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Chair Swearingen, Vice Chairwoman Gross, Ranking Member Somani and all members of the Health Provider Services Committee.

Thank you for the opportunity to provide sponsor testimony for HB 36, also known as Paige's Law. I would also like to thank my predecessor, Auditor Miranda for introducing this important piece of legislation.

This legislation was brought to us by a constituent, named Brent Fisher. His daughter, Paige, has multiple chronic health issues. They have embraced technology as a tool in Paige's care. She has a medical alert bracelet with a bar code on it. When scanned, doctors and EMTs can see her diagnosis, medicines that are the best course of treatment, and it even has a GPS alert system so Brent can know where his daughter is and which hospital to go to. If Paige would ever be incapacitated and need medical care, this bracelet would be able to help streamline her care. However, as the ORC is written now, EMTs cannot scan this bracelet.

HB 36 will amend portions of the Revised Code regarding the Uniform Duties to the Incapacitated Persons Act and identifying devices. HB 36 simply means to update the law's understanding as it relates to first responders, their interactions with incapacitated individuals, and the many technological advancements in this field. The portions of code to be modified by HB 36 have not been revised since their introduction in 1976. Unfortunately, some aspects of this code are just simply outdated. Whether it is terms used or descriptions given, the original section of code has a 1976 understanding of how EMTs and other first responders address and care for incapacitated individuals.

This disconnect between the code as written and the reality of 2024 is perfectly demonstrated by "identifying devices." As the code stands now, this term "identifying devices" has no concept of the technical advancements in this field. Simply describing them as "an identifying bracelet, necklace, metal tag, or similar device bearing the emergency symbol and the information needed in an emergency" does not adequately cover what devices have become. A new form of identifying device, medical ID bracelets, have become available and offer so much potential. Individuals who have underlying health conditions and are at a greater risk for suffering an incapacitating episode now utilize these more advanced bracelets. Including all the information

any first responder would need at the scan of a bar code, this technological breakthrough must be accurately reflected in the law.

Too often we hear stories of EMTs or first responders arriving on scene and not checking an incapacitated person for an identifying device or a Medical ID bracelet. To be clear, this is through no fault of the first responders. The culprit for the procedural mistake is really in the training. A training that looks to the Ohio Revised Code for its description of terms. By updating this portion of the law we can begin the process of modernizing the way we train first responders and how they interact with persons they are providing care for.

Going back to Paige and her story. Paige is diagnosed with Psychogenic Nonepileptic Seizures that due to initial appearance, lead to immediate treatment with drugs like Ativan. However, unfortunately Ativan actually makes her condition go on longer and causes additional issues. Due to the loopholes in the current law, Paige has experienced dire consequences in her treatment and there have been times that nobody has looked at her medical ID bracelet, which gives specific instructions for her treatment and which alternative to Ativan is best for her.

I really believe that with these simple modernizations to the ORC, we can help our EMTs do what they do best, have better medical outcomes for patients, and close the gap between past and current understanding of these technical terms.

This bill is just asking for the ability to look for and then scan a medical bracelet. This bill is not asking for an appropriation or requiring the use of these bracelets by anyone. Paige chose the device that fit her needs the best.

In the 134th General Assembly, this bill had no opponents submit testimony, and overwhelmingly passed the House with 74 yeas. Unfortunately, the bill just ran out of time while over in the Senate.

Lastly, while I would love to see this bill speed through committee, I want to say that if there is support for this bill, I would be open and happy to have conversations about this as an amendment to another bill and seeing this through to the end of the General Assembly.

Chair Swearingen, Vice Chairwoman Gross, Ranking Member Somani and all members of the Health Provider Services Committee, I want to thank you for your time and I would be happy to answer any questions.