DEPARTMENT OF BEHAVIORAL HEALTH

Renaming the Department and Director

- 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.

Summary suspension of residential facilities licensed by DBH

- Allows DBH to suspend the license of a Class 1 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 facility.

Grounds for disciplinary action

- Consolidates the reasons for which DBH may impose disciplinary actions against facilities and service providers 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.

Notice of adverse actions taken by other regulators

- 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 specified associates.
- Specifies that "adverse action," in the context of which regulatory actions must be reported to DBH, does not include disciplinary actions taken by DBH itself.
- 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.

Subsidiaries of opioid treatment programs

- Requires a subsidiary of an opioid treatment program provider or a subsidiary of the provider's owner or sponsor to have been in good standing to operate an opioid treatment program in all other locations during the three-year period preceding application for licensure.

Certified community behavioral health clinics

- Permits DBH to establish a process and standards for the state certification of federally certified community behavioral health clinics (CCBHCs) if there is sufficient state and federal funding available.
- Requires DBH to determine, in the absence of sufficient funding to certify CCBHCs, how an integrated care approach for the provision of substance use disorder (SUD) and mental health treatment could be implemented through pilot projects or other initiatives.

Statewide mobile crisis system

- Requires DBH to coordinate with other government entities to assist with the development and implementation of a statewide system of mobile crisis services, if there is sufficient state and federal funding available.
- Requires DBH to determine, in the absence of sufficient funding for a statewide system of mobile crisis services, how pilot programs or other initiatives for mobile crisis services could be implemented.

Behavioral health block grants

- Permits DBH to use GRF for block grants that provide flexibility for ADAMHS boards to provide harm reduction, prevention, SUD treatment, mental health treatment, recovery supports, and crisis services.
- Requires the DBH Director to establish block grant distribution methodologies, allowable uses of block grants, and a uniform reporting structure regarding the expenditures, uses, and outcomes of the block grants.

Community innovations

- Requires the DBH Director to identify programs, projects, or systems where targeted financial investments may decrease demand for DBH services and improve outcomes for Ohioans with mental illnesses or addictions.

Recovery housing – confidentiality of investigative materials

- Establishes confidentiality requirements regarding complaints and information received or generated by DBH in the investigation of complaints involving recovery housing residences.
- Allows for disclosure of complaint information in identified circumstances.

Patient billing in state-operated psychiatric hospitals

- Permits DBH to calculate the amount it bills for care in a DBH-operated hospital according to the hospital's ancillary per diem rate, if DBH determines that the ancillary per diem rate applies instead of the hospital's per diem charge.
- Requires, if a patient has health benefits that cover less than the calculated charge, that the patient (or the patient's estate or liable relatives) pay the lesser of: (1) the balance that remains or (2) the amount that applies after DBH takes into consideration the patient's eligibility for existing discounts and other payment reductions.

Behavioral Health Drug Reimbursement Program

- Changes the funding model used by the Behavioral Health Drug Reimbursement Program from one that is solely reimbursement to one of financial assistance.

VOIP service immunity

- Exempts, except for willful or wanton misconduct, voice over internet protocol (VOIP) service providers from liability in a civil action for damages resulting from their acts or omissions in connection with the 9-8-8 Hotline.

DBH Trust Fund

- Eliminates authorization to transfer unexpended, unencumbered balances of DBH's GRF appropriations to the DBH Trust Fund.

Data sharing

- Requires DBH and the Department of Medicaid, in collaboration with ADAMHS boards, to develop a three-way data-sharing agreement to mutually exchange and access data and other information regarding clients receiving addiction services, mental health services, or both.
- Enumerates information that the data-sharing agreement must address.

High-THC cannabis impact research study

- Requires DBH to collaborate with the Department of Commerce and a public university or research consortium to assess cannabis regulation and the health risks and benefits of cannabis use.
- Requires DBH to submit a report to the Governor and General Assembly by June 30, 2026, and June 30, 2027, and to publish the report on its website.

Ibogaine Treatment Study Committee

- Establishes the Ibogaine Treatment Study Committee to evaluate the use of ibogaine for treating individuals with substance use disorders and veterans with post-traumatic stress disorder, depression, and mild traumatic brain injuries.
- Requires the committee to submit a report with recommendations for legislation addressing the use of ibogaine to the General Assembly by December 31, 2027, after which the committee is dissolved.

Renaming the Department and Director

(R.C. 121.02 and 5119.011; conforming changes in numerous R.C. sections)

The bill changes the name of the Department of Mental Health and Addiction Services to the Department of Behavioral Health (DBH). In turn, the Director of Mental Health and Addiction Services is renamed the Director of Behavioral Health.

Whenever the Department or Director of Mental Health and Addiction Services is referred to or designated in any statute, rule, contract, grant, or other document, the bill requires that the reference or designation be construed as the Department or Director of Behavioral Health, respectively.

This analysis will use the proposed new names, and their corresponding acronyms, when referencing the Department or Director. This applies to discussions of both current law and provisions of the bill.

Summary suspension of residential facilities licensed by DBH

(R.C. 5119.34 and 5119.344)

The bill allows DBH to suspend the license of a Class 1 residential facility that serves children without a prior hearing. Under existing law, unchanged by the bill, a Class 1 residential facility provides accommodations, supervision, and personal care services for one or more unrelated adults with mental illness or one or more unrelated children or adolescents with severe emotional disturbances.[15]

The bill specifies the following as circumstances for suspension:

- A child suffers a serious injury or dies while residing in the residential facility.
- DBH, a public children services agency (PCSA), or a county department of job and family services determines that a principal, employee, volunteer, or nonresident occupant of the residential facility created a serious risk to the health or safety of a child residing in the facility that resulted in or could have resulted in a child's death or injury.
- A principal, employee, resident, volunteer, or nonresident occupant of the facility was charged by an indictment, information, or complaint with an offense relating to the death, injury, or sexual assault of another person that occurred on facility premises.
- A principal, employee, volunteer, or nonresident occupant of the facility was charged by an indictment, information, or complaint with an offense relating to the death, injury, or sexual assault of a child residing in the facility.
- A PCSA receives a report of abuse or neglect and the person alleged to have inflicted abuse or neglect on the child and is the subject of the report is either of the following:
  - A principal of the residential facility;
  - An employee of the residential facility who has not been immediately placed on administrative leave or released from employment.
- The residential facility is not in compliance with administrative rules pertaining to background investigations for owners, operators, employees, and other specified individuals.

The bill defines a "principal" as an owner, operator, or manager of a Class 1 residential facility.

If DBH suspends a license without a prior hearing, the agency must comply with existing law notice requirements, and the owner of the facility may request an adjudicatory hearing.

[15] R.C. 5119.34(B)(1)(a).

Notice and hearing must be conducted pursuant to the Administrative Procedure Act. If a hearing is requested and DBH does not issue its final adjudication order within 120 days after the suspension, the suspension is void on the 121st day, unless the hearing is continued on agreement by the parties or for good cause.

A summary suspension remains in effect until any of the following occurs:

- The PCSA completes its investigation of the report of abuse and neglect and determines that all of the allegations are unsubstantiated.
- All criminal charges are disposed of through dismissal or a finding of not guilty.
- DBH issues a final order terminating the suspension in accordance with the Administrative Procedure Act.

The bill prohibits a residential facility from placing children in the facility while a summary suspension remains in effect. Upon issuing the order of suspension, DBH must place a hold on the facility's license or indicate that the license is suspended in the Statewide Automated Child Welfare Information System.

The bill allows the DBH Director to adopt rules in accordance with the Administrative Procedure Act to establish standards and procedures for the summary suspension of licenses. The bill also specifies that these provisions do not limit DBH's authority to take other actions, such as issuing an order suspending the admission of residents to a residential facility, refusing to issue or renew a license for a facility, or revoking a facility's license under existing law adjudication procedures.

Grounds for disciplinary action

(R.C. 5119.33, 5119.34, 5119.36, and 5119.99)

Current law permits DBH to issue a license to operate a hospital for the treatment of persons with mental illness or a residential facility, or to issue a certificate for certifiable services and supports, if the applicant can demonstrate the availability of adequate staff and equipment and DBH has not been notified or is not otherwise aware of relevant adverse action taken against the applicant or certain associates of the applicant. Instead, the bill consolidates this requirement with other existing disciplinary provisions to allow DBH to deny, refuse to renew, or revoke a license for the aforementioned reasons.

Notice of adverse actions taken by other regulators

(R.C. 5119.33, 5119.334, 5119.34, 5119.343, 5119.36, and 5119.367)

When submitting an application for initial or renewed hospital licensure, residential facility licensure, or certifiable services and supports certification, an applicant is currently required to notify DBH of any adverse action taken against a specified entity or associate of the applicant within the preceding three years. For hospital licensure this includes the hospital and any owner, sponsor, medical director, administrator, or principal of the hospital. For residential facility licensure this includes the residential facility and any owner, operator, or manager of the

facility. For certifiable services and supports certification, this includes the applicant and any owner or principal of the applicant.

The bill extends this requirement to also include the reporting of adverse action taken within three years against any subsidiary of a hospital, owner, or sponsor; residential facility, owner, or operator; or applicant or owner for hospitals, residential facilities, and certifiable services and supports respectively. The bill also specifies that adverse action taken by DBH is not included in the reporting requirement, as DBH would already have a record of the action.

Current law permits DBH to refuse to issue a license or certification if adverse action was taken during the three-year period immediately preceding the date of application. The bill expands the potential to act on adverse action by allowing DBH to refuse to issue, refuse to renew, or revoke a license for adverse action taken during the three-year period immediately preceding the date of notification or date of becoming aware of the adverse action.

Subsidiaries of opioid treatment programs

(R.C. 5119.37)

Current law requires a provider seeking a license to operate an opioid treatment program and any owner, sponsor, medical director, administrator, or principal of the provider to have been in good standing to operate an opioid treatment program in all other program locations during the three-year period preceding the date of application. The bill additionally requires a subsidiary of the provider or a subsidiary of the provider's owner or sponsor to have been in good standing to operate an opioid treatment program for that time period.

Certified community behavioral health clinics

(R.C. 5119.211; Section 337.200)

The bill permits DBH to establish a process and standards for the state certification of federally certified community behavioral health clinics (CCBHCs). CCBHCs are designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs provide 24/7 crisis services, comprehensive behavioral health services that help people avoid seeking support across multiple providers, and care coordination that helps people navigate behavioral health care, physical health care, and social services.

If DBH begins certifying CCBHCs, the Department may coordinate with local, state, and federal government entities for the development and establishment of the clinics. The DBH Director may adopt rules as necessary for the certification of CCBHCs.

DBH may certify CCBHCs only if there is adequate state and federal funding available. If funding is insufficient for the certification of CCBHCs, DBH must determine whether and to what extent pilot projects or other initiatives could be implemented to support an integrated care approach for the provision of substance use disorder (SUD) and mental health treatment.

Statewide mobile crisis system

(Section 337.190)

The bill requires DBH to work with local, state, and federal government entities to develop and implement a statewide system of mobile crisis services for adults and children. The development of this statewide system is contingent on the availability of state and federal funding. If there is not sufficient funding for a full system, DBH must determine how pilot projects or other initiatives for the provision of mobile crisis services could be implemented.

Behavioral health block grants

(Section 337.20)

The bill permits DBH to use GRF for the creation of block grants for boards of alcohol, drug addiction, and mental health services (ADAMHS boards). The block grants are intended to provide flexibility for ADAMHS boards to disburse funds to behavioral health providers to provide harm reduction, prevention, SUD treatment, mental health treatment, recovery supports, and crisis services in local communities. There are six separate block grants that may be created, and the Director of DBH is responsible for establishing allowable uses for each type of block grant. The six types of block grants and suggested allowable uses are presented in the table below.

Behavioral health block grants		
Block grant	**Purpose**	**Suggested allowable uses**
Prevention State Block Grant	Provision of evidence-based or evidence-informed early intervention, suicide prevention, and other prevention services.	▪ Prevention across the lifespan; ▪ Suicide prevention across the lifespan; ▪ Early intervention; ▪ Cross-system collaboration to address prevention needs in the community.
Crisis Services State Block Grant	Provision of crisis services and supports.	▪ Substance use and mental health crisis stabilization centers; ▪ Crisis stabilization and crisis prevention services and supports; ▪ Cross-systems collaborative efforts to address crisis services needs in the community.
Mental Health State Block Grant	Provision of mental health services and recovery supports.	▪ Mental health services, including the treatment of indigent mentally ill persons subject to court order in hospitals or inpatient units. In selecting providers, the bill prohibits ADAMHS boards from refusing to contract with any local hospital

Behavioral health block grants		
Block grant	**Purpose**	**Suggested allowable uses**
		or inpatient unit that is willing to accept the board's contract terms; ▪ Cross-system collaborative efforts to serve adults with serious mental illnesses who are involved in multiple human services or criminal justice systems; ▪ Other initiatives designed to address mental health needs.
Substance Use Disorder State Block Grant	Provision of alcohol and drug addiction services and recovery supports.	▪ Initiatives concerning alcohol and drug addiction services; ▪ Substance use stabilization centers; ▪ Cross-system collaborative efforts to address SUD needs in the community.
Recovery Supports State Block Grant	Provision of recovery supports.	▪ Subsidized support to meet the psychotropic and SUD treatment medication needs of indigent citizens in the community to reduce unnecessary hospitalization due to lack of medication; ▪ Peer support; ▪ Operational expenses and minor facility improvements for class two and class three residential facilities and recovery housing residences; ▪ Community integration supports; ▪ Cross-system collaborative efforts to address recovery support needs in the community.
Criminal Justice State Block Grant	Provision of services and supports to incarcerated individuals and individuals being discharged from prisons and jails.	▪ Medication-assisted treatment (MAT) and treatment involving drugs used in withdrawal management or detoxification; ▪ Community reintegration supports; ▪ SUD treatment and mental health treatment, including the provision of such treatment as an alternative to incarceration, as well as recovery supports;

Behavioral health block grants		
Block grant	**Purpose**	**Suggested allowable uses**
		▪ Forensic monitoring and tracking of individuals on condition release; ▪ Forensic and crisis response training; ▪ Projects that assist courts and law enforcement in identifying and developing appropriate alternative services to incarceration for nonviolent offenders with mental illnesses; ▪ Services to incarcerated individuals with SUD, severe mental illness, or both, including screening and clinically appropriate treatment; ▪ Linkages to, and the provision of, SUD treatment, mental health treatment, recovery supports, and specialized re-entry services for incarcerated individuals leaving prisons and jails; ▪ Support of specialized dockets, including the expansion of existing MAT drug court programs, the creation of new MAT drug court programs, and assistance with the administrative expenses of participating courts, community addiction services providers, and community mental health services providers; ▪ Cross-system collaborative efforts to address the needs of individuals involved in the criminal justice system.

The DBH Director is responsible for creating methodologies to guide the distribution of block grant funds to ADAMHS boards. The Director must consider population indicators, poverty rates, health workforce shortage statistics, relevant emerging behavioral health trends, and the amount of FY 2025 awards made to each ADAMHS board for related programs.

The Director must also create a uniform reporting structure to track the expenditures, uses, and outcomes of the block grants and how the expenditures, uses, and outcomes are tied to the ADAMHS boards' community plans. Certain data points must be collected, including data regarding expenditures, types of services provided and number of individuals served, provider determination and monitoring activities, and performance indicators and outcomes. The data

must be made available in accordance with Ohio data governance best practices and federal and state security standards.

Community innovations

(Section 337.100)

The bill requires the DBH Director to evaluate programs, projects, or systems operated at least partly outside of the Department where a targeted financial investment is expected to decrease demand for DBH or other state resources or measurably improve outcomes for Ohioans with mental illnesses or addictions. The Director is responsible for selecting private not-for-profit entities to receive funds. Each recipient must enter into an agreement with DBH identifying allowable expenditures of funds, other commitment of funds or other resources, expected state savings or improved outcomes and the proposed mechanisms for such savings or outcomes, and required reporting regarding expenditures and outcomes.

Additional funds are appropriated to support workforce development initiatives, provide behavioral health access and opportunities, support peer-run organizations, and coordinate care across the behavioral health continuum.

Recovery housing – confidentiality of investigative materials

(R.C. 5119.393 and 5119.394)

The bill establishes confidentiality requirements regarding complaints and information received or generated by DBH or its contractors during the investigation of complaints involving recovery housing residences. Complaints and information determined to be confidential under the bill are not considered public records, are exempt from the laws governing state and local agencies' personal information systems (R.C. Chapter 1347), and are not subject to discovery in any civil action.

Confidential complaints and information may be disclosed in the following circumstances:

- When required by law;
- When shared with other regulatory agencies or officers;
- When admitted into evidence in a criminal trial or administrative hearing if appropriate measures are taken to ensure confidentiality; and
- 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.

Patient billing in state-operated psychiatric hospitals

Calculation of base charge

(R.C. 5121.33; conforming changes in R.C. 5121.30, 5121.32, 5121.34, and 5121.41)

Regarding the methodology that DBH follows in determining how much a patient, patient's estate, and liable relative must be charged for each day of care and treatment received in a DBH-operated hospital for mental illnesses, the bill makes the following modifications:

- Allows the amount to be calculated by multiplying the number of days of admission by whichever of the following DBH determines applies: the hospital's per diem charge or its ancillary per diem rate. (Current law requires DBH to use only the per diem charge when making the calculation. DBH must determine both types of rates, but the ancillary rate is currently used only when calculating the discounted charges for care provided beyond 30 days to patients with incomes between 175% and 400% of the federal poverty level.)
- Removes the requirement to add any unpaid amounts to the charges calculated for each billing cycle. (The collection of delinquent payments is accounted for in a separate provision of current law.[16])

Coordination with health benefits

(R.C. 5121.43)

Regarding a patient in a DBH-operated hospital who has a health insurance policy or contract with coverage of hospital-based mental health services, the bill maintains the duty of the patient to assign to DBH all payments that may be received for care and treatment in the hospital. Current law, however, does not expressly address what occurs if the payments received through health benefits do not cover the full amount that DBH calculates as the hospital's base charge, as described above.

Under the bill, if the amount received through health benefits is less than DBH's calculated base charge, the patient (or the patient's estate or liable relatives) must pay the lesser of the following:

- The amount of the base charge that remains after subtracting the amount received through health benefits;
- The amount of the base charge that applies after DBH takes into consideration any of the discounts and other payment reductions that may be offered under existing law to a patient, according to a financial assessment of the patient's assets and annual income.

The bill eliminates a corresponding provision under which a patient with health benefits is ineligible for DBH's discounts and other payment reductions while the patient's insurance policy or other contract is in force.

Behavioral Health Drug Reimbursement Program

(R.C. 5119.19)

DBH operates the Behavioral Health Drug Reimbursement Program, which provides state funds to counties for the cost of certain drugs provided to inmates of county jails, including psychotropic drugs, drugs used in medication-assisted treatment, and drugs used in withdrawal management or detoxification. The bill changes the program's funding model, which is currently limited to a system of reimbursement. The bill, instead, authorizes a model of financial assistance,

[16] See R.C. 5121.45, not in the bill.

where allocations of state funds may be provided either before or after the cost of the drugs is incurred.

VOIP service immunity

(R.C. 5119.85)

The bill explicitly exempts, except for willful or wanton misconduct, voice over internet protocol (VOIP) service providers and other affiliated persons from liability in a civil action for damages resulting from their acts or omissions in connection with the 9-8-8 Hotline.

Under current law, except for willful or wanton misconduct, a telephone company and any other installer, maintainer, or provider, through the sale or otherwise, of customer premises equipment, or service used for or with the 9-8-8 Hotline, and their respective officers, directors, employees, agents, suppliers, corporate parents, and affiliates are not liable in damages in a civil action for injuries, death, or loss to persons or property incurred by any person resulting from the covered entities' or affiliated persons' participation in, or acts or omissions connected with participating in or developing, maintaining, or operating the 9-8-8 Hotline.

"Telephone company" is defined in current law as a company engaged in the business of providing local exchange telephone service by making available or furnishing access and a dial tone to persons within a local calling area for use in originating and receiving voice grade communications over a switched network operated by the provider of the service within the area and gaining access to other telecommunication services. Unless otherwise specified in the relevant law, "telephone company" includes a wireline service provider (provides to Ohio end users basic local exchange service by interconnected wires or cables), wireless service provider (provides service through wireless, two-way communication, such as for example, a cell phone), and any entity that is a covered 9-1-1 service provider under federal rule.[17]

DBH trust fund

(R.C. 5119.46)

The bill eliminates authorization for the transfer of unexpended, unencumbered balances of DBH's GRF appropriations to the DBH Trust Fund. The fund will continue to receive all funds received from the sale or lease of lands and facilities by DBH. The bill permits money in the fund to be used only as appropriated by the General Assembly or approved by the Controlling Board.

Data sharing

(R.C. 340.038 and 5160.45)

The bill requires DBH and the Department of Medicaid (ODM), in collaboration with ADAMHS boards, to develop a three-way data-sharing agreement for the exchange of, and access to, data and other information regarding clients receiving addiction services, mental health services, or both, including information that exists at the level of claims for Medicaid and other payments for the services. The agreement must specify data-sharing and integration procedures

[17] R.C. 128.01(F), (G), (J), (K), and (W), not in the bill.

that enable DBH, ODM, and ADAMHS boards to exchange and access, on a mutual basis, all client data and other information necessary to ensure that each board's continuum of care is available and appropriate to persons receiving addiction services, mental health services, or both. Each data-sharing agreement must address:

- Information regarding clients with severe mental illness, as identified by clinical diagnoses, the number of services provided (expressed according to discrete service groups, the length of time in treatment, and other relevant factors;
- Information regarding clients who are incarcerated, including information about Medicaid eligibility status before and after incarceration, to coordinate services upon the client's release;
- Information regarding clients who participate in housing assistance programs, to assist with coordinating services between housing and treatment providers; and
- Information regarding claims for payment, including Medicaid payment, for all addiction services and mental health services provided to clients, based on the alcohol, drug addiction, and mental health service district in which they reside.

High-THC cannabis impact research study

(Section 751.90)

The bill requires DBH to collaborate with the Department of Commerce and a public university or research consortium selected by DBH to conduct a study regarding cannabis use. The study must assess the potential health risks and benefits of cannabis and hemp-derived product use, review relevant state-level program evaluations from other states, and review peer-reviewed research. The study must consider all of the following:

- Physical, behavioral, cognitive, and neurodevelopmental effects of chronic or early use of high-potency THC cannabis products, particularly among individuals under the age of 25;
- Cannabis-induced psychosis and schizophrenia;
- Cannabis hyperemesis syndrome;
- The relationship between cannabis use and depression, anxiety, and suicidal ideation;
- The relationship between cannabis use and cognitive and neurodevelopmental impairments such as decline in memory and executive functioning;
- Disproportionate impacts of cannabis use on vulnerable populations, including youth and individuals with a history of trauma or mental illness; and
- Health benefits of cannabis and hemp-derived product use, including potential therapeutic uses and recommended guidelines for potency and usage.

DBH is required to compile a report that includes (1) a comparative analysis of THC regulations, potency limits, and health outcomes from other states' cannabis programs, (2) a synthesis of peer-reviewed research and reputable state program data, and (3) recommendations for cannabis regulation, prevention education, public education

campaigns, and outreach efforts for stakeholders such as the General Assembly, state agencies, employers, educators, and the general public. If necessary, the Department may seek the input of ODH, RecoveryOhio, BWC, DPS, the Attorney General, the State Medical Board of Ohio, cannabis industry representatives, and prevention consultants certified by CDP.

DBH must submit an initial report to the Governor and the General Assembly by June 30, 2026. A final report must be submitted by June 30, 2027. The bill appropriates $300,000 in each fiscal year to be used for the study.

Ibogaine Treatment Study Committee

(Section 751.40)

The bill creates the Ibogaine Treatment Study Committee. The committee is responsible for evaluating the use of ibogaine (a compound found in the roots of the African iboga shrub) to care for and treat people with substance use disorders and veterans with post-traumatic stress disorder (PTSD), depression, and mild traumatic brain injuries (TBIs). The committee must consider the needs of the foregoing people and the efficacy of ibogaine to treat their conditions. The committee also must examine state and federal law regarding ibogaine and explore any other relevant topics. DBH is responsible for providing any administrative support necessary to execute the committee's duties.

The committee must meet as often as necessary and has six members: two members of the General Assembly appointed by the Speaker of the House, two members of the General Assembly appointed by the Senate President, the DBH Director or the Director's designee, and the Director of Veterans Services or the Director's designee. All members must be appointed within 30 days of the bill's effective date, and vacancies must be filled within 30 days. The members are responsible for selecting a chairperson.

By December 31, 2027, the committee must submit a report to the General Assembly containing its recommendations for legislation addressing the use of ibogaine to treat people with substance use disorders and veterans with PTSD, depression, and mild TBIs. After the report is submitted, the committee is dissolved.