

## OHIO LEGISLATIVE SERVICE COMMISSION

Sub. Bill Comparative Synopsis

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## Sub. H.B. 427

132nd General Assembly (H. Community and Family Advancement)

This table summarizes how the latest substitute version of the bill differs from the immediately preceding version considered by the committee.

Торіс	Previous Version (L_132_1882-3)	Sub. Version (L_132_1882-5)
Substance abuse grant programs for faith-based organizations (R.C. 5119.63, 5119.64, and 5119.65)	Creates three grant programs to be administered by the Department of Mental Health and Addiction Services to award grants to faith-based organizations that manage programs supporting individuals suffering from substance abuse and addiction.	Same.
	Requires the Department to spend \$50,000 in each of fiscal years 2018 and 2019 for the grant program targeting substance abuse curricula and for the program transportation assistance.	Same.
	Appropriates \$1 million in each of fiscal years 2018 and 2019 for the grant program targeting substance abuse rehabilitation facilities.	Same.

Торіс	Previous Version (L_132_1882-3)	Sub. Version (L_132_1882-5)
Drug overdose death reports (R.C. 3705.161)	Requires the Department of Health to publish monthly reports on its website showing the number of drug overdose deaths, delineated by county, and to issue a press release each time a monthly report is completed.	Same, except specifies that the Department is to obtain the information for the reports directly through the Ohio Public Health Data Warehouse rather than from coroners through the Warehouse.
Involuntary manslaughter involving a controlled substance (R.C. 2903.04(A)(2) and (C))	Prohibits a person from recklessly causing the death of another or the unlawful termination of another's pregnancy as a result of the offender's sale of any controlled substance or controlled substance analog in violation of the existing crime of drug trafficking.	No provision.
Involuntary admission of opioid overdose survivors (R.C. 5119.581(A) and (B))	Authorizes certain health care professionals to admit an opioid overdose survivor, without consent, to a hospital or inpatient drug treatment facility for emergency assessment and stabilization, if the survivor was administered naloxone at least twice in the preceding 72 hours.	No provision.
Involuntary transport of opioid overdose survivors (R.C. 5119.582 and 5119.584)	Authorizes an emergency medical services person to transport such an overdose survivor, without consent, to a hospital or inpatient drug treatment facility for emergency assessment and stabilization.	No provision.
Medicaid waiver for inpatient substance addiction treatment (R.C. 5166.38)	Requires the Department of Medicaid to create and administer a Medicaid waiver component to provide substance addiction treatment for eligible individuals in certain facilities that are primarily engaged in providing diagnosis, treatment, or care to persons with mental illness.	No provision.

Торіс	Previous Version (L_132_1882-3)	Sub. Version (L_132_1882-5)
Drug abuse response teams and quick response teams (R.C. 109.96 and 109.961)	Requires the Ohio Attorney General (OAG) to establish a procedure to approve faith-based organizations that provide addiction services or recovery supports and that desire to participate on drug abuse response teams (DARTs) or quick response teams (QRTs).	No provision.
	Requires a DART or QRT that receives an OAG grant to include an approved faith-based organization if one exists in the relevant community.	No provision.
Naloxone administration reports (R.C. 3727.81, 4765.60, and 4765.61)	Requires a hospital or inpatient drug treatment facility in which naloxone was administered to an individual, as well as an emergency medical services person or peace officer who administered naloxone, to notify a DART or QRT if one exists in the relevant community.	No provision.
	Requires hospitals and inpatient drug treatment facilities, as well as EMS personnel and peace officers, to submit monthly reports to the State Board of Emergency Medical, Fire, and Transportation Services regarding each individual to whom naloxone was administered in the preceding calendar month.	No provision.
Income tax deduction for uncompensated medical services (R.C. 5747.01(A)(33) and 5747.014)	Authorizes a personal income tax deduction for a physician based on the number of hours the physician provides uncompensated medical services through a hospital, free clinic, or nongovernmental medical organization.	No provision.

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