ONA aft
A Union of Nurses & Health Professionals

Affiliated with AFL-CIO

Opposition Testimony-Written Only
House Health Committee
HB 324
October 8, 2025

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee,

Thank you for the opportunity to provide written testimony today in opposition of HB 324. The Ohio Nurses Association is a statewide professional and labor organization for registered nurses, advanced practice registered nurses, and allied health professionals. We advocate for safe patient care, fair workplaces, and a strong nursing workforce through evidence-based policy, collective bargaining, and continuing education. ONA members care for patients in every corner of Ohio.

We recognize that HB 324's structure, its low ">5% severe adverse effects" trigger, the mail-order prohibition, and the in-person exam plus mandatory follow-up, is likely aimed at medication abortion, And while reduced access to medication abortion will harm patients by forcing them into more expensive and invasive procedures, our testimony today focuses on the ripple effects created by this bill. The same blunt mechanisms will sweep in many other evidence-based therapies (including oncology and complex-care drugs), disrupting access, straining care teams, and worsening outcomes across a large group of Ohio patients.

HB 324 is overbroad, unworkable in practice, and harmful to patients. It would impose sweeping retail and mail-order restrictions on medications and layer rigid, one-size-fits-all clinical mandates on prescribers, regardless of a patient's diagnosis or clinical context. In doing so, it would increase workload and liability pressures for APRNs and nurses, reduce access to medically necessary therapies, and worsen health disparities, especially for rural, disabled, immunocompromised, and low-income Ohioans.

What HB 324 Does

- Bars retailers and terminal distributors from selling any over-the-counter drug that causes one or more "severe adverse effects" in more than 5% of users (defined to include death, sepsis, hemorrhage requiring hospitalization, organ failure, or infection requiring hospitalization). It also prohibits mail-order sales of such drugs by retailers, terminal distributors, and wholesalers.
- Requires prescribers to conduct an **in-person exam**, inform patients that the drug exceeds the 5% severe-event threshold, and **schedule a follow-up appointment** before prescribing

3510 Snouffer Road, Columbus, Ohio 43235
www.ohnurses.org
614-969-3800

any listed medication. These requirements would apply to APRNs with prescriptive authority.
- Directs the Director of Health to determine which drugs meet the threshold, using the greater of insurance claims, patient reports to clinicians, or FDA data, and to publish and update a public list.

Why This Harms APRNs, Nurses, and Patients

The 5% trigger is a blunt instrument that sweeps in necessary, evidence-based care.
In oncology, transplant medicine, hematology, and other complex conditions, clinically indicated therapies often carry serious risks precisely because patients are critically ill. A flat ">5% severe adverse effects" rule, detached from disease severity, alternatives, dose, duration, and monitoring protocols, will block or burden access to standard-of-care regimens—not fringe treatments. Nurses are then left to manage avoidable deterioration, ER visits, and readmissions that follow delayed or disrupted therapy.

The bill's data rule maximizes over-inclusion and confusion.
By forcing the Department of Health to rely on whichever dataset is largest—insurance claims, patient reports to clinicians, or FDA data—the bill privileges volume over validity. Claims and passive reports frequently reflect underlying disease severity, miscoding, and non-causal associations. This structure virtually guarantees an over-broad restricted list, leaving APRNs and pharmacists to navigate shifting, non-clinical labels that don't match FDA indications or real-world practice.

Mail-order bans will harm continuity, affordability, and infection control.
Many Ohioans, particularly rural, mobility-limited, and immunocompromised patients, depend on specialty and mail-order pharmacies to access complex regimens safely and on time. Eliminating mail-order for any "listed" drug will delay starts, interrupt refills, raise costs, and increase exposure risks for patients advised to limit public contact. Nurses will see the downstream effects in decompensation and preventable hospitalizations.

In-person-only exams roll back safe, effective telehealth models.
During and after the pandemic, Ohio built high-quality telehealth pathways that integrate labs, imaging, and remote monitoring. HB 324's in-person mandate for "listed" drugs would strip flexibility for APRNs and physicians caring for homebound, rural, palliative, and oncology patients—as well as caregivers balancing work, transportation, and childcare—without improving safety.

Operational burdens fall on already strained teams.
Nurses will shoulder added tasks including screening scripts, risk-disclosure workflows, scheduling mandated follow-ups, pharmacy workarounds, and intensified adverse-event monitoring, without added staffing or time. APRNs will face new documentation and liability pressures tied to a list built from non-adjudicated data. These burdens compound the understaffing staffing crisis our hospitals and clinics already face.

The policy paradox: a "safety" bill that makes patients less safe.
By substituting a crude statistical trigger for clinical judgment and FDA-aligned labeling, HB 324 will delay or deter appropriate treatment, especially in time-sensitive conditions. The result is more complications, more emergency utilization, and worse outcomes. The opposite of patient protection.

Equity and Access
The bill's restrictions will fall hardest on patients with the least margin: rural Ohioans traveling long distances for care, patients with disabilities or limited transportation, people with low incomes who rely on mail-order savings, and immunosuppressed patients advised to avoid crowded spaces. Nurses and APRNs will confront the ethical and practical consequences when these patients cannot meet new hurdles that add no clinical value.

Conclusion
ONA supports patient safety grounded in science, clinical judgment, and FDA-aligned standards. HB 324 is not that. It is a sweeping, non-clinical policy that would undermine access to medically necessary treatment, overburden APRNs and nurses, and make many patients sicker.

For these reasons, we respectfully ask the Committee to reject HB 324.

Thank you for your time and consideration. Please direct any questions to Kelli Hykes, Director of Government Relations and Advocacy at khykes@ohnurses.org.