


ONA is actively tracking roughly [100 pieces of legislation](#) this General Assembly that affects nurses, patients, and the broader health care system. Our positions span from actively supporting to opposing legislation, including a significant number of bills we are simply monitoring for their potential impact, with a strategic focus on safe staffing, workplace safety, licensure modernization, and patient protection.

Cornerstone Safe Staffing Agenda: HB 521 & HB 535







ONA's top priorities remain our two safe staffing bills:


- **HB 521 – Ohio Nurse Workforce and Safe Patient Act sponsored by Representatives Lett and Cockley.**

Establishes statewide expectations for safe staffing, ties staffing to patient safety, and creates the Nursing Student Loan-to-Grant Program to strengthen the pipeline.



HB 521: Enact the Ohio Nurse Workforce and Safe Patient Act
Proposed Ohio Minimum RN Safe-Staffing Standards

1:1	A trauma emergency unit; An operating room unit, as long as there is at least one other person assigned to serve at the same time as an operating room assistant.	
1:2	Neonatal intensive care, emergency critical care, intensive care, labor and delivery, postanesthesia care, etc.	
1:3	Emergency department care, pediatric care, step-down care, telemetry care, or antepartum care; combined unit for labor, delivery, and postpartum care.	
1:4	Medical-surgical care, intermediate care, or acute psychiatric care; any other unspecified specialty care unit.	
1:5	A rehabilitation unit; a skilled nursing unit, including long-term care beds, or special skilled nursing beds.	
1:6	A postpartum care unit, with each mother and infant being counted as a separate patient; a well-baby nursery.	

 A Union of Nurses & Health Professionals
Source: <https://www.legislature.ohio.gov/legislation/136/bb521>

- **HB 535 – Hospital Staffing Committees Modernization sponsored by Representative Lorenz.**

Hopeful to receive hearings in the new year, HB 535 is the companion to HB 521.

Rather than setting ratios, it updates hospital staffing committees so they function as intended: collaborative, transparent, and led by the nurses who provide care. The bill:

- Strengthens committee authority so nurse recommendations cannot be overridden without meaningful justification
- Requires use of current data, including outcomes, acuity, and turnover
- Ensures equal nurse representation and true shared governance
- Adds accountability so hospitals must implement approved staffing plans
- Prevents committees from being used as a substitute for adequate staffing or as a shield from regulatory scrutiny

Together, HB 521 and HB 535 form a bipartisan, dual-track approach: one bill setting statewide expectations for safe staffing, and the other ensuring hospital-level committees can tailor plans to specific units and patient populations. This combination of consistency plus local flexibility has been key to building support across the political spectrum.

Additional Legislative Priorities: Safety, Accountability & Patient Protection

Beyond staffing, ONA is advancing and shaping a package of bills focused on workforce safety, licensure modernization, rehabilitation pathways, and patient protections. These include efforts to:

- **Modernize licensure and background checks**
 - Bills revising Board of Nursing authority, APRN practice, and Board advisory structures
 - Legislation to modernize BCI/FBI criminal records checks while preserving confidentiality protections for nurses in recovery and maintaining patient safety (passed)
- **Improve violence and domestic/interpersonal violence protocols**
 - Bills requiring stronger domestic violence and interpersonal violence protocols in health care settings
 - ONA is working to ensure that improved screening and response do not place nurses in undue danger or shift responsibilities beyond scope of practice
- **Protect nurses who speak up about safety**

- Proposals to protect nurses from retaliation when reporting unsafe staffing, workplace violence, or other conditions that threaten patient care
- **Strengthen maternal health, midwifery, and behavioral health access**
 - Legislation addressing midwifery practice, freestanding birthing centers, maternal health, and behavioral health services, especially in underserved regions

Across these bills, ONA is positioned and engaged depending on how each proposal impacts patient safety, nurse workload, autonomy, and professional standards.

Broader Health System, Insurance, and Labor Landscape

ONA is also carefully monitoring and engaging on a wider set of proposals that indirectly affect nurses and patients, including:

- **Insurance and cost-sharing reforms** – bills addressing network adequacy, AI in insurance decision-making, prior authorization, cost-sharing caps (e.g., insulin and diabetic supplies), medical debt protections, and coverage standards for mental health, cancer care, and other services.
- **Labor and workforce bills** – proposals affecting public-sector union activity, unemployment benefits, and employment reporting that may impact nurses' economic security and bargaining power.
- **Reproductive health and patient rights** – a mix of measures that either protect or restrict reproductive care, LGBTQ+ protections, and broader civil rights, with ONA supporting those that align with evidence-based care and patient autonomy and opposing those that undermine access or safety.

Member-Driven Agenda

Every piece of ONA's legislative agenda is informed by direct nurse input, including surveys, listening sessions, workplace visits, and member testimony. As the session moves into the new year, staff will continue to:

- Prioritize passage of HB 521 and HB 535
- Advance safety and protection bills for nurses and patients
- Seek amendments to mitigate risks in problematic proposals
- Support partners and members in their efforts to require insurance coverage for GLP-1 medication through HB 388.

More Information about our Banner Bills:

The Comprehensive Bill: **The Ohio Nurse Workforce and Safe Patient Act**

Introduced by two freshman Democratic women legislators, **Rep. Crystall Lett and Rep. Christine Cockley**, this bill is the all-inclusive package addressing the root causes of the hospital staffing crisis and workplace violence epidemic based on *the 2025 ONA Position on Safe Staffing in Ohio Hospitals*. It modernizes Ohio law by replacing outdated staffing statutes with a stronger, enforceable system that puts nurses and patient safety first.

The Partner Bill: **Nurse Staffing Committee Accountability Amendments**

To be introduced shortly after by a Republican Rep. Brian Lorenz, this targeted bill focuses on near-term, improvements to Ohio's current staffing law. It strengthens hospital nurse staffing committees, makes them more accountable, and gives front-line nurses real authority in determining staffing needs—unit by unit, shift by shift.

Together, these bills form a legislative roadmap:

- The Comprehensive Act establishes long-term, structural reform.
- The Staffing Committee Bill delivers immediate, measurable improvements hospitals can implement now.

II. The Ohio Nurse Workforce and Safe Patient Act (Comprehensive Bill)

Core Purpose: To ensure every hospital patient receives safe, quality care by requiring evidence-based nurse-to-patient ratios, nurse-led staffing committees, and enforceable protections against workplace violence, while simultaneously investing in Ohio's nursing workforce pipeline.

Key Provisions

- **Mandatory Safe Staffing Ratios:** Establishes minimum nurse-to-patient ratios by unit type (e.g., 1:2 in ICU, 1:4 in med-surg).
- **Nurse Staffing Committees with Approval Power:** Requires every hospital to maintain a staffing committee composed of at least 60% direct-care RNs, elected by peers.
- **Transparency and Accountability:** Hospitals must publicly report staffing levels and compliance; the Department of Health must maintain a public dashboard.
- **Workplace Violence Prevention:** Requires comprehensive prevention programs, staff training, and protection from retaliation.
- **Nursing Workforce Investment:** Creates a Nursing Student Loan-to-Grant Program (\$20 million) to strengthen the nursing pipeline.

- **Enforcement and Penalties:** Hospitals violating staffing or safety provisions face fines; proceeds fund nursing education and retention.

III. Nurse Staffing Committee Accountability Amendments (Targeted Reform Bill)

Core Purpose: To strengthen Ohio's existing nurse staffing committee law by expanding authority, transparency, and accountability, ensuring that direct care nurses are empowered to define safe staffing levels and hospitals are held to measurable compliance standards.

Key Improvements

- **Nurse Majority and Representation:** Committees must be at least 51% direct-care RNs, elected by peers, with union representation where applicable.
- **Binding Staffing Plans:** Committee-approved staffing plans become binding on hospitals, except during declared emergencies.
- **Evidence-Based Acuity Standards:** Requires standardized acuity tools to adjust staffing based on patient needs.
- **Public Reporting and Oversight:** Hospitals must file staffing plans with ODH and submit quarterly compliance reports.
- **Enforcement and Incentives:** ODH audits underperforming hospitals; compliant hospitals qualify for BWC premium discounts.