



# Ohio Legislative Service Commission

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## Fiscal Note & Local Impact Statement

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**Bill:** H.B. 325 of the 131st G.A.

**Date:** March 16, 2016

**Status:** As Passed by the House

**Sponsor:** Reps. Green and S. O'Brien

**Local Impact Statement Procedure Required:** No

**Contents:** To encourage pregnant women who are addicted to controlled substances to seek treatment

### State Fiscal Highlights

- No direct fiscal effect on the state.

### Local Fiscal Highlights

- The bill could result in fewer abuse, neglect, or dependent cases being filed and adjudicated, which could decrease costs for local court systems.
- The bill would have no effect on caseload for public children services agencies. However, there could be a minimal reduction in administrative costs related to filing complaints.

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### Detailed Fiscal Analysis

The bill prohibits a public children services agency (PCSA) from filing an abuse, neglect, or dependent complaint regarding a newborn solely because the mother used a controlled substance while pregnant so long as the mother enrolled in a treatment program before the end of her 20th week of pregnancy, successfully completed the program or is in the process of completing the program, and maintained her regularly scheduled appointments and prenatal care recommended by her health care provider. The bill also permits a court to hold such a complaint in abeyance or dismiss such a complaint if the mother is enrolled in drug treatment after her 20th week of pregnancy, is in the process of completing a treatment program, and maintained her regularly scheduled appointments and prenatal care. These provisions could result in fewer cases being filed and adjudicated, which could decrease costs for local court systems. According to the Public Children Services Association of Ohio, there would be no changes in caseload for PCSAs. However, there could be a minimal reduction in administrative costs related to filing complaints. If these measures lead to additional women seeking treatment, costs for local alcohol, drug addiction, and mental health

services boards and the Medicaid Program could indirectly increase. On the other hand, if fewer babies are born with complications due to addiction, then Medicaid Program costs could decrease.

In addition, the bill requires the Department of Mental Health and Addiction Services to give priority to the treatment of pregnant women addicted to drugs of abuse, including by requiring community addiction services providers that receive public funds to give priority to pregnant women referred for treatment. According to the Department, funding is currently prioritized in this manner. Thus, this provision would codify the existing practice and have no fiscal effect.

The bill requires certain health care professionals to encourage drug treatment for pregnant patients under certain circumstances. LSC assumes that most health care professionals would currently encourage drug treatment in such cases. Therefore, this provision would have little fiscal impact on the state or its political subdivisions.