



# Ohio Legislative Service Commission

Joseph Rogers

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## Fiscal Note & Local Impact Statement

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**Bill:** S.B. 329 of the 129th G.A.

**Date:** June 8, 2012

**Status:** As Introduced

**Sponsor:** Sens. Seitz and Burke

**Local Impact Statement Procedure Required:** No

**Contents:** Prisoner psychotropic drug access and telemedicine programs

### State Fiscal Highlights

STATE FUND

FY 2013 – FUTURE YEARS

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General Revenue (GRF) and General Services (GSF) Budget Fund Groups

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Revenues

- 0 -

Expenditures

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

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Note: The state fiscal year is July 1 through June 30. For example, FY 2013 is July 1, 2012 – June 30, 2013.

- The implementation of the psychotropic drug and telemedicine programs permitted by the bill may ultimately reduce the Department of Rehabilitation and Correction's expenditures related to behavioral healthcare services. The 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 would 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.

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## 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).

### State fiscal effects

#### Department of Rehabilitation and Correction

DRC's implementation of the bill's provisions would likely reduce expenditures related to the provision of behavioral healthcare in the state's prison system.

#### Psychotropic drug access 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 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 cut costs as 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 any annual reduction in behavioral health care expenditures stemming from these provisions of the bill is uncertain. Moreover, it is likely that any such savings would not likely be realized until somewhere between 5 and 10 years after this approach to the provision of behavioral health care services was implemented.

### **State Board of Psychology**

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.