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Bill Analysis

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Alan Van Dyne, Senior Research Analyst

SUMMARY

- Requires hospitals to meet minimum staffing requirements when assigning registered nurses (RNs) in hospital units, including by meeting specified RN-to-patient ratios.
- Requires hospitals to develop and implement compliant nurse staffing plans, in place of their existing nursing services staffing plans, and to establish nurse staffing committees, in place of their existing hospital-wide nursing care committees.
- Conditions implementation of a hospital's nurse staffing plan and any deviations resulting from a public health emergency on an approval process to be conducted by the hospital's nurse staffing committee.
- Permits the Director of Health to impose fines for violations of the staffing requirements and to engage in other enforcement activities.
- Establishes the Nursing Student Loan-to-Grant Program, under which nursing students may be awarded amounts that do not have to be repaid if a five-year service obligation is completed.
- Makes an appropriation.
- Designates the legislation as the Ohio Nurse Workforce and Safe Patient Act.

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DETAILED ANALYSIS

REGISTERED NURSE STAFFING IN HOSPITALS

Revision of existing hospital nurse staffing requirements

The bill, to be known as the Ohio Nurse Workforce and Safe Patient Act,¹ establishes specific requirements that hospitals must meet in staffing their inpatient units with registered nurses (RNs). The requirements are subject to enforcement by the Director of the Ohio Department of Health (ODH).²

The bill's requirements replace existing law under which each hospital that provides inpatient care must create a nursing services staffing plan to guide the assignment of nurses throughout the hospital. In association, the bill requires a hospital to create a nurse staffing committee, which replaces the laws requiring a hospital to create a hospital-wide nursing care committee.³ The new committee is charged with recommending and approving the hospital's nurse staffing plan; once a plan is approved, the hospital is required to comply.

For a detailed description of the existing requirements for hospital staffing plans and committees that are replaced by the bill, see [LSC's analysis of H.B. 346 of the 127th General Assembly, As Enacted \(PDF\)](#), which is available on the archived website of the Ohio General Assembly: archives.legislature.state.oh.us.

Hospitals affected by or excluded from new staffing requirements

The bill's staffing requirements apply broadly to all hospitals and portions of hospitals that use RNs to provide the various types of patient care described in the bill.⁴ In general, "hospital" is defined by current law as an institution or facility that provides inpatient medical or surgical services for a continuous period longer than 24 hours.⁵

In addition to its broad application, the bill expressly includes the following as facilities that are subject to its staffing requirements:

- Psychiatric inpatient facilities and units licensed by the Ohio Department of Behavioral Health;
- Long-term acute care hospitals.

¹ Section 9.

² R.C. 3722.21 to 3722.40.

³ Section 3 (R.C. 3727.50 to 3727.57, all repealed); conforming changes in R.C. 4723.489, 4730.203, and 4772.092.

⁴ R.C. 3722.21.

⁵ R.C. 3722.01.

Except for specific exclusions, the bill's staffing requirements apply to a hospital regardless of any other conflicting statute. The exclusions apply to the following:

- Psychiatric hospitals managed by the Department of Behavioral Health;
- ODH-licensed freestanding inpatient rehabilitation facilities;
- ODH-licensed freestanding birthing centers.

Hospital nurse staffing committees

The bill requires each hospital to establish and maintain a nurse staffing committee. Regarding the committee's members:⁶

- At least 60% of the membership must consist of direct care RNs, with at least one RN serving as a member from each of the hospital's patient care units. These members are to be elected by their peers.
- If the hospital's nurses are covered by a collective bargaining agreement, the membership must include nurses appointed by the labor organization representing the nurses.
- All or part of the remainder of the membership must consist of a meaningful representation of direct care staff who serve in positions that are not considered management positions. As with the direct care RN membership, these members are to be elected by their peers.

The committee must meet at intervals it considers necessary to fulfill its responsibilities. Attending a committee meeting or otherwise fulfilling the duties of membership is to be considered by the hospital as part of a member's regularly scheduled hours of work for any pay period.⁷

Role in approving the hospital's nurse staffing plan

The committee is required to prepare and submit recommendations to the hospital regarding the nurse staffing plan required by the bill. After receiving a proposed plan from the hospital, the committee must review the proposal and recommend revisions if considered necessary. Once a compliant plan has been developed, the committee is to grant its approval. Thereafter, the committee must consider any proposed updates or other revisions to an approved plan by using the same review process.

The committee may prepare and submit recommendations on any other matter it considers relevant to the staffing, patient safety, and other provisions of the bill.⁸

⁶ R.C. 3722.23(A).

⁷ R.C. 3722.23(B).

⁸ R.C. 3722.23(D).

Hospital nurse staffing plans

Development

Each hospital subject to the bill must develop a nurse staffing plan that provides adequate, appropriate, and quality delivery of health care services and protects patient safety.⁹ The plan must address all recommendations the hospital receives from its nurse staffing committee. The hospital must submit its proposed plan to the hospital's nurse staffing committee for review, revision, and approval, as described above. When the hospital is notified that a plan is approved by the committee, the hospital must implement the plan in whole and continue to comply. Subsequent updates or revisions are subject to the same review process.

The hospital must post a copy of its approved plan on a publicly accessible area of the hospital's website. In addition, a copy must be submitted to the ODH Director.

Initial implementation timeframes

If a hospital is currently in operation, the initial plan must be developed and implemented within one year after the bill's effective date. For any hospital that begins operating after the bill's effective date, the initial plan must be developed and implemented as soon as practicable, as determined by the ODH Director.¹⁰

Report on meeting demand for nurses

The bill requires the ODH Director to prepare a report containing recommendations for ensuring that sufficient numbers of nurses are available in Ohio to meet the bill's hospital staffing requirements. In doing so, the Director must consult with the Ohio Board of Nursing and the Ohio Department of Higher Education.

The report must be completed within one year after the bill's effective date. On completion, the Director must submit copies to the General Assembly.¹¹

Minimum RN-to-patient staffing ratios in hospitals

Each hospital subject to the bill is required to staff its various patient units with direct care RNs based on a maximum number of patients who may be assigned to a nurse at one time. The requirements apply at all times during each working shift. The resulting RN-to-patient ratios are identified as mandatory minimum staffing requirements. The bill specifies, however, that this does not mean that a hospital cannot choose to implement staffing requirements that are more stringent.¹²

The bill's specific RN-to-patient staffing ratios are listed in the following table.¹³

⁹ R.C. 3722.22(A).

¹⁰ R.C. 3722.22(B).

¹¹ Section 4.

¹² R.C. 3722.24(A).

¹³ R.C. 3722.24(B).

RN-to-Patient Ratio	Hospital Unit
1:1	<p>One RN for each patient in either of the following:</p> <ul style="list-style-type: none"> ▪ A trauma emergency unit; ▪ An operating room. (The bill also requires that there be at least one other person assigned to serve at the same time as an operating room assistant.)
1:2	<p>One RN for every two patients in a critical care unit, including those designated as:</p> <ul style="list-style-type: none"> ▪ Neonatal intensive care; ▪ Emergency critical care; ▪ Intensive care; ▪ Labor and delivery; ▪ Coronary care; ▪ Acute respiratory care; ▪ Post-anesthesia care; ▪ Burn care.
1:3	<p>One RN for every three patients in a unit designated as:</p> <ul style="list-style-type: none"> ▪ Emergency department care; ▪ Pediatric care; ▪ Step-down care; ▪ Telemetry care; ▪ Antepartum care; ▪ Combined unit for labor, delivery, and postpartum care.
1:4	<p>One RN for every four patients in a unit designated as:</p> <ul style="list-style-type: none"> ▪ Medical-surgical care; ▪ Intermediate care; ▪ Acute psychiatric care; ▪ Any other specialty care unit.
1:5	<p>One RN for every five patients in a unit designated as:</p> <ul style="list-style-type: none"> ▪ Rehabilitation; ▪ Skilled nursing. (This includes a hospital unit that has beds registered with ODH as long-term care beds, skilled nursing beds, or special skilled nursing beds.)

RN-to-Patient Ratio	Hospital Unit
1:6	One RN for every six patients in a unit designated as: <ul style="list-style-type: none"> ▪ Postpartum care, with each mother and infant counted separately; ▪ A well-baby nursery.
<i>Ratios specified by ODH Director</i>	In any hospital unit not identified above, one RN for the number of patients designated by the ODH Director.

ODH's more stringent RN-to-patient staffing ratios

The bill grants the ODH Director authority to establish RN-to-patient staffing ratios that are more stringent than the ratios described in the table, above.¹⁴ This authority may be exercised on two conditions:

- That the Director has determined the more stringent ratios are necessary to protect patient safety;
- That the Director has consulted with both the hospital and the RNs affected.

Deadline for complying with staffing ratios

Generally, the bill requires a hospital to implement its RN-to-patient staffing ratios as soon as practicable. This is to be determined by the ODH Director. However, for a hospital that is currently in operation, the following deadlines apply, depending on whether the hospital is in an area the Director has identified as being rural:¹⁵

- Two years after the bill's effective date, for a hospital in a nonrural area;
- Four years after the bill's effective date, for a hospital in a rural area.

Public health emergencies when staffing ratios do not apply

During any public health emergency that applies within Ohio and has been declared by a state or federal officer, a hospital is generally exempt from the bill's RN-to-patient staffing requirements or any more stringent staffing ratios established by the ODH Director. Before any proposed staffing deviation may be implemented, however, the deviation must be approved by the hospital's nurse staffing committee.¹⁶

¹⁴ R.C. 3722.25(A).

¹⁵ R.C. 3722.24(C) and 3722.25(B).

¹⁶ R.C. 3722.26(A).

Deviation procedures

If a hospital proposes to deviate from the RN-to-patient staffing ratios because of a public health emergency, the hospital must submit the proposal to its nurse staffing committee for review. If the committee approves the deviation, the hospital may implement the deviation accordingly.¹⁷

Once a deviation is approved by the committee, the hospital must:

- Submit information to the ODH Director identifying the deviation, the reason for it, and the period it will be in effect;
- Within ten days after implementing the deviation, post on a publicly accessible area of the hospital's website the same information that was submitted to the ODH Director.

Limits on methods of making RN assignments

The bill establishes limits on how a hospital may make RN assignments to meet the bill's staffing requirements. Under these limits, a hospital is prohibited from:¹⁸

Forgoing RN orientation. A hospital cannot assign an RN unless the nurse has received an orientation that is sufficient to provide competent care in that unit and has demonstrated competence in providing care for that unit. This applies to all RNs who may be assigned to a unit, including nurses from temporary staffing agencies and nurses who relieve other nurses during breaks, meals, and other routine or expected absences.

Counting non-direct-care RNs. A hospital cannot include in the staffing calculations any RN who is serving in an administrative or supervisory position, including a charge nurse.

Using shift averaging. A hospital cannot attempt to meet the staffing requirements by calculating averages of the number of patients in a unit or the number of RNs assigned to the unit during any particular working shift or any other period.

Using video monitoring as staff. A hospital cannot use video monitors or any other electronic means of observing a patient as a way to meet the staffing requirements.

Imposing mandatory overtime. A hospital cannot impose mandatory overtime on any RN to meet the bill's staffing requirements.

Standards for hospital patient care

In conjunction with its RN staffing requirements, the bill establishes standards for the provision of patient care. Under these standards, a hospital is prohibited from:¹⁹

¹⁷ R.C. 3722.26(B).

¹⁸ R.C. 3722.27.

¹⁹ R.C. 3722.28.

Using video monitoring for patient assessments. A hospital cannot use video monitors or any other electronic means to substitute for the direct observation that is necessary for an RN to conduct proper patient assessments.

Placing patients in units inappropriately. A hospital cannot place a patient for care in a particular unit unless the staffing ratios that apply to the unit are sufficient to meet the level of intensity, type of care, and individual needs of that patient.

Using less intensive ratios in units with adjustable patient acuity. In a unit with adjustable patient acuity levels, a hospital cannot use a staffing ratio that does not meet the ratio for the highest patient acuity level that exists within the unit during a working shift.

Failing to provide additional RN staffing when needed. If an assessment of a patient's acuity level and nursing care plan demonstrates that the patient's care requires staffing that is more stringent than the ratios that would apply otherwise, the hospital cannot fail to provide additional direct care RNs, licensed practical nurses, and other personnel in accordance with the assessment.

Posting of staffing information in hospital units

The bill requires a hospital to post, in each of its patient care units, a uniform notice that explains the bill's staffing requirements.²⁰ For each working shift in a unit, the hospital must include with the uniform notice a posting of both of the following:

- A description of the RN-to-patient staffing ratio that applies to the unit;
- The actual number and titles of the direct care RNs who are assigned during the shift.

The uniform notice and shift-specific information must be prepared in a manner prescribed by the ODH Director. The notice and information must be posted in an area of the unit that is visible, conspicuous, and accessible to the hospital's staff, its patients, and the public.

Documentation system and access to records

The bill requires a hospital to develop a system to document how it meets the bill's staffing requirements. Through this system, the hospital must maintain records of each of the following for at least three years:²¹

- The RN staffing notice that the bill requires to be posted for every working shift in each hospital unit;
- The actual staffing levels that occurred;
- Information certifying whether each RN assigned to a unit received rest and meal breaks during a working shift. This must include the identities of the individuals who relieved the nurses during the breaks.

²⁰ R.C. 3722.29.

²¹ R.C. 3722.30(A).

On request, the records in the documentation system must be made available to the ODH Director, any RN, or any member of the public. For an RN who is a public employee, the bill specifies that the records also must be given to the employee organization that serves as the RN's collective bargaining representative.²²

RN rights relative to staffing matters; retaliation prohibited

The bill authorizes an RN to object to or refuse to participate in any hospital unit staffing activity, policy, practice, assignment, or task if the nurse reasonably believes any of the following:²³

- That the hospital is not complying with its mandatory minimum RN-to-patient staffing ratios or is otherwise violating the bill's requirements;
- That the staffing matter poses a risk to patient safety;
- That the RN is not prepared – by education, training, or experience – to participate in the staffing matter, and that by participating, patient safety would be compromised or the RN would be subject to disciplinary action by the Ohio Board of Nursing.

The bill prohibits the hospital from taking any retaliatory action against an RN who exercises this authority. For example, a hospital cannot retaliate by (1) imposing employment-related discipline, such as reducing work hours, reassigning positions or shifts, or terminating employment, or (2) filing a complaint or report against the RN with the Board.²⁴

If a hospital takes retaliatory action, the RN may submit a complaint to ODH under the bill's complaint procedure. In addition to any resulting disciplinary actions taken by ODH against the hospital, the bill establishes that the RN has a cause of action in court against the hospital.²⁵

Prohibitions and investigations of violations

Under the bill, a hospital is prohibited from knowingly doing any of the following:²⁶

- Failing to develop and implement a staffing plan in accordance with the bill;
- Failing to comply with the staffing plan once it has been implemented, unless a deviation is approved by the hospital's nurse staffing committee because of a public health emergency;
- Failing to comply in any other manner with the bill's requirements for RN staffing.

The ODH Director is required to investigate alleged violations of the bill's prohibitions, including allegations arising from complaints. An investigation may be conducted with or without

²² R.C. 3722.30(B); see also R.C. 4117.01 and 4117.05, not in the bill.

²³ R.C. 3722.32(A).

²⁴ R.C. 3722.32(B).

²⁵ R.C. 3722.32(C).

²⁶ R.C. 3722.34; see also R.C. 3722.26.

advance notice to the hospital. In either case, the hospital must grant access to its facilities and records as the Director considers necessary.²⁷

Corrective action plan

If the ODH Director determines that a hospital is engaging in a prohibited activity, the Director must require the hospital to establish a corrective action plan. The determination may be made through an investigation or any other means. The corrective action plan must be submitted to the Director and is subject to the Director's approval. The Director may request the plan to be revised, and the hospital must revise it accordingly.²⁸

Fines

If a corrective action plan does not resolve a violation, the bill requires the ODH Director to impose a fine. The Director's action must be taken through an adjudication under the Administrative Procedure Act (R.C. Chapter 119).²⁹

The amount of the fine to be imposed is differentiated according to whether it applies to the hospital as a business entity or to an individual who is a hospital employee. The fine amounts are set as follows:³⁰

- \$25,000 for a first offense by a hospital, and \$50,000 for each subsequent offense;
- \$20,000 for each offense committed by an employee.

The Attorney General is charged with collecting any fines that remain unpaid. This is to occur on request of the ODH Director and through a civil action brought by the Attorney General.³¹

The fines are to be used as additional funds for the existing Nurse Education Assistance Program (described below) and must be deposited in the state treasury for that purpose.³²

Semi-annual audits of hospital staffing and records

The bill requires the ODH Director to conduct audits of a hospital to determine whether it is implementing its staffing plan appropriately and whether it is maintaining records in its documentation system as required. An audit must be conducted at least every six months. Additional audits may be conducted at any time the Director considers necessary for proper enforcement of the bill.³³

²⁷ R.C. 3722.35.

²⁸ R.C. 3722.36(A).

²⁹ R.C. 3722.36(B).

³⁰ R.C. 3722.36(B)(1).

³¹ R.C. 3722.36(B)(2).

³² R.C. 3722.36(C); see also R.C. 3333.28.

³³ R.C. 3722.33.

Complaints procedures; toll-free number for reports

The bill requires the ODH Director to establish complaint procedures regarding violations of the bill's requirements. The procedures may be used by an RN, hospital patient, or any other person. When a complaint is received, the Director must conduct an investigation.³⁴

In a related matter, when a patient is admitted for inpatient care, the bill requires a hospital to provide information on ODH's existing toll-free patient safety telephone line. The number may be used by the patient, or the patient's representative, to (1) seek information regarding the bill's staffing requirements and other provisions or (2) make reports of inadequate staffing or care.³⁵

Hospital retaliation and discrimination – general prohibitions

In addition to the bill's anti-retaliation provisions that apply expressly to RNs, the following prohibitions on hospitals apply to both RNs and others:³⁶

- A hospital must not discriminate or retaliate in any manner against an RN, hospital patient, or any other person who, in good faith, files a complaint with ODH under the bill's complaint procedures, presents a grievance to the hospital regarding its staffing, or otherwise demonstrates opposition to any hospital policy, practice, or action that violates the bill's staffing requirements.
- A hospital must not interfere with, restrain, or prohibit a person's exercise of, or attempt to exercise, any of the rights conferred by the bill.
- A hospital must not establish policies that, directly or indirectly, discourage an RN or any other person from disclosing information as authorized by the bill.
- A hospital must not intimidate an RN or any other person who makes public statements regarding hospital staffing.

Legislative recognitions and findings regarding RNs

Regarding the practice of registered nursing, particularly in relation to a hospital's nurse staffing plan, the bill states that the General Assembly recognizes that all RNs have the following duties and rights:³⁷

- To act based on their professional judgment and according to RN statutes and rules;
- To provide care in the exclusive interests of their patients;
- To act as advocates for their patients.

³⁴ R.C. 3722.37.

³⁵ R.C. 3722.31; see also R.C. 3701.91, not in the bill.

³⁶ R.C. 3722.38.

³⁷ R.C. 3722.39(A).

In recognizing these duties and rights, the bill states that the General Assembly finds that an RN, before accepting a patient assignment, is responsible for determining the following:³⁸

- Whether the RN has the necessary professional knowledge, judgment, skills, and ability to care for the patient;
- Whether the RN is competent to provide the required care;
- Whether accepting the assignment would create harm for either the patient or the RN.

Transparency and accountability

The bill establishes the following requirements as a means of increasing transparency and accountability regarding hospital nurse staffing plans:³⁹

- On a semi-annual basis, each hospital must prepare and make publicly available a report that includes a description of the hospital's staffing levels in relation to its nurse staffing plan, a description of any deviations from the plan that occurred because of a public health emergency, and a summary of each meeting held by the hospital's nurse staffing committee.
- ODH must maintain a website dashboard regarding the extent to which hospitals are in compliance with their nurse staffing plans and all other provisions of the bill that apply to hospitals. The dashboard may be included as a part of ODH's general website. Regardless of how it is maintained, the dashboard must be made accessible to the public.

NURSING STUDENT FINANCIAL ASSISTANCE

Nursing Student Loan-to-Grant Program

The bill establishes a nursing student financial assistance program, to be known as the Nursing Student Loan-to-Grant Program. The program is created in the Ohio Department of Higher Education and is to be administered by the Chancellor of Higher Education.⁴⁰

The program is a system under which a nursing student who receives a loan from the program may have the loan converted into a grant, which would not have to be repaid, as long as the recipient fulfills a five-year service obligation. For FY 2026 and FY 2027, the bill appropriates \$10 million each year, for a total of \$20 million.⁴¹

³⁸ R.C. 3722.39(B).

³⁹ R.C. 3722.40.

⁴⁰ R.C. 3333.27.

⁴¹ Sections 5, 6, 7, and 8.

Eligible applicants and award amounts

Under the program, a nursing student who is enrolled in a prelicensure nursing education program for RNs may apply to be an award recipient. The RN prelicensure program must be one that is approved by the Ohio Board of Nursing.⁴²

Eligibility and amounts to be awarded are subject to the following:⁴³

- An applicant may submit only one application each year.
- If an application is approved, the amount awarded cannot exceed \$3,000.
- An award recipient may apply for additional awards in subsequent years, with each additional award not to exceed \$3,000.
- An applicant may receive a maximum of four awards.

Five-year service obligation

Until an award recipient completes the program's service obligation, the total amount received is considered a loan subject to repayment. Once the service obligation is completed, the amount is considered a grant and is no longer subject to repayment.⁴⁴

The service obligation may be fulfilled by doing any of the following:⁴⁵

- Practicing as a direct-care RN in a hospital;
- Practicing as a direct-care RN in a nursing home or residential care facility (assisted living);
- Serving in Ohio as a faculty member in a prelicensure nursing education program for RNs.

Application form

The Chancellor is required to establish an application form and procedures to be followed by an applicant. The bill requires an applicant to certify that a good faith effort will be made to become licensed and employed as necessary to begin fulfilling the program's service obligation as soon as practicable following completion of the highest level of education being sought.⁴⁶

The Chancellor must review each application received. If the applicant is found to be eligible and there are sufficient funds, the Chancellor is required to award the amount authorized by the bill.

⁴² R.C. 3333.27(A); see also R.C. 4723.06, not in the bill.

⁴³ R.C. 3333.27(D).

⁴⁴ R.C. 3333.27(A).

⁴⁵ R.C. 3333.27(B).

⁴⁶ R.C. 3333.27(C).

Monitoring award recipients

The Chancellor must establish procedures for determining whether an award recipient is making good faith effort to begin fulfilling the recipient's service obligation. Similarly, the Chancellor must establish procedures for monitoring the progress that an award recipient is making toward fulfilling the service obligation once the necessary employment has commenced.⁴⁷

Seeking repayment

The Chancellor is required to seek repayment of any amount awarded under the program that remains a loan because the recipient has failed to fulfill the required service obligation. On the Chancellor's request, the Attorney General is required, through a civil action, to collect any amount that remains unpaid.⁴⁸

State treasury fund

The bill creates the Nursing Student Loan-to-Grant Fund in the state treasury. The fund is to consist of appropriations by the General Assembly. Money in the fund must be used only for awarding amounts to nursing students under the program.⁴⁹

Nurse Education Assistance Program

As noted above, fines imposed on hospitals for violating the bill's RN staffing requirements are to be used for the existing Nurse Education Assistance Program. The program, which is administered by the Chancellor of Higher Education with assistance from the Ohio Board of Nursing, makes loans to nursing students in prelicensure and post licensure nursing education programs.⁵⁰ It is currently funded through a portion of the license fees paid by RNs and licensed practical nurses.⁵¹

The bill provides for the fines on hospitals to be deposited in the existing Nurse Education Assistance Fund. It specifies that the fines cannot be used for administrative costs. It also specifies that the portion of the licensure fees currently used for the program's administrative costs cannot be increased.⁵²

The bill makes a number of technical corrections in the statute governing the program.

⁴⁷ R.C. 3333.27(E).

⁴⁸ R.C. 3333.27(F).

⁴⁹ R.C. 3333.27(G).

⁵⁰ R.C. 3333.28; see also R.C. 3722.36.

⁵¹ R.C. 4723.08 and 4743.05, not in the bill.

⁵² R.C. 3333.28(B).

HISTORY

Action	Date
Introduced	10-15-25
