



136th General Assembly Bill Tracking—*January 1, 2026* Senate

Information in **red** is new

Source: Ohio.gov

Bill No	Sponsor(s)	Summary	Status	Comments
SB 1	Cirino (R)	Ohio Higher Education Act—a repeat of SB 83 from the 135 th general assembly (GA)	Introduced 1/22/25. Referred to the senate higher education committee 1/29/25 and the 1 st hearing was held the same day. The sponsor and 13 proponents testified, including the National Assn. of Scholars, No Harm Action, American Council of Trustees & Alumni. Second and third hearings held 2/11 and 2/12—Opponent witnesses (2/11) totaled over 800 individuals. No witnesses 2/12. Approved 2/12 /25 by senate 21-11 with all D’s and 2 R’s—Louis Blessing & Thomas Patton voting “no”. Introduced into house	<p>This version restores strike prohibition provisions affecting faculty members that was included in the earlier version of SB 83 & prohibits spending on nearly all DEI initiatives. This bill is being fast-tracked. A companion bill (HB 6) was introduced into the house 1/23/25 & referred to the house workforce development & higher education committee 1/28/25.</p> <p>Bill’s sponsor is vice chair of the senate higher education committee.</p> <p>House generally voted along party lines. House vote 59-34 with 3 republicans joining the democrats in voting “no”—Reps. Oeslager, Abrams, & Stephens. Senate concurred with house changes vote 20-11 with Sens. Patton & Blessing joining the senate democrats continuing their opposition. A citizens group, initiated by a group of faculty members from Youngstown</p>

			<p>2/18/25. Referred to house workforce & higher education committee 2/26/25. 1st hearing 3/4/25 proponent testimony. 2nd hearing 3/11/25 opponent testimony. Over 700 people submitted opponent testimony. 3rd hearing 3/19/25 proponent testimony. Committee reported sub bill and house passed it on 3/19/25. Senate concurred with house changes 3/26/25. Sent to governor 3/26. Signed 3/28/25. Eff. June 27, 2025.</p>	<p>State University, started circulating petitions to repeal the law by bringing the issue to the state ballot in November. Whether the group has the resources needed to make this happen is unclear. They submitted petitions with 4500 names (needed 1,000 valid signatures) 4/21/25. If they have met this milestone, they must then gather over 225,000 signatures and pass other challenges before the issue gets to voters. Efforts to gather the required signatures were unsuccessful.</p>
SB 7	Johnson (R)	Regarding student instruction on harmful effects of substance use	<p>Introduced 1/25/25. Referred to senate education committee 1/29/25. 1st hearing 1/29/25. Sponsor testimony. 2nd hearing 2/11/25. Proponents. 3rd hearing 3/11, 4th hearing 4/1 interested parties, 5th hearing 4/8/25. Committee reported sub bill favorably and it passed senate 4/9/25. Introduced into house 4/15/25. Referred to house education committee 4/30/25. 1st</p>	<p>Sponsor testimony: State needs to prevent addiction by focusing on minimizing demand. K-12 students in both public & private schools would receive age-appropriate education on the evils of drugs. The Depts. of Workforce & Education and Mental Health & Addiction Services would develop a list of evidence-based curricula, materials, programs, & instructional strategies schools may use. Bill was previously introduced in 135 GA as SB 205.</p>

			hearing 9/30 sponsor testimony	
SB 8	Huffman (R)	Prohibits paid public employees leave for certain activities	Introduced 1/22/25 Referred to govt oversight and reform committee 1/29/25. 1 st hearing 2/26/25. 2 nd hearing 3/19/25, proponents	
SB 11	Blessing (R) DeMora (D)	Prohibits post-employment agreements restraining career or business (non-compete clauses)	Introduced 1/22/25 and referred to senate judiciary committee 1/29/25. 1 st hearing 2/12/25 sponsor testimony. 2 nd hearing 2/26/25. 3 rd hearing 3/5/25 proponent, opponent & interested party testimony.	Opponents included the Ohio Business Roundtable, NFIB, Ohio Hospital Association, Ohio Mortgage Bankers Association, Ohio Manufacturing Assn., Ohio Chamber of Commerce.
SB 25	Johnson (R)	Prohibits sunlamp tanning services to individuals under age 16.	Introduced 1/22/25 Referred to senate health committee 1/29/25. 2/12/25 1 st hearing Sponsor testimony. 2 nd hearing 4/2/25 proponent testimony	
SB 56	Huffman (R)	Revise medical & adult use marijuana laws and levy taxes	Introduced 1/28/25 & referred to senate general govt committee. 1 st hearing on 1/29/25. Sponsor testimony and proponent testimony from 4 witnesses including the Ohio Prosecuting Attorneys Assn, the Ohio Chamber of Commerce & Ohio Poison Control. 2 nd hearing 2/18/25 opponent testimony. 43	Sponsor characterized the bill as streamlining Ohio's marijuana programs by merging the medical & adult use programs into the division of cannabis control established by voters, & it addresses public safety. It bans public smoking, prohibits driving while the driver or any passenger is using marijuana, and ensures marijuana is not grown at residences that operate in-home childcare. Citizen group that was active in efforts to pass the statutory initiative legalizing recreational use of marijuana is considering returning the

			<p>testified including the ACLU, Ohio Mayors Alliance, Ohio Assn. of Broadcasters. 3rd hearing 2/26/25. Reported 2/26/25 (5-2 party line vote (Blackshear & DeMora) and passed senate 2/26/25. Introduced in house 3/3/25, referred to judiciary committee 3/5. Three hearings conducted in the spring. 10/21 committee reported substitute bill & bill re-referred to finance committee by rules & reference. 10/22 House finance committee reported sub. bill. 10/22 passed house . 10/29 senate refused to concur with house changes. 11/5 conference committee convened. 1/19 house agreed with conf. comm. Report. 12/9 senate concurred. Signed 12/19 by governor, eff. Date 3/20/26. Operating appropriation effective 12/19/25</p>	<p>issue to the ballot again in November 2026 because they believe the law as it was amended by the legislature does not reflect the will of the voters.</p>
SB 62	Gavarone (R)	Enact School Bus Safety Act	<p>Introduced 1/28/25 Referred to senate judiciary committee 1/29/25. 1st hearing 2/19/25 sponsor</p>	

			testimony; 2 nd hearing 3/5 proponent testimony; 3 rd hearing 5/7/25 interested parties.	
SB 71	Antonio (D)	Prohibits conversion therapy for minors by certain providers	Introduced 2/4/25	
SB 78	Hicks-Hudson (D) DeMora (D)	Establish & operate Ohio Health Care Plan	Introduced 2/4/25	
SB 86	Huffman (R) Wilkin (R)	Regulate & tax intoxicating hemp & drinkable cannabinoid product.	Introduced 2/4/25. Referred to general govt committee 2/12; 1 st hearing 3/4/25 sponsor testimony, 2 nd hearing 3/18/25 proponents, 3 rd hearing 3/25/25 opponents, proponents, & interested parties. 4 th hearing 4/8.25. 5 th hearing 4/29. Committee reported sub bill 4/29 & senate passed 4/30. All votes were unanimous. Introduced in house 5/6/25. Referred to house general govt comm 5/7/25.	Sponsor testimony notes support for the bill from the DeWine administration. It requires intoxicating hemp products that meet the THC threshold be sold only in licensed dispensaries per rules adopted by the Dept. of Commerce. The bill applies only to products that can be ingested or inhaled. Per the sponsor, these products are more intoxicating than marijuana. They are untested, unregulated psychoactive products that a majority of states have either fully prohibited or significantly regulated. The bill regulates the products much like alcoholic beverages are in Ohio.
SB 109	Blessing (R) & Smith (D)	Provides no cost breakfasts & lunches to all public	Introduced 2/18/25. Referred to senate finance committee	Estimated cost is \$300,000 for each fiscal year.

		school & chartered non-public school students at no cost	2/19/25. No action thus far.	
SB 113	Brenner (R)	Prohibit DEI in public schools.	Introduced 2/25/25. Referred to senate education committee 2/26. 1 st hearing, sponsor testimony 3/4/25. 2 nd hearing 3/25/25 proponent testimony. Companion bill HB 155.	The bill specifically prohibits DEI influence in orientation or training courses, continuation of an existing or the establishment of a new DEI office or department or using DEI in job descriptions. Bill does not define “DEI” or any of the words in the acronym.
SB 133	Antonio (D) & Huffman (R)	Abolishes the death penalty & revises the number of juror challenges	Introduced 3/5/25. Referred to judiciary committee 3/19/25.	
SB 134	Antonio (D) & Huffman (R)	Abolishes the death penalty & addresses the funding of lethal injections	Introduced 3/5/25. Referred to health committee 3/19/25.	
SB 137	Johnson (R)	Requires hospitals to provide patients OD reversal bags in certain circumstances	Introduced 3/11/25. Referred to senate health 3/19. 1 st hearing 5/28 sponsor testimony; 2 nd hearing 6/4 proponent testimony; 3 rd hearing; 4 th hearing 10/4; 5 th hearing 10/8. Committee favorably reported bill unanimously 10/8. Passed senate unanimously 10/8/25. Introduced in house 10/14. Referred to house	Applies to ED patient if patient presented with symptoms of opioid overdose, opioid use disorder, or other adverse event related to opioid use unless threatening practitioner has determined that providing the drug is not appropriate, the patient already possess an OD reversal drug, the hospital has not received a supply of OD reversal drugs, or patient refuses to accept.

			health committee 10/15. 1 st hearing sponsor testimony 10/29. 2 nd hearing 11/5 proponents; 3 rd hearing 11/12/25.	
SB 140	Ingram (D) Reynolds (R)	Eliminates the requirement that a freestanding birthing center have a written transfer agreement with a hospital in case of emergency situations	Introduced 3/11/25. Referred to health committee 3/19/25.	
SB 149	Roegner (R)	Enter the licensure compact for respiratory care therapists (RCTs)	Introduced 3/18/25. Referred to health committee 3/19/25. 1 st hearing 5/28/25 sponsor testimony; 6/4/25 2 nd hearing proponents; 3 rd hearing 6/18 IP & proponent testimony; 4 th hearing 10/1/25.	Compact, if enacted, would not become effective until 7 states (charter states) have adopted it. Medical board is the licensing entity for RCTs in Ohio.
SB 153	Gavarone (R) & Brenner (R)	Requires citizenship verification to be eligible to vote	Introduced 3/19/25 . Referred to general government committee 3/26/25. 1 st hearing, sponsor testimony 4/8/25. Had a total of 5 committee hearings, the last being on 11/5/25.	Sponsor testimony said that by requiring proof of citizenship to vote, Ohio's elections become more secure. Bill also modifies election petitions, increases transparency regarding payment of petition circulators, and eliminates ballot drop boxes. Sponsors liken a mailbox to a ballot drop box. Bill remains in committee BUT portions of it were inserted into SB 293 which was passed in November and sent to the gov. for signature on 12/9/25.

				See SB 293 in ANA-Ohio Legislative Update December 1, 2025, for more in-depth information.
SB 154	Ingram (D)	Long term care facility electronic room monitoring	Introduced 3/35/25. Referred to health committee 3/26/25. 1 st hearing 10/28/25.	Bill would also apply to residential care facilities. Allows a designated sponsor selected by the resident rather than a guardian to make decisions regarding monitoring.
SB 157		Changes statute of limitations for written and implied contracts.	Introduced 3/25/25. Referred to senate judiciary coimmittee 3/26. 1 st hearing, sponsor testimony 5/14; 2 nd hearing 6/11 proponent testimony	Currently the time for filing a breach of contract suit is 6 years for a written contract and 4 years for implied contracts. This bill changes that to 3 years and 2 years respectively.
SB 160	Liston (D) Johnson (R)	Establishes limits on health benefit plans with respect to cost-sharing	Introduced 4/1/25. Referred to financial institutions, insurance, and technology committee 4/2/25. 1 st hearing 6/17 sponsor testimony; 2 nd hearing 9/30 proponent testimony; 3 rd hearing 10/21/25 Opponent and IP hearing	Health benefit plans would not be able to: Increase the covered person's burden of cost sharing relative to a drug, Move a drug to a more restrictive tier of a plan formulary. Limit when a drug can be removed from the plan's formulary. Limit or reduce coverage by requiring prior authorizations.
SB 161	Schaffer (R) Johnson (R)	Requires ODJFS to seek permission to exclude certain items from SNAP	Introduced 4/1/25 Referred to health committee 4/2/25. 1 st hearing 5/28 sponsor testimony	Restricted foods include soft drinks, candy, chips, ice cream, & prepared desserts.

SB 165	Manchester (R)	Regulates use of AI by health insurer	Introduced 4/1/25 Referred to financial institutions, insurance, & technology committee 4/2/25; 1 st hearing, sponsor testimony 10/14/25.	Prohibits health insurer from reducing or denying a claim under certain circumstances & adds mental health to the definition of “emergency medical condition”. Insurers must tell enrollees they are not required to self-diagnose
SB 170	Huffman (R) Roegner (R)	Addresses investigational treatments for some illnesses	Introduced 4/8/25. Referred to health committee 4/9/25. 1 st hearing sponsor testimony 5/28. 2 nd hearing 6/18/25 proponents	Sets parameters for how health providers deal with investigational treatments for life threatening or severely debilitating illnesses. “Life threatening” or “severely debilitating” means the likelihood of death is high unless the course of the disease is interrupted; the outcome is potentially fatal, and clinical trial could increase survival. Written informed consent is required. May or may not be covered by a health plan, & and the hospital must first authorize the therapy. Cannot exclude insurance coverage for services not related to investigational treatment services that are otherwise covered by the plan.
SB 198	Koehler (R)	Prohibits drug manufacturers from taking certain actions related to reimbursements made to 340B covered entities	Introduced 5/13/25 Referred to senate health committee 5/14/25. 1 st hearing 10/1 sponsor testimony; 2 nd hearing 10/15 proponent testimony; 3 rd hearing opponent testimony 11/12/25.	Requires health plans and PBMs to provide real-time up-to-date information on drug eligibility, prior authorizations, and cost sharing.

SB 209	Cutrona (R) & Reynolds (R)	Addresses the prescribing, providing, & administering drugs used for off-label purposes	Introduced 5/27/25. Referred to Senate Health Committee 5/28/25.	Companion bill to substitute version of HB 12. Bill continues not to address the issue of nurse immunity as does the house bill.
SB 210	Blessing (R)	Establishes stand-alone licensing process and new contractual requirements for pharmacy benefit managers (PBMs)	Introduced 6/3/25, Referred to senate health committee 6/4/25.	
SB 220	Manchester (R)	Establishes community paramedicine program & requires Medicaid coverage of services provided by a community paramedic	Introduced 6/10/25. Referred to senate financial institutions, insurance, & technology committee. 1 st hearing 10/14 sponsor testimony; 2 nd hearing 11/4/25.	A community paramedic program would operate under the direction of the emergency medical services organization medical director or cooperating physicians' advisory board. The non-emergency services identified in the bill include chronic disease management and prevention, health evaluation & assessment, home safety inspections & fall prevention, health education, medication compliance, referrals to community services, management of patients post operatively, and care coordination. These services would be covered by Medicaid.
SB 226	Gavarone (R)	Application of light-based medical devices for hair removal	Introduced 7/1/25. Referred to senate health committee 10/1/25	Companion bill HB 377
SB 227	Craig (D)	Caps cost sharing for prescription insulin	Introduced 7/1/25. Referred to financial institutions, insurance	No health benefit plan may require more than \$35 in cost sharing per covered prescription insulin drug per 30-day supply.

			and technology committee 10/1/25	
SB 230	Romanchuk (R)	Allows pharmacists to screen, test, or treat certain respiratory health complaints	Introduced 7/7/25. Referred to senate health committee 10/1/25. 1 st hearing 11/12/25 sponsor testimony	Pharmacist may conduct screenings, order and administer lab & diagnostic tests, evaluate the results of the screenings conducted & tests that are ordered and administered and provide treatment for influenza, pharyngitis, pharyngitis caused by strep, COVID-19, & RSV . May also delegate tasks to a pharmacy intern, registered pharmacy tech, or certified pharmacy tech acting under the direct supervision of the pharmacist.
SB 249	Lang (R) & Johnson (R)	Authorizes dispensing of ivermectin without a prescription	Introduced 8/27/25 Referred to health committee 10/1.	No committee action yet. The bill requires the dispensing be done according to protocol established by a prescriber (which does include APRNs). There must be: <ol style="list-style-type: none"> 1. a risk assessment screening 2. A standardized risk assessment that describes ivermectin's indications, contraindications, the method for using the drug, the importance of follow up with a prescriber It provides immunity for the prescriber.
SB 258	Lang (R) Romanchuk (R)	APRN practice bill	Introduced 9/10/25. Referred to senate health committee 10/1/25. No action as yet	No action to date
SB 274	Cirino (R) & Brenner (R)	Eliminates provision in current law that allows outpatient mental health	Introduced 9/30/25. Referred to senate health committee 10/1/25. No action to date	A companion bill HB 172 is in the house, and it received hearings by the health committee as late as November 2025.

		services for minors age 14 and older on a temporary basis without consent of a parent or guardian. May provide up to 6 sessions or 60 days of services (whichever comes first) that may not include medications.		
SB 276	Roegner (R)	Ratified licensure compact for school psychologists	Introduced 9/30/35. Referred to senate education committee. Recommended for approval by committee 11/5. Passed senate 11/12 unanimously. Introduced into house 11/18 & referred to the education committee on 11/19.	
SB 293	Gavarone (R) Brenner (R)	Changes to Ohio's voting process including elimination of the 4-day grace period for absentee ballots to be received and counted by county boards of election if the ballot is	Introduced 10/14/25 & referred to senate general govt. committee 10/15. 1 st hearing 10/21. Committee held 3 hearings in which numerous opponents testified. One proponent testified-The Honest Elections Project Action. Committee recommended passage on a party line vote	See the ANA-Ohio Legislative Update for December 1, 2025, for more detailed information

		postmarked by election day.	on 11/5 and it passed the full senate on 11/5. One R Sen. Louis Blessing joined the D's & voted "no". Referred to the house general government committee where it had one hearing on 11/18 when 3 proponents testified—the bill's two sponsors and SOS Frank LaRose. Numerous opponents testified. Committee recommended passage 11/19. House approved on 11/19 largely on a party line vote with two R's voting "no" Reps. Andrea White & Mark Hiner. Senate concurred with house changes on 11/19. Signed by Gov. 12/19/25.	
SB 301	Johnson (R)	Places limits on non-compete contracts for physicians, physician assistants, and APRNs	Introduced 10/21/25 and referred to the general government committee on 10/29. Sponsor testimony 11/4, proponent testimony 11/18	For additional information see the ANA-Ohio Legislative Update 12/1/25
SB 309	Koehler (R)	Abortion Pill Provider Liability Education Act (APPLE). Establishes	Introduced 10/28 and referred to health committee on 10/29. Sponsor testimony 11/19/25.	Per sponsor testimony, bill "provides a framework for a healthcare provider to educate a woman on the risks associated with a chemical abortion & makes her aware

		<p>informed consent requirements except in cases of emergency for the provision of abortion-inducing drugs by a healthcare provider and establishes civil penalties for a healthcare provider, the provider's agent, or a healthcare facility that violates the bill's requirements.</p>		<p>of her family's right to sue if pill results in complications, a failed abortion, or her death.</p>
<p>SB 310</p>	<p>Johnson (R)</p>	<p>Requires public schools to include fetal development instruction in any instruction addressing human growth and development or sexuality. The instruction will be required by the 2026-2027 school year and must include high quality computer-generated animation or a high-definition</p>	<p>Introduced 10/28 & referred to the education committee 10/29</p>	<p>For additional information see the ANA-Ohio Legislative Update 12/1/25. Similar but not identical to HB 485</p>

		ultrasound video at least 3 minutes in duration showing development of the brain, heart, and other vital organs in early fetal development		
SB 314	Craig (D) & Liston (D)	Requires a minimum of 2-hours of dementia-specific training] approved by the Dept. of Health for long-term care nurse aides. Failure to comply can result in a fine of the facility that is issued by ODH.	Introduced 11/4/25 and referred to the health committee 11/5.	No action yet. Companion bill introduced in the house, HB 474
SB 317	Weinstein (D) Schaffer (R)	Establishes the Pediatric Cancer Research Fund. Voluntary donations authorized, including when registering a motor vehicle or filing a state income tax return.	Introduced 11/5 and referred to the finance committee 11/28	No action to date. Companion bill introduced in the house (HB 573)
SB 330	Blackshear (D)	Allows school districts to count mental health days	Introduced 11/25/25	No action to date

		as excused absences		
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136th General Assembly Bill Tracking—As of January 1, 2026
House

Bill No	Sponsor(s)	Summary	Status	Comments
HB 6	Young (R)	Introduced 1/23/25. Referred to house workforce and higher education committee 1/2/25.	No action in committee	Companion to SB1 that is being fast-tracked in the senate. SB 1 (the companion bill to HB 6) was enacted and signed by the governor.
HB 8	White (R)	Requires 3 rd party health plans including Medicaid to cover biomarker testing	Introduced 1/23/25. Referred to house health committee 1/28/25 . First hearing 2/5/25. Sponsor testimony. 2 nd hearing 4/9/25 proponent testimony. 3 rd hearing 4/30/25. All parties	Rep. White has worked on this legislation for 4 years. She stated that 20 states have enacted similar legislation. This type of personalized medicine improves survivorship, lessens pain etc. Bill does not require payment if done for screening purposes. In making a business case for the bill’s passage, she provided a one-page summary of the Biomarker Testing Cost Savings Benefits Impact research as a supplement to her testimony. ONA testified in support as did representatives from OSU-The James, the Ohio Association of PAs, the American Lung Association, and the American Cancer Society. ONA testimony focused on access to affordable care calling biomarker testing a revolutionary tool that personalizes medicine and leads to better outcomes. Others noted that the technology can also be helpful in treating certain mental health challenges.

HB 12	Gross (R) Swearingen (R)	Prescribing, dispensing, administering drugs for off-label use	Introduced 1/23/25. Referred to house health committee 1/28/25. 1 st hearing 4/2/25, sponsor testimony; 2 nd hearing 4/30/25 proponent testimony; 3 rd hearing 5/7/25 opponent testimony; 4 th hearing 5/21; 5 th hearing 6/4; 6 th hearing 6/11 no witnesses for 4 th , 5 th , and 6 th hearings	Bill has 39 co-sponsors. Similar to HB 73 from previous General Assembly that ANA-Ohio opposed. That bill passed the house but stalled due to changes made by the senate with which the house refused to concur. Current bill does not include immunity for nurses who administer these drugs but does include the prescriber and dispenser. See ANA-Ohio Feb 12 th legislative update on the ANA-Ohio web page for more information. This bill also includes provisions dealing with so-called “medical free speech.”
HB 29	Humphrey (D) John (R)	Inmate access to feminine hygiene products	Introduced 1/28/25. Referred to house government oversight committee 2/5/25. 1 st hearing 4/2/25 sponsor testimony. 2 nd hearing 4/7/25 proponent testimony. 3 rd hearing 5/6 proponent testimony; 4 th hearing 5/13. Committee favorably reported bill 5/14 & house passed 5/28. Introduced in senate 6/3 and referred to government oversight & reform committee. 1 st hearing 10/22 sponsor	Requires correctional facilities housing female inmates experiencing a menstrual cycle with an adequate supply of feminine hygiene products based on human need, in perpetuity, and without reprimand at no cost. Other provisions state the woman cannot be denied access to one hot shower/day and must be provided a disposal container for the menstrual hygiene products. Bill passed the house unanimously in the 135 th general assembly but stalled in the senate.

			testimony; 11/5, 2 nd hearing proponent testimony. 3 rd hearing 11/12 proponent testimony. Committee favorably recommended bill 11/12, House passed 11/19. Signed by governor 12/19 Effective 3/20/26. All votes were unanimous.	
HB 47	Santucci (R) & Williams (R)	Increases the penalty for trafficking of a minor, a person with a disability, and for kidnapping and abduction	Introduced 2/4/25. Referred to house judiciary committee 2/5/25. 1 st hearing 4/2/25 sponsor testimony. 2 nd hearing 4/9/25 proponent testimony. 3 rd hearing 4/30. Proponent—Ohio AG Dave Yost testified in support; 4 th hearing 5/14; 5 th hearing 5/28 recommend for passage. 6/4 house passed. All votes were unanimous 6/10 introduced in senate referred to the judiciary committee 6/11/25. 1 st hearing 11/5 sponsor testimony.	Per sponsor testimony in 2022, Ohio ranked 4 th in the nation for human trafficking cases. Bill puts traffickers on notice that if they engage in human trafficking in Ohio, they will face life in prison. In 2023, Ohio received an overall grade of F on its report card dealing with child and youth trafficking.
HB 52	Deeter (R)	Revises practice of CRNAs	Introduced 2/4/25. Referred to house health committee 2/5/25 1 st	Addresses the role of CRNAs in ordering post anesthesia care including the administration of medications and IV fluids. See Feb 12 th ANA-Ohio

			<p>hearing 5/27/25 sponsor testimony; 2nd hearing 6/4/25 proponents; 3rd hearing 6/11/25 IPs and opponents. IPs included OBN, Ohio Society of Anesthesiologists, and OSMA; 4th hearing 6/18/25—committee reported the bill unanimously. Passed house 6/18 with one “no” vote,(D)Desiree Tims. Introduced in senate 6/24 & referred to senate health committee 6/25/25. 1st hearing sponsor testimony 10/8/25. 2nd hearing 10/22/25 proponent testimony including the Ohio Board of Nursing & the Ohio State association of Nurse Anesthetists, 3rd hearing 11/5/25 no witnesses. 4th hearing 11/19 IP but no opponents</p>	<p>legislative update on the ANA-Ohio web page for more information. Because of the work done by the bill’s sponsor, medical groups that have typically opposed the bill were interested parties this time. The substitute bill that passed included the following changes 1) health care settings where CRNAs can practice were identified, 2) CRNA practice must align with privileges and policies of the facility, 3) physicians & the facility retain the ability to determine what services are in the patient’s best interest, 4) requires notification identifying who will administer anesthesia to a patient. Team approach was emphasized.</p>
HB 57	Jarrells (D) Williams (R)	School policy on administering overdose drugs	<p>Introduced 2/4/25. Referred to house education committee 2/25/25. 1st hearing 3/11/25 sponsor testimony, 2nd hearing 4/1/25 proponent testimony,3rd hearing</p>	<p>Requires schools that elect to obtain and maintain a supply of a drug overdose reversal drug to adopt a policy about supply maintenance and drug use at each school offering this. Also allows community schools, STEM schools, college prep boarding schools , and chartered or unchartered non-public schools to accept donations to purchase the</p>

			<p>4/8/25, 4th hearing 4/29/25. Committee recommended approval 4/30/25 unanimously & house passed it unanimously 5/7/25. Introduced in senate 5/13/25; referred to senate education committee. 1st hearing 6/10/25; 2nd hearing 6/17/25; 3rd hearing 6/24/25. 4th hearing 9/30/25. Reported by senate education committee 10/1/25 (5-2 vote democrat senators Ingram & Smith opposed.) Passed full senate 10/1/25 (28-4 vote democrat senators DeMora, Hicks-Hudson, Ingram, & Smith opposed.)</p>	<p>drugs. If the superintendent determines a persistent pattern of overdoses at the district schools has emerged, he/she shall notify the parent or guardian of each student enrolled of that development.</p>
HB 58	Pizzulli (R) & Jarrells (D)	Creates recovery housing certificate of need program	<p>Introduced 2/4/25. Referred 2/5/25 to the community revitalization committee. 1st hearing 2/18/25 sponsor testimony. 2nd hearing 3/18/25 proponent testimony; 2nd (sic) hearing 5/6/25 opponent and IP testimony. 3rd hearing (4th</p>	<p>Goals of bill are to ensure accountability and safeguard public safety. Current lack of effective oversight, overcrowding, substandard facilities all contribute to the current situation. Medicaid funds pay for these facilities. 21 counties in Ohio have zero to no recovery housing. 22 counties operate beyond full capacity. This is both a health care and public</p>

			hearing) 10/4; 5 th hearing 11/18 sub bill accepted by the committee	safety issue. Local leaders are demanding action.
HB 96	Stewart (R)	State general budget	Introduced 2/11/25. Referred to house finance committee 2/12/25. Hearings well underway in various subject matter specific standing committees including agriculture, children & human services, development, education, natural resources, public safety, ways & means, workforce & higher education, governmental oversight and reform. Finance Committee held multiple hearings from 3/12/25 through 4/8/25. Committee reported amended sub bill 4/9/25 & house passed 4/9/25.	See multiple updates as bill progresses through the process. Expected to be out of the house by early to mid-April. A balanced budget must be enacted & effective by July 1, 2025. Finance committee voted for favorable passage 19-10 and bill passed house 60-39 on 4/9/25 with 5 Rs joining the democrats in voting “no”—Reps. Dean, Ferguson, Gross, Stephens, & Teske. Senate finance committee favorably recommended 6/10/25 along party lines. Senate approved on 6/11/25 (23-10) with republican Louis Blessing voting with the Ds. House refused to concur with senate version. Senate insisted on its version 6/12/25. Conference committee named 6/12/25. Members from the house—Reps Stewart (R), Dovilla (R), & Sweeney (D). Senate members included republican senators Cirino (R), Chavez (R), and democrat Hicks-Hudson. Senate and house both accepted conference committee reports 6/25/25. Sen. Blessing (R) voted “no” with the senate Ds and republican Reps. Oeslager, Dean, & Ferguson voted “no” with the house Ds. Bill signed by Gov. 6/30/25. Operating appropriations effective 6/30/25. Other provisions effective 9/30/25 with some exceptions. Governor line-item vetoed 67 provisions. House overturned one of those vetoes on 7/21/25 (61-28). Vetoes may be brought forward for an override vote anytime before the 136 th General Assembly adjourns permanently (December 2026).

				SEE LEGISLATIVE UPDATE—July 14, 2025, on the ANA-Ohio website at the advocacy link for more information about provisions in the bill.
HB 112	Gross (R) Lear (R)	Conscientious right to refuse	Introduced 2/18/25. Referred to judiciary committee 2/26/25. 1st hearing 11/5 sponsor testimony	Prohibits discrimination against an individual for the refusal of certain medical interventions for reasons of conscience, including religious convictions. Discrimination includes denial of services, employment, and access to commerce; segregation of the individual, and other penalties including financial coercion.
HB 122	Lampton (R) Thomas Hall (R)	Tax credit for employers who provide organ donors paid leave.	Introduced 2/24/25 Referred to ways & means committee 2/26/25. 1st hearing sponsor testimony 4/30/25; 2nd hearing 5/24/25; 3rd hearing 6/4/25; 4th hearing 6/11/25 No opponent testimony received Committee favorably reported the bill unanimously 6/12/25. House passed unanimously 6/18/25. Introduced in senate 6/24/25; referred to senate ways and means committee 6/25/25. 1st hearing sponsor testimony 10/21/25	
HB 128	Tims (D) Somani (D)	Reproductive health care act	Introduced 2/24/25. Referred to health committee 2/26/25	

<p>HB 130</p>	<p>LaRe (R) Brennan (D)</p>	<p>Notice required for Medicaid estate recovery</p>	<p>Introduced 2/24/25. Referred to Medicaid committee 2/26/25. 1st hearing sponsor testimony 4/1/25. 2nd hearing 4/8/25. Interested party testimony. Committee favorably reported the bill unanimously 4/9/25; House passed unanimously 5/7/25. Introduced in senate 5/13/25; referred to senate Medicaid committee 5/14/25. 1st hearing 11/4/25 sponsor testimony.</p>	<p>Goal of the bill is to ensure transparency & clarity for individuals and their families enrolled in the Medicaid Recovery Program.</p>
<p>HB 133</p>	<p>Craig (R)</p>	<p>Tax credit for small business employers who offer individual coverage health reimbursement arrangements.</p>	<p>Introduced 2/24/25. Referred to ways & means committee 2/26/25; 1st hearing 4/2/25. 2nd hearing 4/9/25 proponent testimony; 3rd hearing 4/30/25; 4th hearing 5/7/25; 5th hearing 5/28/25. Committee favorably reported the bill unanimously 6/3/25; House approved unanimously 6/4/25. Introduced in senate 6/10/25; referred to senate ways & means committee 6/11/25. 1st hearing</p>	

			<p>sponsor testimony 10/21/25.</p>	
HB 141	Abrams (R) Baker (D)	Regarding prescribed pediatric extended care centers	<p>Introduced 3/3/25. Referred to house Health 3/5/25. 1st hearing scheduled 4/30/25. Sponsor testimony; 2nd hearing 5/7/25 proponent testimony; 3rd hearing 5/21/25; 4th hearing 5/27/25. Committee favorably reported a sub bill 5/27 unanimously and it passed the house unanimously 6/18/25. Introduced in senate 6/24/25; referred to senate health committee 6/25/25. 1st hearing sponsor testimony 10/8/25.</p>	<p>Similar bill introduced late in previous general assembly session. Some committee members expressed a concern because the program would be funded through Medicaid. They believed the bill should include language addressing work requirements for eligible children's parents. Committee members were able to agree on a suitable compromise.</p>
HB 144	Click (R) & Lorenz (R)	Creation of a communication disability database	<p>Introduced 3/3/25. Referred to house community revitalization committee 3/5/25. 1st hearing 3/11/25 sponsor testimony; 2nd hearing 4/29/25 proponent testimony; 3rd hearing 5/6/25; 4th hearing 5/13/25. Committee unanimously reported the bill 5/14/25. Passed house 5/14/25 (89-2 with Ds Brent & Sims opposing). Introduced in</p>	<p>Ensures police, fire and EMS departments have as much information as possible when responding to a situation. Delaware County has a special needs registry that makes it possible to minimize any encounter with people with disabilities who may panic or not understand what is happening. A similar bill was introduced last year.</p>

			senate 5/20/25; referred to armed services veterans affairs, & public safety committee 6/25/25. 1 st hearing 6/4/25 sponsor testimony; 2 nd hearing 6/11 proponent testimony; 3 rd hearing committee reported the bill 6/25 and passed 10/ 1/25 unanimously. Signed by governor 10/20. Effective 1/19/26	
HB 155	Lear (R) Williams (R)	Prohibits DEI in public schools	Introduced 3/6/25. Referred to education committee 3/19/25. 1 st hearing 5/6/25 sponsor testimony; 2 nd hearing 5/20/25 proponent testimony. Companion to SB 113.	
HB162	Click (R)	My Child My Chart Act	Introduced 3/12/25. Referred to house health committee 3/19/25; 1 st hearing 5/21/25 sponsor; testimony; 2 nd hearing 6/11/25 proponent testimony; 3 rd hearing 6/18/25 opposition testimony. 4 th hearing 9/24; 5 th hearing 10/1; 6th hearing 10/8 committee reported the bill (10-2) House passed (87-6) on 10/15.	Introduced in previous general assembly. Assures parental access to a minor child's medical record without the consent of the child. Allows for records to be maintained in a way that separates records regarding care given without parental consent in a way that excludes them from parental access. Ohio Children's Hospitals Association and American College of OB/GYNs among the opponents.

			Introduced in senate 10/21. Referred to health committee 10/22/25	
HB 167	White (R)	Tax credit for certain childcare expenditures	Introduced 3/12/25. Referred to ways and means committee 3/19/25. 1 st hearing 5/21/25 sponsor testimony	Provides non-refundable tax credit for certain employer-provided childcare expenditures.
HB 172	Newman (R)	Prohibits mental health services to minors without parental consent	Introduced 3/12/25 Referred to health committee 3/19/25 1 st hearing 5/21/25 sponsor testimony. 2 nd hearing 10/22 proponent testimony; 3 rd hearing 11/19 opponent testimony	Current law allows outpatient mental health services to be provided to minors 14 years of age & older without knowledge or consent of a parent or guardian for up to a maximum of 6 sessions or 30 days. Applies to outpatient services & excepts the use of medication services. This option would be eliminated by the bill. Proponents included Ohio Christian Education Network, Protect Ohio Children, Ohio Value Voters. Opponents included Ohio Association County Behavioral Health Authority, Ohio Counseling Association, Cincinnati Children's Medical Center.
HB 174	Rader (D) & Sims (D)	Establishes a program to refund supplemental nutrition assistance program (SNAP) allotment for those recipients who have been victims of electronic theft or fraud	Introduced 3/12/25 Referred to agriculture committee 3/19/25. 1 st hearing 4/2/25 sponsor testimony	
HB 178	Troy (D) & Williams (R)	Establishes supplemental	Introduced 3/17/25. Referred to community	Per the bill's sponsors, since terminating the public health emergency declared during the COVID

		benefit allotment for SNAP recipients,	revitalization committee 3/19/25. 1 st hearing 4/8/25 sponsor testimony; 2 nd hearing 5/13/25 proponent testimony.	pandemic, over 70,000 older Ohioan households have seen monthly benefits reduced to \$23/month. Bill increases the minimum to \$50/month for individuals 60 years of age and older.
HB 192	Barhorst (R) Fischer (R)	Implements drug cost reporting requirements for pharmacy benefit managers (PBMs)	Introduced 3/24/25 Referred to insurance committee 3/26/25. 1 st hearing 5/6/25 sponsor testimony; 2 nd hearing 6/10/25. 3 rd hearing 10/7/25 proponent testimony; 4 th hearing 10/21/25; 5 th hearing 11/18/25 opponent testimony.	The language in this bill was included in the house-passed version of the budget bill (HB 96).
HB 198	Fischer (R) T. Mathews (R)	Regulates the manufacture & sale of inhalable ingestible hemp products.	Introduced 3/25/25 Referred to judiciary committee 3/26/25. 1 st hearing 4/9/25 sponsor testimony; 2 nd hearing 4/30/25 proponent testimony; 3 rd hearing 5/7/25 opponent and IP testimony.	Per sponsor testimony, the bill addresses a gap in current law that allows unregulated operators to sell intoxicating hemp derived products such as delta-8 THC, directly to children. Requires age verification at the point of sale and prohibits sale to anyone less than 21 years of age.
HB 214	Miller, K. (R)	Requiring Medicaid health insurers report on prior authorizations	Introduced 4/1/25. Referred to Insurance committee 4/9/25. 1 st hearing 5/20/25 sponsor testimony.	Establishes requirements health insurers must meet relative to prior authorization (PA) data reporting. The data from the previous calendar must be available to all participating health care practitioners in aggregate form for all services, drugs, or devices. They must also report on the percentage of standard & expedited reviews supported, denied, or approved after appeal and

				the average median time that elapsed between submission of a PA & issuance of a decision.
HB 219	Deeter (R)	Establishes network adequacy standards for health insurers	Introduced 4/1/25 Referred to insurance committee 4/9/25. 1 st hearing 5/6/25 sponsor testimony. 2 nd hearing 10/7/25 proponent testimony	Very comprehensive bill. Establishes determinants an insurer's network must address when calculating its networks' adequacy. The determinants include not only the ratio of providers to covered individuals but also geographic accessibility, waiting times, ability to meet patient needs, etc. Sponsor is a CRNA and CNP
HB 220	Workman (R)	Prior authorization	Introduced 4/1/25. Referred to insurance committee 4/9/25. 1 st hearing 5/27/25 sponsor testimony. 2 nd hearing 10/21/25. 3 rd hearing 10/28/25 proponent testimony	Limited in its breadth. Deals with drug dosage changes for a previously authorized drug. Expressly states that no fee can be charged for appealing an adverse prior authorization request.
HB 224	McClain (R) Miller, M. (R)	Regulates the practice of "certified licensed" "midwives and "licensed" (traditional) midwives	Introduced 4/7/25. Referred to health committee 4/9/25. 1 st hearing sponsor testimony 5/21/25. Testimony included a chart outlining the fairly complicated regulatory scheme proposed in the bill.	Very similar to a bill in previous general assembly (HB 545). It takes some concentration to fully follow the proposed regulatory scheme. The Board of Nursing would license & regulate certified midwives while the Department of Commerce would regulate the licensed midwives. (The commerce department regulates banks, savings institutions, securities & real estate professionals, cable TV mortgage brokers and the like. It appears there are no health care providers currently under its purview.) Qualifications for a certified midwife parallel those of a CNM. Licensed midwives must be 18 years of age, a high school graduate and certified by the North American registry of midwives or the international registry of midwives or another

				entity approved by the Dept of Commerce. Both Commerce and OBN must have midwife advisory councils. The bill includes a scope of practice for both the certified and licensed midwives. The certified midwives would have the same standard care agreement and physician collaboration requirements and prescriptive authority as the CNMs. (See also HB 537)
HB 229	Deeter (R)	Licensing Pharmacy Benefit Managers (PBMs)	Introduced 4/9/25 Referred to house general government committee 4/30/25. 1 st hearing 5/13/25 sponsor testimony; 2 nd hearing 6/3/25 proponent testimony; 3 rd hearing 6/10/25 opponent testimony. 4 th hearing 9/24; 5 th hearing 10/7 proponent testimony. Committee reported bill unanimously 10/7 and approved by the house 10/8 unanimously. Introduced in senate 10/14. Referred to senate financial institutions, insurance & technology committee 10/15. 1 st hearing 10/28 sponsor testimony; 2 nd	Establishes a licensure requirement under the Department of Insurance (DOI) and new contractual requirements. The PBM expressly acts as the insurer's agent & owes a fiduciary duty to the insurer. The bill includes recording and contractual obligations for a PBM. Basically, it sets out a new regulatory scheme that requires the DOI to administer a program requiring licensure of PBMs that want to operate in Ohio. These entities manage drug benefits for insurer, employers, & process claims related to pharmacy benefits. The bill standardizes key terms & reporting requirements. According to the sponsor testimony, 3 PBMs have a monopoly, and they process 80% of Ohio claims as a third-party administrator. 6 PBMs control the entire market in Ohio. As a result, they control the supply chain which influences drug pricing, access, & reimbursement.

			hearing 11/4/25 proponent testimony.	
HB 237	Somani (D) Piccolantonio (D)	Protect reproductive care such as IVF	Introduced 4/17/25 Referred to house health	
HB 253	John (R) Young (R)	Creates & licenses advanced respiratory therapists (ARTs)	Introduced 4/30/25 Referred to house health committee	Similar bill was proposed in the previous general assembly. ARTs would be licensed through the state medical board, and they would perform expanded respiratory care services under physician supervision. They can perform assessments, order tests, develop care plans, and Initiate certain treatments—all of which may overlap with NP and RN responsibilities.
HB 271	Schmidt (R) Williams (R)	Expands insurance and Medicaid coverage & removes cost sharing for supplemental & diagnostic breast cancer screenings	Introduced & referred to house insurance committee 5/14/25. Sponsor testimony 5/20/25. 2 nd hearing proponent testimony 5/27/25. 3 rd hearing 10/7 opponent and IP testimony; 4 th hearing 10/4/25.	Requires coverage without out-of-pocket costs for mammograms, ultrasounds. MRIs, and biopsies when medically necessary. Fiscal note is pending. Insurers are likely to raise concerns about how this will drive up premiums. Sponsor is very committed to this bill.
HB 281	Williams (R)	Establishes requirements for hospitals to cooperate with federal immigration services by permitting agents access and sharing information. Noncompliance can lead to loss of state	Introduced 5/20/25. Referred to house public safety committee 5/21/25. 1 st hearing 6/11/25 sponsor testimony	Hospitals must allow federal or state law enforcement to access facilities, arrest, interview, or collect evidence. Hospital staff must facilitate access and share information as permitted by law.

		Medicaid and grant dollars.		
HB 289	Rader (D) Grim (D)	Establish and operate Ohio health care plan for universal health care coverage	Introduced 5/20/25 Referred to house insurance committee 5/21/25. 1st hearing 10/14/25 sponsor testimony.	Similar bills have been introduced for several past general assemblies and have not moved beyond the early stages of the legislative process.
HB 300	Brownlee (D) Lett (D)	Prohibits certain health care professionals from engaging in conversion therapy for minor patients	Introduced 5/8/25 Referred to house health committee 5/28/25.	Conversion therapy is defined as seeking to change someone's sexual orientation or gender identification. The bill includes APRN clinical nurse specialists but omitted mental health nurse practitioners. Failure to comply could result in license revocation or suspension.
HB 319	T. Young (R)	Bill seeks to reform the clinical teaching subsidy programs in Ohio medical schools so as to create a funding model that rewards public medical schools for clinical instruction & retaining graduates within the state.	Introduced 6/3/25 referred to the workforce and higher education committee 6/4/25. Interested party testimony presented by representatives of five of Ohio's six public medical schools on 6/4/25.	Currently the fund is administered by the Chancellor of Higher Education. Ninety percent (90%) of the funds are allocated based on the number of FTE students in clinical training years. Ten percent (10%) is based on performance metrics. The bill does not focus on nursing education; however, the shortage of health care personnel including nurses could lead to attention being paid to other professionals who make up the total provider picture.
HB 324	Mathews (R) Craig (R)	Prohibits sale/distribution of drugs causing "severe adverse effects" including OTC drugs.	Introduced 6/3/25. Referred to health committee 6/4/25. 1st hearing 6/11/25 . Sponsor testimony 2nd hearing 9/24 proponent testimony; 3rd hearing	The bill grew out of a concern that high risk drugs provided to patients via telehealth or mail order prescription often do not include an in-person evaluation and conversation. "High risk drugs" are defined as those causing severe adverse effects in 5% of patients taking them. The director of the department of health in consultation with the Supervisor of Insurance & others must develop a

			10/8 opponent testimony; 4 th hearing 11/12; 5 th hearing 11/19 committee recommend favorable passage (9-2). House passed 11/19 (60-28). Both were party line votes. Introduced 11/25 in senate	list of the drugs meeting the definition. This is in addition to drugs determined by the FDA. LSC raised concerns about whether a state law such as this would hold up in court on the grounds that it is an attempt to supersede federal law on the subject, which is prohibited. See Legislative Update December 1, 2025, for more information.
HB 353	Lampton (R) Manning (R)	Proposes to change the professional title from physician assistant to physician associates.	Introduced 6/11/25. Referred to house health 6/11/25. 1 st hearing 10/1/25 sponsor testimony; 2 nd hearing 10/22 proponent testimony; 3 rd hearing 11/19/25 opposition testimony, primarily from physician specialty organizations	The title change would align the ORC with national efforts led by the American Academy of Physician Associates. The title may imply more parity with physicians. Scope of practice is not changed by the bill.
HB 370	Newman (R) Dean (R)	Criminalizes abortion by recognizing fertilized embryos as persons with equal protection; therefore, abortion equals homicide except to save the life of the mother.	Introduced 6/18/25. Referred to House judiciary committee 9/15	This bill has wide-spread implications.
HB 374	Sigrist (D) Abrams (R)	Requires a prescription drug	Introduced 6/23/25	Before selling a drug at retail, the licensed distributor must provide notice that a prescription

		reader be provided for visually impaired patients. The readers would be covered by insurance.		drug reader is available. The bill provides several exceptions including, but not limited to, an institutional pharmacy or drugs personally furnished by a licensed prescriber to a patient.
HB 377	Deeter (R)	Revises law governing the application of light-based medical devices for the purpose of hair removal	Introduced 6/24/25	Companion bill SB 226.
HB 390	Schmidt (R)	Shifts responsibility for collecting cost-sharing amounts from physicians and other health care providers who are entitled to reimbursement by a health plan issuer.	Introduced 7/1/25 Referred to house insurance 9/15. First hearing sponsor testimony 10/21/25.	Per the sponsor, making a physician responsible for chasing down copays etc. creates tension, damages trust, and places the provider in an unethical position of having to choose between continuing care or enforcing payment.
HB 410	Schmidt (R) Mathews (R)	Ohio's Medicaid program prohibited from providing payments to entities providing elective abortions	Introduced 8/7/25. Referred to Medicaid committee 9/15. 1 st hearing 9/30, 2 nd hearing proponents (Right to Life Catholic Conference) 10/7 3 rd hearing 11/4 opponent testimony	Opponents say the ban would leave many without access to preventive care and other services they need. Planned Parenthood is the provider most impacted by the ban. See Legislative Update December 1, 2025, for additional information
HB 423	Deeter (R)	Regulates surgical assistants, surg techs by the	Introduced 8/25 referred to health committee 9/15.	Per the sponsor, Ohio has no minimum requirements for surgical assistants. They do more than "assist". They cut tissue, harvest

		medical board much like what is in place for PAs, anesthesia assistants, RTs, acupuncturists, and genetic counselors.	Sponsor testimony 9/17. 2 nd hearing 11/19/25.	veins for grafts, and suture along with other activities such as patient positioning, skin antisepsis, room organization all without any educational requirements.
HB 435	Williams (R) & M. Miller (R)	Regarding genetic testing to establish paternity when a child is born to unwed parents	Introduced 9/9/25 referred to the judiciary committee 9/15/25. No committee action yet	The facility must offer genetic testing and cannot bill the mother or father. Can bill an insurance plan.
HB 437	Rader (D) & Schmidt (R)	Requires a participation physical exam that includes a cardiac screening	Introduced 9/9/25 Referred to health committee 9/15. First hearing 11/12 proponents	Supported by the Ohio Chapter American Heart Association & the American College of Cardiology.
HB448	Baker (D) & Barhorst (R)	Addresses drug discounts that pharmaceutical manufacturers negotiate with PBMs in exchange for a medication being included on the PBMs formulary	Introduced 9/15/25 Referred 10/1 to insurance committee. Sponsor testimony 11/18/25	The savings generated by the discounts were supposed to be felt by the patients however, the PBMs have pocketed the savings they received without lowering the drug's price so patients are not receiving the drug at the negotiated amount.
HB 449	Barhorst (R) & McClain (R)	Better access to health care act	Introduced 9/15/25. Referred to house health committee 10/1.	APRN bill to eliminate the SCA. A similar bill HB 508 was introduced too, and it is the bill receiving committee attention. (See below)
HB 462	Richardson (R)	Authorizes the use of a nasal inhaler	Introduced 9/23/25. Referred to health	See Legislative Update December 1, 2025.

		as a route of administration of epinephrine at schools. Current law only addresses EpiPen administration.	committee 10/1. 1 st hearing 10/8; 2 nd hearing 10/22, 3 rd hearing 10/29, 4 th hearing 11/5. No opposition testimony. Recommend by the committee for passage unanimously 11/10 and passed house unanimously on 11/12. Referred to senate 11/18 and referred to education committee on 11/19.	
HB 474	Baker (D) & Deeter (R)	Requires ODH to establish training and competency evaluation for nurse aides in nursing homes and residential care settings. The training should include a minimum of 2 hours of dementia training	Introduced 9/29/25. Referred to health committee 10/1/25.	No action to date. Companion bill SB 314.
HB 485	M. Miller (R)	Baby Olivia Act Requires public schools to instruct students in grades 5-12 on human growth & development. The course content must include showing a 3-	Introduced 9/29/25. Referred to education committee 10/1. Sponsor testimony 10/7. 2 nd hearing 10/28 proponents. 3 rd hearing 11/13 opponents. 4 th hearing 11/18 proponents.	See Legislative Update December 1, 2025, for additional information. Proponents include Right to Life and the Center for Christian Virtue among others. Opponents include Planned parenthood among others.

		minute ultrasound video or its equivalent and a video called “Meet Baby Olivia” produced by Live Action or its equivalent.	Committee recommended favorable passage 8-4 along party lines. Passed house 11/19 again on party lines (59-27) Introduced in senate 11/25/25.	
HB 508	Gross (R) & Baker (D)	Grants APRNs (CNS, NP, & CNM) authority to practice without a standard care arrangement & collaborating physician if APRN has 5,000 hours of practice in a clinical setting	Introduced 10/8/25. Referred to Medicaid committee 10/15/25. 1 st hearing sponsor testimony 10/15, 2 nd hearing 10/21 proponent testimony. ANA-Ohio testified in support. 11/18/25 opponent testimony—all represent physician organization, including OSMA	See Legislative Update 12/1/25 for more information
HB 521	Cockley (D) & Lett (D)	Nurse staffing bill that establishes statutory nurse patient ratios	Introduced 10/15/25 Referred to health committee 10/22.	See Legislative Update December 1, 2025, for more information
HB 525	Cockley (D) & Mathews (R)	AI use in therapy services. Allows a licensed therapy professional to utilize AI to assist in providing supplementary support while engaged in therapeutic	Introduced 10/15/25. Referred to health committee 10/22/25.	No action by committee yet The list of people defined as trained therapy professionals includes PNPs, , MHNPs and any other professional authorized to provide therapy or psychotherapy.

		communication with client while meeting specific criteris. Cannot be used for making clinical decisions		
HB 535	Lorenz (R)	Revises current law first enacted in 2008 that governs hospital-wide nursing care committees and hospital nursing services staffing plans	Introduced 10/21/25 Referred to health committee 10/22.	No action to date. See Legislative Update December 1, 2025.
HB 537	McClain (R) M.Miller (R)	Regulate practice of midwifery, establish requirements for free standing birth centers and to designate May 5 th as the “Day of the Midwife.”	Introduced 10/21/25. Referred to Children & Human Services Committee. No action to date.	See also HB 224.
HB 552	Pizzulli (R) & Lett (D)	Ensures hospice providers are fairly reimbursed when caring for Medicaid patients in nursing facilities and intermediate care facilities for individuals with intellectual disabilities	Introduced 10/28/25. Referred to Medicaid committee 10/29. 1 st hearing sponsor testimony 11/4/25.	Currently Medicaid reimburses only 95% of room and board. The remaining 5% is not covered by anyone. The gap is significant for hospice programs. Bill requires payment of 100% of the facility’s room and board rate.

HB 562	Mohamed (D) & Piccolantonio (D)	Appropriates \$300,000 through a competitive grant process to middle and high schools and institutions of higher education for the provision of special religious diets including Kosher & Halal food. Director, Dept of Agriculture; Director of Education and Workforce & Chancellor of higher education will establish criteria for awarding grants.	Introduced 10/29/25. Referred to community revitalization committee 11/5. 1 st hearing sponsor testimony 11/18/25	
HB 566	Jarrells (D) & Williams (R)	Requires ODH, hospitals, and urgent care facilities to create domestic violence protocols for certain health care professionals (including nurses). Called Break the Silence Act	Introduced 11/4/25; Referred to health committee 11/5/25.	No action by the committee yet. See Legislative Update 12/1/25 for more information. In a press conference sponsors said the bill would establish a consistent, statewide approach to identify and support domestic violence survivors.
HB 573	Synerberg (D) & Piccolantonio (D)		Introduced 11/4/25 and referred to health committee 11/12/25. No committee action to date	Authorizes voluntary contributions to the fund. Companion bill SB 317
HB 577	Ferguson (R)	Requires photo ID to vote absentee. It	Introduced 11/5/25. Referred to general	No committee action to date

		may be either a current driver's license, temporary driver's permit, or a state ID card.	government committee on 11/12.	
HB 579	Schmidt (R)	Prohibits a health insurance plan from making a decision regarding the care of a covered person based solely on results derived from the use or application of AI	Introduced 11/5/25. Referred to insurance committee	No action by committee to date
HB 629	Barhorst (R) & Gross (R)	Pharmacist prescribing act. Authorizes a pharmacist to treat minor health conditions. Health care providers include physicians, APRNs with prescriptive authority and PAs.	Introduced 12/11/25.	Requires health insuring corporation to provide payment or reimbursement to a pharmacist for providing health care services to a patient per a protocol developed by a "health care provider" for individuals 13 years of age and older. Conditions include influenza, strep throat, COVID, bronchitis, sinusitis, lice, skin conditions including ring worm and athletes' foot, UTI, HIV prevention & other minor or generally self-limiting conditions specified in the protocol.