

House Bill 236 Interested Party Testimony House Health Provider Services Committee February 6, 2024

Chairman Cutrona, Vice Chair Gross, Ranking Member Somani, and members of the House Health Provider Services Committee, thank you for the opportunity to provide written interested party testimony for House Bill 236. My name is Thomas Stuber, I am the Chief Legislative Officer for The LCADA Way (based in Lorain and Cuyahoga counties), but today I am representing the Ohio Alliance of Recovery Providers (OARP) for which I serve as President. OARP is a statewide organization made up of thirty-nine addiction treatment providers, certified by the Ohio Department of Mental Health and Addiction Services, whose members work together as a system to help clients move from active addiction to productive citizenship. Our member organizations work to increase access to treatment and develop a recovery-oriented system of care for all Ohioans.

As you have heard in previous testimony, House Bill 236 seeks to ensure that no patient is ever left alone when they are facing a vulnerable health situation. We know that health providers had to make difficult decisions during the COVID-19 pandemic for health and safety purposes, but it was heartbreaking to see family and friends forced to be alone while they were recovering from illness, giving birth, a surgery, or even dying.

Prior to the adoption of today's sub. bill, there were two health care settings identified in HB 236 that would have been problematic for our providers if they remained in the bill. One was recovery housing, and the other was residential facilities regulated by the Ohio Department of Mental Health and Addiction Services. Both of these settings are utilized by OARP's providers to offer unique but appropriate environments for recovery. For example, more often than not, victims of domestic violence are women who were abused by men. This means when they are in recovery, they need a house that cannot be found or accessed by their abusers and prohibits any men from entering the premises. This is for the health and safety of every single woman residing in that house. Similarly, some recovery housing is a dedicated space for victims of human trafficking, which can involve much more recovery than just drug or alcohol use disorder. Some recovery programs allow mothers to be with their children, and again this must be a controlled environment for the safety of those kids.

Representative Miller and Representative Lear were very gracious in hearing our concerns, and they understood that recovery looks different for everyone. Our providers must adapt to the needs of the patient because recovery does not occur over the course of a few days, it takes

months and years just to build the tools needed to make healthier decisions. Many people have co-occurring disorders, meaning that in addition to treating their addiction, we also need to find ways to treat their anxiety, depression, bipolar disorder, schizophrenia, post-traumatic stress disorder, attention deficit hyperactivity disorder, etc. We do this by creating a safe community for them so they can grow and heal, oftentimes together. But this community has to have limits, and that means restricting the people who are able to come in and out of these environments, at least at certain times. If we allowed outsiders to enter one of these spaces at any given time, even if they have the best intentions, it could violate state and federal law, jeopardize our provider licensing and credentialing, and possibly disrupt other patients' recovery.

OARP is thankful that the sponsors of this bill understood our perspective and removed recovery housing and residential facilities (regulated in ORC 5119.34 by OhioMHAS) from the purview of HB 236. Two points we brought up to Representative Miller and Representative Lear, that we also want to make sure the committee members know, is that 1. all treatment is voluntary and 2. people in recovery have the ability to visit and stay in contact with loved ones. At any time, any client in one of our facilities has the right to check themselves out and leave. It might be ill advised, but if this is not the right place for them or they are not ready to take the long road to recovery, it is their right to leave. And we hope to be there when they are ready. But we also know how important family and friends are to the support network we help them build.

Thank you to Representative Miller and Representative Lear for making these adjustments in the sub. bill, we are grateful for their understanding and willingness to make changes.

Sincerely,

Thomas Stuber

President, Ohio Alliance of Recovery Providers