

The Official Publication of the Ohio Nurses Foundation

# OHIO NURSE

Quarterly publication delivered electronically to approximately 305,000 RNs and LPNs in Ohio

October & November 2025

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# President's Message



**Rick Lucas, BSN, RN, CCRN - ONA President and Executive Director**

As we approach the end of 2025, I want to take a moment to reflect on where we stand as nurses and health professionals in Ohio—and where we must go next. Across our state, nurses are still working under conditions that aren't just impractical—they're dangerous. Chronic understaffing has reached a breaking point. Hospital executives continue to turn a blind eye to unsafe ratios that leave nurses responsible for far too many patients, increasing burnout, medical errors, and moral injury. This is not a staffing inconvenience—it's a public safety crisis that threatens every patient who walks through a hospital door.

The crisis extends beyond staffing. Workplace violence has escalated at an alarming rate. We've witnessed pharmacy technicians shot by patients, weapons recovered inside hospitals, and nurses threatened while simply trying to do their jobs. These are not isolated events—they reflect a system stretched past its limits. Let me be clear: this is unacceptable.

We are not expendable. We are professionals. And we deserve workplaces that protect staff, patients, and visitors—places that allow us to provide the care every Ohioan deserves.

This year, we made progress. The implementation of House Bill 452, the Healthcare Workplace Safety Act, was a major victory for nurses and health professionals. This law requires hospitals to adopt comprehensive workplace-violence prevention plans with direct input from frontline caregivers and to establish strong reporting systems. It's an important step—but it's not enough.

That's why the Ohio Nurses Association proudly applauds the introduction of two major bills that together represent the most comprehensive bipartisan effort in years to tackle Ohio's unsafe staffing crisis. The first is House Bill 521, The Ohio Nurse Workforce and Safe Patient Act, sponsored by Representatives Crystal Lett (D-Columbus) and Christine Cockley (D-Columbus). This bill would set statewide, evidence-based minimum nurse-to-patient ratios across hospital units, include whistleblower protections, and establish strong enforcement mechanisms to ensure compliance. It also invests in the future of nursing by creating a \$20 million Nursing Student Loan-to-Grant Program to help students enter and remain in the profession. Understaffing isn't just a workforce issue—it's a public safety issue. When one nurse is responsible for too many patients, mistakes can happen, care is delayed, and lives are put at risk. In smaller and rural hospitals—from Coshocton to Defiance—one unexpected absence can stretch an entire unit beyond capacity, causing diverted ambulances and delayed emergency care. Families are watching loved ones suffer or die from preventable conditions. That's unacceptable—and exactly why this legislation is so urgently needed.

Complementing HB 521 is House Bill 535, The Nurse Staffing Committee Reform Bill, sponsored by Representative Brian Lorenz (R-Powell). HB 521 was born from candid conversations with the Ohio Hospital Association, an organization that has traditionally worked to defeat ONA's reforms. This bill strengthens Ohio's existing staffing law by ensuring that at least 51 percent of every hospital's staffing committee consists of direct-care nurses elected by their peers. As proposed, these committees will have the binding authority to develop unit-specific staffing plans based on patient acuity and evidence-based standards. Hospitals must implement those plans, comply at least 80 percent of the time, and file quarterly reports certified by the Chief Nursing Officer and a direct-care nurse co-chair. Noncompliance can trigger Department of Health audits or fines—with all penalties directed to nursing-education grants that strengthen our workforce pipeline. HB 535 also creates a Bureau of Workers' Compensation incentive program to reward

hospitals that meet or exceed safe-staffing thresholds. This is real accountability—giving bedside nurses not just a voice, but a vote, in decisions that directly impact patient safety.

Together, HB 521 and HB 535 form a balanced, bipartisan approach that blends immediate, hospital-level reform with long-term statewide accountability. Democrats and Republicans are standing to protect patients, support healthcare workers, and rebuild a system that's been stretched to the breaking point. Across Ohio—from Columbus to Cincinnati to Cleveland—nurses and health professionals are unified in one message: we will not accept deliberate understaffing, unsafe care, or underfunding of our hospitals. Every patient deserves safe, high-quality care no matter their ZIP code. These bills finally put patient safety where it belongs—above profit, politics, and bureaucracy.

As nurses and health professionals, we also have a broader duty to advocate for the communities we serve. Proposals to take away SNAP benefits and cut vital social programs would harm the very people we care for every day—working families, children, and seniors who already face barriers to healthcare access and basic nutrition. Destabilizing these programs will deepen poverty, worsen health outcomes, and further strain an already fragile healthcare system. As caring professionals, we have an obligation to speak out—not just for our profession, but for the communities that depend on us.

We've made meaningful progress—but our work isn't finished. Together, we will continue to advocate, organize, and demand a healthcare system that values nurses as the professionals we are. Because when nurses are safe, patients are safe—and when our communities are supported, all of Ohio is stronger.



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## Health Policy & Advocacy

# ONA Testifies on Key Health Bills: Protecting Nurses, Patients, and Professional Standards

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The Ohio Nurses Association (ONA) continues to serve as the leading voice for nurses and health professionals at the Statehouse, weighing in on legislation that affects patient safety, professional standards, and working conditions across Ohio. In recent weeks, ONA has testified on a series of health care bills before the House Health Committee — supporting efforts that strengthen accountability and opposing those that undermine nursing practice or workforce protections.

## **HB 440 – Supporting Accountability and Fairness in Background Checks**

ONA testified as an *interested party* on **House Bill 440**, which expands background check requirements for nursing licensure and reactivation. In testimony, ONA affirmed that patient safety depends on public trust and accountability, but urged legislators to ensure fairness, confidentiality, and rehabilitation remain core values of the licensing process.

“We support accountability, but we also believe in a **Just Culture**,” testified Kelli Hykes, ONA Director of Government Relations and Advocacy. “Nurses should not be punished for honest mistakes or unrelated past offenses, especially when Ohio needs experienced professionals to return to practice.”

ONA praised provisions aligning with Ohio’s “fair chance” law (ORC 9.79) and confidentiality protections but cautioned lawmakers to avoid new administrative burdens that could discourage nurses from reentering the workforce.

## HB 277 – Opposing “Gig Work” in Healthcare

ONA strongly opposes House Bill 277, which reclassifies nurses and other healthcare professionals who schedule shifts through online platforms as independent contractors.

The bill would strip workers of overtime, unemployment insurance, workers’ compensation, and the ability to unionize — creating a “gig economy” within healthcare. ONA warned that this change would destabilize the workforce, threaten patient safety, and erode fair labor practices.

Healthcare isn’t ridesharing. It’s a team-based profession where accountability, consistency, and safety matter. HB 277 would make it easier for employers to sidestep responsibility and harder for nurses to advocate for patients.

ONA continues to proactively engage with sponsors and have submitted several amendments to make the bill less dangerous, if it does pass.

## HB 398 – ONA Opposes Hospital EMT Expansion Bill

ONA is opposing House Bill 398, a measure that expands the scope of practice for Emergency Medical Technicians (EMTs) inside hospitals, allowing them to perform duties traditionally reserved for licensed nurses, such as starting IVs and monitoring patients.

From the beginning, ONA raised strong concerns about **scope of practice overlap, liability for supervising nurses, and risks to patient safety**. The association worked directly with the bill’s sponsor to eliminate the most dangerous provisions and clarify that **EMTs cannot provide nursing care or operate under nurse supervision**.

While ONA appreciates that lawmakers plan to remove nurse oversight language to address liability concerns and protect RN delegation authority, the remaining bill still authorizes EMTs to perform invasive procedures within hospitals without sufficient regulatory guardrails or nursing input.

ONA made it clear that nurses cannot be placed in the untenable position of supervising EMTs performing nursing functions. Although our engagement helped limit scope creep and protect nurse authority, the bill still poses risks for patients and the healthcare workforce, and we will continue to oppose it.

## HB 324 – Standing Against Overreach in Medication Restrictions

ONA also submitted opposition testimony on House Bill 324, a sweeping measure likely aimed at limiting access to medication abortion but written so broadly it would restrict many evidence-based therapies. The bill would ban mail-order sales of medications with over 5% “severe adverse events,” require in-person exams, and impose rigid follow-up mandates on prescribers, including APRNs.

ONA warned that this one-size-fits-all approach would delay essential care for oncology, transplant, and palliative patients and add unnecessary workload for nurses. This bill risks harming the very people it claims to protect. It replaces clinical judgment with political judgment, and that’s never good for patients.

## HB 253 – Supporting Advanced Practice Respiratory Therapist Licensure

In contrast, ONA expressed support for House Bill 253, which establishes a new Advanced Practice Respiratory Therapist (APRT) license. The bill creates a career advancement pathway for experienced respiratory therapists, strengthens interdisciplinary care, and addresses workforce shortages in critical and chronic care.

This is the kind of workforce innovation we can get behind. When professionals grow within their field, patients benefit.

## Looking Ahead

ONA will continue to advocate for legislation that strengthens patient safety, fair workplaces, and the integrity of professional practice. Our advocacy — in committees, in rulemaking, and in direct conversations with legislators — ensures that nurses' voices are heard when policy decisions are made.

To stay informed or get involved in future testimony, visit [ohnurses.org/advocacy](https://ohnurses.org/advocacy) or contact the ONA Government Relations office at [govaffairs@ohnurses.org](mailto:govaffairs@ohnurses.org).



The advertisement features a red background. On the left, the Ohio State University logo (a white 'O' with a red outline) is positioned above the text 'THE OHIO STATE UNIVERSITY' in white, with 'ONLINE' below it. To the right, the text 'Master of Science in Nursing' is written in large, white, serif font. At the bottom right, a white rectangular button contains the text 'START NOW' in red, bold, sans-serif font.



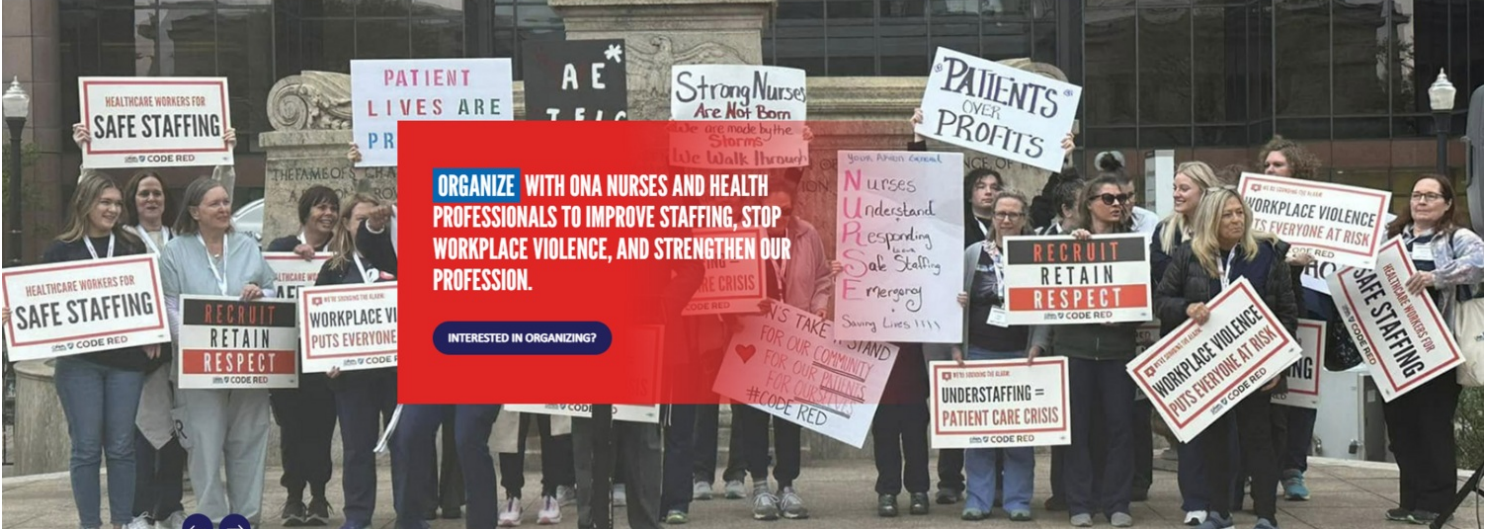
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## Nursing News

# ONA Launches Revamped Website to Better Serve Ohio's Nurses & Health Professionals

ONA's website, <https://ohnurses.org/> has a fresh new look! In August 2025, ONA launched a redesigned website to better serve nurses and health professionals across the state. With a cleaner layout, easier navigation, and faster access to key resources like continuing education, advocacy updates, and member tools, the new site is built to support the nursing profession. Whether you're on a desktop or mobile device, the new site makes it easier than ever to stay connected and informed.



# The Ohio Nurses Foundation is Accepting 2026 Scholarships Applications

Deadline: January 15, 2026



**APPLY FOR A 2026 ONF SCHOLARSHIP**



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## Caring for the Caregivers: A Path to Mental Wellness in Nursing



Chad Wittekind, FNP-BC , Director of Practice at ONA

### What the Latest Evidence Shows:

Registered nurses (RNs) and other healthcare professions continue to shoulder extraordinary psychological strain across all facilities, units, and specialties. Recent national surveillance underscores that health workers report more poor mental health days and higher burnout than in 2018, with 46% endorsing burnout in 2022; a notable increase of 14 percentage points.<sup>1</sup> Burnout and psychological distress intertwine with anxiety, depression, and moral injury; in critical care settings, depression and anxiety rates greatly exceed those in the general public.<sup>2,3</sup>

Importantly, need does not always translate into care. A 2025 CDC Morbidity and Mortality Weekly Report of 2,603 U.S. health workers found that 25.6% screened at diagnostic levels of mental distress, **yet only one in five sought mental health care**; even among those with diagnostic-level symptoms, **fewer than half accessed services**.<sup>4,5</sup> These findings mirror qualitative work highlighting barriers such as stigma, workload, confidentiality concerns, and limited protected time.<sup>4,5</sup>

Work environment remains one of the most effective drivers of easily accessible and financially viable change. Cross-sectional and longitudinal studies link supportive teams, reasonable work pace, recovery opportunities, and professional growth with better mental health and lower burnout.<sup>3,6</sup> Conversely, chronic understaffing correlates with moral distress, errors, and intent to leave the profession; all outcomes that feed back into worsening staffing, creating a vicious cycle within the job force.<sup>1,2</sup>

Encouragingly, system-level suicide-prevention approaches show promise. NIH-funded evaluations of the “Zero Suicide Model” report significant reductions in suicide attempts (and in some sites, completed suicides) after implementation across large health systems. Our goal should then be to support broader adoption of standardized screening, safety planning, lethal-means safety, and active follow-up.<sup>7</sup> This model begins, first and foremost, with the installation of a “just culture” work environment.

## What This Means for Ohio RNs:

The data regarding Ohio largely parallels national trends. The Ohio Nurses Association’s [2025 staffing white paper](#), drawing on its [2024 statewide survey](#), reports that 63.42% of direct-care nurses are considering leaving bedside roles amid current conditions, citing unsafe staffing and resultant strain on well-being and patient safety.<sup>8</sup> Ohio has also advanced confidential support pathways: the Ohio Board of Nursing partners with the Ohio Physicians Health Program to operate the OBN Safe Haven Program, a confidential route for nurses seeking help for burnout, mental health, or substance-use concerns—without automatic punitive action.<sup>9</sup> In parallel, the Ohio Suicide Prevention Foundation (OSPF), working with OhioMHAS and the Health Policy Institute-Ohio, released the 2024–2026 Suicide Prevention Plan emphasizing coordinated, data-informed, health-system strategies and community supports.<sup>10,11,12</sup>

## Practical Takeaways:

For Employers and Nurse Leaders: Invest in staffing transparency and minimum safe staffing practices; embed peer support and protected time for mental-health care; normalize help-seeking by publicizing confidential options like the OBN’s Safe Haven Program; and adopt evidence-based suicide-prevention frameworks (e.g., Zero Suicide Model) within occupational health and employee assistance programs immediately and with plans for improvements based off of constantly updated data and staff response.<sup>1,4,7–9,12</sup>

For Individual RNs: Recognize symptoms early (persistent exhaustion, anhedonia, irritability, sleep change, etc), use employer benefits, and consider state resources (Safe Haven Program; OSPF’s 988 Suicide and Crisis Lifeline education and local coalitions). Seeking care is a professional strength, ***never a weakness***, that protects both clinicians and patients.<sup>4,9–12</sup>

## Closing Editorial:

Nursing has never promised to be easy, but it has always labored to be worthy of your mental, physical, and emotional investment. Discussing these issues with your friends, family, colleagues, leadership, etc, helps us to further destigmatize mental health. Most (if not all) nurses experience ***significant*** psychological strain due to uninformed societal expectations, unjust workplace cultures, and public perceptions which often pressure them to prioritize patient care above their own well-being. This abuse of our collective altruism occurs even in the face of rampant understaffing, increasing workplace violence, and unsafe conditions. This moral obligation, while rooted in professional values, can inadvertently erode the mental health of any nurse. As the old adage goes, “nurses make the worst patients” but, in the 21st century, that is nothing more than emotional blackmail at best, cultural gaslighting at worst. There are no awards for suffering through the unsufferable. You, the nurse, have given all of yourself and more to your patients; requesting a modicum of self-care to continue to do so, does not sully that sacrifice.

## Recommended Reading:

***If I Betray These Words: Moral Injury in Medicine and Why It's So Hard for Clinicians to Put Patients First***

Author: Wendy Dean

Released: April 4, 2023

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## 988 Suicide and Crisis Lifeline

To every nurse and health professional: You matter. We see you. You are not alone. This work is heavy. The weight you carry doesn't disappear when your shift ends. If you're struggling, please reach out; help is here, and there is no shame in needing it.

### [AFT Trauma Counseling Programs and Services](#)

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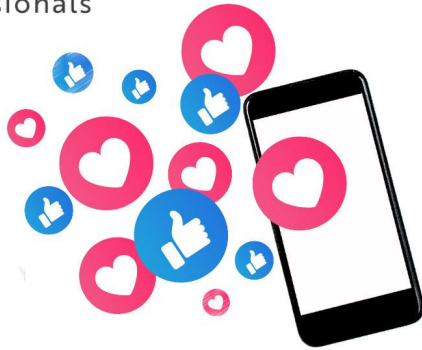
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