

*Emily Carroll MD*  
*Testimony- Ohio Senate Health Committee*  
*House Bill 73*  
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Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio and members of the Senate Health Committee, thank you for the opportunity to provide written testimony in opposition to Sub. House Bill 73.

My name is Dr. Emily Carroll, I live in Cincinnati and work as a resident physician in pediatrics. I'm providing testimony as someone who has dedicated my life to improving kids' health.

In my work in both inpatient and outpatient settings, my primary goal is keeping kids healthy and safe. One of the best parts of pediatrics is how closely we work with families and how much they're involved in the medical care of their children. In the pediatric hospital, we work in a highly collaborative team setting with families and with other medical professionals specialized in pediatrics. As a team, we come up with a family-centered care plan for each patient that helps the family and child achieve their goals. This medical planning involves a large team of people that includes at least the family, primary team, and nursing, and can include physicians across several specialties of medicine, additional nursing staff, social work, psychology, nutrition, physical therapy, occupational therapy, speech therapy, and many others. The combined years of expertise available for patient care is something I really appreciate as a physician working on inpatient hospital teams.

As part of my clinical practice, I care for children with life-limiting and life-threatening conditions. It's not easy for parents to hear and accept these kinds of difficult diagnoses and prognoses. This is an incredibly vulnerable time for patients and families- understandably and justifiably, parents will do anything to help their children. This is especially true in settings like the intensive care units and inpatient medicine floors where families may be receiving heartbreaking news about their children's health. In times of change and grief, parents are desperate for any hope.

My primary concern about Bill 73 is that it would allow for predatory prescribing practices by outside providers that take advantage of grieving families, selling "cures" without any evidence that they'll help- and as with any medical intervention, with the possibility of harm. By requiring hospital staff to give a medication that their care team doesn't believe is in their best interest, this bill puts pediatric patients at risk of harm and their parents at risk of predatory prescribing practices. Additionally, we already prescribe off label medications frequently in pediatrics (as many medications are not studied in pediatric populations the way they are in adults) and we often use new or innovative treatments in inpatient settings if we think this will help kids recover.

As an additional concern as a physician, the proposed timeline of hospital privileging within several days also seems unsafe to me. Rushing prescribers through an extended process, including verification of all credentials and background checks (a process which exists to protect patient safety) would put patients at risk. My concern is that if this bill passes, the hospital would be forced to allow any external prescriber to come in with a rushed privileging process and override the pediatric team's carefully developed plan, even though that outside prescriber lacks the full picture of a hospitalized patient's health and situation. This would put our pediatric patients' health at risk.

Thank you for your consideration of this testimony.

Emily Carroll MD