



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: S.B. 314 of the 128th G.A.

Date: December 6, 2010

Status: As Introduced

Sponsor: Sen. Seitz

Local Impact Statement Procedure Required: No — No local cost

Contents: Prisoner psychotropic drug and telemedicine programs

State Fiscal Highlights

STATE FUND

FY 2011 – FUTURE YEARS

General Revenue Fund (and other potential DRC funds)

Revenues

- 0 -

Expenditures

Potential prison system savings starting five to ten years after program implementation, annual magnitude uncertain

Note: The state fiscal year is July 1 through June 30. For example, FY 2010 is July 1, 2009 – June 30, 2010.

- The implementation of the psychotropic drug and telemedicine programs permitted by the bill may ultimately produce a savings in the portion of the Department of Rehabilitation and Correction's budget allocated for operating the state's prison system. The annual magnitude of that potential savings is uncertain and would likely take five to ten years after the programs are implemented to be realized.
- The State Board of Psychology should be able to perform the required certification duties with no discernible effect on its annual operating costs.

Local Fiscal Highlights

- No direct fiscal effect on political subdivisions.

Detailed Fiscal Analysis

The bill authorizes the Department of Rehabilitation and Correction (DRC) to implement: (1) a program to improve prisoner access to psychotropic drugs, and (2) a program to provide medical and behavioral health care through telecommunication methods (telemedicine). To the degree that the bill has direct fiscal effects, these effects would be on the expenditures of the state, specifically the annual operating expenses of DRC and the State Board of Psychology; there will be no direct fiscal effects on any of the state's political subdivisions.

State fiscal effects

Department of Rehabilitation and Correction

DRC's implementation of the bill's provisions may have a savings effect on its annual costs of operating the state's prison system. The magnitude of the resulting savings for the prison system's annual operating budget is uncertain. Moreover, it is likely that any such savings would not be realized until somewhere between five and ten years after these provisions are implemented.

Psychotropic drug program

By expanding the type of personnel permitted to prescribe a psychotropic drug and the manner in which consultations are performed, DRC hopes to address, at least in part, potential problems in the timely delivery of the behavioral health care services to prisoners brought about by difficulties in the recruitment and retention of psychiatrists. DRC is experiencing difficulties in locating and hiring psychiatrists to work for the prison system, and further expects that, as staff psychiatrists approach retirement, the recruitment problem will become even more acute.

There may also be a future savings if these individuals, who under the bill are qualified to prescribe psychotropic drugs, enable DRC to deliver behavioral health care services with fewer psychiatrists on staff. Psychiatrists are among DRC's highest paid professionals. The ability to deliver certain behavioral health care services that were previously the exclusive domain of certain licensed health care professionals, for example, psychiatrists, will create an opportunity for DRC to realize some future savings, if as a result less expensive personnel can be utilized.

By allowing other qualified individuals to prescribe psychotropic drugs, or consult via interactive video technology, DRC can concentrate their available psychiatrists at locations where the need for such services is most critical. As these psychiatrists would not have to shuttle between correctional institutions to prescribe drugs, or perform basic mental health consultations, the Department would eventually begin to benefit from improved efficiency.

Telemedicine program

DRC has utilized telemedicine since March 1995 to provide specialty medical consultations to prisoners housed in its correctional institutions. That technology has improved communication and continuity of care and decreased the costs of transporting prisoners to other locations for diagnosis and treatment. Similar benefits are expected to accrue if DRC expands the use of that interactive video technology to include the delivery of behavioral health care services to inmates. The magnitude of the resulting savings for the prison system's annual behavioral health care budget is uncertain. Moreover, it is likely that any such savings would not be realized until somewhere between 5 and 10 years after this approach to the provision of behavioral health care services was implemented.

The existing telemedicine system links all of the state's correctional institutions, DRC's Bureau of Medical Services and Corrections Medical Center, and The Ohio State University Medical Center.

State Board of Psychology

Based on a discussion with its Executive Director, there should be no additional ongoing annual operating costs for the State Board of Psychology to incorporate the rule adoption and certification duties necessary for DRC to implement the bill's psychotropic drug program. If DRC opts to implement the psychotropic drug program, the Board will be permitted to issue a "certificate to prescribe psychotropic drugs" to no more than six licensed psychologists who meet the qualifying criteria. The Board will be required to adopt rules establishing the procedures for obtaining the certificates, as well as their renewal, revocation, and anything else the Board considers necessary.