

As Introduced

135th General Assembly

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H. B. No. 231

Representatives Pavliga, Miller, A.

**Cosponsors: Representatives Abrams, Blackshear, Brennan, Brent, Carruthers,
Loychik, Ray, Richardson, Robb Blasdel, Russo, Thomas, C., Troy, White**

A BILL

To amend section 340.03 and to enact sections 1
5119.80, 5119.801, 5119.803, 5119.805, 5119.807, 2
5119.809, 5119.8011, 5119.8013, 5119.8014, 3
5119.8015, and 5119.8017 of the Revised Code to 4
establish a 9-8-8 suicide prevention and mental 5
health crisis telephone line. 6

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 340.03 be amended and sections 7
5119.80, 5119.801, 5119.803, 5119.805, 5119.807, 5119.809, 8
5119.8011, 5119.8013, 5119.8014, 5119.8015, and 5119.8017 of the 9
Revised Code be enacted to read as follows: 10

Sec. 340.03. (A) Subject to rules issued by the director 11
of mental health and addiction services after consultation with 12
relevant constituencies as required by division (A) (10) of 13
section 5119.21 of the Revised Code, each board of alcohol, drug 14
addiction, and mental health services shall: 15

(1) Serve as the community addiction and mental health 16
planning agency for the county or counties under its 17

jurisdiction, and in so doing it shall: 18

(a) Evaluate the need for facility services, addiction 19
services, mental health services, and recovery supports; 20

(b) In cooperation with other local and regional planning 21
and funding bodies and with relevant ethnic organizations, 22
evaluate strengths and challenges and set priorities for 23
addiction services, mental health services, and recovery 24
supports. A board shall include treatment and prevention 25
services when setting priorities for addiction services and 26
mental health services. When a board sets priorities for 27
addiction services, the board shall consult with the county 28
commissioners of the counties in the board's service district 29
regarding the services described in section 340.15 of the 30
Revised Code and shall give priority to those services, except 31
that those services shall not have a priority over services 32
provided to pregnant women under programs developed in relation 33
to the mandate established in section 5119.17 of the Revised 34
Code. 35

(c) In accordance with guidelines issued by the director 36
of mental health and addiction services under division (F) of 37
section 5119.22 of the Revised Code, annually develop and submit 38
to the department of mental health and addiction services a 39
community addiction and mental health plan that addresses both 40
of the following: 41

(i) The needs of all residents of the district currently 42
receiving inpatient services in state-operated hospitals, the 43
needs of other populations as required by state or federal law 44
or programs, and the needs of all children subject to a 45
determination made pursuant to section 121.38 of the Revised 46
Code; 47

(ii) The department's priorities for facility services, 48
addiction services, mental health services, and recovery 49
supports during the period for which the plan will be in effect. 50
The department shall inform all of the boards of the 51
department's priorities in a timely manner that enables the 52
boards to know the department's priorities before the boards 53
develop and submit the plans. 54

In alcohol, drug addiction, and mental health service 55
districts that have separate alcohol and drug addiction services 56
and community mental health boards, the alcohol and drug 57
addiction services board shall submit a community addiction plan 58
and the community mental health board shall submit a community 59
mental health plan. Each board shall consult with its 60
counterpart in developing its plan and address the interaction 61
between the local addiction and mental health systems and 62
populations with regard to needs and priorities in developing 63
its plan. 64

The department shall approve or disapprove the plan, in 65
whole or in part, in accordance with division (G) of section 66
5119.22 of the Revised Code. Eligibility for state and federal 67
funding shall be contingent upon an approved plan or relevant 68
part of a plan. 69

If a board determines that it is necessary to amend an 70
approved plan, the board shall submit a proposed amendment to 71
the director. The director shall approve or disapprove all or 72
part of the amendment in accordance with division (H) of section 73
5119.22 of the Revised Code. 74

The board shall operate in accordance with the plan 75
approved by the department. 76

(d) Promote, arrange, and implement working agreements 77
with social agencies, both public and private, and with judicial 78
agencies. 79

(2) Investigate, or request another agency to investigate, 80
any complaint alleging abuse or neglect of any person receiving 81
addiction services, mental health services, or recovery supports 82
from a community addiction services provider or community mental 83
health services provider or alleging abuse or neglect of a 84
resident receiving addiction services or with mental illness or 85
severe mental disability residing in a residential facility 86
licensed under section 5119.34 of the Revised Code. If the 87
investigation substantiates the charge of abuse or neglect, the 88
board shall take whatever action it determines is necessary to 89
correct the situation, including notification of the appropriate 90
authorities. Upon request, the board shall provide information 91
about such investigations to the department. 92

(3) For the purpose of section 5119.36 of the Revised 93
Code, cooperate with the director of mental health and addiction 94
services in visiting and evaluating whether the certifiable 95
services and supports of a community addiction services provider 96
or community mental health services provider satisfy the 97
certification standards established by rules adopted under that 98
section; 99

(4) In accordance with criteria established under division 100
(D) of section 5119.22 of the Revised Code, conduct program 101
audits that review and evaluate the quality, effectiveness, and 102
efficiency of addiction services, mental health services, and 103
recovery supports provided by community addiction services 104
providers and community mental health services providers under 105
contract with the board and submit the board's findings and 106

recommendations to the department of mental health and addiction 107
services; 108

(5) In accordance with section 5119.34 of the Revised 109
Code, review an application for a residential facility license 110
and provide to the department of mental health and addiction 111
services any information about the applicant or facility that 112
the board would like the department to consider in reviewing the 113
application; 114

(6) Audit, in accordance with rules adopted by the auditor 115
of state pursuant to section 117.20 of the Revised Code, at 116
least annually all programs, addiction services, mental health 117
services, and recovery supports provided under contract with the 118
board. In so doing, the board may contract for or employ the 119
services of private auditors. A copy of the fiscal audit report 120
shall be provided to the director of mental health and addiction 121
services, the auditor of state, and the county auditor of each 122
county in the board's district. 123

(7) Recruit and promote local financial support for 124
addiction services, mental health services, and recovery 125
supports from private and public sources; 126

(8) In accordance with guidelines issued by the department 127
as necessary to comply with state and federal laws pertaining to 128
financial assistance, approve fee schedules and related charges 129
or adopt a unit cost schedule or other methods of payment for 130
addiction services, mental health services, and recovery 131
supports provided by community addiction services providers and 132
community mental health services providers that have contracted 133
with the board under section 340.036 of the Revised Code; 134

(9) Submit to the director and the county commissioners of 135

the county or counties served by the board, and make available 136
to the public, an annual report of the addiction services, 137
mental health services, and recovery supports under the 138
jurisdiction of the board, including a fiscal accounting; 139

(10) Establish a method for evaluating referrals for 140
court-ordered treatment and affidavits filed pursuant to section 141
5122.11 of the Revised Code in order to assist the probate 142
division of the court of common pleas in determining whether 143
there is probable cause that a respondent is subject to court- 144
ordered treatment and whether alternatives to hospitalization 145
are available and appropriate; 146

(11) Designate the treatment services, provider, facility, 147
or other placement for each person involuntarily committed to 148
the board pursuant to Chapter 5122. of the Revised Code. The 149
board shall provide the least restrictive and most appropriate 150
alternative that is available for any person involuntarily 151
committed to it and shall assure that the list of addiction 152
services, mental health services, and recovery supports 153
submitted and approved in accordance with division (B) of 154
section 340.08 of the Revised Code are available to persons with 155
severe mental disabilities residing within its service district. 156
The board shall establish the procedure for authorizing payment 157
for the services and supports, which may include prior 158
authorization in appropriate circumstances. In accordance with 159
section 340.037 of the Revised Code, the board may provide 160
addiction services and mental health services directly to a 161
person with a severe mental disability when life or safety is 162
endangered and when no community addiction services provider or 163
community mental health services provider is available to 164
provide the service. 165

(12) Ensure that housing built, subsidized, renovated, 166
rented, owned, or leased by the board or a community addiction 167
services provider or community mental health services provider 168
has been approved as meeting minimum fire safety standards and 169
that persons residing in the housing have access to appropriate 170
and necessary services, including culturally relevant services, 171
from a community addiction services provider or community mental 172
health services provider. This division does not apply to 173
residential facilities licensed pursuant to section 5119.34 of 174
the Revised Code. 175

(13) Establish a mechanism for obtaining advice and 176
involvement of persons receiving addiction services, mental 177
health services, or recovery supports on matters pertaining to 178
services and supports in the alcohol, drug addiction, and mental 179
health service district; 180

(14) Perform the duties required by rules adopted under 181
section 5119.22 of the Revised Code regarding referrals by the 182
board or community mental health services providers under 183
contract with the board of individuals with mental illness or 184
severe mental disability to class two residential facilities 185
licensed under section 5119.34 of the Revised Code and effective 186
arrangements for ongoing mental health services for the 187
individuals. The board is accountable in the manner specified in 188
the rules for ensuring that the ongoing mental health services 189
are effectively arranged for the individuals. 190

(15) Work in partnership with the 9-8-8 administrator to 191
oversee the operation of crisis centers and mobile crisis teams 192
pursuant to sections 5119.803 and 5119.805 of the Revised Code. 193

(B) Each board of alcohol, drug addiction, and mental 194
health services shall establish such rules, operating 195

procedures, standards, and bylaws, and perform such other duties 196
as may be necessary or proper to carry out the purposes of this 197
chapter. 198

(C) A board of alcohol, drug addiction, and mental health 199
services may receive by gift, grant, devise, or bequest any 200
moneys, lands, or property for the benefit of the purposes for 201
which the board is established, and may hold and apply it 202
according to the terms of the gift, grant, or bequest. All money 203
received, including accrued interest, by gift, grant, or bequest 204
shall be deposited in the treasury of the county, the treasurer 205
of which is custodian of the alcohol, drug addiction, and mental 206
health services funds to the credit of the board and shall be 207
available for use by the board for purposes stated by the donor 208
or grantor. 209

(D) No member or employee of a board of alcohol, drug 210
addiction, and mental health services shall be liable for injury 211
or damages caused by any action or inaction taken within the 212
scope of the member's official duties or the employee's 213
employment, whether or not such action or inaction is expressly 214
authorized by this section or any other section of the Revised 215
Code, unless such action or inaction constitutes willful or 216
wanton misconduct. Chapter 2744. of the Revised Code applies to 217
any action or inaction by a member or employee of a board taken 218
within the scope of the member's official duties or employee's 219
employment. For the purposes of this division, the conduct of a 220
member or employee shall not be considered willful or wanton 221
misconduct if the member or employee acted in good faith and in 222
a manner that the member or employee reasonably believed was in 223
or was not opposed to the best interests of the board and, with 224
respect to any criminal action or proceeding, had no reasonable 225
cause to believe the conduct was unlawful. 226

(E) The meetings held by any committee established by a 227
board of alcohol, drug addiction, and mental health services 228
shall be considered to be meetings of a public body subject to 229
section 121.22 of the Revised Code. 230

(F) (1) A board of alcohol, drug addiction, and mental 231
health services may establish a rule, operating procedure, 232
standard, or bylaw to allow the executive director of the board 233
to execute both of the following types of contracts valued at 234
twenty-five thousand dollars or less, as determined by the 235
board, on behalf of the board without the board's prior 236
approval: 237

(a) Emergency contracts for clinical services or recovery 238
support services; 239

(b) Standard service contracts pertaining to the board's 240
operations. 241

(2) If a board establishes a rule, operating procedure, 242
standard, or bylaw under division (F) (1) of this section, both 243
of the following shall be the case: 244

(a) The board shall define the scope of contracts 245
described in divisions (F) (1) (a) and (b) of this section in that 246
rule, operating procedure, standard, or bylaw. 247

(b) The board shall disclose the existence of a contract 248
executed pursuant to the rule, operating procedure, standard, or 249
bylaw at the first board meeting that occurs after the contract 250
was executed and ensure that a record of that disclosure is 251
included in the written minutes of that meeting. 252

Sec. 5119.80. As used in sections 5119.80 to 5119.8017 of 253
the Revised Code: 254

(A) "9-8-8 administrator" means the administrator of the 255
9-8-8 suicide prevention and mental health crisis hotline 256
system, as established in section 5119.801 of the Revised Code. 257

(B) "9-8-8 suicide prevention and mental health crisis 258
hotline" or "9-8-8 hotline" means the 9-8-8 universal telephone 259
number in the United States, as established under 47 U.S.C. 260
251(e), for the national suicide prevention and mental health 261
crisis hotline system operating through the national suicide 262
prevention lifeline program. 263

(C) "Certified community behavioral health clinics" means 264
a facility meeting the criteria established under section 223 of 265
the "Protecting Access to Medicare Act of 2014," 42 U.S.C. 1396a 266
note. 267

(D) "Community mental health center" means a facility 268
meeting the criteria set forth in section 1913(c) of the "Public 269
Health Service Act," 42 U.S.C. 300x-2." 270

(E) "Crisis receiving and stabilization services facility" 271
means a facility providing short-term (under twenty-four hour) 272
care, with the capacity for diagnosis, initial management, 273
observation, crisis stabilization, and follow-up referral 274
services to individuals in a home-like environment. 275

(F) "Local jurisdiction" means a county, municipal 276
corporation, combination of two or more counties, combination of 277
two or more municipal corporations, or combination of one or 278
more counties and one or more municipal corporations, provided 279
that a combination has been established by a memorandum of 280
understanding. 281

(G) "National suicide prevention lifeline program" means 282
the national suicide prevention lifeline program maintained by 283

the assistant secretary for mental health in the substance abuse 284
and mental health services administration of the United States 285
department of health and human services under 42 U.S.C. 290bb- 286
36c. 287

(H) "Peer recovery supporter" means an individual employed 288
on the basis of personal lived experience of mental illness or 289
addiction and recovery who is certified under section 5119.36 of 290
the Revised Code. 291

(I) "Prepaid wireless calling service" has the same 292
meaning as in section 5739.01 of the Revised Code. 293

(J) "Seller," "reseller," "wireless service," "wireless 294
service provider," "wireline service," and "wireline service 295
provider" have the same meanings as in section 128.01 of the 296
Revised Code. 297

(K) "Voice over internet protocol service" has the same 298
meaning as in section 4927.01 of the Revised Code. 299

Sec. 5119.801. (A) There is hereby established a 9-8-8 300
administrator within the department of mental health and 301
addiction services to oversee the administration of the 9-8-8 302
suicide prevention and mental health crisis hotline system 303
statewide. 304

(B) The 9-8-8 administrator shall do all of the following: 305

(1) Work with local alcohol, drug addiction, and mental 306
health services boards and local jurisdictions to designate and 307
oversee crisis centers and mobile crisis teams pursuant to 308
sections 5119.803 and 5119.805 of the Revised Code; 309

(2) Collect and maintain data and submit an annual report 310
pursuant to section 5119.807 of the Revised Code; 311

(3) Oversee the collection and disbursement of money from 312
the 9-8-8 fund pursuant to sections 5119.809 to 5119.8013 of the 313
Revised Code; 314

(4) Coordinate with the veterans crisis line, maintained 315
by the United States secretary of veterans affairs under 38 316
U.S.C. 1720F(h), and with the national suicide prevention 317
lifeline program to ensure consistent public messaging about 9- 318
8-8 services. 319

Sec. 5119.803. (A) The 9-8-8 administrator, in conjunction 320
with the appropriate local jurisdictions, shall designate crisis 321
centers to participate in the 9-8-8 suicide prevention and 322
mental health crisis hotline to provide or coordinate crisis 323
stabilization and intervention services and crisis care 324
coordination to individuals accessing the 9-8-8 hotline in this 325
state. The local jurisdiction shall ensure that all residents 326
within the jurisdiction have access to the services of a 327
designated crisis center upon accessing the 9-8-8 hotline. The 328
9-8-8 administrator shall ensure that an adequate number of 329
crisis centers are designated so that all residents of the state 330
have access to a crisis center. 331

(B) Administration and operation of a crisis center shall 332
be overseen by the local alcohol, drug addiction, and mental 333
health services board whose jurisdiction covers the location of 334
the crisis center, in collaboration with the 9-8-8 335
administrator. 336

(C) A crisis center shall do all of the following: 337

(1) Provide crisis response and outgoing services to calls 338
twenty-four hours a day, seven days a week by personnel who 339
reflect the demographics of the served community and are trained 340

to serve at-risk communities, including culturally and 341
linguistically competent services for LGBTQ, racially, 342
ethnically, and linguistically diverse communities; 343

(2) Deploy mobile crisis teams to the location of an 344
individual accessing the 9-8-8 hotline, as appropriate; 345

(3) Provide follow-up services to individuals accessing 346
the 9-8-8 hotline; 347

(4) Utilize technology to allow real-time crisis care 348
coordination, including text and electronic chat, that enables 349
information sharing and communication between crisis and 350
emergency response systems throughout this state, such as 9-1-1, 351
and the national suicide prevention lifeline program 352
administrator; 353

(5) Coordinate and, where appropriate, establish formal 354
agreements and parameters for information sharing, with mental 355
health and substance use disorder treatment providers, including 356
all of the following, to provide individuals contacting the 9-8- 357
8 hotline access to the appropriate resources and services: 358

(a) Hospital emergency departments; 359

(b) Inpatient psychiatric settings; 360

(c) Community mental health services providers, including 361
certified community behavioral health clinics and community 362
mental health centers; 363

(d) Crisis receiving and stabilization services 364
facilities; 365

(e) Mobile crisis teams. 366

(6) Maintain and disburse documents and resources for 367

individuals accessing the hotline in languages other than 368
English that are deemed appropriate for the area served; 369

(7) Maintain a partnership with the local alcohol, drug 370
abuse, and mental health services board whose jurisdiction 371
includes the location of the crisis center to ensure 372
coordination with, and access to, crisis receiving and 373
stabilization services for individuals accessing the 9-8-8 374
hotline, including guidelines for appropriate information 375
sharing about the availability of services and operational 376
processes; 377

(8) Maintain a valid agreement with the national suicide 378
prevention lifeline program administrator to participate in the 379
9-8-8 hotline; 380

(9) Meet all national suicide prevention lifeline program 381
requirements and guidelines for operational and clinical 382
standards and other relevant federal laws; 383

(10) Collect and submit to the 9-8-8 administrator on a 384
quarterly basis all of the following information: 385

(a) The total number of calls received by the crisis 386
center; 387

(b) Demographic information about the callers, including 388
age, sexual orientation or gender identity, and race and 389
ethnicity; 390

(c) Details about the deployment of mobile crisis teams; 391

(d) Any other information that the 9-8-8 administrator 392
deems necessary to comply with federal law. 393

(11) Participate in evaluations and quality improvement 394
activities, as required by the 9-8-8 administrator. 395

Sec. 5119.805. (A) The 9-8-8 administrator, in conjunction 396
with the appropriate local jurisdictions, shall designate mobile 397
crisis teams to deploy response services to the location of an 398
individual accessing the 9-8-8 hotline, as appropriate. The 399
local jurisdiction shall ensure that all residents within the 400
jurisdiction have access to the services of a designated mobile 401
crisis team. The 9-8-8 administrator shall ensure that an 402
adequate number of mobile crisis teams are designated so that 403
all residents of the state have access to a mobile crisis team. 404

(B) Administration and operation of a mobile crisis team 405
shall be overseen by the local alcohol, drug addiction, and 406
mental health services board whose jurisdiction covers the 407
location of the mobile crisis team, in collaboration with the 9- 408
8-8 administrator. 409

(C) A mobile crisis team shall be a locally-based 410
professional mental health and behavioral health team that 411
operates as a distinct entity within a crisis center or as part 412
of a local emergency medical services personnel department or 413
other emergency response setting, such as a police department. 414
The team shall include licensed community mental health services 415
providers, community addiction services providers, and peer 416
recovery supporters. 417

(D) A mobile crisis team shall do all of the following: 418

(1) Provide onsite, community-based intervention services, 419
such as de-escalation and stabilization, for individuals who are 420
experiencing a mental health crisis; 421

(2) Collaborate with local law enforcement agencies to 422
establish policies and procedures regarding data sharing and 423
response protocols under the 9-8-8 hotline; 424

(3) Include local law enforcement officers as co- 425
responders to 9-8-8 calls only as needed to respond to high-risk 426
situations that cannot be managed without law enforcement 427
present; 428

(4) Maintain and disburse documents and resources for 429
individuals accessing the hotline in languages other than 430
English that are deemed appropriate for the area served. 431

(E) A mobile crisis team shall meet both of the following 432
criteria: 433

(1) Be designed in partnership with community members, 434
including individuals with lived experience using crisis 435
response and stabilization services; 436

(2) Be staffed by personnel that reflect the demographics 437
of the community served. 438

Sec. 5119.807. (A) Not later than one year after the 439
effective date of this section and annually thereafter, the 9-8- 440
8 administrator shall compile an annual report regarding both of 441
the following: 442

(1) Data collected from local crisis centers pursuant to 443
division (C)(10) of section 5119.803 of the Revised Code; 444

(2) Deposits and expenditures from the 9-8-8 fund, 445
pursuant to sections 5119.809 to 5119.8013 of the Revised Code. 446

(B) The 9-8-8 administrator shall submit the report to all 447
of the following: 448

(1) The general assembly, in accordance with section 449
101.68 of the Revised Code; 450

(2) The state's congressional delegation; 451

(3) The federal communications commission. 452

Sec. 5119.809. (A) There is hereby created in the state 453
treasury the 9-8-8 fund. The fund shall consist of all money 454
from the following sources: 455

(1) The 9-8-8 charge authorized by section 5119.8011 of 456
the Revised Code; 457

(2) Appropriations made by the general assembly; 458

(3) Money awarded to the state by donation, gift, or 459
bequest, and other money received for purposes of this section; 460

(4) Interest or other earnings on the fund. 461

(B) Money in the 9-8-8 fund is not subject to transfer to 462
any other fund or for any other purpose other than what is 463
provided in section 5119.8013 of the Revised Code. 464

(C) Any money remaining in the fund, including interest 465
thereon, at the end of each fiscal year shall not revert to the 466
general revenue fund but shall remain in the fund. 467

Sec. 5119.8011. (A) There is hereby imposed a 9-8-8 charge 468
per month on the following: 469

(1) Each subscriber of wireless service or voice over 470
internet protocol service who has a billing address in this 471
state and each wireline service customer; 472

(2) Each retail sale of a prepaid wireless calling service 473
occurring in this state as provided in section 128.42 of the 474
Revised Code. 475

(B) The charge amount shall be ten cents per month for 476
each subscriber or customer and for each retail sale of a 477
prepaid wireless calling service described under division (A) of 478

this section.

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Sec. 5119.8013. (A) The revenue generated by the 9-8-8
charge authorized under section 5119.8011 of the Revised Code
shall be used only for costs that are reasonably attributed to
any of the following:

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(1) Ensuring the efficient and effective routing of calls
made to the 9-8-8 hotline to the appropriate crisis center,
including technological infrastructure enhancements necessary to
achieve operational and clinical standards and best practices as
established by the national suicide prevention lifeline program;

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(2) Maintaining 9-8-8 hotline personnel for crisis centers
and mobile crisis teams throughout the state to provide crisis
response and outgoing services to 9-8-8 hotline callers,
including recruiting personnel who reflect the demographics of
the served community and providing specialized training to serve
at-risk communities, including culturally and linguistically
competent services for LGBTQ, racially, ethnically, and
linguistically diverse communities;

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(3) Operating costs related to serving at-risk
communities, crisis centers, or comparable service providers and
costs related to the provision of allowable behavioral health,
crisis outreach, and stabilization services for individuals
needing support;

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(4) Hiring staff at local alcohol, drug addiction, and
mental health services boards and the department of mental
health and addiction services to oversee the 9-8-8 hotline and
assist the 9-8-8 administrator;

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(5) Provision of data, reporting, and participation in
evaluations and related quality improvement activities as

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required by the 9-8-8 administrator; 508

(6) Administration, oversight, and evaluation of the fund. 509

(B) The treasurer shall disburse money from the 9-8-8 fund 510
only upon the request of, or consultation with, the 9-8-8 511
administrator. 512

Sec. 5119.8014. (A) The 9-8-8 administrator shall ensure 513
that no 9-1-1 charges collected under Chapter 128. of the 514
Revised Code and that no other funds that are otherwise 515
appropriated for the 9-1-1 system are used for the benefit of 516
the 9-8-8 hotline. 517

(B) The 9-8-8 administrator shall ensure that no 9-8-8 518
charges imposed under section 5119.8011 of the Revised Code and 519
deposited in the 9-8-8 fund under section 5119.809 of the 520
Revised Code are used for the benefit of the 9-1-1 system. 521

Sec. 5119.8015. The 9-8-8 hotline shall provide crisis 522
response and outgoing services to all callers at no cost. 523

Sec. 5119.8017. Not later than ninety days after the 524
effective date of this section, the department of mental health 525
and addiction services shall adopt rules in accordance with 526
Chapter 119. of the Revised Code as necessary to develop and 527
implement the 9-8-8 hotline and carry out the requirements of 528
sections 5119.801 to 5119.8017 of the Revised Code. The rules 529
shall do all of the following: 530

(A) Establish qualifications and responsibilities for the 531
9-8-8 administrator within the department, which shall oversee 532
the administration of the 9-8-8 hotline in conjunction with 533
local alcohol, drug addiction, and mental health services 534
boards; 535

(B) Establish the scope of powers for the department of 536
mental health and addiction services and local alcohol, drug 537
addiction, and mental health services boards for overseeing the 538
9-8-8 hotline; 539

(C) Assign tasks to one or more new or existing agencies, 540
boards, commissions, or other entities to accomplish the 541
planning required to implement and oversee the requirements of 542
sections 5119.801 to 5119.8017 of the Revised Code, in 543
coordination with the department of mental health and addiction 544
services, 9-1-1 administrators, hospital emergency departments, 545
and the national suicide prevention lifeline program; 546

(D) Establish timeframes to accomplish the requirements of 547
sections 5119.801 to 5119.8017 of the Revised Code that are 548
consistent with the timeframes required by the "National Suicide 549
Hotline Designation Act of 2020," 47 U.S.C. 251 and rules 550
adopted by the United States federal communications commission 551
on July 16, 2020; 552

(E) Provide for the collection and return of the 9-8-8 553
charge authorized under section 5119.8011 of the Revised Code, 554
including rules that do the following: 555

(1) Require each wireline service provider, wireless 556
service provider, seller of prepaid wireless calling service, 557
reseller, and voice over internet protocol service provider to 558
remit the 9-8-8 charge amounts to the 9-8-8 administrator; 559

(2) Require the 9-8-8 administrator to deposit 9-8-8 560
charge funds into the 9-8-8 fund established under section 561
5119.809 of the Revised Code; 562

(3) Specify how the providers, sellers, and resellers are 563
to collect and remit the 9-8-8 charge and how the 9-8-8 564

administrator is to deposit the charge amounts into the 9-8-8 565
fund. 566

(F) Provide for information sharing and communication 567
between crisis and emergency response systems to offer both of 568
the following: 569

(1) Real-time coordination between crisis response and 570
outgoing services; 571

(2) Linked, flexible services specific to crisis response, 572
such as mobile crisis teams and crisis stabilization facilities. 573

(G) Notwithstanding any provision of section 121.95 of the 574
Revised Code to the contrary, a regulatory restriction contained 575
in a rule adopted under this section is not subject to sections 576
121.95 to 121.953 of the Revised Code. 577

Section 2. That existing section 340.03 of the Revised 578
Code is hereby repealed. 579

Section 3. Section 340.03 of the Revised Code as presented 580
in this act takes effect on the later of April 6, 2023, or the 581
effective date of this section. April 6, 2023, is the effective 582
date of an earlier amendment to that section by H.B. 281 of the 583
134th General Assembly. 584