



www.lsc.ohio.gov

# OHIO LEGISLATIVE SERVICE COMMISSION

Wendy Zhan, Director

Office of Research  
and Drafting

Legislative Budget  
Office

**S.B. 48\***  
**134<sup>th</sup> General Assembly**

## Occupational Regulation Report

[Click here for S.B. 48's Bill Analysis/Fiscal Note](#)

**Primary Sponsors:** Sens. Maharath and Antonio

**Impacted Professions:** Health care professionals

---

Prince Senayah, LSC Fellow  
Ryan Sherrock, Economist

LSC is required by law to issue a report for each introduced bill that substantially changes or enacts an occupational regulation. The report must: (1) explain the bill's regulatory framework in the context of Ohio's statutory policy of using the least restrictive regulation necessary to protect consumers, (2) compare the regulatory schemes governing the same occupation in other states, and (3) examine the bill's potential impact on employment, consumer choice, market competition, and cost to government.<sup>1</sup>

---

## LEAST RESTRICTIVE REGULATION COMPARISON

### Ohio's general regulatory policy

The general policy of the state is reliance on market competition and private remedies to protect the interests of consumers in commercial transactions involving the sale of goods or services. For circumstances in which the General Assembly determines that additional safeguards are necessary to protect consumers from "present, significant, and substantiated harms that threaten health, safety, or welfare," the state's expressed intent is to enact the "least restrictive regulation that will adequately protect consumers from such harms."<sup>2</sup>

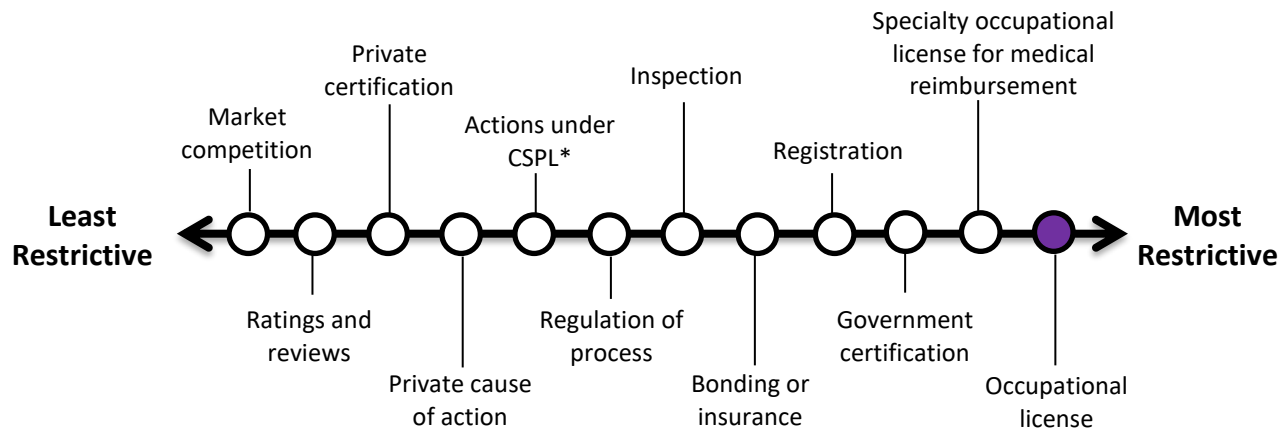
The degree of "restrictiveness" of an occupational regulation is prescribed by statute. The following graphic identifies each type of occupational regulation expressly mentioned in the state's policy by least to most restrictive:

---

\*This report addresses the "As Introduced" version of S.B. 48. It does not account for changes that may have been adopted after the bill's introduction.

<sup>1</sup> R.C. 103.26, not in the bill.

<sup>2</sup> R.C. 4798.01 and 4798.02, neither in the bill.



\*CSPL – The Consumer Sales Practices Law

The bill prescribes new cultural competency training and continuing education requirements for dentists, registered nurses, licensed practical nurses, optometrists, pharmacists, physicians, podiatrists, psychologists, independent social workers, social workers, and social work assistants (health care professionals), all of which are licensed trades under continuing law. The approved courses of study and number of required hours will be prescribed by rules adopted by the pertinent licensing boards. The bill does not necessarily increase the total number of required training and continuing education hours for health care professionals. It requires only that a portion of those hours be devoted to cultural competency coursework. Nonetheless, by adding a specific cultural competency course requirement to the existing training and continuing education curricula, the bill increases the restrictiveness of occupational regulations for health care professionals.

## Necessity of regulations

Senator Maharath and Senator Antonio testified that the bill's training and continuing education requirements are needed to "assist healthcare providers in gaining the knowledge needed to successfully serve patients from all backgrounds" and to take steps towards "eliminat[ing] health disparities among all Ohioans." Their testimony asserts that cultural competency is an integral component of healthcare – referencing data published the Health Policy Institute at Georgetown University which indicates that minorities are more likely to suffer or die from chronic disease, are less likely to have a regular doctor or health insurance, and are less satisfied with the healthcare they receive. The sponsors suggest that cultural competency training for health care professionals might improve the quality of care administered to minorities and improve health outcomes.<sup>3</sup>

<sup>3</sup> Senator Tina Maharath and Senator Nickie Antonio, [S.B. 48 Sponsor Testimony](#), Senate Health Committee, June 16, 2021.

## Restrictiveness of regulations

Licensure is the most restrictive of all regulatory options identified within the state's general policy on occupational regulations. Accordingly, the policy prescribes a narrow range of situations in which it is appropriate. Specifically, when all of the following circumstances are present: (1) the occupation involves providing a service regulated by both state and federal law, (2) the licensing framework allows individuals licensed in other states and territories to practice in Ohio, and (3) the licensing requirement is based on uniform national laws, practices, and examinations that have been adopted by at least 50 U.S. states and territories.<sup>4</sup>

The bill does not impose a new licensure requirement or extend the reach of existing licenses. It merely adds to the training and continuing education requirements for health care professionals. As explained above, the bill does not necessarily increase the number of required training and continuing education hours. An occupational licensing board could comply with the bill's requirements by requiring that cultural competency be worked into the existing training and continuing education hours. (See, for example, the opioid training requirement for dentists in the table below.) If an occupational licensing board determines to increase required hours to accommodate the bill's requirements, that increase will likely be minimal in comparison to the number of training and continuing education hours required for health care professionals under current law. See the table below for a summary of those training and continuing education requirements.

Health Care Professional Training and Continuing Education Requirements		
Occupation	Training	Continuing Education
Dentist	Graduate from an accredited dental college or a foreign dental college that meets specified standards ( <i>R.C. 4715.10; Ohio Administrative Code(O.A.C.) 4715-5-01.1</i> ).	40 hours every two years. Education must include two hours related to the prescribing of opioids for acute, subacute, and chronic pain (the opioid-specific training requirement expires January 1, 2024). ( <i>R.C. 4715.141; O.A.C. 4715-8-01.</i> )
Registered nurse	Completion of a Board of Nursing approved prelicensure registered nursing education program or a registered nursing program approved by another state or jurisdiction ( <i>R.C. 4723.09</i> ).	24 hours every two years. Education must include one hour of "Category A" training on Ohio laws and rules. ( <i>R.C. 4723.24.</i> )
Licensed practical nurse	Completion of a Board of Nursing approved prelicensure registered nursing education program or a	24 hours every two years. Education must include one hour of "Category A"

<sup>4</sup> R.C. 4798.02, not in the bill.

Health Care Professional Training and Continuing Education Requirements		
Occupation	Training	Continuing Education
	registered nursing program approved by another state or jurisdiction (R.C. 4723.09).	training on Ohio laws and rules. (R.C. 4723.24.)
Optometrist	Completion of six years of college study and graduate of an school of optometry approved by the State Vision Professionals Board (R.C. 4725.12).	25 hours annually. Education must include ten hours of instruction in pharmacology. (R.C. 4725.16.)
Pharmacist	Completion of a Board of Pharmacy approved pharmacy education program – generally a Doctor of Pharmacy degree (R.C. 4729.08; O.A.C. 4729:1-2-03).	40 hours every two years. Education must include two hours on medication errors and patient safety and two hours on jurisprudence or law. (O.A.C. 4729:1-5-02.)
Physician	Completion of an accredited medical school with at least 12 months of graduate medical education (R.C. 4731.09).	50 hours every two years. Education must include one hour on reporting misconduct. (R.C. 4731.282; O.A.C. 4731-10-02.)
Podiatrist	Completion of a degree from a college of podiatric medicine and surgery and one year of postgraduate training in a podiatric internship, residency, or clinical fellowship program (R.C. 4731.52).	50 hours every two years. Education must include one hour on reporting misconduct. (R.C. 4731.282; O.A.C. 4731-10-02.)
Psychologist	Completion of a doctoral degree in psychology from a regionally accredited academic institution or a foreign institution meeting requirements and a minimum of 3,600 hours of satisfactory psychological training (R.C. 4732.10).	23 hours every two years. Education must include four hours in ethics, professional conduct, or cultural competence. (R.C. 4732.141(A) and (D).)
Independent social worker	Completion of Master of Social Work degree from a Council on Social Work Education-accredited program (R.C. 4757.27).	30 hours every two years. Education must include three hours in ethics. (O.A.C. 4757-9-03.)
Social worker	Completion of a bachelor's, master's, or doctorate degree in social work (R.C. 4757.28).	30 hours every two years. Education must include three hours in ethics. (O.A.C. 4757-9-03.)

Health Care Professional Training and Continuing Education Requirements		
Occupation	Training	Continuing Education
Social work assistant	Completion of an associate's degree in social service technology, bachelor's degree that is equivalent to an associate's degree in social service technology, or a related, approved bachelor's degree or higher (R.C. 4757.29).	30 hours every two years. Education must include three hours in ethics. (O.A.C. 4757-9-03.)

## IMPACT STATEMENT

### Opportunities for employment

The bill should not have an impact on opportunities for employment. The requirement that certain health care professionals complete instruction in cultural competency will not affect the number of job opportunities in any of the professions included in the bill.

### Consumer choice

The bill should not have an impact on consumer choice. The bill does not change the total number of continuing education hours required for license renewal, which is set in statute<sup>5</sup> for every profession in the bill, with the exception of pharmacists. As a result, there will not be an increased barrier to licensure for those already holding a license. For individuals applying for initial licensure, the additional requirement of cultural competency instruction should also be included in the existing course work already required for each license, and therefore will also not be an additional barrier for licensure of new applicants.

### Market competition

Since the bill will not affect opportunities for employment or consumer choice, there will be no effect on market competition.

### Cost to government

The bill will result in additional costs to government, as the licensing boards for each profession included in the bill will be required to adopt rules and approve additional continuing education courses that cover the cultural competency requirement, which will increase administrative costs for each board.

## SUMMARY OF PROPOSED REGULATIONS

This bill requires healthcare professionals to complete cultural competency training or continuing education in order to receive or renew their license. The list of approved courses and

<sup>5</sup> R.C. 4715.1441, 4723.24, 4725.16, 4731.282, 4732.141, and 4757.33.

the number of hours of training required is determined by rule of the pertinent state licensing boards. When adopting those rules, the licensing boards must consult with one or more professionally relevant and nationally recognized organizations that review curricula offered by health care professional educational institutions. A licensing board may waive the training or continuing education requirement if the licensee or prospective licensee has attained experience that is substantially equivalent to the required number of hours of cultural competency instruction or continuing education, as applicable.<sup>6</sup>

## COMPARISON TO OTHER STATES

According to Think Cultural Health, a publication sponsored by the United States Department of Health and Human Services Office of Minority Health, ten states require cultural competency training or continuing education for health care professionals – Arizona, California, Connecticut, Illinois, Indiana, Nevada, New Jersey, New Mexico, Oregon, and Washington.<sup>7</sup> The table below compares requirements in six of those states to those proposed by the bill. It lists the health care professions to which the regulation applies, specifies whether the regulation requires training, continuing education, or both, and states the number of required hours (if specified by state law or administrative rules).

Cultural Competency Training and Continuing Education Requirements for Health Care Professionals	
State	Professions Covered
Ohio (under the bill)	<p>Cultural competency training and continuing education required for the following health care professionals:</p> <ul style="list-style-type: none"> <li>▪ Dentists;</li> <li>▪ Registered nurses;</li> <li>▪ Optometrists;</li> <li>▪ Pharmacists;</li> <li>▪ Physicians;</li> <li>▪ Psychologists;</li> <li>▪ Social workers.</li> </ul> <p>Number of hours to be determined by administrative rule. (<i>R.C. 4743.08.</i>)</p>
Arizona	<p>Requires three hours of continuing education every two years in cultural competency, diversity, and ethics for the following “behavioral health” professionals:</p>

<sup>6</sup> R.C. 4743.08.

<sup>7</sup> Think Cultural Health, [Tracking CLAS](#).

Cultural Competency Training and Continuing Education Requirements for Health Care Professionals	
State	Professions Covered
	<ul style="list-style-type: none"> <li>▪ Marriage and family therapists;</li> <li>▪ Professional counselors;</li> <li>▪ Social workers;</li> <li>▪ Substance abuse counselors.</li> </ul> <p><i>(Ariz. Rev. Stat. 32-3273; Ariz. Admin. Code R4-6-802.)</i></p>
Connecticut	<p>Cultural competency continuing education required for the following health care professionals:</p> <ul style="list-style-type: none"> <li>▪ Physicians (one hour every two years);</li> <li>▪ Marital and family therapists (one hour every two years);</li> <li>▪ Drug and alcohol counselors (one hour every year);</li> <li>▪ Professional counselors (one hour every year);</li> <li>▪ Social workers (one hour every year);</li> <li>▪ Advanced practice registered nurses (one hour every two years);</li> <li>▪ Dental hygienists (one hour every two years);</li> <li>▪ Community health workers (two hours every three years).</li> </ul> <p><i>(Conn. Gen. Stat. 20-10b, 20-74t, 20-94d, 20-126l, 20-195c, 20-195cc, 20-195ttt, and 20-195u.)</i></p>
California	<p>Cultural competency training or continuing education required for the following health care professionals:</p> <ul style="list-style-type: none"> <li>▪ Physicians (unspecified number of training and continuing education hours);</li> <li>▪ Professional clinical counselors (unspecified number of training hours);</li> <li>▪ Community care facility administrator (unspecified number of training hours);</li> <li>▪ Residential care facility staff (unspecified number of training hours).</li> </ul> <p><i>(CA Bus &amp; Prof. Code 2190.1; CA Health and Safety Code 1569.625, 2190.1, and 4999.33.)</i></p>
Indiana	<p>Requires an unspecified number of hours of cultural competency training for initial licensure as an addiction counselor <i>(Ind. Code 25-23.6-10.5-5)</i>.</p>
New Jersey	<p>Cultural competency training or continuing education required for the following health care professionals:</p>

Cultural Competency Training and Continuing Education Requirements for Health Care Professionals	
State	Professions Covered
	<ul style="list-style-type: none"> <li>▪ Social worker (LSW, CSW, and LCSW) (three continuing education “credits” every two years – generally, one credit equals one hour of course work);</li> <li>▪ Alcohol and drug counselor (three continuing education hours every two years);</li> <li>▪ Marriage and family therapist (three continuing education hours every two years);</li> <li>▪ Physician (at least six hours of training for initial licensure);</li> <li>▪ Rehabilitation counselor (three continuing education hours every two years);</li> <li>▪ Social work examiner (three continuing education hours every two years);</li> <li>▪ Art therapist (three continuing education hours every two years);</li> <li>▪ Obstetrics staff (unspecified hours of training required).</li> </ul> <p><i>(N.J. Stat. Ann. 45:9-7.2; N.J. Admin. Code 8:43G-19.2, 13:44G-6.2, 13:44G-7.1, 13:34C-5.2, 13:34-5.2, 13:34-24.2, 13:34-5.2A, 13:35-6.25, 13:44G-6.2, 13:44G-6.3, and 13:34D-4.2.)</i></p>
Oregon	<p>Cultural competency training or continuing education required for the following health care professionals:</p> <ul style="list-style-type: none"> <li>▪ Lactation consultants (unspecified number of training hours and one continuing education hour every year);</li> <li>▪ Speech-language pathologists and audiologists (one continuing education hour every year);</li> <li>▪ Chiropractors (legislation effective July 1, 2021, requires licensing board to adopt a continuing education requirement);</li> <li>▪ Social workers (legislation effective July 1, 2021, requires licensing board to adopt a continuing education requirement);</li> <li>▪ Counselors and therapists (four continuing education hours every two years);</li> <li>▪ Dentists (two continuing education hours every two years);</li> <li>▪ Dental hygienists (two continuing education hours every two years);</li> <li>▪ Dietitians (one continuing education hour every year);</li> <li>▪ Massage therapists (one continuing education hour every two years);</li> <li>▪ Naturopathic physician (two continuing education hours every year of medical ethics, suicide prevention, or cultural competency);</li> <li>▪ Nurses (legislation effective July 1, 2021, requires licensing board to adopt a continuing education requirement);</li> <li>▪ Nursing home administrator (one continuing education hour every year);</li> </ul>



Cultural Competency Training and Continuing Education Requirements for Health Care Professionals	
State	Professions Covered
	<ul style="list-style-type: none"> <li>▪ Residential care facility administrator (one continuing education hour every year);</li> <li>▪ Optometrists (one continuing education hour every two years);</li> <li>▪ Pharmacists (legislation effective July 1, 2021, requires licensing board to adopt a continuing education requirement);</li> <li>▪ Physician (legislation effective July 1, 2021, requires licensing board to adopt a continuing education requirement);</li> <li>▪ Occupational therapists (one continuing education hour every two years);</li> <li>▪ Occupational therapy assistants (one continuing education hour every two years);</li> <li>▪ Physical therapist (one continuing education hour every two years);</li> <li>▪ Physical therapy assistants (one continuing education hour every two years);</li> <li>▪ Psychologists (four continuing education hours every two years);</li> <li>▪ Radiographers, computed tomography equipment operators, magnetic resonance imaging technologists, diagnostic medical sonographers, radiation therapists, and nuclear medicine technologists (one continuing education hour every two years);</li> <li>▪ Doulas (one continuing education hour every two years);</li> <li>▪ Denturists (one continuing education hour every year);</li> <li>▪ Respiratory therapists and polysomnographic technologists (one continuing education hour every year);</li> <li>▪ Emergency medical service providers (legislation effective July 1, 2021, requires licensing board to adopt a continuing education requirement).</li> </ul> <p><i>(Or. Rev. Stat. 413.450, 676.673, and 676.850; Or. Admin. R. 331-485-0005, 818-021-0060, 818-021-0070, 833-080-0011, 834-050-0000, 334-010-0015, 850-040-0210, 853-050-0000, 853-050-0005, 852-070-0010, 339-020-0025, 339-020-0010, 848-035-0030, 858-040-0015, 337-010-0085, 332-020-0010, 331-720-0010, 331-720-0015, and 331-415-0010.)</i></p>