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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

**H.B. 8**  
**135<sup>th</sup> General Assembly**

## **Fiscal Note & Local Impact Statement**

[Click here for H.B. 8's Bill Analysis](#)

**Version:** As Introduced

**Primary Sponsors:** Reps. Swearingen and Carruthers

**Local Impact Statement Procedure Required:** Yes

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### **Highlights**

- School districts and community and science, technology, engineering, and mathematics (STEM) schools may incur substantial costs to develop and implement health care plans for every student. These costs are likely to vary depending on the scope and extent of such plans and whether additional personnel are required to oversee and administer them.
- Districts and schools also may incur minimal costs to comply with the parental notification and review policies required by the bill.

### **Detailed Analysis**

The bill requires public schools, including school districts, community schools, and STEM schools, to develop and adopt parental notification and review policies regarding sexually explicit materials and student health care. The bill also requires schools to work with parents to create a parent-approved health care plan for each student.

### **Parental notification and review policies**

Under the bill, districts and schools must adopt policies to notify parents of any instruction involving materials that include sexually explicit content and allow the parents to review the materials and request an alternative assignment. The bill also requires districts and schools to adopt policies to notify parents of any changes in students' services or monitoring related to mental, emotional, or physical health or well-being or the school's ability to provide a safe and supporting learning environment. Additionally, the bill requires a policy to prohibit district personnel from encouraging students to withhold information concerning health or well-being from their parents.

In general, the costs for districts and schools to adopt and implement such policies likely are minimal. As described in the [LSC bill analysis](#), current law provides for parental notification, review, and opt-out of instruction in certain subject areas and requires school districts to establish a parental advisory committee or some other strategy to enable parental review of instructional materials and academic curricula.

### **Student health care plans**

In addition, the bill requires districts and schools to notify parents of each health care service offered at the student's school and to work with parents to create a health care plan for each student, which must be approved by the student's parent. Because this requirement applies to every student in a district or school, the costs of developing and implementing the plans could be substantial. However, these costs are also likely to vary among districts and schools depending on implementation decisions and interpretations of the requirement, both of which will determine the scope of such plans and the personnel required to develop, implement, and monitor them.

The bill appears to provide districts and schools with discretion in these areas, as it does not define the contents or scope of a plan, specify how often a plan must be updated, or designate the personnel responsible for developing the plans for each student. Under continuing law, schools must collect certain health information, including whether students have conditions such as asthma, diabetes, or food allergies, or whether they have received certain vaccines. As the bill does not alter these requirements, ongoing collection of this information may mitigate, to some degree, the costs of implementing the plans required by the bill, depending on how a district or school interprets the bill's requirements.

Nevertheless, given that a plan must be created for every student, the bill may increase district and school costs to hire or contract for additional qualified personnel, such as school nurses, counselors, or other staff to develop and manage the plans. The costs may be higher if the bill is interpreted as requiring a district or school to offer additional health care services deemed necessary, in addition to the services the district or school currently offers. School health care arrangements and personnel vary widely throughout the state. According to data from the federal Bureau of Labor Statistics (BLS), there were approximately 1,980 registered nurses (RNs), licensed practical and licensed vocational nurses (LPNs or LVNs), and nursing assistants (NAs) employed in Ohio's elementary and secondary schools in 2021. As there are over 3,500 school buildings in the state, many nurses likely serve multiple buildings. According to BLS, the average annual salary of an RN working in a school in 2021 was approximately \$61,000, compared to about \$51,000 for an LPN/LVN and \$34,000 for an NA. Schools may also offer health care services through school-based health centers (SBHCs). According to a 2021 survey by Case Western Reserve University and the Ohio School-Based Health Alliance, there are approximately 140 school-based health services sites across the state, including traditional school-based health centers and mobile school-based health services providers. SBHCs may be funded by a variety of sources depending on a center's operational model, including federal and state grants, a district's local funds, nonprofit and philanthropic organizations, and other community partners.