



♥ A Union of Nurses &
Health Professionals

June 2026



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From the President

Building Power Together

Southwest Ohio AFT Coalition Launches



Rick Lucas, BSN, RN, CCRN - ONF President

Working people across Southwest Ohio are facing many of the same challenges, regardless of where they work. Whether you're caring for patients, teaching students, supporting public services, or working in higher education, the issues are strikingly similar: chronic understaffing, workplace violence, rising costs that make it harder to afford the basics, and a growing lack of respect for the professionals who keep our communities running.

These are challenging times for organized labor. Workers' rights continue to face attacks, while corporations and powerful interests push policies that leave working families behind. The answer isn't to fight these battles alone—it's to build greater solidarity and stronger organizations.

That's exactly why the Southwest Ohio AFT Coalition was created.

Bringing together nurses and health professionals, K-12 educators, higher education faculty and staff, and public employees, the coalition is focused on increasing our collective strength and organizing density across the region. By coordinating our efforts, sharing resources, developing leaders, and mobilizing members, we can build the power necessary to win safer workplaces, stronger contracts, better public services, and a brighter future for our communities.

We're proud to announce that the coalition—which includes Ohio Nurses Association members—is the recipient of an AFT MOVE Grant. This investment will help expand organizing, strengthen member engagement, and build the infrastructure needed to turn solidarity into action throughout Southwest Ohio.

If you live in the Cincinnati area and want to help build a stronger labor movement, we'd love to have you involved. Whether you're interested in volunteering, becoming active in coalition campaigns, or working as a political organizer to advance the interests of union members and working families, there is a place for you.

To learn more or get involved, contact info@ohnurses.org.

When workers stand together across professions and industries, we don't just respond to the challenges we face—we build the power to change them.



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Healthcare Access

OhioHealth Announces Closure of Grady Maternity Unit

Grady nurses, patients, community fight back

On June 10, 2026, OhioHealth announced that it would be closing the inpatient maternity unit at Grady Memorial Hospital in Delaware County, effective July 31, 2026. This follows a troubling trend seen in other Ohio communities, such as Ashtabula and Salem, where a large metropolitan healthcare corporation takes over a smaller community's hospital, promising to provide access to greater resources for local patients. Instead, the corporation slowly starves the local hospital of resources, forcing patients to seek specialized or complex care in one of the corporation's flagship facilities. As patients are forced to seek healthcare elsewhere, the corporation then carefully selects data to show a supposed decrease in patient volume at the community hospital and uses that data as a reason to eliminate services.

That is exactly what has played out at Grady Memorial Hospital since OhioHealth took over in 2005. Twenty-one years ago, Delaware County was significantly smaller and more rural than it is today. Transferring management of the county's hospital to a large, Columbus-based healthcare system seemed like a good way to increase residents' access to healthcare services. Delaware County and OhioHealth signed an affiliation agreement, in which OhioHealth agreed to not eliminate "core services" from Grady Memorial.

Since 2005, Delaware County growth has exploded; the county population is growing at the fastest rate in Ohio. As the population boomed, Grady nurses, doctors, other health professionals, and patients advocated for expanding the hospital's maternity care to include a Neonatal Intensive Care Unit. But OhioHealth instead diverted those patients to its Franklin County facilities, Dublin Methodist and Riverside Methodist.

Meanwhile, OhioHealth began quietly, consistently eliminating services at Grady. They closed the cath lab, hospice, pediatrics, a med surg unit. Patients from Delaware and neighboring counties found themselves having to drive or find transportation to Dublin or Columbus for an increasing number of services. Wait times and hold times in Grady's emergency department climbed.

Then came the announcement earlier this month that the inpatient maternity unit would close permanently, with about six weeks' notice. All current patients—including those from neighboring Morrow County, already classified as a maternity care desert by the March of Dimes—will need to travel to Dublin or Columbus to continue receiving care from their current obstetrics providers.

The Grady Maternity community has not merely accepted this fate. Instead, they have stood together and spoken out in opposition to OhioHealth's plan. Grady Maternity nurses, health professionals, and patients packed the hearing room at the Delaware City Council meeting on June 22, offering heartfelt personal stories and hard data about the devastating impacts closure of the unit will have on families in Delaware and surrounding counties. The City Council responded by unanimously passing [an emergency resolution](#) voicing their opposition to OhioHealth's planned closure and asking the Office of the Ohio Attorney General to use its power to enforce the 2005 affiliation agreement.

As this newsletter goes to publication, the story of Grady Maternity is still being written. We do not know whether the Ohio Attorney General will intervene or whether a behemoth healthcare corporation can be made to live up to its legal--and moral--obligations. But we do know that there is incredible power in nurses and health professionals standing up together and being the voice for their patients, in the face of a corporation that prioritizes profits over patients.



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Please Show Your Support for Grady Maternity

It is important that the Office of the Ohio Attorney General understand the size and force of the community that supports its intervention in OhioHealth's plan to violate its affiliation agreement with Delaware County and eliminate inpatient maternity services at Grady Memorial Hospital.

Please take a few moments to [sign a petition](#) asking the Ohio Attorney General to hold OhioHealth to account and keep vital maternity care in place for Delaware and surrounding communities.

SAVE GRADY MEMORIAL MATERNITY

**OUR COMMUNITY.
OUR CARE. OUR FUTURE.**

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ONA after
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Legislative Updates

Safe Staffing, Scope of Practice, and Workforce Stability

Key Healthcare Legislation Moving in Ohio

Healthcare policy always feels like a hurry up and wait situation at the Ohio Statehouse, and this year is no different. Many of the bills currently under consideration and slated for hearings before the November election have direct implications for nurses, health professionals, patient safety, and workforce stability across the state.

While much public attention focuses on healthcare costs and access, frontline healthcare workers understand that policy decisions also shape staffing levels, workplace safety, professional autonomy, liability exposure, and the future of healthcare delivery itself.

The Ohio Nurses Association (ONA) continues to advocate for legislation that strengthens patient care, protects healthcare workers, and preserves the integrity of professional licensure and scope of practice laws. That work extends

beyond nursing-specific legislation and increasingly involves broader conversations about workforce shortages, evolving care models, and how Ohio modernizes healthcare delivery while maintaining patient safety.

ONA's Flagship Safe Staffing Legislation

At the center of ONA's legislative agenda remain two major proposals aimed at addressing Ohio's ongoing staffing crisis:

- [HB 521](#), the Ohio Nurse Workforce and Safe Patient Care Act
- [HB 535/SB 373](#), legislation to strengthen hospital staffing committees and accountability

Together, these bills represent ONA's long-term strategy to address one of the profession's most urgent realities: chronic understaffing.

HB 521 would establish enforceable minimum nurse-to-patient staffing standards in Ohio hospitals while also investing in workforce recruitment and retention through initiatives such as a nursing student loan-to-grant program. The legislation is built around a core principle that nurses across Ohio consistently describe in testimony and advocacy meetings: understaffing is not a workforce shortage issue, it is a patient safety issue.

HB 535 and SB 373 take a complementary approach by strengthening hospital staffing committees and ensuring direct-care nurses have meaningful authority in staffing plan development. The legislation would require greater transparency, stronger accountability measures, and increased oversight regarding whether staffing plans are actually followed at the unit level.

On June 10, the Senate Health Committee held its first hearing for SB 373. Co-sponsors Sen. Bill Blessing (R-Colerain Township) and Minority Leader Nickie Antonio (D-Lakewood) offered sponsor testimony for the bill, referring to ONA's [2026 Workforce Safety Report](#) to explain the need for improved staffing throughout Ohio hospitals.

ONA continues to emphasize that safe staffing legislation is not solely about workload. It is tied directly to:

- Patient outcomes
- Workplace violence
- Nurse retention
- Burnout and moral injury
- Recruitment challenges
- Hospital operational stability

For many nurses and healthcare professionals, staffing legislation has become the defining healthcare workforce issue in Ohio.

APRN Legislation: Expanding Access While Protecting Nursing Practice

Another major healthcare debate this session involves [HB 508](#), the Better Access to Health Care Act, which would significantly expand practice authority for Advanced Practice Registered Nurses (APRNs).

The legislation would allow certain experienced APRNs to practice independently without a Standard Care Arrangement (SCA) after meeting specified education, certification, and practice requirements. It would also update numerous statutes to recognize APRNs in areas historically limited to physician authority, including aspects of admissions, follow-up care, and other healthcare decision-making functions.

ONA supports thoughtful modernization efforts that improve access to healthcare, particularly in rural and underserved communities where provider shortages remain severe. APRNs already provide high-quality, evidence-based care

across Ohio, and many healthcare systems increasingly rely on advanced practice nurses to meet patient demand.

At the same time, ONA has emphasized that scope-of-practice modernization must occur carefully and with clear statutory guardrails.

One of the organization's primary concerns is ensuring that changes intended for APRNs do not unintentionally create "scope creep" pressures on bedside registered nurses or licensed practical nurses. Across healthcare settings, nurses are already reporting increased expectations, expanding workloads, and pressure to absorb additional responsibilities in understaffed environments.

ONA has therefore advocated for:

- Clear nursing-specific scope language;
- Strong delegation protections;
- Regulatory clarity through the Ohio Board of Nursing;
- Explicit protections preventing inappropriate expansion of duties for bedside nurses without training, authority, staffing support, or compensation.

The broader healthcare conversation around several APRN bills reflects a growing national tension between improving healthcare access and preserving clear professional boundaries, accountability structures, and patient safety protections.

Advanced Practice Respiratory Therapist Legislation and Workforce Modernization

ONA is also actively monitoring legislation involving respiratory therapists and evolving healthcare workforce utilization models.

Respiratory therapists became especially visible during the COVID-19 pandemic, when hospitals across Ohio experienced unprecedented critical care demand and staffing shortages. As healthcare systems continue to face workforce instability, policymakers are increasingly exploring ways to modernize professional practice laws and increase workforce flexibility.

ONA's position on these efforts remains consistent: workforce modernization must be grounded in education, competency, patient safety, and clear professional standards.

Healthcare professionals across disciplines are increasingly working in highly complex environments with rising patient acuity, staffing instability, and escalating workplace violence concerns. ONA has cautioned lawmakers against using workforce shortages as justification for vague scope expansions or staffing substitutions that could create confusion regarding accountability and patient care responsibilities, while acknowledging the need for career progression opportunities that an APRT license would afford.

Surgical Technologist Legislation and Operating Room Staffing

Legislation involving surgical technologists and operating room workforce requirements is also expected to remain active this session.

As hospitals attempt to stabilize surgical staffing and procedural capacity, lawmakers continue to examine certification requirements, training standards, and workforce flexibility within perioperative settings.

ONA has consistently emphasized that patient safety and role clarity must remain central to these discussions.

Operating rooms and procedural environments require highly coordinated teamwork and clearly defined responsibilities among nurses, surgeons, anesthesiology professionals, surgical technologists, and support staff. Healthcare workforce reforms that dilute professional standards or create ambiguity regarding responsibilities can increase both liability

exposure and patient risk.

ONA supports collaborative workforce models, but continues to advocate for statutory clarity, professional accountability, and safe staffing protections in procedural and acute-care settings.

Healthcare Workforce Policy Is Expanding Beyond Nursing

One of the clearest trends emerging this legislative session is that healthcare workforce policy is no longer confined to traditional “nursing bills.”

Increasingly, legislation involving staffing platforms, independent contractor models, licensure modernization, delegation authority, telehealth, workforce pipelines, and reimbursement structures all intersect with nursing practice and patient care delivery.

That includes legislation like [SB 423](#), which addresses app-based healthcare staffing platforms and independent contractor classifications for certain healthcare workers. ONA participated extensively in stakeholder discussions on the bill, advocating for stronger worker protections, liability coverage requirements, and safeguards to ensure hospitals do not use gig-style staffing models as a substitute for investing in permanent staffing solutions.

Across all of these policy conversations, ONA’s position remains grounded in several core principles:

- Safe patient care must remain the priority;
- Scope of practice should be determined by education, licensure, and competency;
- Workforce challenges cannot be solved through unsafe staffing substitutions;
- Healthcare workers deserve workplace protections and professional respect;
- Long-term workforce stability requires investment in retention, safety, and sustainable staffing models.

What Comes Next

Healthcare legislation is expected to move quickly in the months leading up to the election cycle, with many bills likely to receive hearings and amendments on short notice.

For healthcare professionals across Ohio, that means engagement matters.

Lawmakers continue to hear directly from hospitals, insurers, trade associations, and corporate stakeholders. Increasingly, they are also hearing from frontline nurses and healthcare professionals who are explaining how legislative decisions affect patient care in real-world settings.

Whether the issue is staffing, workplace violence, scope of practice, workforce retention, or healthcare access, the voices of frontline caregivers continue to shape the future of healthcare policy in Ohio.



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"Uber for Nurses" Legislation not a Staffing Solution

Recent media coverage has characterized [Ohio Senate Bill 423](#) as a solution to Ohio's healthcare staffing shortages. That characterization is not correct. The legislation does not address the underlying conditions driving nurses and health professionals away from direct patient care.

Ohio's workforce challenges are not caused by a lack of staffing platforms or contractor opportunities. They are driven by the conditions nurses and health professionals face every day in healthcare settings across the state—conditions that make it increasingly difficult to remain in bedside practice.

Across Ohio, nurses and health professionals continue to report chronic understaffing, workplace violence, excessive workloads, burnout, and moral injury. Too often, caregivers are placed in situations where they know the care their patients need but lack the time, staffing, or resources to provide it safely. These conditions contribute to workforce turnover, staffing instability, and risks to patient care.

SB 423 expands reliance on temporary staffing arrangements and contractor-based workforce models, while failing to address safe staffing standards, workplace violence, or the conditions that continue to drive experienced caregivers out of direct patient care. This approach fragments care, weakens continuity, and ultimately places patients at greater risk by increasing reliance on providers who may not have the unit-specific knowledge and experience needed to safely manage complex, rapidly changing clinical situations.

Ohio is not facing a staffing supply problem. Ohio is facing a workforce retention crisis.

Temporary staffing may address immediate vacancies, but it does not resolve the conditions that drive experienced nurses and health professionals from the bedside. When caregivers leave due to unsafe staffing, workplace violence, burnout, or unsustainable workloads, healthcare systems lose expertise and patients lose continuity of care.

The Ohio Nurses Association continues to strongly support legislation that directly addresses these issues. HB 535/SB 373 would strengthen hospital staffing committees and ensure frontline caregivers have a meaningful voice in staffing decisions. HB 521, the Ohio Nurse Workforce and Safe Patient Care Act, focuses on workforce retention and patient safety through staffing protections and accountability measures.

Ohio's staffing challenges will not be resolved through gimmicks and temporary fixes. Sustainable progress requires confronting the conditions that drive nurses and health professionals from the bedside and ensuring they have the support needed to stay.



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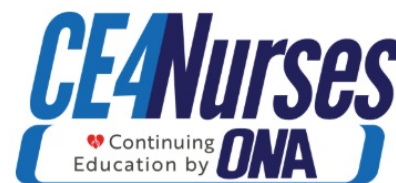
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Continuing Education

New on CE4Nurses, the following course is free to ONA members and available to non-members for \$18:

All Bleeding Stops Eventually: A Nerd's Guide to Hemorrhagic Shock

A 1.0 Contact Hour Webinar presentation about recognition, management, and referral of bleeding patients across settings.



Register at ce.ohnurses.org!

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Advancing Healthcare from the Inside Out: Why Graduate Nursing Education Matters More Than Ever

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As the United States faces persistent healthcare workforce shortages, rising chronic disease rates, behavioral health challenges, and an aging population, one truth has become increasingly clear: the future of healthcare depends heavily on graduate-prepared nurses.

Across hospitals, clinics, schools, and communities, nurses with master's and advanced practice degrees are stepping into critical roles that extend far beyond bedside care. They are becoming nurse practitioners, educators, informaticists, clinical leaders, and population health experts—helping healthcare systems improve patient outcomes while expanding access to care.

At the same time, demand for graduate nursing education continues to rise nationwide. According to the [American Association of Colleges of Nursing \(AACN\)](#), applications to graduate nursing programs have increased over the past two years, reflecting a growing recognition among nurses that advanced education is no longer simply a career enhancement—it is increasingly a workforce necessity.

Yet despite growing interest, access remains a challenge. AACN reports that thousands of qualified graduate nursing applicants are turned away annually due to faculty shortages and limited educational capacity. This bottleneck threatens the nation's ability to address provider shortages and expand care delivery in underserved areas.

That is where innovative educational models are making a measurable difference.

[Western Governors University \(WGU\)](#) has emerged as one of the nation's largest providers of nursing education by focusing on flexibility, affordability, and competency-based learning designed specifically for working adults. Its graduate nursing programs—including MSN pathways in leadership, education, informatics, and nurse practitioner specialties—allow registered nurses to advance their careers while remaining in the workforce and continuing to serve their communities.

This matters because healthcare shortages are not theoretical. The [Health Resources and Services Administration](#)



([HRSA](#)) projects continued shortages of registered nurses and primary care providers across many regions of the country through the next decade, particularly in rural and medically underserved communities. Graduate-prepared nurses are increasingly filling those gaps.

Nurse practitioners, for example, now play a central role in expanding access to primary and behavioral healthcare. The [American Association of Nurse Practitioners \(AANP\)](#) reports that NPs deliver high-quality, patient-centered care in communities where physician shortages are often most severe. Evidence-based studies continue to demonstrate that NP outcomes are comparable to physician outcomes across many primary care measures, while also improving access and reducing healthcare costs.

The impact of graduate nursing education extends well beyond direct patient care.

MSN-prepared nurses frequently lead quality improvement initiatives, implement evidence-based practice, strengthen patient safety programs, and guide healthcare organizations through increasingly complex operational challenges. In a healthcare environment driven by technology, data analytics, and value-based care, graduate nursing education equips clinicians with leadership and systems-thinking skills that modern healthcare systems urgently need.

Perhaps most importantly, graduate nursing education creates ripple effects across entire communities.

When a bedside nurse earns an MSN in Nursing Education, that graduate may go on to teach and mentor hundreds of future nurses throughout a career. When a nurse earns an MSN in Leadership or Informatics, they may improve workflows, patient outcomes, and staffing stability across entire health systems. When a Family Nurse Practitioner graduates and practices in an underserved community, access to preventive care, chronic disease management, and behavioral health services can dramatically improve for local families.

The economic impact is equally significant. Graduate nursing education remains one of the strongest pathways for career mobility in healthcare. According to the [U.S. Bureau of Labor Statistics](#), advanced practice nursing roles continue to rank among the fastest-growing occupations in the nation, with median salaries substantially higher than traditional RN roles. Graduate degrees often allow nurses to move into leadership, faculty, and advanced clinical positions that provide greater financial stability and long-term career resilience.

For working adults, this accessibility matters enormously.

Many nurses pursuing graduate education are balancing careers, parenting responsibilities, financial pressures, and community commitments simultaneously. Flexible and competency-based programs, such as WGU, help remove barriers that have historically prevented many capable nurses from advancing their education.

The result is a more diverse, geographically distributed, and workforce-ready nursing pipeline.

In many ways, graduate nursing education has become one of healthcare's most important public health investments. These programs do not simply produce degrees—they produce clinical leaders, educators, and providers who strengthen healthcare delivery across entire regions.

As policymakers and healthcare organizations search for solutions to workforce shortages, one strategy deserves continued attention: investing in scalable, evidence-based graduate nursing education pathways that meet working nurses where they are.

Because when nurses advance their education, communities advance with them.

References

- [American Association of Colleges of Nursing \(AACN\)](#)
- [Health Resources and Services Administration \(HRSA\) Workforce Projections](#)
- [American Association of Nurse Practitioners \(AANP\)](#)
- [U.S. Bureau of Labor Statistics Occupational Outlook Handbook](#)
- [Western Governors University Nursing Programs](#)



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Nursing in the News

[Ohio Senate passes healthcare independent contractor bill](#)
[‘Shortsighted and dangerous’: Nurses challenge maternity unit closure](#)
[Nurse staffing fixes have gone nowhere in the Ohio legislature](#)
[What happens if Grady Memorial Hospital stops delivering babies?](#)
[Ohio nurses are overwhelmed. Could a mandatory staffing ratio help?](#)
[Code Pink: Delaware City Council unanimously opposes Grady Memorial Hospital maternity unit closure](#)
[City fighting for maternity unit](#)
[‘It’s not just Delaware that we deliver’: Delaware passes legislation to stop closure](#)
[Delaware council backs resolution urging state review of Grady maternity closure](#)
[Delaware pushes back on OhioHealth plan to shutter maternity service](#)
[Ohio Senate Passes Bill to Establish Rules for Gig-Staffing Nursing Apps](#)
[OhioHealth to close maternity unit in Delaware, sparking backlash from nurses](#)
[OhioHealth decision to close Grady Memorial maternity unit sparking backlash](#)
[MetroHealth behavioral health nurses secure first union contract](#)
[East Liverpool Hospital accused of refusing to negotiate with nurses’ union](#)
[Cleveland City Council strengthens penalties for threatening health care workers](#)



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A small act can make a big difference. A quick message, a genuine check-in, or a simple "I'm here for you" can lift someone's day more than you know.

Need someone to talk to?

Call or text 988 to reach the Suicide & Crisis Lifeline, available 24/7, free, and confidential.

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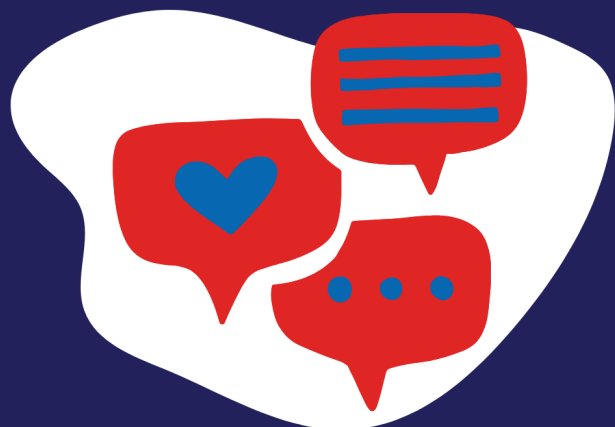


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The Ohio Nurses Foundation is a 501(c)3 nonprofit organization whose mission is to provide funding to advance nursing as a learned profession through education, research, and scholarship.

Founded in 2002, ONF has awarded more than \$125,000 in scholarships and grants to Ohio students, nurses, and researchers.

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