

and procedures for the exchange of Medicaid recipient information between ADAMHS boards and ODM, to the fullest extent permitted by federal law. The information would have been required to be exchanged in accordance with those standards and procedures.

The vetoed provision also would have required each department to prepare a report by March 31, 2025, to the General Assembly specifying how it has met the information exchange requirements, the extent to which it determined that information could be exchanged pursuant to federal law, and the reasoning supporting those determinations.

Conditions of licensure – hospitals and residential facilities

(R.C. 5119.33, 5119.334, 5119.34, and 5119.343)

The act revises the law governing the licensure of hospitals and residential facilities by OhioMHAS in several ways.

It requires an applicant, when applying for an initial hospital or residential facility license or a renewal, to notify OhioMHAS of any adverse action taken against the applicant during the three-year period preceding the application date. Under the act, an adverse action is an action by a state, provincial, federal, or other licensing or regulatory authority to deny, revoke, suspend, place on probation, or otherwise restrict a license, certificate, or other approval to operate a hospital or residential facility or practice a health care profession.

The act allows an initial hospital or residential facility license to be issued only if OhioMHAS has not been notified or is not otherwise aware of an adverse action taken against the applicant during the three-year period. In the case of a residential facility applicant, the act also includes a provision specifying that the initial license may be issued only if OhioMHAS has not been notified or is not otherwise aware of an adverse action taken against the applicant for resident abuse, neglect, or exploitation.

As part of requiring an applicant to notify OhioMHAS of an adverse action, the act eliminates law that generally prohibited an applicant from seeking OhioMHAS licensure if the applicant had been the owner, operator, or manager of a residential facility for which a license to operate was revoked or for which renewal was refused during the two-year period preceding the date of application.

The act also requires the holder of a hospital or residential facility license to notify OhioMHAS of any adverse action from a licensing or regulatory authority other than OhioMHAS not later than seven days after the holder receives notice of the adverse action.

The act establishes – as a condition of hospital or residential facility licensure – that an applicant be adequately staffed and equipped to operate. In the case of a residential facility, it must be managed and operated by qualified persons, which is already required of a hospital under continuing law.

Monitoring of recovery housing residences

(R.C. 5119.39 to 5119.397 and 340.034; Section 337.70; related changes in other sections)

The act requires OhioMHAS to monitor the operation of recovery housing residences by either (1) certifying them or (2) accepting accreditation, or its equivalent, from the Ohio affiliate

of the National Alliance for Recovery Residences, Oxford House, Inc., or another organization designated by OhioMHAS.

The act defines “recovery housing residence” as a residence for individuals recovering from alcohol use disorder or drug addiction that provides an alcohol-free and drug-free living environment, peer support, assistance with obtaining alcohol and drug addiction services, and other recovery assistance for alcohol use disorder and drug addiction. Prior to the act, recovery housing was generally regulated only to the extent that it must be included in the community-based continuum of care established by ADAMHS boards. The act modifies that law by requiring recovery housing residences in the continuum of care to be certified or accredited, as applicable, under the act.

The act provides that up to \$3 million in each fiscal year may be used to implement the recovery housing provisions discussed below, including providing funds to recovery housing operators to defray costs associated with attaining certification or accreditation.

Prohibitions

Beginning January 1, 2025, the act prohibits, a person or government entity from operating a recovery housing residence unless the residence is (1) certified by OhioMHAS or accredited by one of the organizations identified above, as applicable, or (2) actively engaged in efforts to obtain certification or accreditation and has been in operation for not more than 18 months. The act permits the OhioMHAS Director to request, in writing, that the Attorney General seek a court order enjoining operation of any recovery housing residence in violation of the prohibition.

Also beginning January 1, 2025, the act prohibits:

- A person or government entity from advertising or representing a residence or building to be a recovery housing residence, sober living home, or similar substance free housing for individuals in recovery unless the residence is on the registry described below, or is regulated by the Department of Rehabilitation and Correction as a halfway house or community residential center. There is not a criminal penalty associated with this prohibition, but the OhioMHAS Director may request, in writing, that the Attorney General seek a court order enjoining operation of any recovery housing residence in violation of the prohibition.
- A community addiction services provider or community mental health services provider from referring clients to a recovery housing residence unless it is on the registry described below on the date of the referral. There is not a criminal penalty associated with this prohibition, but the OhioMHAS Director may refuse to renew or revoke its certification of a provider found to be in violation of this prohibition.

Required form

The act requires each person or government entity that will operate a recovery housing residence, including those already operating prior to October 3, 2023, to file with OhioMHAS a form with various information, including name and contact information, the date the residence

was first occupied or will be occupied, and information related to any existing accreditation the residence has or is in the process of obtaining.

For any recovery housing residence that is operating before October 3, 2023, the form must be filed within 30 days of that date. For a recovery housing residence that will begin operating on or after October 3, 2023, the form must be filed within 30 days after the first resident begins occupying the residence.

Complaints and investigations

The act requires OhioMHAS to establish a procedure to receive and investigate complaints from residents, staff, and the public regarding recovery housing residences. OhioMHAS may contract with one or more of the organizations identified above to fulfill some or all of the complaint and investigation procedure. Any such organization under contract must make investigation status reports to OhioMHAS regarding investigations. The reports must be made monthly. In addition, the contractor must report to OhioMHAS if the contractor makes an adverse decision regarding an accreditation accepted by OhioMHAS. The report must be made as soon as practicable, but not later than ten days after the adverse decision is made.

Registry of recovery housing residences

OhioMHAS must establish and maintain a registry of recovery housing residences that are certified or accredited or are making efforts to obtain certification or accreditation within the act's permitted timeframe. The registry must include information from the form described above that OhioMHAS chooses to include on the registry, information regarding any complaints that have been investigated and substantiated, and any other information required by OhioMHAS. The registry must be available on OhioMHAS's website.

Rules

The act authorizes the OhioMHAS Director to adopt rules to implement its monitoring of recovery housing residences. If OhioMHAS certifies recovery housing residences, the rules must establish requirements for initial certification and renewal, as well as grounds and procedures for disciplinary action.

The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119).

Terminology regarding alcohol use disorder

(R.C. 5119.01 with conforming changes in other sections; repealed R.C. 3720.041)

The act replaces Revised Code references to "alcoholism" with "alcohol use disorder." It also eliminates references to "alcoholic." The act defines alcohol use disorder as a medical condition characterized by an individual's impaired ability to stop or control the individual's alcohol use despite adverse social, occupational, or health consequences. It may be mild, moderate, or severe.

The act repeals an obsolete statute referring to alcohol treatment and control regions, which no longer exist. These regions were abolished in 1990 when the present system of