

TESTIMONY BEFORE THE OHIO HOUSE
STATE AND LOCAL GOVERNMENT COMMITTEE
IN SUPPORT OF H.B. 624

Kristine M. Severyn, Ph.D., R.Ph.

June 3, 2020, Ohio Statehouse, Room 116

Chairman Wiggam and members of the Committee: Thank you for considering my testimony in support of House Bill 624. Thank you also to H.B. 624's primary sponsor, Rep. Diane Grendell, and the bill's cosponsors for proposing this legislation which will improve transparency and accountability by state agencies during the declared coronavirus emergency.

I live near Dayton, Ohio and am a registered pharmacist with a Ph.D. in biopharmaceutics, specializing in pharmacology, toxicology, and drug kinetics.

The Ohio Department of Health (ODH) has a history of withholding what should be public records from public disclosure. This change in its public disclosure law traces to H.B. 6 in the 125th General Assembly (2003-2004 time frame), which created R.C. 3701.17 (effective February 12, 2004), and has since limited public records requests from ODH. The legislative history of H.B. 6 includes concerns in opponents' testimonies that proposed changes in R.C. 3701.17 would overly discourage public records requests.

Prior to H.B. 6, the public could request and receive copies of ODH disease reporting forms through public records requests, with patient identifiers redacted. Now, however, the Director of Health has sole discretion of what is and what is not public information, reflecting the need for H.B. 624.

Indeed, in 2016 the Ohio Supreme Court upheld a challenge to ODH's restrictive public records practices, citing R.C. 3701.17 as established law (*Cuyahoga Cty. Bd. Of Health v. Lipson O'Shea Legal Group*, 2016-Ohio-556).

Thus, it is imperative that the Ohio General Assembly codify what coronavirus data should be reported to and released by ODH. Too many questions remain unanswered to continue ODH's practice of hiding public health information.

I look forward to assisting you in this matter.