



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: H.B. 249 of the 131st G.A.

Date: October 26, 2015

Status: As Introduced

Sponsor: Reps. Driehaus and Sprague

Local Impact Statement Procedure Required: No

Contents: Immunity from prosecution when seeking medical assistance

State Fiscal Highlights

- **Medicaid Program.** It is possible that additional individuals will receive treatment for drug-related medical emergencies as a result of the bill. If any of these individuals are enrolled on Medicaid, then the program could experience an indirect increase in costs for treatment relating to the actual medical emergency and also possibly for substance abuse treatment if the individual seeks such treatment after release from the hospital. According to the Ohio Department of Medicaid, the increase is expected to be minimal.

Local Fiscal Highlights

- **County and municipal criminal justice systems.** There may be a slight reduction in the number of persons prosecuted and sanctioned for a minor drug possession offense as a result of the bill, creating a potential expenditure savings and related revenue loss for municipalities and counties with jurisdiction over such matters. The net annual fiscal effect will be minimal.
- **Government-owned hospitals.** It is possible that additional individuals will receive treatment in government-owned hospitals for drug-related medical emergencies as a result of the bill. Thus, these hospitals could realize an indirect increase in treatment costs. It is also possible that some reimbursements or payments could be received for individuals with insurance coverage or those enrolled in the Medicaid Program.

Detailed Fiscal Analysis

The bill generally provides immunity from arrest and prosecution for a minor drug possession offense to a person who seeks medical assistance for that person or another as a result of ingesting drugs.

State and local fiscal effects

The bill's immunity provisions may reduce the number of persons, who as a result of seeking medical assistance, might otherwise have been arrested, charged, prosecuted, and sanctioned for a minor drug possession offense. For counties and municipalities with jurisdiction over such matters, this could mean some decrease in cases requiring adjudication, thus creating a potential expenditure savings and related revenue loss (fines, fees, and court costs generally imposed on an offender by the court).

Anecdotal information suggests the number of instances in which a person is, under current law and practice, prosecuted subsequent to seeking medical assistance is relatively small, especially in the context of the total number of criminal and juvenile cases handled by counties and municipalities annually. Thus, net annual fiscal effect of any expenditure savings and revenue loss is likely to be minimal. For the state, there may be a related negligible annual loss in court costs that might otherwise have been collected for deposit in the state treasury and divided between the Indigent Defense Support Fund (Fund 5DY0) and the Victims of Crime/Reparations Fund (Fund 4020).

Possible indirect fiscal effects

Government-owned hospitals and the Medicaid Program

As a result of the bill, it is possible that additional individuals will receive treatment in public hospitals for drug-related medical emergencies. Thus, government-owned hospitals could indirectly realize an increase in treatment costs. The increase would depend on the number of individuals receiving treatment, the services rendered, and the insurance status of the individual. Government-owned hospitals might receive reimbursements or payments for individuals who have insurance coverage or who are enrolled in the Medicaid Program.

Additionally, it is possible that some individuals receiving treatment will be eligible for Medicaid at the time treatment was rendered, but not actually enrolled in the program. In such cases, those individuals could then be enrolled in Medicaid and the program could retroactively pay for treatment rendered in the three months prior to enrollment. Thus, the Medicaid Program could also experience an indirect increase in costs for treatment relating to the medical emergency and possibly for substance abuse treatment if the individual seeks such treatment after release from the hospital. According to the Ohio Department of Medicaid, any increase is expected to be minimal. Typically under the Medicaid Program, the federal government reimburses the state for approximately 64% of medical service costs. However, the federal government will pay

100% (amount decreases after 2016 and remains at 90% for 2020 and subsequent years) of medical service costs for those individuals found eligible under the Medicaid expansion created under the federal Patient Protection and Affordable Care Act.

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