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Senate Community Revitalization Committee
Opponent Testimony on Substitute SB 105
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Chair Landis, Ranking Member Sykes, and members of the Senate Community Revitalization Committee thank you for the opportunity to testify today on Substitute SB 105, legislation that expand the roles, duties, and responsibilities of county ADAMHS boards, while significantly altering the contractual rights of private businesses that deliver community behavioral health services throughout Ohio.

My name is Teresa Lampl and I am the CEO of the Ohio Council – a statewide trade and advocacy organization that represents over 170 private businesses that provide prevention, treatment, crisis, and recovery services in all corners of Ohio. Our member organizations employ thousands of Ohioans within the healthcare industry and vary in size, geographic locations, populations served, and range of services and levels of care offered. Our members are nationally accredited, state certified, and strive to offer high-quality services to support recovery in every community.

The Ohio Council and our members appreciate the Ohio General Assembly and this Committee’s efforts to address the opioid epidemic and the mental health crisis in Ohio. The system of care for people in need of mental health and substance use disorder treatment is fractured due to overwhelming demand and insufficient human and financial capital to respond. We also know that Ohio communities, patients, human service systems, and behavioral health providers remain stressed to the breaking point because of the unrelenting opioid epidemic, mental health crisis, and volatile labor markets and wage pressures.

Notably, since the end of 2023 and up through the adoption of Sub. SB 105, the Ohio Council, OACBHA, and the department of mental health and addiction services, (OhioMHAS) were working collaboratively on amendment language that would offer a solution to the county ADAMHS board / provider contracting and patient transition of care process. This issue is complicated and full of history so progress comes in fits and starts but we were indeed working to find a middle ground. I have been in contact with OhioMHAS and OACBHA leadership to reiterate my commitment to working collaboratively to find a solution to these policy issues. To that end, we respectfully request that this collaborative process be given sufficient time to reach a compromise before further legislative action is taken on Sub. SB 105. At the very least, interested party meetings should be held as Sub SB 105 contains several new provisions that are controversial, expensive to implement, and have not been subject to discussion, debate, or review with all system stakeholders. Providers are simply not in a position to successfully navigate more administrative barriers and costly government regulations than what is already on our full plate.

Indeed, we cannot support substitute SB 105 as it would harm the ability of providers to fairly negotiate and contract with county ADAMHS boards – but more importantly, it would diminish our ability to protect clients during a transition of care process upon any change in service provider.

Below are specific provisions of substitute SB 105 that we cannot support as currently drafted:

- Lines 430 to 469: Section 340.036(C)(5), (D), (E), and (F) – Reduction of the 120-day contracting notice to 30-days; removal of a patient transition of care period; and vague and overbroad language setting forth an alternative provider selection process.
- Lines 167 to 181: Section 340.03(A)(6) – ADAMHS board’s expanded and duplicative audit authorities;
- Lines 369 to 387: Section 340.032(D) – ADAMHS board’s expanded and duplicative investigative authorities;

Providers are seeking a more standard contracting process and business relationship with county ADAMHS boards – similar to how we do business with other payers. I must also emphasize that many providers do business across county lines and must negotiate contracts with several county ADAMHS boards – more consistency and standardization would benefit not only the providers but the system as a whole.

Further, just last year in HB 33, the state operating budget, the Ohio General Assembly, expanded the county ADAMHS boards’ roles and duties with respect to the provider certification process, investigations, and notice requirements – see Comp Doc as enacted: [MHACD42](#). These system changes need time to be implemented and measured before more changes are introduced to an already strained system. Indeed, the new duties and responsibilities as outlined in substitute SB 105 would appear to require additional county government staff and / or resources to support the expanded roles of county ADAMHS boards. Any new investment into Ohio’s behavioral health system should go toward expanded care for Ohioans in need of services, not more red tape, and administrative hurdles.

This legislation has been characterized as a modernization of the ADAMHS boards’ roles, and a simple cleanup of outdated, historical language within section 340 of the Ohio Revised Code. However, it is much more complicated, nuanced, and has far reaching implications for patients, providers, and the system of care available in local communities.

Accordingly, the Ohio Council must oppose substitute SB 105 due to these unnecessary provisions that would place providers in an unfair and imbalanced contracting position with county ADAMHS boards, reduce patient transition of care protections, and greatly increase the costs of compliance with the new regulatory requirements and administrative processes.

Thank you for your time and consideration of my testimony today. I am happy to answer any questions you may have.