The Ohio Council
Of Behavioral Health & Family Services Providers

# Insight Newsletter

**November/December 2021**

Due to the ongoing pandemic, this issue continues to contain primarily COVID-19-related policies and resources. However, there are non-COVID-related items included as well. Additionally, back issues of *OC Insight* are available on our website. Click the links below to download previous editions as PDFs:

March 2020, April 2020, May 2020, June 2020, July 2020, August 2020, September 2020, October 2020, November/December 2020, January 2021, February 2021, March 2021, April 2021, May 2021, June 2021, July 2021, August 2021, September 2021, October 2021

# COVID-19 Policy and Resource Updates

## Federal COVID-19 Updates and Resources

### Phase 4 PRF Dollars Arrive in Provider Accounts

On Tuesday, December 14, the U.S. Department of Health and Human Services announced the distribution of roughly $9 billion in Provider Relief Fund (PRF) Round 4 payments to health care providers impacted by the pandemic. These payments are in addition to payments through the American Rescue Plan Act (ARPA) for rural providers, which have also been disbursed. Several Ohio Council members have already reported funds transferred into company accounts this week. Average payments are $58,000 for small providers, $289,000 for medium providers, and $1.7 million for large providers.

### Fifth Circuit Issues Order on CMS Vaccine Mandate

On November 30, the U.S. District Court for the Western District of Louisiana issued an order and decision granting a nationwide preliminary injunction of the Centers for Medicare & Medicaid Services ("CMS") COVID-19 vaccine mandate following a lawsuit filed by 14 states, including Ohio. The injunction does not apply to Alaska, Arkansas, Iowa, Kansas, Missouri, New Hampshire, Nebraska, Wyoming, North Dakota, or South Dakota because they are already under a different preliminary injunction from the United States District Court for the Eastern District of Missouri Eastern Division issued on November 29. The injunction will remain in effect "pending the final resolution of this case, or until further orders from [the district court], the United States Court of Appeals for the Fifth Circuit, or the United States Supreme Court."

The court provided several reasons why it believed a preliminary injunction was proper. Notably, it found that the mandate failed to follow the statutorily required notice and comment process, is beyond the authority of CMS because the ability to issue standards for providers and suppliers does not include the authority to issue a vaccine mandate, is contrary to law because CMS failed to consult state agencies prior to changing conditions of participation, and was arbitrary and capricious because of the potential loss of health care staff and the rejection of testing alternatives. The court said it considered limiting the injunction to the 14 states that brought the lawsuit but said that "there are unvaccinated health care workers in other states who also need protection."

CMS has not commented on the court's decision or voluntarily suspended the CMS Mandate. However, that may still occur. In the meantime, health care organizations subject to the CMS Mandate should prepare to have policies and procedures that comply with the mandate requirements that can be implemented quickly if the CMS Mandate does go into effect. The Ohio Council is watching this closely and will keep members updated on further developments. Click here to read Vorys' write-up on this development.

## U.S. Sixth Circuit Court Declines to Hear Challenge to OSHA ETS En Banc

The Sixth Circuit U.S. District Court announced in the second week of December that it will not hear an upcoming challenge to the Occupational Safety and Health Administration (OSHA) Emergency Temporary Standard (ETS) with all of the circuit's judges present (i.e. *en banc*). It will instead hear the challenge to a stay of the ETS with a more typical three-judge panel.

The OSHA ETS, which would affect all employers with 100 or more workers, is the likeliest of the attempted federal vaccine mandates to impact behavioral health provider organizations in Ohio. Its enforcement, however, was put on hold by the Fifth Circuit U.S. Court of Appeals. Vorys has written up this latest development, and that summary can be read here.

## COVID-19 Student Loan Emergency Relief and Public Service Loan Forgiveness

The final extension of the COVID-19 emergency relief for federal student loans issued by the U.S. Department of Education (DOE) ends January 31, 2022. This relief measures "paused" the following for eligible loans: a suspension of loan payments; a 0% interest rate; and stopped collections on defaulted loans. After January 31, 2022, individuals will receive a billing statement or other notice at least 21 days before payment is due. Impacted individuals are encouraged to contact their loan servicer online or by phone to find out what the payment amount will be when payments restart. The loan servicer is the best source for official, up-to-date information about an individual's loan. General information and an FAQ on COVID-19 Emergency Relief and Loan Repayment can be found here.

Additionally, individuals employed by a U.S. federal, state, local, or tribal government or **not-for-profit organization** may be eligible for the Public Service Loan Forgiveness Program (PSLF). On October 6, 2021, the USDOE announced a change to PSLF program rules for a limited time as a result of the COVID-19 national emergency. For a limited period of time, borrowers may receive credit for past periods of repayment that would otherwise not qualify for PSLF. Under the new, temporary rules, any prior period of repayment will count as a qualifying payment, regardless of loan program, repayment plan, or whether the payment was made in full or on time. Qualifying employment is still required—and time spent working during the COVID-19 Student Loan Emergency Relief "pause" may still be counted. This change will apply to student loan borrowers with Direct Loans, those who have already consolidated into the Direct Loan Program, and those who consolidate into the Direct Loan Program by October 31, 2022.

We strongly encourage non-profit organization to share this PSLF information with their HR Departments and work with employees that have eligible student loans. Below are some additional PSLF program resources made available by the U.S. Department of Education, Office of Federal Student Aid:

- PSLF Waiver Offers Way to Get Closer to Loan Forgiveness—Overview of program rule changes through October 31, 2022.
- Six Things to Know About PSLF Program During the COVID-19 Emergency
- Public Service Loan Forgiveness—Home page includes definitions, calculators, and other resources and tools.

## CDC Recommends COVID Vaccine Booster for 16- & 17-Year-Olds

On December 9, the U.S. Centers for Disease Control and Prevention (CDC) expanded its recommendation for the Pfizer COVID-19 vaccination booster to include 16- and 17-year-old adolescents who received their initial Pfizer vaccinations more than six months ago. As COVID cases are on the rise in Ohio and nationwide and new details are still emerging about the Omicron variate, vaccinations are safe and effective. COVID-19 boosters help broaden and strengthen the protection against Omicron and other variants. To see the CDC COVID-19 Vaccine Booster recommendations, click here.

## CDC OKs Low-Dose Pfizer Vaccine for Children 5-11

On November 2, the CDC approved the use of a low-dosage version of the Pfizer-BioNTech COVID-19 vaccine for children between the ages of 5 and 11. The approval follows the approval of the pediatric vaccine by the U.S. Food and Drug Administration. Read more from the CDC. The pediatric vaccine requires two 10-microgram doses as opposed to two 30-microgram doses for adults and children over age 12. The shot was shown to be about 91% effective at preventing symptomatic COVID infection in clinical trials among children.

## Biden Announces Plan to Address Winter Surge Concerns

On Thursday, December 2, President Joe Biden announced a series of steps that the federal government will take to address COVID-19 and the newly emerged omicron variant in the upcoming winter months. The plan, which can be read here, includes the following priorities:

- **Boosters for all U.S. adults.** Vaccine boosters will continue to be free going into winter, and the CDC has updated its guidance to recommend that all adults get additional shots. Pharmacies will reach out to eligible booster recipients, and new public information campaigns will encourage Americans to get boosted.
- **Expanded vaccinations for children.** Federal agencies will launch a campaign of family vaccination clinics to distribute shots to children ages 5 to 11. Medicaid will be required to pay health care providers to talk to families about getting children vaccinated (read more from CMS). In addition, the FDA will continue to review vaccines for children under the age of 5.
- **Review of school quarantine measures.** The CDC will issue new guidance on testing in schools to minimize unnecessary quarantines of students following low-risk exposures. The administration will release a “Safe School Checklist” to assist with vaccination planning.
- **Free at-home tests.** The plan includes steps that will let Americans get reimbursed by private insurance for the cost of at-home, over-the-counter COVID tests. More free tests will also be sent to more than 20,000 retailers and health care centers nationwide.

- **Extended mask requirements on public transit.** The administration will extend the requirement that passengers wear masks on planes, trains, and buses. The Transportation Security Administration will continue to impose increased fines on unmasked passengers.
- **Additional steps.** The plan also involves making federal experts available to states in need, ensuring the distribution of newly approved pills that treat COVID-19, and donating unneeded vaccines to other countries to raise global vaccination numbers.

Read the White House's winter COVID-19 plan. Watch President Biden's remarks delivered December 2.

## Pre-Made Social Animations Designed to Reduce Vaccine Hesitancy

The Community COVID Coalition has released a collection of pre-animated social media assets that can be used freely to address vaccine hesitancy among social media users. The assets, which are designed to display as auto-play video on platforms such as Facebook, Instagram, Twitter, and more, address the vaccine development process, ingredients, and myths vs. facts. They are available in English and Spanish.

The coalition's website also hosts a wider collection of videos, static images, and infographics that providers can use to inform online audiences about the vaccine. The Community COVID Coalition is a joint initiative of the National Governors Association (NGA), the Association of State and Territorial Health Officials (ASTHO), and the Association of Immunization Managers (AIM).

## Schizophrenia Co-Morbidities Corelate With Higher COVID Death Rates

The JAMA Network released an original study November 23 noting a correlation between schizophrenia diagnoses and higher mortality rates from COVID-19. According to electronic health record data from more than 2. 5 million participants, people with diagnosed schizophrenia are less likely than the general population to test positive for COVID-19. They are, however, more likely to die from the disease than the general population or those with common mood/anxiety disorders. The research posits that patients with "major psychiatric disorders may be more likely to have medical comorbidities associated with worse COVID-19 outcome." Read the study abstract. Download the full article as a PDF.

## GAO Report: Behavioral Health and COVID-19

On December 10, 2021 the U.S. Government Accountability Office (GAO) issued a report titled: Behavioral Health and COVID-19: Higher-Risk Populations and Related Federal Relief Funding. The report examined the impact of Covid-19 on the behavioral health system and the individuals receiving such services. GAO found that the COVID-19 pandemic increased social isolation and stress—affecting the behavioral health of many Americans. Data suggests higher rates of anxiety and depression symptoms, and more substance use among many adults, as a result. However, certain populations may be at higher risk of pandemic-related behavioral health effects, including children and adolescents, health care workers, and people from some racial or ethnic groups, like Latinos. As of September 2021, the federal government awarded over $8 billion in COVID-19 relief funding for behavioral health, mainly through grant programs that can generally serve those higher-risk populations.

## U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic

On December 8, 2021, the U.S. Surgeon General, Dr. Vivek Murthy, issued an advisory this week on Protecting Youth Mental Health. The Advisory describes a decade-long increase of mental health challenges for youth and highlights the impacts of the COVID-19 pandemic on the mental health of children, adolescents, and young adults. Further, the Surgeon General issued recommendations to improve the mental health of youth through a "whole-of-society effort," including actions and tools to recognize mental health challenges, educate, empower, and promote access to high-quality mental health care.

# State COVID-19 Updates and Resources *(More information at coronavirus.ohio.gov)*

## ARPA Funding Update

Last week, the General Assembly moved swiftly to introduce and approve appropriation amendments to HB 169 authorizing $4.19 billion from the American Rescue Plan Act (ARPA) for seven state agencies. This ARPA appropriation plan represented several weeks of negotiations between the Administration and House and Senate leadership. The Ohio Department of Education received $2.49 Billion or 59% of the total allocation. This includes $15 million earmarked for Student Wellness and Success funds and numerous other allocations that may support partnerships and collaborations between schools and behavioral health providers.

The Ohio Department of Medicaid (ODM) received appropriations to fund the first part of the HCBS-ARPA plan focused on immediate provider workforce relief and direct payments to HCBS providers, including behavioral health providers. The legislation increased the allocation to $529 million, up from the administrations proposed $468 million to be spent in FY 22 and FY 23. This will allow direct provider payments to be made available by March 2022 as intended contingent upon CMS approval. The remaining parts of the HCBS-ARPA plan – sustaining and expanding workforce, technology enhancements, and program and system enhancements are still being negotiated and the funds have not yet been appropriated. The Joint Medicaid Oversight Committee received testimony last week from developmental disabilities and home care providers expressing concern with the ODM plan which was followed by testimony from ODM Director Corcoran. We anticipate more discussion about these remaining HCBS-ARPA funds will occur after January 1.

Additionally, under ODM, the bill appropriated a portion of the enhanced FMAP Ohio has been received as part of the Families First Coronavirus Response Act (FFCRA) specifically for the purpose of providing immediate provider relief payments to providers not eligible for HCBS funds. This includes (all funds): $300 million for nursing facilities; $33 million for residential care facilities licensed by the Ohio Department of Health; $23 million for hospice care programs; $42 million for ICF/IID; and $124 million for critical access, rural and distressed hospitals. Payments for non-HCBS providers must be used exclusively for direct care staff compensation, including staff retention bonus payments, overtime pay and shift differential payments, staff recruitment costs and new hire incentive payments. These funds may not be used for contract workers, staff supplied by or through a staffing agency, administrators, executive staff or owners.

Other allocations include $687 million for the Department of Job and Family Services to support child care sector and unemployment; $250 million for the Department of Public Safety to address community violence intervention and support first responder wellness; $142 million for the Department of Developmental Disabilities to make Medicaid payments for services and ICF/IDDs; $91.1 million for the Department of Health to address a variety of public health and disease interventions, crisis and emergency response, and nursing home and long term care strike teams; and $4 million for the Department of Higher Education to

fund the Governor's Emergency Education Fund and distributed to the Foundation for Appalachian Ohio. If all the funding is not distributed in FY 2022, the bill allows for any remaining amount to be carried forward for use in FY 2023 for all the above-mentioned state agencies as well as OhioMHAS as it relates to federal grants.

## OhioMHAS BH Workforce Incentive Grant Funds Released

OhioMHAS recently notified 118 organizations they were selected via a lottery process to receive up to $50,000 through the Behavioral Health Workforce Incentive Grant. This grant was funding with $5 million from the federal CARES Act the Ohio Council successfully advocated for during the state budget process. The Awardees were required to complete a simple application through GFMS. Providers were expected to make retention payments by December 15 or the next immediate payroll

If your organization received the OhioMHAS BH Workforce Retention Grant and has additional questions about your application or grant payment, please send them to BHWI@mha.ohio.gov.

## Omicron Variant Confirmed in Ohio

On Saturday, December 11th, ODH confirmed that two Omicron cases were detected in adult males in Central Ohio, and both tested positive on a PCR test on December 7. Both cases had received their initial COVID-19 vaccine series more than six months ago, but neither had yet obtained a booster. Both patients are currently experiencing mild symptoms and have not been hospitalized. Neither had a history of international travel. Although more information is being gathered, to protect patient privacy, exact age and county of residence are not being released at this time. Public health officials have already contacted the individuals and are in the process of appropriate case investigation and contact tracing. ODH is continuing to encourage all Ohioans to become vaccinated and to receive the COVID-19 booster six months after completing the initial COVID-19 vaccination. Details about the impact of the Omicron variants are still vague, however early data suggests it is more contagious that the Delta variant.

## MCOs Offering $100 Gift Cards as Vaccine Incentive

The Ohio Department of Medicaid (ODM) has reminded stakeholders that the state's managed care organizations (MCOs) are offering $100 gift cards to unvaccinated Medicaid Managed Care and MyCare members ages 5 and up who receive an initial vaccine dose before December 31.

ODM has asked organizations that serve young people with placement needs, in particular, to help spread the word about the gift care incentive opportunity and make sure that the cards—if mailed—reach the intended recipients. Read ODM's memo for additional details.

# Telehealth and Billing

## Ohio Telehealth House Bill Advances

The Ohio Senate recently passed HB 122 with several amendments, and the House concurred with the Senate changes. The bill is now awaiting Governor DeWine's signature. Overall, this bill codifies telehealth flexibilities and coverage in statute that were enacted early in the COVID pandemic. While there were a number of unrelated amendments, there were a few to note that we worked on to support exiting telehealth flexibilities through the professional licensure boards. Those provisions included:

- All health care professional licensing boards named in the rule must develop rules consistent with ORC 4734.09 to support telehealth services provided by individuals licensed under each board.
- Establishes a standard of care for telehealth that is equal to the standard of care for in-person visits.
- Permits a health care professional licensing board to require an initial in-person visit prior to prescribing a schedule II-controlled substance to a new patient, equivalent to applicable state and federal requirements with some notable exceptions for behavioral health and other circumstances.
- Exceptions to in-person visits prior to prescribing of schedule II drugs to new patients include: individuals receiving MAT or other OUD medications, individuals with a mental health condition, individuals in an emergency situation as determined by the clinical judgement of a health care professional, and those receiving hospice or palliative care.
- Clarifies medical marijuana is not a schedule II-controlled substance for purposes of this section of the code.
- Specifies a health care professional may use synchronous or asynchronous (audio only) technology to provide telehealth for an initial in-person visit as long as the standard of care is met. Also permits annual visits to be provided via synchronous or asynchronous technology.
- Permits the health care professional to deny a patient a telehealth service and instead require an in-person visit. Requires informed consent of the patient to receive telehealth and requires health care professionals to adhere to federal and state laws governing privacy and confidentiality.
- States it is the intent of the general assembly, through the amendments to this section, to expand access to and investment in telehealth services in this state in congruence with the expansion and investment in telehealth services made during the COVID-19 pandemic.

This legislation will become effective 90 days after it is signed by the Governor.

## Licensing Board Telehealth Rules

The Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) board met on November 4 and reviewed changes to their teletherapy rule which would remove the requirement for an initial in-person or audio/video visit and allow audio only services, allow verbal informed consent, and require practitioners to follow HIPAA including any waivers/directives from HHS, meaning there would be no requirement to use a HIPAA compliant platform through the duration of the PHE. The board voted to approve this updated rule and sought comments on it through November 26. Comments will be reviewed and then the draft rule will be submitted for review to the Common Sense Initiative, when stakeholders will again have another opportunity to comment on the rule. Additionally, it was reported if the updated rule timing did not align with their extension on enforcement discretion for the current rule, which ends January 23, 2022, that they would extend it again.

The State Medical Board of Ohio (SMBO) met on November 10 and discussed their telemedicine rule and voted to extend the non-enforcement of their telehealth rule until March 31, 2022. This action was taken as the SMBO continued to deliberate possible rule changes as HB 122 was progressing through the legislative process. Since the bill has now passed as is described above, it is expected the SMBO will produce updated rules consistent with this legislation shortly. We will share updated rules from both boards as they become available.

## CMS Calendar Year 2022 Medicare Physician Fee Schedule Final Rule – Telehealth Extensions

On November 2, 2021, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that includes updates on policy changes for Medicare payments under the Physician Fee Schedule (PFS), and other Medicare Part B issues, **on or after January 1, 2022**.

As CMS continues to evaluate the inclusion of telehealth services that were temporarily added to the Medicare telehealth services list during the COVID-19 PHE, CMS finalized that certain services added to the Medicare telehealth services list will remain on the list through December 31, 2023, allowing additional time to evaluate whether the services should be permanently added to the Medicare telehealth services list. This will allow more time for CMS and stakeholders to gather data, for stakeholders to submit support for requesting that services(s) be permanently added to the Medicare telehealth services list, and to reduce uncertainty regarding the timing of the processes with regard to the end of the PHE

Section 123 of the Consolidated Appropriations Act removed the geographic restrictions and added the home of the beneficiary as a permissible originating site for telehealth services furnished for the purposes of diagnosis, evaluation, or treatment of a mental health disorder. Section 123 requires for these services that there must be an in-person, non-telehealth service with the physician or practitioner within six months prior to the initial telehealth service and requires the Secretary to establish a frequency for subsequent in-person visits. CMS is implementing these statutory amendments, and finalizing that an in-person, non-telehealth visit must be furnished at least every 12 months for these services, that exceptions to the in-person visit requirement may be made based on beneficiary circumstances (with the reason documented in the patient's medical record), and that more frequent visits are also allowed under the policy, as driven by clinical needs on a case-by-case basis.

CMS is amending the current definition of interactive telecommunications system for telehealth services – which is defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner – to include audio-only communications technology when used for telehealth services for the diagnosis, evaluation, or treatment of mental health disorders furnished to established patients in their homes under certain circumstances.

CMS is limiting the use of an audio-only interactive telecommunications system to mental health services furnished by practitioners who have the capability to furnish two-way, audio/video communications, but where the beneficiary is not capable of, or does not consent to, the use of two-way, audio/video technology. CMS also finalized a requirement for the use of a new modifier for services furnished using audio-only communications, which would serve to verify that the practitioner had the capability to provide two-way, audio/video technology, but instead, used audio-only technology due to beneficiary choice or limitations. CMS also clarified that mental health services can include services for treatment of substance use disorders.

***Telehealth in Opioid Treatment Programs***

CMS finalized its proposal to allow OTPs to furnish counseling and therapy services via audio-only interaction (such as telephone calls) after the conclusion of the COVID-19 PHE in cases where audio/video communication is not available to the beneficiary, including circumstances in which the beneficiary is not capable of or does not consent to the use of devices that permit a two-way audio/video interaction, provided all other applicable requirements are met. CMS also finalized a requirement that OTPs use a

service-level modifier for audio-only services billed using the counseling and therapy add-on code in order to facilitate program integrity activities.

Additionally, in order to avoid a significant decrease in the payment amount for methadone that could negatively affect access to methadone for beneficiaries receiving services at OTPs, CMS will issue an interim final rule with comment to maintain the payment amount for methadone at the CY 2021 rate for the duration of CY 2022. CMS is also seeking comment on OTP utilization patterns for methadone, particularly, the frequency with which methadone oral concentrate is used compared to methadone tablets in the OTP setting, including any applicable data on this topic.

***Mental Health Services Furnished via Telecommunications Technologies for RHCs and FQHCs***

CMS finalized its proposal to revise the current regulatory language for RHC or FQHC mental health visits to include visits furnished using interactive, real-time telecommunications technology. This change will allow RHCs and FQHCs to report and receive payment for mental health visits furnished via real-time telecommunication technology in the same way they currently do when visits take place in-person, including audio-only visits when the beneficiary is not capable of, or does not consent to, the use of video technology. CMS also finalized that an in-person, non-telehealth visit must be furnished at least every 12 months for these services; however, exceptions to the in-person visit requirement may be made based on beneficiary circumstances (with the reason documented in the patient's medical record) and more frequent visits are also allowed under our policy, as driven by clinical needs on a case-by-case basis.

## Ohio Department of Medicaid Telehealth Rule

The Ohio Department of Medicaid (ODM) telehealth rule, 5160-1-18, was made permanent on November 15. As a reminder, paragraph C(4) states "for practitioners who render services to an individual through telehealth for a period longer than twelve consecutive months, the telehealth practice or practitioner is expected to conduct at least one in-person annual visit or refer the individual to a practitioner or their usual source of clinical care that is not an emergency department for an in-person annual visit."

It is important to note that the requirement can be met by any provider in your organization seeing the client in person OR it can be met by referral. Documenting referral to a client's usual source of clinical care meets this requirement. For example, you could refer a client to see their PCP for an annual in-person visit. Since this rule became effective November 15, if you have clients that have been receiving telehealth services since then your organization would need to have documentation of an in-person visit or referral to an in-person visit with another non-emergency practitioner by November 15, 2021.

## Prolonged Services Code Updates Effective January 1, 2022

Beginning on January 1, 2022, MITS and Managed Care Plan billing logic will follow National Correct Coding Initiative (NCCI) Procedure to Procedure (PTP) edits and will no longer allow the use of 99354 and 99355 with E&M codes 99202-99205 and 99211-99215. Prolonged services codes 99354 and 99355 will continue to be covered for use with other codes as allowed by CPT guidance, such as 90837.

Effective for dates of service on or after January 1, 2022, ODM and Medicaid managed care plans will require Medicaid community behavioral health providers to use AMA procedure codes of 99415 and 99416 for prolonged E&M services. Providers should refer to the Current Procedural Terminology (CPT®) manual for additional information about appropriate use of codes 99415 and 99416. These codes are used to report

total duration of face-to-face time spent by clinical staff on a given date under the supervision of a physician or QHP for time-based E/M codes beyond the time of the E/M code.

Medicaid coverage of prolonged services codes 99417 and G2212 (added effective January 1, 2021) will continue. Providers should refer to the CPT manual and the Healthcare Common Procedure Coding System (HCPCS) for additional information about appropriate use of codes. These codes are used to report total duration of time, with or without direct patient contact, spent by a physician or QHP for time-based E/M codes beyond the time of the E/M code.

99415-99417 are described in further detail in the CPT Coding manual including timetables for their use. The proposed Medicaid payment amounts for prolonged services codes effective January 1, 2022 can be found in the appendix to OAC 5160-27-03.

# Non-COVID Policy and Resource Updates

## Federal Updates and Resources

### SAMHSA Advisory: Prescription Stimulant Misuse Among Youth and Young Adults

The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued a new advisory on Prescription Stimulant Misuse Among Youth and Young Adults. The **a**dvisory reviews the evidence on prescription stimulant misuse among youth and young adults, establishes prescription stimulant misuse as a public health problem, identifies associated risk and protective factors, and provides programs and action steps for stakeholders to prevent misuse. Click here to read the advisory.

### Applications Due February 7 for SAMSHA Harm Reduction Grant Funds

SAMHSA is accepting applications for three-year grant funding on harm reduction. This funding, authorized by the American Rescue Plan, will help increase access to a range of community harm reduction services and support harm reduction service providers as they work to help prevent overdose deaths and reduce health risks often associated with drug use. Behavioral health organizations are encouraged to apply. Click here for more information. Click here to apply for the grant.

### SAMHSA Releases 2020 National Survey on Drug Use and Health

Findings from SAMHSA's 2020 National Survey on Drug Use and Health (NSDUH) suggest that the COVID-19 pandemic had a negative impact on the nation's well-being. Americans responding to the NSDUH survey reported that the coronavirus outbreak adversely impacted their mental health, including by exacerbating use of alcohol or drugs among people who had used drugs in the past year. Read the entire report.

### Federal 'No Surprises Act' Now Law

The No Surprises Act was signed into law as part of the Consolidated Appropriations Act of 2021. Detailed regulations were released in July and September. For the majority of our members, it is unlikely the requirements in the No Surprises Act are applicable. The No Surprises Act imposes requirements on health care facilities, providers, and group health plans or health insurance issuers offering group or individual health insurance coverage in three areas: **Emergency Services** - specific to services in an emergency department of a hospital or a freestanding emergency department (see page 26 paragraph B.1.i for the definition of emergency services); **Non-emergency services provided by out-of-network (OON) providers at an in-network health care facilities** – for example an OON anesthesiologist when a patient receives surgery in a facility with a provider that is in-network (click here for the definition of a health care facility for non-emergency services, it does not include BH providers); and **air ambulance services providers**.

The surprise billing regulations apply only to services rendered at or in connection with the facility types above (and air ambulances), and only to participants, beneficiaries, and enrollees of a group health plan or with coverage offered by a health insurance issuer. One matter for organizations to consider is if your organization has relationships/contracts with local hospitals where your staff are providing assessment/crisis services in their ED. If your arrangement requires you to bill the patients instead of the hospital reimbursing

you for your services, this rule will apply in that scenario for people with private insurance. If this is the case the National Law Review has a nice overview of how providers can prepare.

Vorys conducted a webinar on the Federal bill and Ohio HB388, which was signed by Governor DeWine on 1/7/21. This law is similar and protects patients from receiving surprise medical bills for emergency care or, in certain circumstances, unexpected out-of-network care. Primarily, the law prohibits the practice of balance billing in these instances, leaving any price negotiation to be handled between the health provider and the health plan. The Ohio Department of Insurance (ODI) is responsible for administering and enforcing many provisions of this law beginning in January 2022. Again, it is unlikely this rule applies to your organization; however, the state rules have not been finalized at this time and there is not yet a definition for provider or facility. Still, services are defined as emergency services and are specific to unanticipated OON at an in-network facility, so it is similar to the federal legislation.

## SAMHSA Extends the Methadone Take-Home Flexibility for One Year While Working Toward a Permanent Solution

On November 18, 2021, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced its decision to extend methadone take-home flexibilities for one year, effective upon the eventual expiration of the COVID-19 Public Health Emergency. This exemption is a continuation of the take-home medication flexibilities that SAMHSA put in place in March 2020 and is in keeping with the newly announced Health and Human Services (HHS) Overdose Prevention Strategy. SAMHSA is also considering mechanisms to make this flexibility permanent. The March 2020 exemption was issued to protect public health by reducing the risk of COVID-19 infections among patients and health care providers. While the take-home flexibility achieved that goal, it also facilitated greater access to care and patient choice in Opioid Treatment Programs (OTP). SAMHSA allowed Opioid Treatment Programs to dispense 28 days of take-home methadone doses to stable patients for the treatment of opioid use disorder, and up to 14 doses of take-home methadone for less stable patients, who the OTP determines can safely handle this level of take-home medication. The Ohio Council and OATOD will be meeting with OhioMHAS to discuss its views on this extended flexibility and how it might incorporate the policy change into current OTP rules.

## New Toolkit Published on Prescribing and Promoting Buprenorphine

A new toolkit has been published by SAMHSA titled "Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings." The toolkit explains how primary care providers can implement opioid use disorder treatment using buprenorphine, including a step-by-step guide to support the implementation of buprenorphine. It also identifies common barriers to opioid disorder treatment and strategies to help providers overcome barriers as they arise.

## NASHP: State Strategies to Increase Diversity in the Behavioral Health Workforce

On December 13, the National Academy for State Health Policy released a report that examines strategies to address the behavioral health workforce shortage. The report found that relatively low wages and high caseloads, elevated stress and burnout levels, and an aging workforce have contributed to these persistent shortages, which have been exacerbated by the COVID-19 pandemic. While the pandemic eroded behavioral health workforce capacity, the social and economic impact of the pandemic precipitated increased rates of substance use, stress, and suicidal ideation.

Moreover, the pandemic also laid bare existing behavioral health disparities for Black and Indigenous People of Color (BIPOC): a 2020 CDC mental health survey showed that 48% of Black Americans and 46% of Hispanic/Latino Americans experienced adverse behavioral health symptoms, indicating higher levels of mental health distress than their white counterparts. To address these disparities, state policymakers are exploring opportunities to improve behavioral health outcomes among communities of color, and to address the systemic factors that foster disparities, including the lack of diversity among providers. A behavioral health workforce that more closely aligns to the community it serves may alleviate some of these factors, as working alliances have been shown to be stronger when clinicians and clients are of the same ethnic background. This NASHP report examines lessons learned from states that have implemented programs and policies to address disparities in behavioral health workforce, in particular, as well as strategies for workforce diversity more generally that may be applicable for behavioral health workforce.

## National Council and HMA Workforce Policy Brief – First in Series

The National Council for Mental Wellbeing, in collaboration with Health Management Associates (HMA), are collaborating to release a series of three issue briefs to offer immediate policy actions to expand current workforce capacity and build a more stable future workforce. This first workforce policy brief, Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States, shares recommendations on short-term state policy actions to quickly impact workforce availability and retention. Recommendations in this policy brief focus on five key areas: 1) Leverage strategies that states have used for emergency preparedness and response; 2) Increase funding and financial incentives (with one-time funds) to attract and retain the workforce; 3) Optimize access to the available behavioral health workforce; 4) Waive burdensome documentation and administrative activities; and 5) Maximize use of Medicaid graduate medical education (GME) for training the behavioral health workforce. View the recording from a previous National Council Office Hour session to hear from experts implementing innovative workforce solutions.

## National Council and Netsmart Partner to Support CCBHC

The National Council and Netsmart recently announced a partnership to enhance care coordination and population health management for Certified Community Behavioral Health Clinics (CCBHCs), health homes, and other mental health and substance use treatment organizations. Though this partnership, National Council will recommend Netsmart's CareManager as the preferred care coordination solution organizations delivering value-based behavioral health care. CareManager enhances and automates the complex process of operationalizing population health management. The solution aggregates data from multiple sources to provide a holistic view of an individual's health and social risk profiles to better facilitate coordinated care. he platform also identifies gaps in care, including social determinants of health, helping providers better understand the individuals they serve, support proactive care delivery, improve outcomes and reduce costs. Netsmart currently provides solutions and services to more than 100 of the 430 plus CCBHCs nationwide. Read the news release here.

## U.S. Congressional Update

The U.S. Congress continues to work on a host of important measures as the end of year approaches. While negotiating the final level of spending in the various appropriation bills that direct resources to federal programs and services, Congress passed a short-term continuing resolution through February 18, 2022. Congressional leaders hope to wrap up these spending measures in early 2022 and avoid a federal government shutdown in the Spring. Congress is also expected to raise the national debt-ceiling this week

and finalize an agreement and pass the national defense authorization act of 2022. With these major hurdles out of the way, Congress can turn its attention to addressing telehealth and the various flexibilities that exist currently due to the public health emergency (PHE). The National Council has been advocating for an extension of such flexibilities so that providers will have clarity and consistency over the next year or two while Congress seeks to legislate and make permanent much of the telehealth flexibilities that have proven effective over throughout the PHE.

### National Council Hill Day 2022 Rescheduled to Next June

The U.S. House Majority Leader recently released the 2022 Calendar, and—due to members of Congress being scheduled to be in-district during the National Council's 2022 conference—the Policy Institute/Hill Day 22 has been rescheduled to June. More information will be shared as the rescheduled event is finalized.

## State Updates and Resources

### OhioMHAS Crisis Services Task Force Update

The MHAS Crisis Task Force has continued meeting monthly and in November a survey was distributed to the boards to gather details on the crisis services and funding sources in their respective regions. MHAS and their crisis consultants (Health care Perspectives & Zia Partners) continue to work on gathering data from the surveys and plan to have a preliminary report for stakeholder validation available before the end of the year.

The data from these surveys will be used in the task force committees that began meeting in early December and will meet through June 2022. The intent is to have committees that are service specific and overarching that cross the boundaries of the crisis continuum. There are 6 Committees, 3 of each type, as follows:

**Service Specific Committees**:

1. **Connect**: 988 Planning Committee and subcommittees **(EXISTING)**.
2. **Respond:** Delineating all services that reflect initial response including mobile and walk in services, and services targeted for adults and children, MH and/or SUD. Subcommittees will focus on specific service types: MRSS, Mobile Crisis for Adults, BH Urgent Care, and look at service definitions, standards, and operational/financing/regulatory needs of each. This Committee will also be tasked with focusing on transportation.
3. **Stabilize/Thrive**: Delineating all services that reflect stabilization after initial response: Crisis Center with Observation, Residential Crisis Services (MH and SUD), Intensive Continuing Crisis Intervention, Inpatient. Subcommittees again will focus on specific service types, and look at service definitions, standards, and operational/financing/regulatory needs of each. Stabilization can't end until it is connected to Thrive.

**Overarching Committees:**

1. **Community Crisis Coordination:** Addressing how to have ADAMHS Boards, providers, Medicaid MCOs, law enforcement, health systems, insurers, people with lived experience, schools, and other partners work collaboratively in each community (and region) to coordinate the provision of an effective crisis continuum. This Committee will likely have a subcommittee focusing on regional planning and coordination.

2. **Performance Metrics and Data**: Discussing what are the best performance metrics for evaluating crisis system performance at the community level (that support metrics and standards for individual service types), and how to ensure collecting and acting on performance metrics can improve system access and response.
3. **Financing the Continuum**: Discussing how state general funds, Medicaid, other third-party payers, local funds, health systems, federal funds, etc. are best coordinated over all to establish the financial structure that will best support the vision of the OhioMHAS Vision for the Crisis Continuum. There will likely be subcommittees that coordinates and collects information from various funders.

Each committee has a charter and specific goals and recommendations to accomplish over the next 6 months, the expectation is that these will be working committees. The Ohio Council has representatives on all the committees and the providers we recommended have been included as well. If you were not assigned to a committee but would like to participate or provide input, email Soley Hernandez as there will be future opportunities to be involved with this important work.

## OhioMHAS Multisystem Adult Project Update

The purpose of the Multi-System Adult (MSA) project is to leverage existing resources and enhance partnerships to develop a coordinated response that is supportive of individuals with mental illness who have experienced frequent psychiatric hospitalizations and often present within multiple systems. Funding is available through the county boards for individuals with significant mental illness with:

- Four or more psychiatric hospitalizations over the previous 12 months or three or more psychiatric hospitalizations in one month and;
- In need of services from at least one additional system of criminal justice involvement, developmental disabilities, or aging (e.g., over 65, homeless, veteran).

These funds are intended to be the start of a conversation and a means to develop further collaboration and engagement with various stakeholders through the boards in their role as community planning entities. This funding is limited to $4,000 per individual. Each board had to submit a plan to MHAS detailing their proposed use of funds and a collaborating partner(s) for this program. MHAS created a program summary, including program eligibility, and allowed uses of funds. Additionally, MHAS has shared the MSA allocation guidelines, current allocations must be used by 6/30/22. If you have a client that would benefit from this program reach out to your local board to inquire about how to apply for these funds for your client(s). Unfortunately, not every county received an allocation for this project and several allocations were very small as the distributions were based on data on individuals with frequent psychiatric hospitalizations in each county. MHAS is hosting monthly MSA stakeholder meeting to discuss use of funds, successes, barriers, and to ensure there is an understanding of the purpose of the program.

## Aetna OhioRISE CME Information and FAQs, Fee Schedule Posted

The Aetna CME landing page contains the RFA, FAQ, and CME application materials used by organizations that chose to apply for the OhioRISE Care Managagement Entities (CMEs). Aetna received 80 applications from 22 unique providers/collaborations and anticipates announcing awards by January 19, 2022.

Separately, ODM has updated the general OhioRISE FAQs to provide additional clarification and respond to newer questions that have been raised. Providers are encouraged to review the updated documents. ODM

also released a report that summarized the OhioRISE fee schedule development. The OhioRISE New Service Fee Schedule Development Report is now posted on the OhioRISE webpage. This report does not offer any new information or changes to the rates, but rather walks through the details of the actuarial rate setting process and responses to questions and comments made throughout the process.

## Ohio CANS Training

Beginning in January 2022, responsibility for providing statewide Ohio CANS Training is transitioning to the Child and Adolescent BH Center of Excellence (COE). Professional development includes live training, technical assistance, coaching, office hours, and the development of practice communities. The Ohio CANS Training summary provides additional details.

January training dates and registration through the COE (via Case Western Reserve University) are available in the Ohio CANS Training summary. Additionally, the COE will be holding "CANS Office Hours" on January 13th and 27th. CANS Office Hours will create an opportunity for professionals who are currently using or preparing to use the CANS in practice to ask individualized questions, gain targeted technical assistance as well as receive coaching support. Registration for CANS office hours is limited and is also available in the Ohio CANS Training Summary.

While Ohio CANS training and technical assistance is transitioning to the COE, the Praed Foundation will continue to certify all CANS assessors. Please be aware that following CANS training with the CABH COE, you must register on the Praed Foundation's website and complete the exam to become a certified assessor. The cost of the exam will be waived with a coupon code you will receive upon completion of the Ohio CANS training.

## OhioMHAS Prevention Office Releases Strategic Plan 2021-24

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) Office of Prevention Services is dedicated to the vision of *All Ohioans promoting healthy, safe, and resilient communities.* To achieve this, OhioMHAS partners with the state's behavioral health and related organizations to build a workforce that is capable of sustaining community-based prevention strategies and growing the use of evidence-based practices rooted in the science of prevention.

The recently released Strategic Plan establishes a roadmap for providing expansive, strong infrastructure and support that has the capacity to sustain the future of effective prevention in Ohio. OhioMHAS Director Lori Criss added, "Our Office of Prevention Services plays an essential role in carrying out our vision of ending suffering from mental illness, substance use disorders and problem gambling for Ohioans of all ages, their families, and communities." Click here to read more about Ohio's Prevention priorities, strategies, programming and alignment with the strategic plans of the Governor's offices of RecoveryOhio and the Children's Initiative, as well as the OhioMHAS Strategic Plan 2021-24.

## OOD Announces Vendor Portal Webpage

Opportunities for Ohioans with Disabilities (OOD) recently announced that all five areas of Ohio have been successfully onboarded to the Aware Vendor Portal as of November 26. Now OOD can introduce the Aware Vendor Portal webpage, which includes a direct link to the Aware Vendor Portal, the Aware Vendor Portal video training, the Aware Vendor Portal User Guide, and additional helpful provider resources all in one location. Per OOD, the transition to the Aware Vendor Portal will allow for the streamlined process for timely payments all in one location – time will tell. OOD will continue to communicate any major updates regarding

the Aware Vendor Portal through Provider News email communication. Providers can look forward to the first system update in January.

## OU to Coordinate State Center for Excellence in BH Promotion, Prevention

Ohio University's Voinovich School of Leadership and Public Service has been selected by OhioMHAS to coordinate a new center for excellence in behavioral health. The center will focus on prevention and public education efforts related to Ohioan's behavioral, mental, and emotional health. The center's main objectives are: 1) Support system change efforts to help communities identify local prevention needs and solutions, 2) enhance multi-sector efforts to support Ohio's children, adults, and families, 3) advance the use of prevention science for mental, emotional, and behavioral health prevention and promotion, and 4) grow and support Ohio's prevention workforce. The Ohio Council is one of 11 major partners on the project. Read the full release from Ohio University.

## Voters Approve 8 ADAMH Board Levy Issues in 2021 General Election

Eight tax levy issues for local alcohol, drug addiction, and mental health (ADAMH) boards were put to Ohio voters in the 2021 general election last week. All eight levies—six renewals, one renewal/increase, and one replacement—passed by wide margins, according to unofficial results reported by county boards of elections and compiled by the Ohio Association of County Behavioral Health Authorities. Levy issue details have been posted by OACBHA here.

## DeWine Administration Issues Employer Mental Health Tool Kit

The DeWine administration has released a "Mental Health in the Workplace" tool kit to help employers better understand and address workers' potential struggles with drugs and day-to-day life. The eight-page document was created jointly by the Ohio Department of Insurance (ODI), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), and RecoveryOhio. Click here to download the toolkit as a PDF.

## DeWine Announces Launch of Ohio Office of First Responder Wellness

On November 22, Ohio Governor Mike DeWine announced the creation of a new division with the Department of Public Safety's Office of Criminal Justice Services that will focus on the wellbeing of first responders. The office will focus on the behavioral health needs of law enforcement, fire fighters, EMTs, dispatchers, corrections officers, and Ohio-based military personnel. The new office will "partner with local and state mental health agencies, including the Ohio Department of Mental Health and Addiction Services, to offer continuing, comprehensive resources to first-responder entities across the state," according to a release from the governor's office.

## Statewide 'Beat the Stigma' Education and Awareness Campaign Launched

A new, statewide "Beat the Stigma" initiative announced by the Ohio Opioid Education Alliance in collaboration with Ohio Governor Mike DeWine and RecoveryOhio. Set in the fictional gameshow, "Beat the Stigma", asks the audience to "challenge what you know about addiction." The new campaign is aimed at helping Ohioans understand that both addiction and mental illness are complex diseases—partly the result of genetics and other factors, which are largely out of a person's control, and not the result of moral failings or poor character. The campaign will encourage Ohioans to do three things:

- **Challenge how you think about addiction.** When you see someone who lives with addiction, there's always more to the story than you know. Practice empathy, not judgement.
- **Know your risk**. If there's a history of addiction in your family, know that this increases your risk for addiction. Know your risk and talk to your loved ones about what this means so they can make informed choices.
- **Take care of your mental health.** Mental health challenges can put you at risk for substance misuse.

View a recording of the announcement (program begins at 25:54). View the first public service announcement and watch a short video examining the impact of stigma across Ohio. Additional information and access to the "Beat the Stigma" game show and resources on is available at https://beatthestigma.org/.

The campaign will appear on broadcast television, streaming services, radio, outdoor advertising, and digital and social media. It's intended to engage communities across Ohio through grassroots activities. Community behavioral health provider organizations are encouraged to promote and highlight the "Beat the Stigma" campaign locally, through social media, and with community partners.

## DYS Director Leaves Post; DODD Director to Retire

Governor Mike DeWine announced December 1 that Amy L. Ast will become the Director of the Ohio Department of Youth Services (DYS) beginning on December 20, 2021. Ast worked at DYS from 1996 to 2017, including as bureau chief of facility operations from 2008 to 2017—during which she assisted in several reforms in the discipline of juveniles in the system, including expanding education and apprenticeship programs and establishing new restraint policies, according to her resume. Former DYS Director Ryan Gies has transitioned to a new role in the administration as Director of Special Projects in the Department of Public Safety, Office of Criminal Justice Services.

Governor DeWine's office also announced last week that the Department of Developmental Disabilities Director Jeff Davis will retire at the end of the year. Mr. Davis worked at DODD for 16 years and previously served as the Director of Government Affairs at the Ohio Provider Resource Association. Kim Hauck, the agency's Deputy Director for the Division of Policy and Strategic Direction, will lead the Department effective January 1, 2022. Governor DeWine said Ms. Hauck's diverse background, talents and compassion will serve the agency well.

## Ohio Council PAC Contribution Campaign Raises $6,840

The Ohio Council Political Action Committee (OC-PAC) 2021 Contribution Campaign wrapped on December 10, 2021. Fifty-five donors gave a record-setting $6,840 to help The Ohio Council's state and federal advocacy efforts in 2022 and beyond.

The Ohio Council would like to thank everyone who gave. Your generous contributions will help us make lasting, meaningful connections with policymakers and make the voices of behavioral health care providers heard at the Statehouse and in D.C.

We would also like to congratulate the winners of this year's prize drawings, Megan Kleidon, President and CEO of Red Oak Behavioral Health, was the winner of a $100 VISA gift card drawing open to all donors who gave $50 or more on the campaign's opening day on October 22. Jerry Strasbaugh, Executive Director of Appleseed Community Mental Health Center, won this year's $250 prize drawing, which was open to all donors who gave $100 or more throughout the campaign. Congratulations to our winners, and thanks to all our generous donors!

## Ohio General Assembly Update

The Ohio General Assembly largely wrapped up its work for the 2021 legislative session after reaching agreement on HB 122—telehealth; HB 169—federal Covid-19 relief appropriations; and HB 29—authorizing sports gaming. Leadership in the Ohio House and Senate expect to start up the new legislative session in mid-to-late January 2022. However, because 2022 is an election year, the session will be curtailed significantly as lawmakers plan to be away from the Statehouse campaigning during the primary and general election periods. Once lawmakers break for the summer recess they will most likely not return to Columbus until after the November 2022 general election. Here are the legislative measures The Ohio Council will be monitoring as we go into the new year:

**HB221** **BETTER ACCESS, BETTER CARE ACT** (BRINKMAN T, GROSS J) To modify the laws governing the practice of advanced practice registered nurses

***Current Status:*** 3/23/2021 - Referred to Committee House Health

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-221

**HB359** **LICENSE, REGULATE ART, MUSIC THERAPISTS** (RUSSO A, CALLENDER J) To license and regulate art therapists and music therapists.

***Current Status:*** 9/21/2021 - Referred to Committee House State and Local Govt.

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-359

**HB363** **MENTAL HEALTH SERVICES IN RESPONSE TO DISASTERS** (MILLER A, SMITH M) Relating to plans for comprehensive counseling and supportive mental health services in response to disasters, emergencies, and other adverse events.

***Current Status:*** 11/18/2021 - House Behavioral Health and Recovery Supports

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-363

**HB413** **REQUIRE COLLECTION OF ALCOHOL, DRUG ADDICTION SERVICE DATA** (LOYCHIK M) To require the Ohio Department of Mental Health and Addiction Services to collect certain data regarding alcohol and drug addiction services and recovery supports.

***Current Status:*** 12/9/2021 - House Behavioral Health and Recovery Supports

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-413

**HB428** **ACE STUDY COMMISSION** (PAVLIGA G) To establish the ACES Study Commission.

***Current Status:*** 12/9/2021 - Informally Passed

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-428

**HB439** **INVOLUNTARY TREATMENT FOR MENTALLY ILL PERSONS** (GALONSKI T, HILLYER B) To amend the law regarding involuntary treatment for mentally ill persons

***Current Status:*** 12/1/2021 - **BILL AMENDED**, House Civil Justice

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-439

**HB456** **DECRIMINALIZE FENTANYL TESTING STRIPS** (BOGGS K) To decriminalize fentanyl drug testing strips.

***Current Status:*** 10/26/2021 - Referred to Committee House Criminal Justice

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-456

**HB468** **9-8-8 CRISIS TELEPHONE LINE** (PAVLIGA G) To establish a 9-8-8 suicide prevention and mental health crisis telephone line.

***Current Status:*** 12/9/2021 - House Behavioral Health and Recovery Supports, (Second Hearing)

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-468

**SB25** **ENHANCE PENALTIES FOR CERTAIN DRUG TRAFFICKING OFFENSES** (GAVARONE T) To enhance penalties for certain drug trafficking offenses committed in the vicinity of a substance addiction services provider or a recovering addict, to prohibit defrauding an alcohol, drug, or urine screening test, and to name the act's provisions the Relapse Reduction Act.

***Current Status:*** 10/12/2021 - House Criminal Justice, (First Hearing)

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-SB-25

**SB100** **CRISIS ASSESSMENTS** (MANNING N) To authorize crisis assessments of certain minors without parental consent and to make an appropriation to support the employment of licensed independent social workers at educational service centers.

***Current Status:*** 9/15/2021 - **BILL AMENDED**, Senate Health, (Fourth Hearing)

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-SB-100

**SB204** **COUNSELING COMPACT** (ROEGNER K) To enter into the Counseling Compact.

***Current Status:*** 11/17/2021 - Referred to Committee House Behavioral Health and Recovery Supports

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-SB-204

**SB216** **CUSTODY OF INFANTS - SUBSTANCE EXPOSURE** (JOHNSON T) To enact Dylan's Law regarding parental custody of infants born substance exposed.

***Current Status:*** 11/9/2021 - Senate Judiciary, (Second Hearing)

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-SB-216

**SB261** **LAW CHANGES-MEDICAL MARIJUANA** (HUFFMAN S) To expand medical marijuana.

***Current Status:*** 12/8/2021 - **REPORTED OUT**, Senate Small Business and Economic Opportunity, (Third Hearing)

***State Bill Page:*** https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-SB-261

# Trainings, Conferences, and Events

## OhioMHAS, OACBHA to Host Pink Slip Process Webinar on January 13

The Ohio Association of County Behavioral Health Authorities (OACHBHA), OhioMHAS, and the Great Lakes Mental Health Technology Transfer Center (MHTTC) will co-host a webinar via Zoom January 13 entitled "Emergency Hospitalization and the Pink Slip Process." The training is designed for mental health professionals and will review Ohio's emergency hospitalization process. Requirements for pink slips and professional responsibilities will be covered. Click here to sign up. Registration is free.

## Register Today: 19th Annual Ohio Problem Gambling Conference

Registration is open for the 19th Annual Ohio Problem Gambling Conference, coordinated by PGNO and hosted by Ohio for Responsible Gambling. The event will be held virtually on January 25 and 27, 2022, and in-person on February 24, 2022, at the Nationwide Hotel and Conference Center in Lewis Center, Ohio. This year's conference will focus on the theme of service integration in the areas of prevention, intervention, treatment, recovery, research, administration, and responsible gambling with presentations and workshops from local and national experts. The virtual pre-conference will consist of lecture-style presentations and focus on the intersection of gambling and other behavioral health concerns. The in-person conference will offer attendees a chance to apply learned skills in a collective and collaborative environment with interactive workshops facilitated by experts in the field. Register for the conference.