

Testimony of Brian S. Bayless  
“The Never Alone Act” HB 236  
February 6, 2024

Chairman Cutrona, Vice Chair Gross, Ranking Member Somani, and members of the Health Provider Services Committee, thank you for the opportunity to provide support testimony for HB 236; “The Never Alone Act.”

If you had asked me 6 years ago if I would today be standing before this committee giving testimony in the affirmative, I would not have imagined it under any circumstance.

But now, I am standing before you both as a Patient Advocate, and as a medical victim.

This is not a path that I chose, but rather one that chose me.

I am currently serving as a Patient Advocate for a clinical trial at Wake Forest University and the University of California, San Francisco. I also co-moderate an online support group for a disease from which I suffer, and it has grown from 60 members when I joined to over 1000 at last count.

But the honor of serving in both of these roles came at a significant personal cost.

My journey to you today came first through being a victim, suffering at the hands of a surgeon, who in 2017, did not follow our agreed upon plan for my elective surgery, resulting in years of chronic pain and dysfunction, a loss of the quality of my life, a deep depression, and a diagnosis of medically induced PTSD.

I wanted to simply give up on life. But I chose to fight back.

And during the last few years, I became deeply educated about my own disease by immersing myself in hundreds of industry white papers. This allowed me to help countless dozens of people along the way while showing me the importance of giving a voice to the voiceless.

Today, in my role as a Patient Advocate, I am now more determined than ever to change what I perceive to be a broken system.

While many medical establishments sport a “Patient Bill of Rights” which may reference having the right to have an “advocate” present, the reality is that this “right” was crushed during the pandemic and many institutions have been reluctant to allow anyone else into any area where critical healthcare decisions are being made.

On paper, a patient’s “right” looks noble and pure. But Healthcare is a business with a bottom line and different priorities.

Just two weeks ago, I experienced the push to separate a patient from an advocate at a large teaching hospital here in Central Ohio. My wife was having an outpatient procedure and despite both of us having questions, we were told that only my wife was allowed back to interact with the doctor and sign informed-consent documents.

They had a sudden change of heart when I informed them I may be testifying in front of this committee within two weeks. So even before this legislation passes, it had an impact!

On another occasion, a large local hospital denied me access to my wife's room during the pandemic lockdown. Despite her being heavily medicated and on painkillers, they tried to coerce her to sign critical informed consent documents for an invasive exploratory procedure. Luckily, she was lucid enough to understand what was happening and refused.

And just this past summer, I was able to help an 18-year-old young man in Ontario, Canada, avoid an unnecessarily invasive procedure that carried a risk of long term side-effects and months of recovery. But through multiple online messages and conversations with his mother via our online support group, I was able to refer her to a surgeon in the same city that used newer, more advanced techniques that resolved the boy's problem with a 30-minute, in-office procedure and a two-day recovery time. I'm happy to say, both mom and son were thrilled with the outcome.

I could share countless other stories in this arena that may sadden, frighten or even enrage you, but my time today will simply not allow. Suffice it to say, being able to help others in this capacity is slowly but surely allowing my own healthcare-inflicted wounds to heal.

In closing, this Committee, and this General Assembly, has a tremendous opportunity before it. As written, the language of this proposed bill strikes an appropriate balance between the rights and conduct of the provider, as well as those of the patient and their advocate. You can, by approving this measure, etch this protection into state law, forever assuring that no patient would be forced to make critical decisions about their healthcare alone.

Simply put, HB 236 is common-sense legislation that should become law with minimal resistance. It is a right-minded gesture that will positively impact every single constituent and voter demographic in your districts. And if modeled and adopted elsewhere, your actions today can have an exponential impact on patients far outside of Ohio.

What is most tragic is that such a measure must even be proposed.

I ask this committee to vote YES on HB 236. Thank you for your time. I will be glad to address any questions you have.