



Legislative Update

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Legislative activity

While there has been lots of activity around the statehouse, the focus has been on moving bills that could be politically useful in the coming general election. Adding to the mix are the ongoing conflicts within the House republican caucus involving Senate President Matt Huffman (R-Lima) and House Speaker Jason Stephens (R-Kitts Hill) over who will lead the House in the next (136th) General Assembly. The rancor continues practically unabated. In the midst of all the unrest, several bills of particular interest to nurses were either introduced or acted upon by the legislature.

SB 81—Sponsored by Sen. Mark Romanchuk (R-Ontario) was favorably recommended by the House Health Provider Services Committee on April 22, 2024, after adopting a substitute bill that addressed some of the concerns expressed by advanced practice nurses. The substitute bill also added provisions affecting the Board of Nursing’s Alternative Program for Substance Use Disorder.

The bill, in part, authorizes physician assistants, nurse practitioners, nurse midwives, and clinical nurse specialists to sign documents related to the admission, treatment, and discharge of psychiatric patients. (Originally, the bill as introduced addressed only APRNs and was not limited to mental health facilities.) The signature authority is dependent on the following conditions:

1. The authorized practitioners must be employed by or granted the appropriate credentials by the facility.
2. The supervising or collaborating physicians must be employed by or a member of the medical staff of the facility.
3. The supervising or collaborative physician must have authorized the signing practitioner to sign.
4. Either the facility’s policies for PAs or the standard care agreement for APRNs must specify in writing the authority to sign documents for the physicians’ patients.

In addition to the provisions addressing signature authority, the bill also replaces the Board of Nursing’s substance use disorder monitoring program with the Safe Haven Program that will

monitor applicant and practitioner impairment due to substance use disorder or mental or physical disability. The Safe Haven Program must be conducted by a monitoring organization under contract with the board; and the program must receive reports of impairment, determine eligibility for the program, and monitor participation, treatment, and compliance. The board is required to refer any license /certificate applicant or practitioner whose health and effectiveness show signs of impairment or potential impairment. A practitioner is no longer required to surrender a license or certificate as a condition of participation, and the Board is required to abstain from taking disciplinary action against participants based on substance use issues. Further, the board is prohibited from compelling any individual who has been referred to Safe Haven to submit to a physical or mental examination.

The bill has not as yet been scheduled for a vote by the full house.

SB 196—Sponsored by Sen. Kristine Roegner (R-Hudson) is before the Senate Health Committee. ANA-Ohio submitted testimony in support of the bill that gives advanced practice registered nurses (APRNs) additional signature authority. The bill has been scrutinized by interested parties [Ohio State Medical Association (OSMA) & Ohio Association of Advance Practice Nurses (OAAPN)] with the parties continuing to work on some details. The bill will likely fall short of its goal of truly global signature authority due to concerns expressed by OSMA, but many administrative roadblocks in current law that burden access to care will be eliminated. Currently, outdated policies prevent schools, agencies, or other health care providers from accepting forms with an APRN’s signature thus creating unnecessary delays for patients and exacerbating roadblocks that already impede smooth access within the health care system.

HB 183 the so-called “bathroom bill” sponsored by Reps. Beth Lear (R-Galena) and Adam Bird (R- Cincinnati) was reported out of the House Higher Education Committee along party lines (10-5) despite republican Rep. Gayle Manning’s (R- N. Ridgeville) concerns about including institutions of higher education in the bill. The bill was introduced in early October and had numerous hearings during which many proponents and opponents provided testimony. The bill has 20 co-sponsors but has not been slated for a floor vote yet. If enacted, the bill would require K-12 and college students to use bathrooms and locker rooms that match their sex at birth. It also prohibits schools from letting students share overnight accommodations with the opposite biological sex. Schools and universities could still offer single use and family facilities. The restrictions do not apply to school employees, emergency situations, or people assisting young children or someone with a disability.

HB 502 sponsored by Reps. Anita Somani (D-Dublin) and Beryl Piccolantonio (D-Gahanna) was introduced April 22nd and referred to the House Public Health Policy Committee on April 30th. According to the bill’s sponsors, it would give medical professionals clarity and protections as they work with IVF patients. It precludes civil, criminal, and professional disciplinary action for a claim of injury to or death of any human reproductive material as an unborn human individual. Legislative leaders in Ohio have not expressed concern

about the fate of IVF in Ohio; but so-called personhood bills (fetus as a person with certain rights) have been introduced in the past and may return in the future. These proposals could have implications for IVF practices.

HB 49 the hospital price disclosure bill, sponsored by Reps. Ron Ferguson (R-Wintersville) and Tim Barhorst (R- Ft. Loramie) ran into a buzz saw when it reached the senate. The bill introduced 2/15/23, passed the house on June 26th after receiving five no votes on the floor (Reps Cutrona, Patton, G. Manning, Pavliga, and Robb Blaisdel, all republicans). Fifty-three house members signed on as co-sponsors. The most notable opponent during the committee process was the Ohio Hospital Association & the Children’s Hospitals Association. Proponents primarily included health plans, and patient rights groups.

The bill was introduced into the senate on September 12th and referred to the Small Business and Economic Opportunity Committee where it had three hearings with proponents generally representing the National Federation of Independent Businesses, patient rights groups, and individuals. On April 9th the senate committee introduced changes to the bill that allow hospitals to publish estimates rather than actual prices. The revised bill also removed language about patients submitting complaints and prohibiting hospitals in violation of the law from collecting debts. It also reduced penalties for hospitals that do not comply and added language prohibiting hospitals from processing the personal data of patients who use the estimator tools. The Ohio Hospital Association said the senate committee version is more compatible with the federal rules regarding price transparency.

The federal rules requiring hospitals to publicly disclose their prices took effect in 2021. A recent review of 2,000 hospitals nationwide showed approximately 33% complied. Of the 79 Ohio hospitals reviewed, 9% are complying.

Rep. Ferguson, the bill’s sponsor, does not support the changes believing that estimates rather than actual prices will not work, and he will not support the senate committee’s version of the bill. (Columbus Dispatch 4/25/24.)

SB 255 sponsored by Senators Steve Huffman (R-Tipp City) and Terry Johnson (R-McDermott) both physicians. The bill was introduced 4/30/24 and not yet referred to a standing committee. The bill in part adds health care workers (which includes nurses) to the list of people who must notify the coroner when certain specified persons die in specified circumstances. The required notification applies when a person dies:

1. As a result of criminal or other violent means,
2. As a result of suicide,
3. In a suspicious or unusual manner,
4. Suddenly when in apparent good health and includes children under two years of age, and
5. Regardless of the circumstances when the person has developmental disabilities.

Other newly introduced bills (Gongwer House activity for 4/30/24) Gongwer News Service
HB 463—My child. My chart act. Rep. Gary Click (R-Vickery). Health Provider Services Committee. Ensures to the fullest extent of applicable law that a minor’s parent or guardian has access to the minor’s health record without the minor’s consent. The bill does recognize that there are some circumstances in which the minor’s records are protected and therefore cannot be accessed by the parent or guardian without the minor’s consent.

HB 498—Blood donations. Removes the criminal offense related to donating blood when the donor is a carrier of the virus that causes AIDS. Rep. Sarah Carruthers (R-Hamilton). Criminal Justice Committee.

HB 502—Protect assisted reproductive care. Reps. Anita Somani (D-Dublin) & Beryl Piccolantonio (D-Gahanna). House Public Health Policy Committee. (See above explanation).

HB 505—Pharmacies—Insurer and Medicaid program accreditation requirements for pharmacies. Imposes drug cost reporting & payment requirements on pharmacy benefit managers. Reps. Tim Barkhorst (R-Ft. Loramie) & Brian Stewart (R- Ashville) Insurance Committee

HB 506—Overdose reversal drugs—school policies on the administration of overdose reversal drugs. Rep. Dontavius Jarrells (D-Columbus) Primary & Secondary Education Committee. When a school elects to obtain and maintain a supply of an OD reversal drug, the school district shall adopt and implement a policy regarding the supply’s maintenance and use at school.

HB 509—Prescription drug rebates—applies prescription drug rebates to cost sharing requirements. Reps. Tim Barkhorst (R-Ft. Loramie) & Rachel Baker (D- Cincinnati).

Personnel changes

House Speaker controversy intensifies.

House republicans continue to battle within their party, with the latest move coming from Speaker Jason Stephens. Speaker Stephens announced several republican committee chairs were to be removed from their chairmanships and from those respective committees as well. In addition to the prestige and control that are inherent in a committee chair’s position, the move also effectively costs the lawmakers up to \$6,000 (money committee chairs received in addition to their base salary). The affected representatives are Rodney Creech (R-West Alexandra) Agriculture Committee, Phil Plummer (R-Dayton) Constitutional Resolution Committee, Darrell Kick (R-Loudonville) Energy & Natural Resources, Adam Bird (R-Cincinnati) Primary & Secondary Education, **Scott Lipps (R-Franklin) Public Health Policy Committee**, Marilyn John (R-Shelby) State & Local Government.

The overall dispute began in January 2023 when the usually routine election of the House Speaker occasioned a break within the house republicans. Twenty-two republicans voted with the democrats to select Stephens as Speaker rather than Derek Merrin (R-Monclova Twp.) who had been the caucus choice in a straw vote held in late 2022. Some local republican parties censured the so-called “blue 22” as did the state party. The anger continued to simmer, sometimes boiling over in various ways, especially as the 2024 election approached. The “sides” have been fighting legal battles over who is “in charge” of the sizeable House Republican Campaign Fund used to support candidates the party wants to see elected (often incumbents). Further animosity was demonstrated in the March election when several Stephens’ supporters were “primaried” with some of them defeated. This tactic is used rarely and certainly is not typically orchestrated by a faction of incumbent legislators within the targeted candidate’s party. (Gongwer (4/26/24) *House GOP battle scars bared in latest campaign filings*. Gongwer News Service and Gongwer (5/1/24) *Speaker sacks six committee chairs*. Gongwer News Service.)

New Committee chairs had not been named at the time this update was prepared.

New Minority Whip named.

The House Democratic Caucus voted in early April to name Rep. Dani Isaacsohn (D-Cincinnati) as minority whip following Jessica Miranda’s resignation from the leadership post. Miranda also resigned her house seat when she was officially named Hamilton County Auditor to replace the deceased Brigid Kelly. Rep. Isaacsohn is serving his first term in the legislature. Miranda’s seat in the house remains open. She won the primary election in her district, which slightly favors democrats based on prior election results. The local party will name her ballot replacement by this summer. (Gongwer (4/11/2024) *Miranda out, Isaacsohn in as minority whip*. Gongwer News Service)

Vacant seat in 32nd house district filled.



After months of being vacant following the resignation of Bob Young, the house republicans named Jack Daniels (R-New Franklin) to that Summit County seat. Daniels won his May primary election with more than 70% of the vote and was officially endorsed by the Summit County Republicans to replace Young in October. Rep. Daniels, formerly a city council member, owns a trucking company and does not see himself as a “career politician.” (Trau, M. 4/25/24) *Businessman Jack Daniels appointed to take over disgraced state Rep. Bob Young’s house seat*. Ohio Capital Journal)

Board of Nursing rule review process for 2024 is underway.

The Board of Nursing (OBN) has begun its 2024 rule review process, and an email notice was sent to all licensees alerting them to the process and timeline for responding to the proposed changes. As always, the review covers the rules included in the chapters scheduled for their mandatory 5-year review. This year, those rules can be found in chapters 4723-2, 4723-16, 4723-25, and 4723-26 Ohio Administrative Code (OAC). In addition, the Board has proposed

revisions to several rules in Chapter 4723-5 OAC (Nurse Education Programs) that merit attention.

Comments must be sent to OBN **before May 14, 2024**, via email at rules@nursing.ohio.gov. “Rules 2024” should be specified in the email subject line. The OBN’s Advisory Group on Rules will consider public comments at its May meeting. To see all the rules currently being considered go to the [board site](https://nursing.ohio.gov/about-us/news/all-news/5-Year-Rule-Review). (<https://nursing.ohio.gov/about-us/news/all-news/5-Year-Rule-Review>).

Following is a cursory description of the proposed changes currently being considered. Please check the Board’s materials for more detailed information.

Chapter 4723-2 OAC—Public Notice--Adds doula and deletes dialysis technician interns and makes other technical changes required by recently enacted laws that brought doula regulation under the OBN’s purview and eliminated the obsolete dialysis technician intern classification.

Chapter 4723-16 OAC—Adjudication processes. No significant changes proposed.

Chapter 4723-25 OAC –Nurse Education Grant Program

Rule 4723-25-05 OAC—Paragraph (A)(1) Changes the percentage of grant money awarded to prelicensure LPN programs from 15% of the total awarded to one-third of the available funds.

(A)(2) One-third rather than the current 35% awarded shall go to prelicensure RN programs.

(A)(3) One-third rather than the current 50% awarded should go to post-licensure nurse education programs.

Chapter 4723-26 OAC Community Health Workers (CHWs)

Rule 4723-26-12 OAC—Standards for CHW training programs. Requires policies to be written and sets out the general areas that should be addressed in the policies. For example, student enrollment, re-enrollment, credits awarded for previous experience in the armed forces, student progression, and program completion requirements.

Rule 4723-26-13 OAC—Adds requirements for the standard minimum curriculum. Courses must include social determinants of health, recognizing and reporting human trafficking, and competencies in support group facilitation. The rule also adds specifications that must be included in a contract when a program has any type of cooperative relationship with clinical agencies or others.

Chapter 4723-5 OAC Pre-licensure Nursing Education programs

Rule 4723-5-01 OAC—Adds a definition of “survey” and replaces definition of “survey visit” with “survey report” and seems to set the stage for in-person visits to be replaced by a survey report.

Rule 4723-5-04 OAC—When a program does not meet and maintain OBN requirements.

Provisional approval—adds a requirement that a program on provisional approval must prominently publish its provisional approval status on its website homepage, send written communication to current students, and shall include a definition of provisional approval or a link to the applicable list of approved programs published by OBN.

Provisional approval can be proposed if a program's NCLEX scores fall below 95% of the national average for first-time test candidates for four or more consecutive years. The board can continue provisional approval or propose to deny approval.

If a program fails to meet specified requirements the board shall place the program on provisional approval status when NCLEX pass rates fall below the 95% of the national average for three years. (Current language is four years).

Rule 4723-5-06 OAC—Announced survey when program's pass rate falls below 95% for two consecutive years. (Currently, it is three years).

Rule 4723-5-09 OAC—Adds to the list of responsibilities of the RN program administrator to include maintaining NCLEX pass rate for first-time test takers within a calendar year that meets or exceed 95% of the national average for first time test takers for the same calendar year.

Rule 4723-5-13 OAC—Requires programs to prominently publish on their website homepage the previous four years its first-time test takers NCLEX pass rate. The posting must be updated annually.

If a program's pass rate on NCLEX is less than 95% of the national average for first-time test takers in a calendar year the following applies:

- The program administrator shall conduct a review and analysis of the program to determine the underlying cause of the low pass rate, establish a plan to improve NCLEX pass rates, and submit a plan to the board by March 31st of the following year.
- After two consecutive years, the program administrator shall appear before the board on a biennial basis or otherwise as determined by the board to report on the program's progress, compliance, and current status of its graduates' pass rates, and respond to questions.
- After three consecutive years, the program shall be placed on provisional approval and the program administrator should consider engaging a consultant.
- After four years a survey is conducted, and the board may propose withdrawing approval.

Rule 4723-11-04 OAC—Nurse licensure compact application forfeiture

If an applicant for a compact license fails to meet requirements for licensure within one year from the date an application is received, or the application remains incomplete for one year, the application will be considered void, and the fees submitted forfeited. The application will state the circumstances under which forfeiture may occur.

Governor Mike DeWine's State of the State address

Gov. DeWine's focus during much of his speech centered on children. In response to infant mortality numbers, he announced an 11-county pilot program called "Family Connects". Every new mother will be eligible for a home visit about three weeks after delivery. He also proposed offering vouchers for childcare to families making up to 200% of the federal poverty level (the Childcare Choice Voucher.) The childcare voucher initiative was met with mixed responses. House Minority Leader Allison Russo (D-Upper Arlington) noted that money is available from the Biden administration; however, the state has under-utilized those federal dollars in the area of childcare, so Ohio is now engaging in damage control. Senate Minority Leader Nickie Antonio (D-Lakewood) questioned why the governor set the eligibility level at 200% of the federal poverty level. She pointed out the eligibility should be similar to what was adopted by supporters of the universal school choice vouchers program included in the state's budget bill, which set the eligibility level for that voucher at 450% of poverty.

Gov. DeWine also linked health care with school, leveraging schools as a way to provide greater access to care, especially primary care. He cited a clinic housed at East High School in Columbus and staffed by Nationwide Children's Hospital as a model. He did not propose extra funding for this initiative, however, wanting to see how existing dollars could be applied to this effort. He also noted that many children who fail visual screenings do not get the follow-up care they need and announced a Children's Vision Task Force that will extend local vision programs statewide. Finally, he called attention to the Outcomes Acceleration for Kids Learning Network (OAK) that will partner with Medicaid plans to emphasize asthma and sickle cell care, so students miss less school. It will also prioritize regular check-ups and follow-up care after a mental health crisis. (Evans, N. (4/11/24) *DeWine's State of the state*. Ohio Capital Journal).