

Executive

MHACD5 Renaming of the Department and Director of Mental Health and Addiction Services

R.C. 121.02, 5119.011, with conforming changes in numerous sections (primarily Chapters 340., 5119., 5122)

Changes the name of the Department of Mental Health and Addiction Services to the Department of Behavioral Health (DBH).

Changes the name of the Director of Mental Health and Addiction Services to the Director of Behavioral Health.

Fiscal effect: Increase in costs to change signage, documents, website, etc. to reflect the new name.

MHACD7 Evaluation of mental health

R.C. 2945.401

Specifies the following if DBH recommends the termination of a person's commitment or the first of any nonsecured status:

- (1) Eliminates the requirement that the person be evaluated by a local forensic center examiner, but retains the requirement that DBH or another entity housing the person must make regular reports to the court as to whether the person remains a person with a mental illness subject to a court order or person with an intellectual disability subject to institutionalization by court order.
- (2) Allows the prosecutor to request an independent evaluation of the person's mental health.
- (3) Allows specified examiners to conduct the evaluation, rather than only a local forensic center's examiner.

Fiscal effect: Currently two separate evaluations are performed before conditional release. Under the bill, the evaluation by the local forensic center examiner is by judicial discretion, so if fewer evaluations are performed there could be savings.

MHACD1 Behavioral Health Drug Reimbursement Program

R.C. 5119.19

Changes the funding model used by the Behavioral Health Drug Reimbursement Program from one that is solely reimbursement to one of financial assistance, where allocations of state funds to counties for certain drugs administered in jails and correctional facilities may be provided either after or before the counties have incurred the drug costs.

Fiscal effect: This will allow funds to be provided before costs have been incurred as well.

MHACD29 Community behavioral health clinics

R.C. 5119.211, 337.200

Permits DBH to establish a process and standards for the certification of certified community behavioral health clinics (CCBHCs).

Permits DBH to coordinate with local, state, and federal government entities to assist with the development and establishment of CCBHCs.

States that the ability of DBH to establish a process and standards for the state certification of CCBHCs is contingent on state and federal funding.

Requires DBH, if state or federal funding is insufficient for these activities, to determine whether, and to what extent, pilot projects or other initiatives to support an integrated care approach for the provision of substance use disorder and mental health treatment can be implemented.

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MHACD2 Grounds for disciplinary action

R.C. 5119.33, 5119.34, 5119.36, 5119.99

Consolidates the reasons for which DBH may impose disciplinary actions, with respect to hospital licensure, residential facility licensure, and certification of services and support, by allowing the actions to be taken on the same grounds at any time, either when an initial license or certification is sought or after it has been received.

Fiscal effect: Minimal.

MHACD3 Notice of adverse actions taken by other regulators

R.C. 5119.334, 5119.343, 5119.367

Specifies that "adverse action," in the context of which regulatory actions must be reported to DBH when applying for initial or renewed licensure or certification and as otherwise required, does not include disciplinary actions taken by DBH itself.

Extends the duty to report adverse actions to DBH by also requiring reports to be made of adverse actions taken against a subsidiary of an applicant or its owner or operator.

Permits DBH to impose sanctions based on adverse actions not only when it receives a required notice, but also when it otherwise becomes aware of an adverse action, as long as the action was taken in the preceding three-year period.

Fiscal effect: Minimal.

MHACD9 Summary suspension of residential facilities

R.C. 5119.344, 5119.34

Allows DBH to suspend the license of a class one residential facility serving children without a prior hearing for specified reasons primarily related to actual harm or the risk of harm to a child under the care and supervision of the residential facility.

Fiscal effect: Potential reduction in hearing costs.

MHACD4 Subsidiaries of opioid treatment programs

R.C. 5119.37

Clarifies, regarding the persons who are considered in conjunction with a provider's application to operate an opioid treatment program, that each of those persons must have a record of being in good standing, in all other program locations, during the preceding three-year period.

Extends the good standing requirement to each subsidiary of the provider and its owner or sponsor.

Fiscal effect: None.

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MHACD8 Recovery housing residences - confidentiality of investigative materials**R.C. 5119.393, 5119.394**

Establishes confidentiality requirements regarding complaints and information received or generated by DBH or its contractors in the investigation of complaints involving recovery housing residences.

Allows for disclosure of complaint information in identified circumstances, including (1) when required by law, (2) when shared with other regulatory agencies or officers, (3) when admitted into evidence in a criminal trial or administrative hearing if appropriate measures are taken to ensure confidentiality, and (4) when included by reference as part of DBH's registry of recovery housing residences, as long as DBH makes its best effort to protect confidentiality.

Fiscal effect: Minimal.**MHACD6 Billing for care in state-operated psychiatric hospitals****R.C. 5121.33, 5121.43, 5121.30, 5121.32, 5121.34, 5121.41**

Permits DBH to bill, for care and treatment in a state-operated hospital for mental illness, an amount for each day of patient admission by calculating the charge according to either the hospital's per diem charge or its ancillary per diem rate, whichever DBH determines applies, rather than using only the per diem charge as currently provided.

Requires, if a patient has health benefits that cover an amount that is less than the calculated charge for the patient's hospital care and treatment, that the patient (or the patient's estate or liable relatives) pay the lesser of the following: (1) the balance that remains after subtracting the benefits that were paid or (2) the amount that applies after DBH takes into consideration the full-charge exceptions that are available under existing law, including discounts based on income level and other forms of payment reductions.

Eliminates a corresponding provision that excludes patients with health benefits from receiving discounts or other forms of payment reductions.

Fiscal effect: According to DBH, this language might reduce the financial burden on individual patients who are the responsible payor source for hospital-related billing. However, due to the relatively low volume of such circumstances, reductions to the amounts of these payments will not have a significant effect on revenues.

MHACD10 State block grants**Section: 337.20**

Permits DBH, in FY 2026 and FY 2027, to allocate specified GRF ALIs, as well as any other GRF or Dedicated Purpose funds determined by DBH, to ADAMHS boards through state block grants. Requires state block grants to provide flexibility within established allowable uses for ADAMHS boards to disburse funds to behavioral providers to provide specified activities. Requires the DBH Director to adopt guidelines on the eligible uses of state block grants.

Requires DBH to create a uniform reporting structure related to the expenditures, uses, and outcomes of the state block grants. Requires data to be made available in accordance with best practices and federal and state laws.

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Requires DBH to disburse state block grants to ADAMHS boards in accordance with a methodology developed by the DBH Director. Requires the Director to consider various factors such as population indicators, poverty rates, and FY 2025 award amounts when determining the methodology.

Requires a portion of GRF ALI 336406, Prevention and Wellness, be used to create a Prevention State Block Grant (see MHACD11 for specific earmark amounts) that ADAMHS boards must use to fund evidence-based or evidence-informed early intervention, suicide, and other prevention services.

Requires a portion of GRF ALI 336407, Crisis Services and Stabilization, be used to create a Crisis Services State Block Grant to fund crisis services and supports.

Requires portions of GRF ALI 336421, Continuum of Care Services, to create block grants that ADAMHS boards must use as follows: (1) Mental Health State Block Grant to fund mental health services and recovery supports; (2) Substance Use Disorder State Block Grant to fund alcohol and drug addiction services and recovery supports; and (3) Recovery Supports State Block Grant to fund recovery supports. (See MHACD15 for specific earmark amounts)

Requires a portion of GRF ALI 336422, Criminal Justice Services, to create a Criminal Justice Services Block Grant (see MHACD16 for specific earmark amounts) that ADAMHS boards must use to fund services and supports to incarcerated individuals and individuals being discharged from prisons and jails.

Requires the DBH Director to establish allowable uses for each state block grant, including specified activities.

MHACD11 Prevention and wellness

Section: 337.30

Makes the following earmarks in GRF ALI 336406, Prevention and Wellness, in each fiscal year:

- (1) Up to \$3,000,000 to be distributed to ADAMHS boards through the Prevention State Block Grant (see MHACD10 for description).
- (2) Up to \$2,500,000 to support suicide prevention efforts.
- (3) Up to \$2,150,000 to increase access to early identification and prevention of behavioral health disorders across the lifespan.

MHACD12 Action resiliency network

Section: 337.40

Requires GRF ALI 336409, State of Ohio Action Resiliency Network, to be used for the State of Ohio Action for Resiliency Network and a strategic research agenda and capacity needed to conduct research, clinical trials, direct care, telehealth, data collection, and workforce training pertaining to innovative practices in behavioral prevention, harm reduction, treatment, and recovery.

MHACD13 Hospital services

Section: 337.50

Allows GRF ALI 336412, Hospital Services, to be used for any of the following purposes:

- (1) Supporting all operations related to the hospitals established, controlled, or supervised by DBH.

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- (2) Supporting physical environments that are designed for patients to receive assessment, evaluation, and stabilization interventions within general hospitals.
- (3) Establishing and operating the Pretrial Behavioral Health Intervention Pilot Program (see MHACD30).
- (4) Providing jails and associated health care providers with access to telehealth consultations with psychiatric specialists.

MHACD14 Mental health facilities lease rental bond payments

Section: 337.60

Requires GRF ALI 336415, Mental Health Facilities Lease Rental Bond Payments, to be used to meet all payments during the biennium by DBH under leases and agreements associated with capital facilities.

MHACD15 Continuum of care services

Section: 337.70

Requires that GRF ALI 336421, Continuum of Care Services, be used as follows:

- (1) Up to \$69,500,000 in each fiscal year allocated to ADAMHS boards through the Mental Health State Block Grant (see MHACD10 for description).
- (2) Up to \$9,500,000 in each fiscal year allocated to ADAMHS boards through the Substance Use Disorder State Block Grant (see MHACD10 for description).
- (3) Up to \$19,500,000 in each fiscal year allocated to ADAMHS boards through the Recovery Supports State Block Grant (see MHACD10 for description).
- (4) \$4,000,000 in each fiscal year must be used to expand statewide access to rapid mobile response and stabilization services provided to youth experiencing an emotional or behavioral health crisis and their families.
- (5) Up to \$455,000 in each fiscal year to implement the certification or accreditation of recovery housing residences and related requirements.
- (6) Up to \$400,000 in each fiscal year to provide funding for community projects across the state that focus on support for families, assisting families in avoiding crisis, and crisis intervention.
- (7) \$225,000 in each fiscal year to LifeTown Columbus to provide additional support for facility renovations and operations.

MHACD16 Criminal Justice Services

Section: 337.80

Requires GRF ALI 336422, Criminal Justice Services, be used as follows:

- (1) Up to \$6,800,000 in each fiscal year to ADAMHS boards through the Criminal Justice State Block Grant (see MHACD10 for description).
- (2) Up to \$5,250,000 in each fiscal year must be allocated for the Behavioral Health Drug Reimbursement Program.

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(3) Requires the remainder of ALI 336422 be used for specified activities including forensic psychiatric evaluations to courts of common pleas, evaluations of patients in forensic status at facilities operated or designated by DBH, workforce initiatives, competency restorations, specialized dockets, and outpatient treatment programs.

MHACD17 Specialized Docket Support**Section: 337.90**

Requires GRF ALI 336425, Specialized Docket Support, to be used to defray a portion of the annual payroll costs associated with the specialized docket of a common pleas court, municipal court, county court, juvenile court, or family court that meets all specified eligibility requirements.

Permits ALI 336425 to be used to defray costs associated with treatment services and recovery supports for participants.

Requires a specialized docket to have received Supreme Court initial or final certification and include participants with behavioral health needs in its target population to be eligible.

Requires DBH to use up to 1% in each fiscal year of ALI 336425 to pay the cost it incurs in administering these duties.

Permits DBH, in consultation with the Supreme Court, to adopt funding distribution methodology, guidelines, and procedures as necessary to carry out these duties.

MHACD18 Community Innovations**Section: 337.100**

Permits GRF ALI 336504 Community Innovations, to be used by DBH to make targeted investments in programs, projects, or systems operated by or under the authority of other state agencies, governmental entities, or private not-for-profit agencies that impact, or are impacted by, the operations and functions of DBH, with the goal of achieving a net reduction GRF expenditures and/or improved outcomes for Ohio citizens without a net increase in GRF spending.

Requires the DBH Director to identify and evaluate programs, projects, or systems proposed or operated outside of DBH's authority, where targeted investment of funds is expected to decrease demand for DBH or other resources funded from GRF, and/or to measurably improve outcomes for Ohio citizens with mental illness, or with alcohol, drug, or gambling addictions.

Grants the DBH Director discretion to provide funds from GRF ALI 336504 to private not-for-profit agencies in amounts determined most likely to achieve state savings and/or improved outcomes.

Requires DBH to enter into an agreement with each recipient receiving funds and specifies what information is to be identified in the agreement.

Earmarks up to \$3,000,000 in each fiscal year in GRF ALI 336504 to support workforce development initiatives.

Earmarks up to \$1,500,000 in each fiscal year in GRF ALI 336504 to provide behavioral health access and opportunities.

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Earmarks up to \$3,000,000 in each fiscal year in GRF ALI 336504 to support the creation and expansion of programs established by peer-run organizations for the purpose of offering individuals with a mental illness, or a mental illness and co-occurring substance use disorder, opportunities for employment, housing, education, and access to medical and psychiatric services. Requires programs and facilities to be operated in accordance with model standards and benchmarks selected by DBH.

Earmarks up to \$15,000,000 in FY 2026 in GRF ALI 336504 to establish and sustain health information systems for providers licensed or certified by DBH.

MHACD19 Residential State Supplement

Section: 337.110

Permits DBH to use GRF ALI 336510, Residential State Supplement, to implement and operate the Residential State Supplement (RSS) Program.

MHACD20 Appalachian Children Coalition

Section: 337.115

Requires GRF ALI 336516, Appalachian Children Coalition, to be provided to the Appalachian Children Coalition to address systemic challenges children face in Appalachian Ohio.

MHACD21 Medicaid Support

Section: 337.120

Requires GRF ALI 652321, Medicaid Support, to be used to fund specified Medicaid services as delegated by ODM.

MHACD22 9-8-8 Lifeline

Section: 337.130

Requires the following to be used to support statewide operations and related activities of the 9-8-8 Suicide and Crisis Lifeline and mental health treatment and response: Fund 5AA1 ALI 336661, 988 Suicide and Crisis Response, and Fund QG18 ALI 336668, 9-8-8 Suicide and Crisis Response.

MHACD23 Coordinated specialty care for first episode psychosis

Section: 337.140

Earmarks up to \$2,400,000 in each fiscal year in Fund QG18 ALI 336667, Treatment Prevention, and Education, to support coordinated specialty care (CSC) for individuals experiencing first episode psychosis (FEP) and receiving care from a CSC for FEP team housed within a provider certified or licensed by DBH.

MHACD24 Problem gambling and casino addiction

Section: 337.150

Requires a portion of Fund 5T90 ALI 336629, Problem Gambling and Casino Addiction, to be allocated to ADAMHS boards in accordance with a methodology determined by the DBH Director.

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MHACD25 Transcranial Magnetic Stimulation Program and GRF cash transfer to Fund 5VV0**Section: 337.160, 512.10**

Requires Fund 5VV0 ALI 336645, Transcranial Magnetic Stimulation Program, to be used for the Electroencephalogram (EEG) Combined Transcranial Magnetic Stimulation Program.

Allows the OBM Director to transfer \$4,000,000 cash in each fiscal year from the GRF to the Transcranial Magnetic Stimulation Fund (Fund 5VV0).

MHACD26 Access Success II Program**Section: 337.170**

Permits the OBM Director, to the extent cash is available, to transfer cash from a fund designated by the Medicaid Director to the Sale of Goods and Services Fund (Fund 1490). Appropriates any transferred cash.

Requires the transferred funds to be used to administer the Access Success II Program to help non-Medicaid patients in hospitals established, controlled, or supervised by DBH transition from inpatient status to a community setting.

MHACD27 Cash transfer from the Indigent Drivers Alcohol Treatment Fund to the Statewide Treatment and Prevention Fund.**Section: 337.180**

Requires, on a schedule determined by the OBM Director, the DBH Director to certify the amount of excess license reinstatement fees that are available to be transferred from the Indigent Drivers Alcohol Treatment Fund (Fund 7049) to the Statewide Treatment and Prevention Fund (Fund 4750). Permits, upon certification, the OBM Director to transfer cash from Fund 7049 to Fund 4750.

MHACD28 Statewide mobile crisis system**Section: 337.190**

Requires DBH to coordinate with other government entities to develop and establish a statewide mobile crisis services system. States that the development of this system is contingent on adequate funding and if funding is insufficient DBH is required to explore pilot projects or other initiatives for the provision of mobile crisis services.

MHACD30 Pretrial Behavioral Health Intervention Pilot Program**Section: 751.10**

Requires DBH to establish a pretrial behavioral health intervention pilot program with DRC, if funding is appropriated by the General Assembly.

Establishes that the purpose of the pilot program is to divert jailed defendants with serious mental illnesses and co-occurring substance use disorders from the criminal justice system into community-based treatment and support services.

Requires the pilot program to operate from October 1, 2026 to June 30, 2029 in three areas of the state selected by the DBH Director.

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Requires entities selected by DBH to operate the program to screen defendants identified by local prosecutors for program eligibility and to develop individualized treatment plans for eligible defendants.

Permits the dismissal or modification of a defendant's criminal charges after successful completion of the treatment plan.

Requires each participating defendant to agree in writing to participate in the program and consent to the release of medical records.

Requires DBH to submit a report to various individuals by March 1, 2029, containing an evaluation of the pilot program and recommendations for its future.

Executive**COMCD32 Kids Internet and Data Safety Commission****R.C. 3793.01, 3793.02 - 3793.06, 3793.20 - 3793.25, 3793.30, 3793.40 - 3793.47, 3793.90, Section 820.40**

Creates the Kids Internet and Data Safety Commission within COM consisting of 11 members to enforce the below provisions, and further authorizes the Commission to: (1) identify emergent or current risks of harm to children and teens associated with online platforms; (2) recommend measures and methods for assessing, preventing, and mitigating such harms; (3) recommend methods and themes for conducting research regarding these harms; and (4) recommend best practices and clear consensus-based technical standards for required transparency reports and audits.

Requires "covered platforms" likely to be accessed by a child or teen to take certain measures to prevent foreseeable harms to children and teens, including by establishing parental controls and privacy settings.

Requires covered platforms to undergo third-party audits and issue annual reports concerning compliance with these requirements.

Requires "online platforms" to provide notices about algorithms used to display content on the platform and to allow users to opt into an input-transparent algorithm.

Prohibits certain practices by operators of web sites, online services, online applications, and mobile applications related to collection, use, disclosure, and deletion of personal information of children and teens.

Requires such operators to obtain "verifiable consent" from the teen or parent of the child before collecting such personal information, subject to certain exclusions.

Requires the Commission to administer and enforce these requirements, including imposing administrative penalties. Delays the effective date of these provisions until July 1, 2026.

Creates the Kids Internet and Data Safety Fund in the state treasury, consisting of all money collected through administrative penalties imposed by the Commission.

Allows the MHA Director to use unencumbered funds beyond the amount needed by the Commission to administer the bill's provisions, to support addiction treatment for minors.

Fiscal effect: Indeterminate cost increases to operate the Commission and implement the specified requirements. Creates the Kids Internet and Data Safety Fund to pay the Commission's expenses, but does not appropriate funding.

Executive**BORCD8 Mental Health Support****Section: 381.130**

Requires that GRF ALI 235419, Mental Health Support, be used to provide resources and support to address behavioral health needs at public and private, nonprofit universities and colleges.

Requires the Chancellor to use the funds to prioritize behavioral health services, including, but not limited to, expansion of telehealth options, increased awareness of telephone and text message care line services, expansion of certified peer educator programs, and direct aid to students who are unable to afford care.

Requires the Chancellor, in allocating funds under this ALI, to consider at least the following factors: (1) the relative severity of needs expressed and associated risks involved; (2) the extent to which funds awarded will increase campus-wide knowledge and awareness of available care options; (3) the extent to which funds awarded will increase access to, and availability of, care options; (4) the extent to which funds awarded will remove barriers to care options; and (5) the extent to which funds awarded will be leveraged to create long-term sustainability on campus and support collaborative, community-based programs and initiatives that can be sustained with community resources.

Permits the Chancellor to consult with the Department of Behavioral Health, RecoveryOhio, local and regional behavioral health providers, and other stakeholders as determined by the Chancellor to be appropriate when allocating funds under this ALI.

Prohibits an institution receiving funds under this ALI from (1) changing their mental health support services to shift the cost of those programs onto this one and (2) reducing their mental health support services below what they provided in the most recent academic year.

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Appropriation Language

MCDCD19 Cash transfers from the Health Care/Medicaid Support and Recoveries Fund to the Behavioral Healthcare Fund

Section: 333.100

Permits the OBM Director, upon request of the ODM Director, to transfer up to \$3,200,000 cash in each fiscal year from the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) to the Behavioral Healthcare Fund (Fund 5AU0).

Requires any transferred funds be used to support Centers of Excellence and related activities. Appropriates any transferred funds.

MCDCD27 Home and community based services appropriations - state

Section: 333.180

Permits the OBM Director to authorize additional expenditures in Fund 5HC8 ALIs 651698, MCD Home and Community Based Services, 653698, DDD Home and Community Based Services, 652698, MHA Home and Community Based Services, 655698, JFS Home and Community Based Services, 659698, BOR Home and Community Based Services, and 656698, AGE Home and Community Based Services, conditional on the additional expenditures being offset by equal expenditure reductions in another of these identified ALIs.

Stipulates that any additional expenditures be used in accordance with federal rules and comply with ODM's Medicaid state plan approved by the federal government. Appropriates any additional expenditures.

MCDCD28 Home and community based services appropriations - federal

Section: 333.190

Permits the OBM Director to authorize additional expenditures in Fund 3HC8 ALIs 651699, MCD Home and Community Based Services – Federal, 653699, DDD Home and Community Based Services – Federal, 652699, MHA Home and Community Based Services – Federal, 655699, JFS Home and Community Based Services – Federal, and 659699, BOR Home and Community Based Services - Federal, and 656699, AGE Home and Community Based Services – Federal, conditional on the additional expenditures being offset by equal expenditure reductions in another of these identified line items.

Stipulates that any additional expenditures be used in accordance with federal rules and comply with ODM's Medicaid state plan approved by the federal government. Appropriates any additional expenditures.

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CDPCD5 Peer supporters

R.C. 4758.02, 4758.04, 4758.20, 4758.21, 4758.49, 4758.491, 4758.65, 4758.651, 4758.70, 4758.80, 4743.09, 4757.41, 4758.22, 4758.23, 4758.30, 4757.31, 4758.36, 4758.99; Section 747.10

Transfers the responsibility of certifying peer recovery supporters, youth peer supporters, and family peer supporters from DBH to OCDP.

Requires all peer supporters to: hold a high school diploma, the equivalent of a high school diploma, or a higher degree; complete training; pass an examination; and agree to follow a code of ethics. Establishes age and other requirements for each category of peer supporter.

Requires peer supporters to be supervised by specified professionals.

Establishes a peer support supervisor endorsement, which must be obtained by a peer supporter or other chemical dependency professional in order to serve as a supervisor. Establishes the requirements that must be met to obtain this endorsement.

Requires other mental health professionals who may supervise peer supporters to complete training requirements established by OCDP rule.

Permits peer supporters to provide telehealth services.

Prohibits peer supporters from engaging in the practice of substance use disorder counseling or prevention services.

Prohibits an individual from representing themselves as a peer supporter without holding certification beginning one year after the provision's 90-day effective date.

Permits individuals who are certified as peer recovery supporters, youth peer supporters, and family peer supporters by DBH on the provision's 90-day effective date to apply to OCDP to delay the certificate's expiration.

Prohibits OCDP from establishing fees for online learning courses for peer supporters administered by DBH.

Fiscal effect: Increase in costs, including one-time costs due to eLicense enhancements and other necessary updates for this transition and ongoing costs to issue certificates and regulate these professionals. The budget establishes funding of approximately \$292,500 in FY 2026 and \$30,000 in FY 2027 in new Fund 5CF1 ALI 930600, which consists of ISTV transfers from DBH, to support initial costs. Ongoing costs may be partially offset by licensure fee revenue collected.

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Other Taxation Provisions**TAXCD20 Adult use marijuana excise tax: rate and distribution****R.C. 3780.02, 3780.03, 3780.10, 3780.18 (repealed), 3780.19 (repealed), 3780.22, 3780.23, 3780.25, 3780.26, 3780.30, Section 801.60**

Increases the rate of the excise tax on adult use marijuana, beginning on July 1, 2025, from 10% to 20%.

Reallocates revenue from the tax to substance abuse prevention, treatment, and recovery programs, the 9-8-8 suicide prevention and mental health crisis hotline, county jail grant programs, training of peace officers and troopers, construction and renovation of such training facilities, local drug task forces, safe driver programs, Ohio investigative unit operations, Ohio poison control programs and laboratory testing, and temporarily to the AGO for administering requests for expungements. Limits some allocations for these purposes and directs any remaining receipts to the GRF.

Repeals allocations for local governments that host adult use marijuana dispensaries and for the state cannabis social equity and jobs program.

Imposes a 20% excise tax on the illegal sale of marijuana by an unlicensed seller.

Fiscal effect: The Executive estimates an increase of \$86.8 million in FY 2026 and \$175.7 million in FY 2027 in adult use marijuana tax revenue.

Eliminating the allocation to the Host Community Cannabis Fund would decrease adult use tax revenue to municipal corporations and townships that have adult use dispensaries. Under current law, revenue is allocated as follows: 36% to the Cannabis Social Equity and Jobs Fund for DEV's cannabis social equity and jobs program; 36% to the Host Community Cannabis Fund for the benefit of municipal corporations or townships that have adult use dispensaries; 25% to the Substance Abuse and Addiction Fund to support the efforts of MHA to alleviate substance and opiate abuse and related research; and 3% to the Division of Cannabis Control and Tax Commissioner fund to support the operations of the Division and to defray the cost of administering the tax.