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Testimony of Melissa Wervey Arnold *Ohio Chapter of the American Academy of Pediatrics* **Ohio House Health Provider Services Committee** *House Bill 463 – Interested Party Testimony*

Chairman Swearingen, Vice Chair Gross, Ranking Member Somani, and members of the Ohio House Health Provider Services Committee, thank you for the opportunity to provide interested party testimony on House Bill 463. My name is Melissa Wervey Arnold and I am the Chief Executive Officer of the Ohio Chapter of the American Academy of Pediatrics. I am submitting this testimony on behalf of our nearly 3,000 members who have committed their lives to the health and safety of Ohio kids.

HB 463 seeks to ensure parental access to their child's electronic medical records (EMR). Many parents are able to access these records through *MyChart*, though there are many other EMR platforms used throughout Ohio. In general, we support the ability of parents to access child medical records and are troubled over anecdotal examples provided to this committee of parents fully losing access to their child's MyChart or other EMR.

While we understand the intent of HB 463, we are concerned that the bill is unworkable for many pediatric providers due to limitations in EMR software. Further, Ohio law recognizes that there are rare situations when an adolescent may need certain types of care without parental consent. Software such as MyChart is an important tool for parents to schedule visits, message providers, view test results, and access medical records. These portals take raw data and notes developed by pediatricians and other healthcare providers, as well as a record of all care given to a child, and present it in an easy to review format. EMR's seek to maximize transparency and patient access to information, therefore these systems are not designed to sequester or limit access to specific information.

As noted by the bill sponsor, Ohio law does allow minors to access limited services without parental consent. Under HIPAA, this information is not required to be shared with parents unless a minor authorizes that information to be shared. In most instances, minors provide authorization and there are no issues with medical information shared in an EMR. In rare situations, a minor may prefer this information not be shared. This is where EMR technology struggles as there is no way to isolate this information and prevent parents from viewing it.

I am concerned that some parent's have lost all access to their minor child's EMR. As a parent myself, I would be very concerned if I were unable to communicate with my child's healthcare provider or view their healthcare information. HB 463 is well-intended and I believe that we can work together to craft a bill that protects parental access while accommodating for limitations in EMR software. I look forward to working with the bill sponsor and members of the committee in the future on this shared goal. Thank you for your time and consideration.

Ohio Chapter

94-A Northwoods Blvd, Columbus, OH 43235 • Phone: (614)846-6258 • Fax: (614)846-4025 • chapter@ohioaap.org • www.ohioaap.org

President

Kelsey Logan, MD, MPH, FAAP, FACP
Email: kelsey.logan@cchmc.org

President-Elect

Sarah Denny, MD, FAAP
Email: Sarah.Denny@nationwidechildrens.org

Chief Executive Officer

Melissa Wervey Arnold
Email: marnold@ohioaap.org

Immediate Past President

Chris Peltier, MD, FAAP
Email: Chris.Peltier@cchmc.org