



**Opponent Testimony HB 236**  
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**April 9, 2024**

Chair Cutrona, Vice Chair Gross, Ranking Member Somani, and members of the House Health Provider Services Committee, thank you for the opportunity to provide testimony today in opposition to House Bill 236.

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO), founded in 1824, is the region's professional medical association and the oldest professional association in Ohio. We are a non-profit 501(c)6 representing physicians and medical students from all the contiguous counties in Northern Ohio. We are proud to be the stewards of Cleveland's medical community of the past, present, and future.

The mission of the Academy of Medicine of Cleveland & Northern Ohio is to support physicians in being strong advocates for all patients and promote the practice of the highest quality of medicine.

On behalf of our 6,700 members and their patients, I ask you to oppose HB 236.

Health care facilities and the physicians who work in them are stewards of health not just for patients in our care, but the community at large. We take public health concerns seriously, and as the physicians on the front lines of the COVID-19 pandemic, we saw just how devastating the rapid spread of illness is to the communities that trust us with their health.

The decisions made by health care facilities to limit visitation during the COVID-19 pandemic were not made lightly. Rather, they were difficult, critical decisions made in the interest of slowing the spread of the deadly virus and protecting public health. The ability for health care facilities and physicians to make these decisions during public health emergencies is fundamental to our role as health care providers to all people.

As physicians, we understand the importance of our patients' loved ones and advocates and know how valuable a support system is to recovery and health. In times where severe communicable disease is not a concern, we value these advocates as part of our patients' care and support team.

However, visitors to health care settings can bring risks to vulnerable patient populations, both their own loved ones and the loved ones in

A 2012 study in the *Journal of Infection and Public Health*<sup>1</sup> found that visitors to intensive care units often neglect to sanitize their hands prior to entering the ICU and that microorganisms typically associated with serious healthcare-associated infections were present among those who did not perform hand hygiene.

Another study<sup>2</sup> found that the mobile phones of patients and their visitors represent higher risk for pathogen colonization than the devices carried by health care workers, indicating additional risks brought in to patients by visitors.

These risks are something that physicians and health facilities must be allowed to balance with the importance of allowing visitor contact with patients. This bill does not allow for that discretion, which becomes even more critical in times of public health emergency. We cannot in good conscience expose the wider community to disease, particularly as there is no requirement for these patient visitors to take any precautions once they leave their visit.

Additionally, the provision of the legislation that requires the hospital allow the patient's visitor to quarantine with them puts added strain on an already thin-stretched health system. In times of public health emergencies, health care facilities are not equipped to house additional, not-yet-ill individuals. Even beyond emergencies, coordinating quarantine for a non-sick support individual represents an added burden on care teams.

Physicians and the settings they work in are trusted to care for patients and the community to the best of our ability. HB 236 eliminates an important element of discretion that health providers need to have to protect wellness in the broader community. It is for these reasons that we oppose HB 236.

Thank you for your time and the opportunity to testify on this issue.

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<sup>1</sup>DOI: 10.1016/j.jiph.2015.04.027.

<sup>2</sup>DOI:10.1016/j.ajic.2010.10.026