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## Bill Analysis

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**Primary Sponsors:** Sens. Blessing and Liston

Kailey Henry, Research Analyst

### SUMMARY

- Creates the Family and Medical Leave Insurance Program to provide up to 18 weeks of family and medical leave insurance benefits to eligible individuals during an application year.
- Authorizes an individual to receive program benefits to address the individual's serious health condition, to bond with a new child or prepare for the child's adoption or foster care placement, to address certain issues related to a family member's military deployment, or to care for a family member.
- Specifies that a "family member" includes a domestic partner (including a spouse), child, parent, grandparent, grandchild, sibling, or any other person with whom an employee has a significant, family-like bond.
- Requires an employer to deduct and withhold premiums from an employee's wages and to remit those premiums to the Director of Job and Family Services under the program.
- Requires an employer with 15 or more employees to directly remit employer premiums to the Director for each of the employer's employees.
- Requires the Director to assess a penalty against an employer that fails or refuses to remit premiums withheld from an employee's wages.
- Allows an employer to apply to the Director for approval to directly provide benefits to eligible employees through self-insurance or an insurer.
- Allows an independent contractor, sole proprietor, partner, or joint venturer to elect coverage and withdraw from coverage under the program.
- Requires an employer to comply with a collective bargaining agreement or employer contract or policy providing employees with greater benefits than those under the program.

- Requires an employee to take leave under the program concurrently with leave taken under the federal Family and Medical Leave Act.
- Requires an employer to restore an individual returning from a period of leave to the individual's position before taking leave or to an equivalent position.
- Specifies that benefits are not subject to state income tax to the extent they are subject to federal income tax.
- Allows an individual whose claim for benefits is denied to appeal the decision to the Director.
- Prohibits an individual from receiving benefits for one year after the individual commits fraud in connection with a claim for benefits.
- Allows the Director to seek repayment of overpayments made to an individual.
- Prohibits an employer from taking an adverse employment action against an employee for participating in the program.
- Permits an employee to file a complaint with the Director or sue an employer for taking an adverse employment action against the employee as described above.
- Allows the Director to assess a civil penalty or take other appropriate actions against an employer if the Director determines, based on an employee complaint, that the employer took an adverse employment action against an employee as described above.
- Requires the Director to develop and implement a public education program to educate employees and employers about the program.
- Requires the Director to submit an annual report regarding the program to the General Assembly.
- Requires the Director to adopt rules for program administration and enforcement.

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## DETAILED ANALYSIS

### Family and Medical Leave Insurance Program

The bill creates the Family and Medical Leave Insurance Program to be administered and enforced by the Director of Job and Family Services. Under the program, beginning in 2029, an individual may receive family and medical leave insurance benefits for any of the following reasons:

- The individual has a serious health condition as described below that makes the individual unable to perform the functions of one or more of the individual’s jobs.
- The individual is caring for a family member listed below who has a serious health condition.
- The individual is caring for a new child during the first year after the birth or adoption of the child or the placement of the child through foster care, or is preparing for the adoption of the child or placement of the child through foster care.
- The individual is addressing a qualifying exigency consisting of a financial, legal, logistical, or other issue that arises while a family member is deployed or has been notified of an impending deployment to a foreign country with the U.S. armed forces or reserve (see **“Qualifying exigencies related to military deployment,”** below).

An employee who is employed performing services in or about an employer's property on a casual basis or who works for a family business owned by the employee's family member may not receive benefits under the program.<sup>1</sup>

### **Serious health condition**

For purposes of the bill, a "serious health condition" is an illness, injury, impairment, or physical or mental condition that involves:

- Inpatient care in a hospital, hospice, or residential health care facility; or
- Continuing treatment or continuing supervision by a health care professional.<sup>2</sup>

### **Family member**

A "family member" of an employee includes all of the following:

- A domestic partner, regardless of sex, who is in a committed personal relationship (including a marriage, civil union, or other committed relationship that is granted legal recognition) with the employee that is characterized by financial interdependence and a shared responsibility for a significant measure of the other's welfare;
- A child (biological, adopted, foster, or step) of self or domestic partner, a legal ward, or another minor to whom the employee legally stands in the position of a parent (i.e., "in loco parentis");
- A parent (biological, adoptive, foster, or step) or legal guardian of self or domestic partner, and a person who otherwise legally stood in the position of a parent to self or domestic partner as a minor;
- A grandparent, grandchild, or sibling (biological, foster, adoptive, or step) of self or domestic partner; and
- Any other individual, regardless of blood or legal relationship, with whom the employee has a significant personal bond that is or is like a family relationship (the bill does not specify how a significant personal bond is determined).<sup>3</sup>

### **Qualifying exigencies related to military deployment**

Under the bill, an individual who has filed a claim for benefits to address a qualifying exigency for a military member who is the individual's family member and on covered active duty or called to it as described below may take leave for any of the following reasons:

- To attend any official event sponsored by the military that is related to the military member's covered active duty or call to it;

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<sup>1</sup> R.C. 4143.01(I) and (R), 4143.02, and 4143.03(A); Section 3.

<sup>2</sup> R.C. 4143.01(T).

<sup>3</sup> R.C. 4143.01.

- To provide or arrange for the following if the military member’s covered active duty or call to it so requires: (1) childcare for the military member’s child, or (2) care for the military member’s family member who is incapable of self-care, including during an emergency or other urgent situation where the family member requires immediate care;
- To make or update financial and legal arrangements to address the military member’s absence while on covered active duty or during the call to it;
- To attend counseling provided by someone other than a health care professional, for the individual, military member, or the military member’s child, if the need for counseling arises from the covered active duty or call to it;
- To spend time with the military member while on short-term, temporary, rest and recuperation leave during deployment;
- To attend official military-sponsored events or programs following termination of the military member’s covered active duty status;
- To address issues that arise from the military member’s death while on covered active duty.<sup>4</sup>

### **Covered active duty**

The bill defines “covered active duty” to mean both of the following:

- For a regular member of the U.S. armed forces (including the Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard), duty during deployment to a foreign country; and
- For a member of a reserve component of the U.S. armed forces, duty during deployment to a foreign country under a call or order to active duty in support of a contingency operation during a war or national emergency declared by the president or Congress.<sup>5</sup>

### **Premiums**

Benefits under the program are paid by assessing premiums on employees and certain employers. The bill requires the Director to establish an initial premium rate not later than October 31, 2027, that the Director determines to assure the solvency of the Family and Medical Leave Insurance Fund based on sound actuarial principles. The Family and Medical Leave Insurance Fund is a custodial fund (and thus is not subject to appropriations) created on the bill’s effective date. The Treasurer of State has investment authority for the fund, and interest on investment is credited to the fund.

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<sup>4</sup> R.C. 4143.01(P) and 4143.04.

<sup>5</sup> R.C. 4143.01(A) and (F).

Beginning with calendar year 2031, the Director must annually determine the premium rate by October 31 for the subsequent calendar year in an amount necessary to ensure the fund's solvency. The amount necessary for solvency is calculated as follows:

Assets in the fund as of June 30 of the previous calendar year

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(150% of benefits paid during the previous calendar year + administrative costs to administer benefits during the previous calendar year)

Under the bill, beginning January 1, 2028, every employer is required to deduct and withhold premiums from an employee's wages each time the employee is paid. The premium is determined by applying 50% of the premium rate to the employee's wages. Employers must remit premiums to the Director in accordance with rules the Director adopts establishing the manner and schedule for employers to remit premiums. Additionally, employers with 15 or more employees must remit a premium directly to the Director equal to the premium determined for each of the employer's employees. An employer with less than 15 employees is not required to remit employer premiums. The employer's number of employees is determined on January 1 of each calendar year.

The Director must assess a penalty against an employer that fails or refuses to remit premiums equal to 1% of the employer's annual payroll for each year the employer failed or refused to remit premiums, plus the amount of any benefits paid to employees for whom the employer failed or refused to remit premiums. Beginning with calendar year 2029, the Director must adjust the penalty amount by October 31 for the subsequent calendar year.<sup>6</sup>

## **Eligibility for benefits**

Under the bill, an individual is eligible to receive family and medical leave benefits under the program if the individual does all of the following:

- Files a claim for benefits;
- Consents to the release of certain confidential information;
- Demonstrates that the individual has been employed and earned wages of at least \$2,500 during the individual's base period;
- Demonstrates that the individual's employer has withheld and remitted premiums to the program while the individual was employed by the employer;
- Attests in the claim that the individual has notified the individual's employer in writing of the intent to take leave for one of the reasons permitted under the program as soon as practicable and the individual's proposed schedule for taking leave;

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<sup>6</sup> R.C. 4143.02(A), 4143.13, and 4143.14.

- If the individual is unemployed, demonstrates that the individual has been separated from employment for not more than 26 weeks at the time the individual files the claim;
- Provides a certification described under “**Certification**,” below, as applicable.

An individual’s “base period” is the first four of the last five completed calendar quarters immediately preceding the first day of an individual’s application year. For example, if an individual’s application year began on March 1, 2030, the individual’s base period would consist of quarters 1, 2, and 3 of 2029, and quarter 4 of 2028. Quarter 4 of 2029 would be the last completed of the five preceding calendar quarters, and as such, would not be included in the base period.

If an individual does not have sufficient qualifying weeks and wages in the base period to be eligible for benefits, the individual’s base period becomes the four most recently completed calendar quarters preceding the first day of the individual’s application year, the “alternate base period.”

The bill prohibits an employer from requiring an individual to provide more than 30 days notice of the individual’s intent to take leave if the need for leave is foreseeable. It requires an individual to file a claim for benefits not more than 60 days before the date the individual anticipates beginning the period of leave or within 90 days of the date the individual’s leave began. The Director may waive the 90-day filing period for good cause. An eligible individual may receive program benefits regardless of whether the individual is employed or is working at a different job while taking leave.

The Director must develop an application form in English, Spanish, and any other language spoken by 3% or more of Ohio’s population. The bill also requires the Director to notify an individual’s employer within five business days after an individual has filed a claim, that the individual has filed the claim.

Under the bill, the Director must adopt rules to establish procedures for an individual to (1) request a modification of an approved claim for benefits, and (2) submit a weekly claim demonstrating the individual’s eligibility to continue receiving benefits.<sup>7</sup>

## **Certification**

An individual filing a claim for benefits under the program must provide a certification of the individual’s need for leave. The Director must accept the following types of certification:

- If the leave is to care for a family member with a serious health condition, documentation from a health care professional that states when the serious health condition began and its expected duration, that the individual is needed to provide care, and appropriate supporting medical information;

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<sup>7</sup> R.C. 4143.01(B) and (D), 4143.02(A), and 4143.03(B) to (E).

- If the leave is for the individual's own serious health condition, documentation from a health care professional that states when the serious health condition began, its expected duration, and appropriate supporting medical information;
- If the leave is to bond with a new child or prepare for the child's adoption or foster care placement, any of the following as applicable:
  - A birth certificate;
  - Documentation from a health care professional with the child's birthdate;
  - Documentation from a health care professional, adoption agency, or other individual determined by the Director with the date of the adoption or anticipated adoption;
  - Documentation from a health care professional, foster care agency, or other individual determined by the Director with the date of the foster care placement or anticipated placement;
  - The individual's affidavit acknowledging parentage.
- If the leave is to address a qualifying exigency, a copy of the military member's call or order to active duty or other supporting documentation from the applicable branch of the U.S. armed forces.

The bill requires the Director to accept any alternative certification if the Director determines it is sufficient to demonstrate an individual's need for leave under the program. A health care professional providing a certification to an individual must do so within seven days of the individual's request and at no cost to the individual. Nothing in the bill requires a health care professional to provide a certification to an individual if the health care professional is not providing treatment or supervision to the individual or the individual's family member for a serious health condition.<sup>8</sup>

### **Actions that will not invalidate a claim**

Under the bill, an individual's claim for benefits or eligibility to receive benefits cannot be invalidated for any of the following reasons:

- The individual failed to file a claim for benefits;
- The individual failed to furnish notice to the individual's employer of the intent to take leave;
- The individual failed to submit a certification as described above or an attestation that the individual notified the individual's employer of the intent to take leave and the individual's proposed schedule for taking leave;

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<sup>8</sup> R.C. 4143.05, by reference to R.C. 3107.01, not in the bill.

- The individual's employer failed to withhold and remit premiums under the program as required.<sup>9</sup>

## **Weekly benefit amount**

Under the bill, an eligible individual receives a weekly benefit amount equal to 85% of the individual's average weekly wage and proportional to the number of hours the individual works at the job from which the individual is taking leave. The Director must calculate the amount of benefits based on the average weekly wage the individual earns from the job from which the individual is taking leave; the average weekly wage from a different job is not considered when calculating this amount. If the individual is unemployed, the Director must calculate the amount based on the individual's average weekly wage during the individual's base period. The maximum weekly benefit amount an eligible individual may receive is an amount equal to 90% of the statewide average weekly wage.

The Director must reduce the individual's weekly benefit amount by the amount of any unemployment or workers' compensation benefits the individual is receiving in accordance with rules adopted by the Director, other than permanent partial disability benefits under the Workers' Compensation Law. The bill requires the Director to prorate an individual's benefits if the individual is taking leave in separate blocks of time on an intermittent schedule or by reducing the individual's work day or work week.

An employee may use available sick leave, vacation leave, or other paid leave to supplement the employee's weekly benefit amount during a period of leave under the bill, in an amount sufficient to give the employee up to 100% of the employee's average weekly wage. The bill prohibits an employer from requiring an employee to use sick leave, vacation leave, or other paid leave during a period of leave under the bill.

The Director must make the first payment of benefits to an eligible individual within 14 calendar days after the Director approves the individual's claim for benefits. Subsequent payments are made biweekly. An eligible individual generally may receive a maximum of 18 weeks of benefits payable during an application year, but may only receive 14 weeks of benefits for any one reason for which the individual may receive benefits under the program.

Benefits cannot be paid for a period of less than four consecutive hours of leave taken during one work week.<sup>10</sup>

## **Advance payment of benefits**

An employer may make an advance payment of benefits to an eligible individual and apply to the Director for a reimbursement of those payments. The employer must follow the procedures prescribed by the Director in rules adopted under the bill to receive a reimbursement. The Director must reimburse an employer for the amount of the advance payment of benefits

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<sup>9</sup> R.C. 4143.03(F).

<sup>10</sup> R.C. 4143.02(A), 4143.06, and 4143.08(A), by reference to R.C. 4123.57, not in the bill.

made by the employer, but the amount of a reimbursement cannot be greater than the amount of benefits the individual is entitled to receive under the program.

The bill prohibits the Director from approving an employer's application for reimbursement that the Director receives after the date the Director has made a payment of benefits to an individual for which the employer is seeking a reimbursement.<sup>11</sup>

### **Collective bargaining**

A collective bargaining agreement, employer contract, or employer policy cannot diminish an individual's rights to benefits under the program. Any agreement to waive those rights is void. Conversely, employers must comply with an agreement, contract, or policy that provides greater leave than that provided under the program. These provisions apply to agreements, contracts, or policies that are entered in to or modified on or after the bill's effective date.<sup>12</sup>

### **Concurrency of leave**

The bill requires that any leave taken by an individual under the program runs concurrently with any leave the individual takes under the federal Family and Medical Leave Act. An employer also may require that program leave be taken concurrently with leave allowed under the terms of disability or family care leave under a collective bargaining agreement or employer policy. The employer must provide employees with a written notice of the requirement to take this leave concurrently.<sup>13</sup>

### **Job restoration**

The bill requires an employer to restore an individual who has taken leave under the program to the position that the individual held before taking leave, or to an equivalent position. The employer must maintain the individual's health insurance benefits during the period of leave as if the individual had been continuously employed.<sup>14</sup>

### **Applicability of income taxes**

Benefits an individual receives through the program are not subject to state income tax to the extent the benefits are subject to federal income tax. However, if the benefits are subject to federal income tax, the Director must notify an individual of that fact and must follow all procedures prescribed by the Internal Revenue Service when deducting, withholding, and remitting the tax. The Director also must state in the notice that the individual may elect to have the federal income taxes deducted and withheld from those benefits.<sup>15</sup>

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<sup>11</sup> R.C. 4143.02(A) and 4143.07.

<sup>12</sup> R.C. 4143.08(B) to (E).

<sup>13</sup> R.C. 4143.08(A).

<sup>14</sup> R.C. 4143.09(A).

<sup>15</sup> R.C. 4143.15 and 5747.01(A).

## Appealing a denied claim

An individual whose claim is denied may appeal the decision to the Director within 90 calendar days after the written denial was sent to the individual. The bill prohibits an employer from being a party to an appeal. The Director must decide the appeal within 21 days after receipt. An appeal determination is final and may be appealed in accordance with the Administrative Procedure Act.<sup>16</sup>

## Overpayments

### Fraud

An individual is barred from receiving benefits for one year after the individual willfully makes a false statement or misrepresents or willfully fails to report a material fact in connection with a claim.<sup>17</sup>

### Repayment of excess benefits

An individual who receives benefits in excess of the benefits to which the individual is entitled may be required to repay the excess benefits. The Director may seek repayment for any of the following reasons:

- The individual willfully made a false statement or misrepresented or willfully failed to report a material fact to a claim.
- The individual received benefits to which the individual is subsequently determined not to be entitled as a result of an appeal (see “**Appealing a denied claim**,” above).
- The individual received benefits to which the individual was not entitled due to a mistake or a clerical error.

The Director may waive a repayment or part of a repayment if the Director decides that the recovery is against equity and good conscience.<sup>18</sup>

## Employment protection and nondiscrimination rights

The bill prohibits an employer from discharging, demoting, discriminating, or taking an adverse employment action against an employee at any time for any of the following reasons:

- The employee filed a claim or received benefits under the program.
- The employee communicated to the employer an intent to file a claim for benefits, a complaint, or an appeal under the program.
- The employee testified or otherwise assisted in a proceeding under the program.

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<sup>16</sup> R.C. 4143.03(G).

<sup>17</sup> R.C. 4143.12(A).

<sup>18</sup> R.C. 4143.12(B).

The bill prohibits an employer from considering a period of leave that an eligible individual takes under the program as an absence for which the employer may discipline, discharge, demote, suspend, or take an adverse employment action against the employee under an attendance policy.<sup>19</sup>

### **Employee complaint and administrative enforcement**

An employee who believes that an employer violated the bill's adverse employment action prohibitions may file a complaint with the Director within 24 months after the alleged violation occurred. The Director must process and investigate any complaints the Director receives to determine whether it is probable the employer has committed a violation. If, after providing notice and the opportunity for a hearing conducted in accordance with the Administrative Procedure Act, the Director determines it is probable an employer has committed a violation, the Director may take either of the following actions:

- Order the employer to do any of the following:
  - Provide the employee with the requested leave;
  - Reinstatement of the employee to the employee's position;
  - Pay the employee for up to two years of back pay, including interest at the prevailing rate;
  - Pay the employee for liquidated damages in an amount equal to the back pay paid to the employee;
  - Any other action the Director determines appropriate.
- Assess a penalty against the employer of up to \$1,000 per violation, which is deposited into the Family and Medical Leave Insurance Fund.<sup>20</sup>

### **Civil action**

An aggrieved employee may sue an employer in a court of competent jurisdiction whom the employee believes violated the bill's adverse employment action prohibitions. If an employee filed a complaint as described above and wishes to sue the employer, the employee must sue the employer within 24 months after the Director has made a determination on the employee's complaint. If the court finds that the employer has committed a violation, the employer is liable to the aggrieved employee for any of the following:

- Damages in the amount of lost wages, salary, benefits, or other compensation;
- Damages for actual monetary losses sustained by the employee;
- Liquidated damages in an amount equal to damages for lost wages, salary, benefits, or other compensation, or damages for actual monetary losses;

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<sup>19</sup> R.C. 4143.09(B) and (C).

<sup>20</sup> R.C. 4143.09(D).

- Court costs and reasonable attorney fees;
- Equitable relief as appropriate.<sup>21</sup>

## Direct payment of benefits

The bill allows an employer to apply to the Director for approval to directly provide benefits under the program to eligible employees. The Director must grant approval to an employer that demonstrates all of the following to the Director's satisfaction:

- That the employer will provide benefits that are equal to or greater than the benefits under the program;
- That the employer will meet all obligations under the program;
- If the employer will provide benefits through an insurer, proof that the insurer is authorized to provide insurance in Ohio and a copy of the policy.

An employer that will provide benefits through self-insurance must file a surety in the amount determined by the Director. Additionally, the Director must determine the costs to the program for employers to directly provide benefits to employees each calendar year, and every employer directly providing benefits to employees must reimburse the Director for its share of the costs. The reimbursement is deposited into the Family and Medical Leave Insurance Fund.

An individual whose claim for benefits is denied by the individual's employer may appeal the decision to the Director (see "**Appealing a denied claim**," above). The bill also allows an employee who believes an employer has violated the bill's adverse employment action prohibitions to file a complaint with the Director or sue the employer (see "**Employment protection and nondiscrimination rights**," above).

The bill requires the Director to terminate an employer's approval to directly provide benefits for failing to do any of the following:

- Pay benefits to an eligible individual, or pay benefits in a timely manner;
- Maintain a surety if the employer is required to file a surety;
- Submit any report the Director requires the employer to submit;
- Comply with any other program requirement or rule adopted by the Director under the program.<sup>22</sup>

## Independent contractors

An independent contractor, sole proprietor, partner, or joint venturer may elect coverage under the program by filing a notice of election of coverage in writing with the Director. The initial period of coverage is for a minimum of three years. The election is effective on the date the

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<sup>21</sup> R.C. 4143.09(E).

<sup>22</sup> R.C. 4143.11.

notice is filed. An independent contractor, sole proprietor, partner, or joint venturer may elect to continue coverage immediately following the initial period of coverage by filing a notice of election of coverage, as described above, at least 30 days before the initial election period expires. An independent contractor, sole proprietor, partner, or joint venturer may withdraw from coverage by filing a written notice with the Director within 30 days before the end of the initial period of coverage or during a period designated by the Director in rule. The withdrawal is effective 30 days after the notice is filed.

An independent contractor, sole proprietor, partner, or joint venturer who elects coverage must remit premiums directly to the Director in accordance with rules adopted by the Director by applying 50% of the premium rate to the individual's wages (see "**Premiums**," above).<sup>23</sup>

## **Confidentiality**

Under the bill, any personal information in the Director's possession under the program is confidential and is not a public record under Ohio's Public Records Law. The bill permits the following individuals to have access to an individual's program files and records:

- A public employee in the performance of the public employee's official duties;
- The individual or a person authorized by the individual, with an authorization form signed by the individual;
- An employer or the employer's duly authorized representative, in connection with a pending claim of an individual employed by the employer;
- An individual who is assisting the Director, at the Director's request, on any matter regarding the program's administration.<sup>24</sup>

## **Public education program**

The bill requires the Director to develop and implement a public education program to educate employees and employers about the program by July 1, 2027. The public education program must explain the following information about the program:

- An individual's right to benefits under the program and the terms under which an individual may receive benefits;
- The claims process;
- Weekly benefit amounts and maximum benefits payable;
- Reinstatement and nondiscrimination rights and an individual's right to file a complaint against an employer that violates those rights.

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<sup>23</sup> R.C. 4143.02(A), 4143.10, and 4143.14(D).

<sup>24</sup> R.C. 4143.16, by reference to R.C. 149.43, not in the bill.

The Director must develop a notice containing the above information in English, Spanish, and any other language spoken by more than 3% of Ohio's population. Employers must do all of the following regarding the program notice:

- Provide a copy of the notice to each of the employer's employees on hiring and yearly after that, and when an employee notifies the employer of the intent to take leave under the program;
- Post the notice in a prominent location in the workplace or on the internet in a manner that is accessible to the employer's employees;
- Provide or post the notice for employees in accordance with any additional requirements the Director has adopted in rule.

An employer must provide an employee the program notice in English, the language used in communication with the employee, or any other language spoken by at least 5% of the employer's employees. An employer that fails to provide or post the notice as required by the bill is assessed a \$250 penalty per employee for each day the employer fails to provide or post the notice. Any penalty collected is deposited into the Family and Medical Leave Insurance Fund.

The bill allows the Director to use up to 5% of the funds available on January 1 of each year in the fund to implement the public education program during that calendar year.<sup>25</sup>

## Program report

The bill requires the Director to submit an annual report to the General Assembly that includes all of the following information about the program for the prior calendar year:

- Projected and actual program participation;
- Demographic information of applicants and participants, including age, gender, race, ethnicity, sexual orientation, primary or preferred language, residential zip code, occupation, average weekly wage, and characteristics of employment;
- Processing time frames for the Director to approve or deny initial claims for benefits;
- For any claims the Director denies, the reason for the denial;
- Total number of appeals filed and the decision of those appeals (see "**Appealing a denied claim**," above);
- Average time frame from an individual filing a claim to receiving the first payment of benefits;
- Purpose and duration of leave taken by participants, including the category of family member that a participant took leave to care for;
- Average weekly benefit amount paid to participants;

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<sup>25</sup> R.C. 4143.02(A) and 4143.18.

- Premium rates;
- Current and projected fund balances;
- Outreach efforts.

The Director must submit the first report to the General Assembly by April 1, 2030. The reports must be made available to the public by posting the reports on the Department of Job and Family Services' website.<sup>26</sup>

## Rules

Under the bill, the Director must adopt rules in accordance with the Administrative Procedure Act to administer and enforce the program. The Director may adopt any additional rules that the Director considers necessary to administer and enforce the program.<sup>27</sup>

## Definitions

The bill defines the following terms for purposes of the Family and Medical Leave Insurance Program:

“Application year” with respect to any individual, means the 12-month period that begins on the Sunday of the calendar week in which the individual files an application for benefits.

“Average weekly wage” means the sum of an employee’s wages for all qualifying weeks during the calendar quarter with the highest wages in the employee’s base period, divided by 13.

“Health care professional” means any of the following individuals who have been licensed or certified to practice in Ohio under the applicable law or in another state:

- A dentist or dental hygienist;
- A registered nurse, clinical nurse specialist, certified nurse-midwife, or licensed practical nurse;
- A pharmacist;
- A physician assistant;
- An individual authorized to practice medicine and surgery, osteopathic medicine and surgery, or podiatry;
- A psychologist;
- A speech language pathologist or audiologist;
- An occupational therapist, physical therapist, physical therapist assistant, or athletic trainer;

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<sup>26</sup> R.C. 4143.17.

<sup>27</sup> R.C. 4143.02.

- A professional clinical counselor, professional counselor, independent social worker, or social worker;
- A dietitian.

“Yearly earnings” means the total wages an individual earns for the calendar year.<sup>28</sup>

### Effective date

The bill generally takes effect 12 months after its effective date, unless otherwise noted.<sup>29</sup>

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## HISTORY

Action	Date
Introduced	03-23-26

ANSB0396IN-136/ar

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<sup>28</sup> R.C. 4143.01.

<sup>29</sup> Section 3.