

OHIO LEGISLATIVE SERVICE COMMISSION

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Fiscal Note & Local Impact Statement

Bill: H.B. 456 of the 132nd G.A. Status: In House Health

(L_132_1240-12)

Sponsor: Rep. Sprague Local Impact Statement Procedure Required: Yes

Subject: Prohibits a hospital from requiring nurses to work overtime as a condition of employment

State & Local Fiscal Highlights

 Government-owned hospitals would experience an increase in costs to hire additional nursing staff. These costs would likely be greater than the costs of paying for overtime. The total costs would depend on the number of additional nurses needed.

Detailed Fiscal Analysis

The bill prohibits a hospital from requiring a registered nurse or a licensed practical nurse employed by the hospital to work overtime as a condition of continued employment. However, the bill does not prohibit a hospital from requesting or scheduling a nurse to work overtime (1) in the event of a health care disaster that increases the need for health care personnel and unexpectedly affects the hospital's service area, (2) when a federal, state, or county declaration of emergency is in effect in the hospital's service area, (3) when there is an emergency, unforeseen event, or influx of patients that results in patient care beyond predictable levels and increases the need for health care personnel, and (4) if the nurse is actively engaged in an ongoing medical or surgical procedure and the continued presence of the nurse through the completion of the medical treatment or procedure is necessary to ensure the patient's health and safety. The bill also does not prohibit a hospital from maintaining a predetermined schedule under which a nurse is in on-call status or from causing a nurse to be summoned to work while in on-call status.

Fiscal impact

The provisions of the bill would likely require government-owned hospitals¹ to hire additional nursing staff. The Ohio Hospital Association (OHA) has stated that the costs to hire additional staff, which would include retirement and health insurance

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¹ According to OHA, there are 233 hospitals and 13 health systems in Ohio. Of these, 19 are state or local government-owned hospitals.

benefits, would likely be much greater than the costs associated with paying overtime for currently employed staff. The total costs would depend on the number of additional nurses hired as a result of the bill.

Synopsis of Fiscal Effect Changes

The substitute bill, L_132_1240-12, removes a provision included in the As Introduced version that would have allowed the Ohio Department of Health (ODH), through the Attorney General or an appropriate prosecuting attorney, to apply to the court of common pleas of the county in which a hospital is located for a temporary or permanent injunction restraining a hospital from violating the provisions of the bill. Under the As Introduced version, on a showing that a violation had occurred, the court would have been required to grant an order enjoining the violation. With the removal of these provisions under the substitute bill, ODH, the Attorney General's Office, and local courts will no longer experience costs related to such injunctions.

The substitute bill, L_132_1240-12, makes other changes that modify the definition of "overtime" and specifies that the substitute bill does not prohibit a hospital from maintaining a predetermined schedule under which a nurse is in on-call status or from causing a nurse to be summoned to work while in on-call status. However, the impact on government-owned hospitals will likely be similar to the As Introduced version of the bill.

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