mental health specialists (QMHSs), and qualified mental health practitioners (QMHPs).
- Requires qualified mental health professionals to practice under supervision.

- Permits a person licensed by the Counselor, Social Worker, and Marriage and Family Therapist Board, a psychologist, a physician, a physician assistant, a psychiatric-mental health nurse practitioner, or a psychiatric-mental health clinical nurse specialist to supervise a qualified mental health professional.
- Permits a QMHP to supervise a QMHA or QMHS.
- Requires the Board to collaborate with the Department of Medicaid to evaluate the qualifications and experience of people providing services through Medicaid as Qualified Mental Health Specialists or Qualified Mental Health Specialists +3 and issue certifications as appropriate.

Chemical dependency counselor assistants

- Requires a person seeking certification as a chemical dependency counselor assistant to be at least 18 and hold a high school diploma, a certificate of high school equivalence, or a higher degree.
- Changes the designation that applies to the first certification that is received to practice as a chemical dependency counselor assistant from “initial” to “preliminary.”
- Eliminates additional training requirements for preliminary certificate holders, and instead requires the Board to establish the standards by rule.
- Prohibits the Board from renewing or restoring a chemical dependency counselor assistant preliminary certificate.

Registered applicants

- Specifies that a registered applicant certificate expires after 13 months.

Gambling disorder endorsement and preliminary endorsement

- Requires the Board to issue a gambling disorder “preliminary” endorsement, rather than an “initial” endorsement, to an otherwise qualified professional who has not yet completed 100 hours of gambling disorder direct clinical experience.
- Clarifies that a person holding both a chemical dependency counselor II or III license and a gambling disorder endorsement may not practice independently.

Criminal records checks

- Requires applicants for licensure, certification, or endorsement from the Board to undergo a criminal records check.

Education and training requirements

- Requires applicants for licensure, certification, or endorsement from the Board to hold a required degree “or higher.”

- Requires work or internship experience for a license as a chemical dependency counselor to include services provided for substance use disorder treatment within a scope of practice to perform such services.

Approval of education programs

- Requires the Board to approve education programs that may be completed for initial licenses, certificates, and endorsements.
- Extends, for the Board’s approval of additional education programs, the Board’s duty to establish fees and adopt rules.

Referrals

- Eliminates the statutory authority of chemical dependency professionals and gambling disorder endorsement holders to refer people to appropriate sources of help.

Graduated fines

- Requires the Board to adopt rules establishing, for purposes of imposing disciplinary actions, a graduated system of fines, based on the scope and severity of violations and history of compliance, with a maximum fine of \$500 per incident.

Investigations

- Requires information received by the Board from a complaint, during an investigation, or while monitoring a person who has been disciplined to be kept confidential.

Definitions and terminology

- Changes the term “alcohol and other drug counseling principles, methods, and procedures” to “substance use disorder clinical counseling principles, methods, or procedures” and modifies the definition.
- Modifies the definition of “prevention services” and requires the Board to adopt standards for the practice of prevention services.
- Changes certain references to “abuse of and dependency on alcohol and other drugs” to “behavioral conditions related to substance use disorder.”

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DETAILED ANALYSIS

Board title and composition

The bill changes the name of the Chemical Dependency Professionals Board to the Behavioral Health Professionals Board.¹ It also modifies the composition of the Board as follows:

Positions eliminated – The bill eliminates the following: (1) one of two members who must be chemical dependency counselors III, (2) the member who must be a chemical dependency counselor II, and (3) the member who must be a physician with experience practicing in a field related to chemical dependency counseling.

Positions added – In place of the eliminated positions, the bill adds the following: (1) one member who is a chemical dependency counselor assistant, (2) one member who is a peer supporter (see “**Peer supporters**” below), and (3) two members who are qualified mental health professionals (see “**Qualified mental health professionals**” below).

Additionally, the bill specifies that two of the four members who must be independent chemical dependency counselor-clinical supervisors or independent chemical dependency counselors must also be licensed as an independent social worker, professional clinical counselor, or independent marriage and family therapist.

These changes increase the total number of members on the Board from 12 to 13.² Accordingly, the number of members who must be present to constitute a quorum increases

¹ R.C. 4758.011; conforming changes in R.C. 107.56, 126.42, 4743.09, and 4745.04 and throughout R.C Chapter 4758.

² R.C. 4758.10 and 4753.11.

from seven to eight.³ Members currently holding positions on the Board may remain in office until the end of their terms. If a current member's position is eliminated, that member may be appointed to a different position if the qualifications of that position are met.⁴

Because some of the new members of the Board are representatives of professions newly certified by the Board under the bill, the Governor may either delay filling these positions until the Board begins certifying these professions or fill the positions by appointing members who otherwise meet the same qualifications. If the Governor delays filling the positions, the Board may make corresponding adjustments to the required number of members who must be present to constitute a quorum.⁵

Peer supporters

The bill requires the Behavioral Health Professionals Board to establish a certification system for the following types of peer supporters: (1) peer recovery supporters, (2) youth peer supporters, and (3) family peer supporters. Peer recovery supporters work with people who have mental illnesses or substance use disorder, or both, and may also have a co-occurring developmental disability, as well as their caregivers or families. Youth peer supporters work with the same population, but primarily focus on people who are age 30 or younger. Family peer supporters work exclusively with the previously described caregivers or families.⁶

All peer supporters work with their clients to promote resiliency and recovery, self-determination, advocacy, well-being, skill development, and any other competencies the Board may adopt by rule.⁷ Peer supporters may not engage in the practice of substance use disorder counseling or prevention services.⁸

Peer supporters are currently certified under rules adopted by the Department of Behavioral Health (DBH).⁹ Beginning one year after the bill's effective date, the bill requires anyone using a peer supporter title to be certified by the Board.¹⁰ At the Board's discretion, a DBH-certified peer supporter may continue practicing until a Board-specified date, which cannot be more than one year after the effective date of the Board's initial rules regarding peer supporters.¹¹

³ R.C. 4758.13.

⁴ Section 6(B).

⁵ Section 6(A).

⁶ R.C. 4758.65; conforming changes in R.C. 4757.41.

⁷ R.C. 4758.65(B)(2); see also R.C. 4758.20(A)(29).

⁸ R.C. 4758.70(B).

⁹ See Ohio Administrative Code (O.A.C.) 5122-29-15.1.

¹⁰ R.C. 4758.02.

¹¹ Section 5.

Requirements for certification

All peer supporters must hold a high school diploma, the equivalent of a high school diploma, or a higher degree. The Board is responsible for determining what high school diploma equivalents are acceptable. Peer supporters must also complete training, pass one or more examinations, and attest to having read and understood their respective code of ethics, all to be established by the Board.¹² When applying for certification or renewal, peer supporters must pay a fee established by the Board.¹³

Peer recovery supporters must be at least 18, have direct lived experience with mental illness or substance use disorder, and be in recovery.

Youth peer supporters must be at least 18, but not older than 30. They must have direct lived experience with the behavioral health system and other child or youth services systems.

Family peer supporters must be at least 21, have direct lived experience as the caregiver of a person with a mental illness or substance use disorder, and have successfully navigated service systems for at least one year on behalf of that person.¹⁴

Peer supporter certification expires after two years and may be renewed with the completion of continuing education. In general, the continuing education requirement is 30 hours. The number of required hours may vary, however, as follows: (a) 20 hours, if the person is 65 or older, and (b) the number of hours that must be completed when the person holds a certificate from the International Certification and Reciprocity Consortium.¹⁵

Supervision

Peer supporters must practice under supervision.¹⁶ Supervision may be provided by another certified peer supporter or a chemical dependency professional licensed by the Board, both of whom must hold a peer support supervisor endorsement issued by the Board. Psychologists, psychiatrists, social workers, independent social workers, professional counselors, professional clinical counselors, marriage and family therapists, or independent marriage and family therapists also may supervise peer supporters after completing a training established by the Board.¹⁷

Peer support supervisor endorsement

To obtain a peer support supervisor endorsement, a peer supporter, independent chemical dependency counselor, chemical dependency counselor III, or chemical dependency counselor II must have provided service as a peer supporter or chemical dependency counselor

¹² R.C. 4758.49; see also R.C. 4758.20(A)(24), 4758.22, and 4758.23.

¹³ R.C. 4758.21.

¹⁴ R.C. 4758.49.

¹⁵ R.C. 4758.26 and 4758.51.

¹⁶ R.C. 4758.65(A).

¹⁷ R.C. 4758.651; see also R.C. 4758.20(A)(30).

for at least two years. For peer supporters, this may include time spent practicing while certified by DBH. The professional must also complete both online learning and a supervising peers training program in accordance with rules adopted by the Board.¹⁸ If the online learning courses are provided by DBH, the Board may not charge a fee for approving the course.¹⁹

Qualified mental health professionals

The bill requires the Behavioral Health Professionals Board to establish a certification system for qualified mental health assistants (QMHA), qualified mental health specialists (QMHSs), and qualified mental health practitioners (QMHPs).²⁰ It prohibits people from representing themselves as such unless they hold the Board's certification, beginning one year after the bill's effective date.²¹

The bill also modifies references in existing law that refer to qualified mental health professionals, by instead referring to "appropriate" mental health professionals, to avoid confusion with the new category of mental health workers.²²

Scope of practice

QMHA can perform psychosocial interventions, case management, psychoeducational services, care coordination, and crisis intervention with an individual, with a family, or in a group setting.²³

In addition to the activities that may be performed by a QMHA, QMHSs can perform treatment and intervention planning, assessment, and evaluation with an individual, with a family, or in a group setting.²⁴

QMHPs can perform the same activities as QMHAs and QMHSs. They may also perform biopsychosocial assessments and develop and provide solution-focused interventions and emotional and behavioral management drawn from evidence-based techniques with the goal of (1) enhancing acceptance, cooperation, and collaboration with treatment and treatment planning, (2) promoting skill development, problem solving, positive coping mechanisms, conflict resolution, emotional and other behavioral regulation, and crisis management and stabilization, and (3) restoring daily functioning and social and interpersonal skills to increase connection to family and community, enhance personal relationships, establish support networks, increase

¹⁸ R.C. 4758.491; see also R.C. 4758.20(A)(25).

¹⁹ R.C. 4758.21(A)(8).

²⁰ R.C. 4758.38; see also R.C. 4757.41.

²¹ R.C. 4758.02.

²² R.C. 340.04, 5119.94, and 5122.15.

²³ R.C. 4758.66(B)(1).

²⁴ R.C. 4758.66(B)(2).

community awareness, use community resources and other self-care requirements, and promote effective functioning to enhance independent living.²⁵

The Board is responsible for determining any additional duties for all three types of qualified mental health professionals, except that qualified mental health professionals may not diagnose mental, emotional, behavioral, or substance use disorder conditions or authorize a treatment plan.²⁶ If a qualified mental health professional encounters people with conditions outside of the professional's competency, he or she must make a referral to appropriate sources of care.²⁷

Requirements for certification

All qualified mental health professionals must be at least age 18.²⁸ Qualified mental health professionals are subject to a code of ethics, which is to be established by the Board. When applying for certification or certificate renewal, the applicant must pay a fee established by the Board.²⁹

QMHA's must hold a high school diploma, the equivalent of a high school diploma as determined by the Board, or a higher degree. They must also complete at least 40 hours of training in mental health content developed or approved by the Board that includes basics of community mental health and integrated systems of care; ethics and ethical behavior; mental, emotional, and behavioral conditions, symptoms, and impact on functioning; practical skills such as screening, assessment, treatment, intervention planning, referral, and coordination of care; basic social and interpersonal skills for psychosocial interventions for individuals, families, and groups; crisis response, relapse prevention, and recovery support; health care documentation and technical writing for health care; understanding specialized populations across the lifespan; and trauma-informed care.³⁰

QMHSs may be qualified through one of four pathways. The first requires holding a high school diploma, the equivalent of a high school diploma, or a higher degree; having at least 1,500 hours of experience working with mental health; and having been certified as a QMHA for at least 12 months. The second pathway requires a QMHS to hold an associate's degree in a mental health-related field that includes at least 300 hours of field placement, intern, or practicum experience. The third pathway entails holding a bachelor's degree or higher in a field unrelated to mental health and completing 40 hours of training in the same mental health content required

²⁵ R.C. 4758.66(B)(3).

²⁶ R.C. 4758.20(A)(27)(d) and 4758.66(C).

²⁷ R.C. 4758.66(D).

²⁸ R.C. 4758.38.

²⁹ R.C. 4758.21 and 4758.23.

³⁰ R.C. 4758.38(A) and (D); see also R.C. 4758.20(A)(11).

for certification as a QMHA. The fourth pathway requires holding a bachelor's degree or higher in a mental health-related field.³¹

There are five pathways to certification as a QMHP. First, a QMHP may hold a high school diploma, the equivalent of a high school diploma, or a higher degree; have at least 6,000 hours of experience working with mental health; and have been certified as a QMHS for at least four years. Second, a QMHP may hold an associate's degree in a mental health-related field and have at least 3,000 hours of experience working with mental health, including at least 440 hours of work experience in core mental health functions as determined by the Board. Third, a QMHS may hold a bachelor's degree or higher in a field unrelated to mental health and have at least 3,000 hours of experience working with mental health, including at least 440 hours of work experience in core mental health functions. Fourth, a QMHP may hold a bachelor's degree in a mental health-related field and have at least 1,500 hours of experience working with mental health. Fifth, a QMHP may hold a master's degree or higher in a mental health-related field.³²

The bill specifies that mental health-related degrees include associate's degrees or higher in psychology, counseling, sociology, psychiatric rehabilitation, behavioral science, health and human services, human services, public or community health, rehabilitation, vocational rehabilitation, neuroscience, cognitive science, education, child development, child and family studies, family development, gerontology, criminal justice, and any other degree approved by the Board.³³

To renew a certificate, a qualified mental health professional must complete continuing education every two years. In general, the continuing education requirement is 30 hours, including three hours in ethics. The number of required hours may vary, however, as follows: (a) 20 hours, if the person is 65 or older, and (b) the number of hours that must be completed when the person holds a certificate from the International Certification and Reciprocity Consortium.³⁴

Supervision

QMHA's, QMHS's, and QMHP's must be supervised by (1) a social worker, independent social worker, professional counselor, professional clinical counselor, marriage and family therapist, or independent marriage and family therapist for whom supervision is consistent with his or her scope of practice, (2) a psychologist, (3) a physician, (4) a physician assistant, (5) a psychiatric-mental health nurse practitioner, or (6) a psychiatric-mental health clinical nurse specialist. QMHP's supervised by one of the aforementioned professionals may themselves supervise QMHA's or QMHS's.³⁵

³¹ R.C. 4758.38(B) and (D).

³² R.C. 4758.38(C).

³³ R.C. 4758.38(E); see also R.C. 4758.20(A)(11)(d).

³⁴ R.C. 4758.51(A)(3).

³⁵ R.C. 4758.66(A) and 4758.661.

Working group

The bill requires the Board to establish a working group to assist with the Board's initial rules regarding the duties of qualified mental health professionals. The group includes representatives of the Board itself, the Department of Behavioral Health, the Department of Medicaid, the Counselor, Social Worker, and Marriage and Family Therapist Board, and other interested parties. The working group will exist until either the Executive Director of the Board terminates the group or two years after the bill's effective date, whichever comes first.³⁶

Medicaid collaboration

The Department of Medicaid currently permits the provision of services by people recognized as Qualified Mental Health Specialists and Qualified Mental Health Specialists +3.³⁷ The bill requires the Board to collaborate with the Department to create a system to evaluate the qualifications and experience of these professionals. Based on the results of these evaluations, the Board and the Department must determine if each person is most appropriately certified as a QMHA, QMHS, or QMHP and issue a certification. Once a person is certified, that person may perform services within the scope, standards, and ethics of the certificate they receive from the Board.³⁸

Chemical dependency counselor assistants

The bill changes the designation that applies to the first certification that is received to practice as a chemical dependency counselor assistant from "initial" to "preliminary." The chemical dependency counselor assistant preliminary certificate must be obtained before applying for certification as a chemical dependency counselor. The bill requires the Board to establish requirements for obtaining a preliminary certificate.³⁹ It eliminates requirements for training that must be completed during the first 12 months a preliminary certificate is in effect and prohibits the Board from renewing a preliminary certificate.⁴⁰

In addition to first obtaining a preliminary certificate, the bill requires applicants for certification as a chemical dependency counselor assistant to be at least age 18 and hold a high school diploma, a certificate of high school equivalence, or a higher degree.⁴¹

³⁶ Section 7.

³⁷ O.A.C. 5160-27-01(A)(6)(a); Ohio Department of Medicaid, "[Practitioner Enrollment Reminders \(PDF\)](#)," August 23, 2018, available by searching "behavioral health bulletins" on the Ohio Department of Medicaid website: medicaid.ohio.gov.

³⁸ Section 4.

³⁹ R.C. 4758.43(D); see also R.C. 4758.20(A)(18)(b).

⁴⁰ R.C. 4758.26 and 4758.27; R.C. 4758.52, repealed.

⁴¹ R.C. 4758.43.

Registered applicants

A registered applicant is an entry-level prevention services provider.⁴² The bill specifies that a registered applicant certificate expires after 13 months. Current law prohibits the Board from renewing a registered applicant certificate unless it has been expired for a period of time determined by the Board in rule. The bill functionally maintains this protocol, but instead of referring to the renewal of a registered applicant certificate, the bill specifies that the Board may issue a new registered applicant certificate.⁴³

Gambling disorder endorsement and preliminary endorsement

The bill creates a gambling disorder preliminary endorsement, which may be issued by the Board to a person who meets all the current qualifications to obtain the endorsement, except for the final requirement of having completed at least 100 hours of compensated work or supervised internship in gambling disorder direct clinical experience. (The remaining current qualifications are: (1) being licensed as an independent chemical dependency counselor, chemical dependency counselor III, or chemical dependency counselor II and (2) having completed a minimum of 30 hours of gambling disorder training.⁴⁴) Once a person has obtained a gambling disorder preliminary endorsement, that person must complete the 100 hours of direct clinical experience within two years.⁴⁵ Although the gambling disorder preliminary endorsement is not presently established in Ohio law, the Board's website indicates that it is currently being issued.⁴⁶

Additionally, the bill clarifies that a person holding a chemical dependency counselor II license and a gambling disorder endorsement or a chemical dependency counselor III license and a gambling disorder endorsement may not practice independently. Current law does not grant independent practice to a chemical dependency counselor II or a chemical dependency counselor III.⁴⁷

Criminal records checks

The bill requires anyone applying for licensure, certification, or endorsement through the Board to undergo a criminal records check. The Board must adopt rules regarding this process.⁴⁸

⁴² Ohio Chemical Dependency Professionals (CDP) Board, "[RA](#)," available by selecting "Prevention" under the "Get Certified or Licensed" heading on the CDP Board website: ocdp.ohio.gov.

⁴³ R.C. 4758.24, 4758.26, and 4758.27(B).

⁴⁴ R.C. 4758.48.

⁴⁵ R.C. 4758.48(B).

⁴⁶ CDP Board, "[Gambling Disorder Endorsement Requirements/Forms](#)," available by searching "gambling disorder endorsement" on the Board website: ocdp.ohio.gov.

⁴⁷ R.C. 4758.63(C) and 4758.64(B); see also R.C. 4758.57(B) and 4758.56(B).

⁴⁸ R.C. 4758.24(B); see also R.C. 4758.20(A)(4)(c), 4776.01, and 4776.20.

Education and training requirements

The bill specifies that applicants for licensure, certification, or endorsement from the Board must hold a required degree “or higher,” as opposed to holding “at least” the required degree as described in current law.⁴⁹

People seeking an independent chemical dependency counselor-clinical supervisor, independent chemical dependency counselor, chemical dependency counselor III, or chemical dependency counselor II license are currently required to have compensated work or internship experience in chemical dependency services, substance abuse services, or both types of services. The bill modifies this requirement so that work or internship experience must instead include the provision of services in substance use disorder treatment within a scope of practice that the Board considers appropriate for the license being sought.⁵⁰

Currently, to be licensed as a chemical dependency counselor III a person must have a bachelor’s degree in behavioral science or nursing. The bill retains this pathway to licensure, but also permits a person with a bachelor’s degree in any field to be licensed as a chemical dependency counselor III if that person also completes a course of study in substance use disorder from an accredited educational institution and a specialized substance use disorder internship or practicum.⁵¹

Approval of education programs

The Board is already required to approve continuing education programs for people licensed, certified, and endorsed by the Board, and to charge fees for the approval of these programs. The bill additionally requires the Board to approve education programs that can be completed for initial licensure, certification, and endorsement, including degree and certificate training programs offered by accredited educational institutions and other training programs selected by the Board. The Board is required to adopt rules establishing requirements for these education programs and setting fees for their approval.⁵²

Referrals

The bill removes the statutory authority of an independent chemical dependency counselor-clinical supervisor, independent chemical dependency counselor, chemical dependency counselor III, or chemical dependency counselor II to refer people with nonchemical dependency conditions to appropriate sources of help. It also eliminates the statutory authority of a gambling disorder endorsement holder to refer people with other gambling conditions to appropriate sources of help.⁵³

⁴⁹ R.C. 4758.39(A), 4758.40(A), 4758.41(A)(1), 4758.44(B), 4758.45(B), 4758.46(B), and 4758.47(B).

⁵⁰ R.C. 4758.39(B)(1), 4758.40(B)(1), 4758.41(B)(1), and 4758.42(A)(2)(a).

⁵¹ R.C. 4758.41(A)(2); see also R.C. 4758.20(A)(13).

⁵² R.C. 4758.28; see also R.C. 4758.20(A)(6).

⁵³ R.C. 4758.54, 4758.55, 4758.56, 4758.57, 4758.59, 4758.62, 4758.63, and 4758.64.

Graduated fines

The bill permits the Board to impose fines against professionals it credentials as a form of professional discipline. The Board is required to establish a graduated system of fines where the amount of a fine is determined based on the scope and severity of a violation and the professional's history of compliance. The maximum fine that can be imposed is \$500 per incident.⁵⁴

Investigations

Current law permits the Board to investigate alleged violations of the laws and rules that regulate the professions it oversees, including administering subpoenas, examining witnesses, and administering oaths. The bill adds specifications and modifications regarding the confidentiality of information obtained by the Board. Accordingly, the bill does all of the following:

- Eliminates a provision of current law specifying that after an investigation, the records pertaining to the investigation are public records unless otherwise provided by federal or state law;
- Establishes the confidentiality of all information received by the Board from a complaint or an investigation or while monitoring a person who has been disciplined, unless that information is disclosed to law enforcement or another government entity for their own investigatory or other official purposes;
- Requires that a patient's confidentiality be protected if the Board's investigation requires the review of patient records;
- Declares that information obtained or held by the Board is not subject to discovery in a civil action;
- Extends to the Board's adjudications and investigations all provisions of existing law governing the confidentiality of information held by peer review committees of health care entities.⁵⁵

Definitions and terminology

"Alcohol and other drug counseling principles, methods, and procedures" is currently defined as an approach to substance use disorder counseling that emphasizes the chemical dependency counselor's role in systematically assisting clients through all of the following: (1) analyzing background and current information, (2) exploring possible solutions, (3) developing and providing a treatment plan, and (4) for certain professionals, diagnosing chemical dependency conditions. The phrase includes counseling, assessing, consulting, and referral. The bill modifies and condenses the definition to say that "substance use disorder clinical counseling principles, methods, or procedures" are counseling, assessing, treatment planning, crisis

⁵⁴ R.C. 4758.30; see also R.C. 4758.20(A)(7).

⁵⁵ R.C. 4758.31; see also R.C. 2305.252, not in the bill.

intervention, and referral as they relate to substance use disorder conditions. The definition of these principles, methods, and procedures is part of the statutory description of the practice of chemical dependency counselors.

The bill also modifies the definition of “prevention services.” Current law defines the term as “a comprehensive, multi-system set of individual and environmental approaches that maximizes physical health, promotes safety, and precludes the onset of behavioral health disorders.” The modified definition specifies that prevention services “are a planned sequence of culturally relevant, evidence-based strategies designed to reduce the likelihood of, or delay the onset of, mental, emotional, and behavioral conditions.”⁵⁶ The definition of prevention services is part of the statutory description of the services provided by registered applicants, prevention specialists, and prevention consultants.

The bill changes references to “abuse of and dependency on alcohol and other drugs” to “behavioral conditions related to substance use disorder” in provisions describing the services that may be offered by some of the professionals regulated by the Board.⁵⁷

HISTORY

Action	Date
Introduced	02-25-26

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⁵⁶ R.C. 4758.01.

⁵⁷ R.C. 4758.54(B), 4758.55(B), and 4758.56(A)(3). Note that R.C. 4758.57(A) and 4758.59(A), which are additional scope of practice provisions, retain the existing phrase and may require a corrective amendment for consistency. The existing phrase is also retained, and may require a corrective amendment, in the following provisions: (1) R.C. 4758.01(N), which defines “substance use disorder conditions” and (2) R.C. 4758.20(A)(8)(a) and 4758.30(A)(6), which pertain to grounds for disciplinary actions taken by the Board.