Members of the Commerce and Labor Committee:

My name is Carrie Benton. For 24 years I have worked within Ohio's Healthcare system earning every letter behind my name. I voluntarily had more vaccinations than the average citizen and participated in a target tumor mRNA clinical trial. I worked bedside through a pandemic, epidemic, cluster outbreaks, many natural disasters on US soil and most recently caregiver for my husband while working from home and NEVER had to submit testimony regarding legislation until SARS-CoV-2.

I have a child in college who should be completing 5 weeks of clinicals per semester. Due to the staffing shortage many clinical sites were unable to accept students, so her clinicals are now 4 DAYS with living patients. That is it. 4 days. The impact that will have in the future as these students graduate will be catastrophic. As a patient would you feel comfortable with your loved one's health being in the hands of a senior student or new grad with the limited Clinical experience that I listed above? As a parent would you feel your return was equal to or greater than the educational investment made? Clinical Laboratory and Research Laboratory have carried this entire Nation during this pandemic yet this is the future for Clinicians we are sending out to aid in diagnosis, treatment and cutting edge technology and advancement of disease.

The critical shortage coupled with the lack of support by the Ohio government has had a domino effect recently.

Page 3, D2 of 435 outlines exemptions of biological license and antibody testing and calls on the Department of Health to Issue guidance equal to or greater than levels obtained from an FDA/BLA product. I'm going to assume there was zero input from anyone with virology, epidemiology, Infectious Disease, public health, or Immunology when crafting 435. If there had been, then this section would not be written as such. Per CDC, the antibody testing for VACCINATED individuals has not been established due to the serology conversion only able to detect S & S subunits, whereas natural infection can be detected via serology qualitative and quantitative for S, N, S subunits and RBD. This section also does not specify IGM or IGG antibody levels to be accepted. IGM detects recent infection, as robust long term immunity is produced, serology IGM levels decrease as IGG levels increase. However, this section allows the Department of Health to accept only IGM levels if they so choose. So if you had an infection in September, titers drawn in January, your IGM level will have converted to IGG. If ODH only accepts IGM, by their perimeters you would not show immunity even though the IGG titer used for ANY disease to prove immunity is high. As it should be. This is an indicator your immune system is in a homeostatic state and functioning properly. This is basic infectious disease and should have been incorporated as CDC

has clearly established guidance for this situation. Why does Ohio pick and choose what CDC guidance to follow?

HB435 refers to testing many times. It does not specify diagnostic, screening or surveillance. This again is important as we do not have an approved test. All are functioning under EUA. As we know, surveillance testing is deidentified and cannot be used to isolate or quarantine. The 2SD is different between the testing sect as well. Which can actually pose a risk to the public if the wrong test in the wrong environment is used. We have all seen the repercussions of that this week with the large recall of tests. Do you realize how many Ohioans lost income due to the wrong test being used so incorrect results were recorded. This lack of laboratory and data integrity affects every single Ohioan when that is the data used to make decisions on mitigation protocols.

HB435 is explicit in stating a medical exemption must be completed by PCP. This is unrealistic. PCP is an abbreviation for Primary Care Provider. AKA family doctor. If an individual has a condition that qualifies as a medical exemption such as PEG sensitivity, blunting due to biologics to treat another condition etc, that is not being monitored by a patients' PCP. An allergist, immunologist, rheumatologist or specialty of some type will be monitoring that. We should not expect PCP's to take the responsibility of completing paperwork of an area that is not their expertise. We do not ask a PCP to manage cardiac events, Parkinson's, ALS or JRA- the verbiage in the bill is the equivalent.

The area near and dear to my heart that is one of two epic failures of this bill is section (E)(1)
***"The exemptions described in division (C)(2) of this section do not apply to a student who, as part of the student's course of study, undergoes instruction or training at either of the following that is owned or operated by, or affiliated with, a private college or state institution of higher education: (a) A children's hospital; (b) An intensive care or critical care unit of a hospital."***

This brings me back to the clinical students now.
Scenario: college student has an ADA recognized medical condition qualifying for exemption. Maybe the student has recently had COVID and recovered. This section EXCLUDES that student from completing clinicals necessary to graduate and obtain a degree in any aspect of healthcare. There isn't a clinical site that doesn't have a pediatric unit, ICU, or both. Where would you like these clinical students to complete their clinicals- the morgue? There isn't a site with living patients available if this section isn't rectified. If the student has an ADA qualifying condition I question if this section is

in violation of ADA.  If this is the final wording of the bill, then that tells me those voting do not believe we have a caregiver crisis within every Ohio facility.
By the beginning of the year, this bill will be obsolete in its current state.  This addresses EUA and BLA only.  As we have a product coming in the very near future that is neither EUA or BLA what provisions in 435 address that?  I believe the intent to address was made in good faith, but the execution was very poor.

Can any of you show me the section protecting an employee or student if employment or school changes?  I did not find it.  I did find that this only covers current students and employees.

435 designates the cost absorption to be placed on the individual. This raises the question of undue hardship for  minority groups.

The profound disrespect felt within many healthcare workers from the specific exclusion within 435 is growing every day since introduced.  In closing I will leave you with the words from a local healthcare worker after she read 435:

“Last year I was good enough to work the front lines on the covid floor with not even the proper equipment..

I was good enough to hold the hand of your dying loved one who drank too much at a party and crashed their car.

I was good enough to put my hands in the chest of an HIV positive patient while I assisted the doctor with surgery.

I was good enough to care for the drug addict that had relapsed again and overdosed.

I was good enough to go without a meal, a drink or a bathroom break so your grandma that was scared and alone could see her family on the IPAD.

I was good enough to put myself at risk before a vaccine, going days without seeing my own family.

I was always good enough as long as I was busting mine to save yours…

But 435 tells me I’m not good enough to be considered for the exact same protections as every other Ohioan… in fact, they pointed me out and excluded me.

When is my MY turn and every other person in my profession to be INCLUDED?

When will Ohio have Senators and State Reps that bust theirs to protect mine? ”

I think we can do better than the current 435.

Thank you for your time.