



# Ohio Legislative Service Commission

## Bill Analysis

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### **S.B. 33**

128th General Assembly  
(As Introduced)

**Sens.** D. Miller, Turner, Roberts, R. Miller, Fedor, Schiavoni, Sawyer, Stewart

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## **BILL SUMMARY**

- Requires the Bureau of Examination and Classification of the Department of Rehabilitation and Correction, at the time of the sociological, psychological, and psychiatric examination of each inmate that the Bureau must conduct or provide for, to also prepare a written re-entry plan for each inmate to assist in the inmate's re-entry into the community and to assess the inmate's needs upon release, unless a re-entry plan is contraindicated because of the nature of the sentence.
- Requires the Department to adopt rules under the Administrative Procedure Act that establish standards to be used by the Bureau in preparing re-entry plans described in the preceding dot point.
- Expands an existing provision that requires the Bureau to collect such social and other information as will aid in the interpretation of its examinations to specify that the Bureau also is to collect such social and other information as will aid in the preparation of re-entry plans.

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## **CONTENT AND OPERATION**

### **Existing law**

Existing law establishes within the Department of Rehabilitation and Correction (DRC) a Bureau of Examination and Classification. The Bureau must conduct or provide for sociological, psychological, and psychiatric examination of each inmate of the correctional institutions. The examination must be made as soon as possible after each inmate is admitted to any of the institutions, and further examinations may be made, if it is advisable. If the inmate is determined to be a mentally retarded or developmentally disabled person (see **COMMENT 1**), the Bureau must notify the

sentencing court in writing of its determination within 45 days after sentencing. The Bureau must collect such social and other information as will aid in the interpretation of its examinations.

Subject to division (C) of R.C. 5120.21 (see **COMMENT 2**), the Bureau must keep a record of the health, activities, and behavior of each inmate while the inmate is in the custody of the state. The records, including the Bureau's findings and recommendations, must be made available to the Adult Parole Authority of DRC for use in imposing post-release control sanctions under any Revised Code provision, in granting parole, and in making parole, post-release, and rehabilitation plans for the inmate when the inmate leaves the institution, and to DRC for its use in approving transfers of inmates from one institution to another. (R.C. 5120.11.)

### **Operation of the bill**

The bill specifies that, at the time of the sociological, psychological, and psychiatric examination of each inmate that the Bureau of Examination and Classification must conduct or provide for, unless contraindicated because of the nature of the sentence, the Bureau also must prepare a written re-entry plan for each inmate to assist in the inmate's re-entry into the community and to assess the inmate's needs upon release. The bill requires DRC to adopt rules under the Administrative Procedure Act that establish standards to be used by the Bureau in preparing re-entry plans.

The bill requires the Bureau in addition to collecting such social and other information as will aid in the interpretation of its examinations to also collect such social and other information as will aid in the preparation of re-entry plans. (R.C. 5120.11.)

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### **COMMENT**

1. Existing R.C. 5123.01, not in the bill, defines a "mentally retarded person" as a person having significantly subaverage general intellectual functioning existing concurrently with deficiencies in adaptive behavior, manifested during the developmental period, and defines a "developmentally disabled person" as a person with a developmental disability. Related to the second definition, it defines a "developmental disability" as a severe, chronic disability that is characterized by all of the following: (a) it is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness as defined in R.C. 5122.01(A), (b) it is manifested before age 22, (c) it is likely to continue indefinitely, (d) it results in one of the following: (i) in the case of a person under three years of age, at least one developmental delay or an established risk, (ii) in the case of a person at least three years of age but under six years of age, at

least two developmental delays or an established risk, and (iii) in the case of a person six years of age or older, a substantial functional limitation in at least three of the following areas of major life activity, as appropriate for the person's age: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and, if the person is at least 16 years of age, capacity for economic self-sufficiency, and (e) it causes the person to need a combination and sequence of special, interdisciplinary, or other type of care, treatment, or provision of services for an extended period of time that is individually planned and coordinated for the person.

2. Existing R.C. 5120.21(C), not in the bill, requires that a separate "medical record" (see below) of every inmate in an institution governed by DRC must be compiled, maintained, and kept apart from and independently of any other record pertaining to the inmate. Upon the signed written request of the inmate to whom the record pertains together with the written request of either a licensed attorney at law or a licensed physician designated by the inmate, DRC must make the inmate's medical record available to the designated attorney or physician. The record may be inspected or copied by the inmate's designated attorney or physician. DRC may establish a reasonable fee for the copying of any medical record. If a physician concludes that presentation of all or any part of the medical record directly to the inmate will result in serious medical harm to the inmate, the physician must so indicate on the medical record. An inmate's medical record must be made available to a physician or to an attorney designated in writing by the inmate not more than once every 12 months. As used in these provisions, "medical record" means any document or combination of documents that pertains to the medical history, diagnosis, prognosis, or medical condition of a patient and that is generated and maintained in the process of medical treatment.

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## HISTORY

ACTION	DATE
Introduced	02-10-09