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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
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Office

H.B. 300
135th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. Baker and Ray

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SUMMARY

- Requires the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to establish a pilot program to provide grant funding for the provision of remote methadone treatment to individuals with opioid use disorder.
- Requires participating treatment providers to provide patient outcome data and OhioMHAS to prepare a report on the data it receives.
- Appropriates \$750,000 in each of FY 2024 and FY 2025 to fund the pilot program.

DETAILED ANALYSIS

Pilot program to fund remote methadone treatment

The bill requires the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to establish a pilot program to provide grant funding for the provision of remote methadone treatment to individuals with opioid use disorder.¹ The treatment must be provided through opioid treatment programs (OTPs) that are licensed by OhioMHAS under law unchanged by the bill.² OhioMHAS must ensure that the pilot program and all participating OTPs are in compliance with federal and state laws, regulations, and rules concerning take-home methadone dosing.³

¹ Section 1(B).

² R.C. 5119.37, not in the bill.

³ Section 1(B).

Application and selection process

Any OTP licensed under current law may apply for consideration to participate in the pilot program. OhioMHAS must provide notice to all licensed OTPs of the opportunity to apply. From the applicants, OhioMHAS must select up to ten OTPs to participate in and receive grant funding through the pilot program. OhioMHAS must use best efforts to ensure selected OTPs represent varied geographic areas across Ohio.⁴

The pilot program must be established within 60 days of the bill's effective date.⁵

Procurement of remote methadone treatment vendors

The bill requires each OTP that is selected to participate in the pilot program to procure a remote methadone treatment vendor from a list of vendors created by OhioMHAS. Vendors on the list must use or offer various accessibility and security requirements, including browser-based applications and nonlocal stream recording, asynchronous audio-visual dosing sessions, patient-clinician communication with at least monthly check-ins, combined physical and digital bottle-tamper awareness, unique dosage identifiers, data aggregation and monthly documentation, equity-focused design and inclusive implementation protocols, high-tier security measures that are compliant with federal HIPAA law and regulations, and customer support.⁶

Data collection and reporting

OTPs that participate in the pilot program must provide data to OhioMHAS related to patient outcomes, including information regarding time in treatment, patient retention, and realized reductions in medication transportation costs as compared to in-person dosing. Six months after the pilot program concludes, OhioMHAS must complete a report on the information collected and findings from the pilot program. The report must be submitted to the Governor and the General Assembly.⁷

Funding

The bill appropriates \$750,000 in each of FY 2024 and FY 2025 to fund the grants under the pilot program.⁸

⁴ Section 1(C).

⁵ Section 1(B).

⁶ Section 1(D).

⁷ Section 1(E).

⁸ Section 3; see also Sections 2 and 4.

HISTORY

Action	Date
Introduced	10-18-23
