

Emily Labudde, MD
Testimony before Ohio Senate Health Committee
Sub. House Bill 73
June 12, 2024

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 Emily Labudde, and I am a Cincinnati resident and practicing pediatrician. As a pediatric healthcare provider, it is my job to keep kids healthy and safe. I am concerned that the passing of Sub. House Bill 73 will pose significant risks to the safe care of children admitted to the hospital.

The care of children is unique, and the care team consists of many members: physicians, nurses, consultants, physical/occupational therapists, social workers, child life specialists, pharmacists, dietitians, and, most importantly, **the child's parents/guardians**. We incorporate families' input, as they know their child best, and it is our job to ensure the medical plan both makes sense and is acceptable to families. The introduction of an outside prescribing provider could significantly disrupt the cohesion of this multidisciplinary team if not done in an appropriate manner. I recall a young patient who unfortunately suffered from a drowning injury resulting in cardiopulmonary arrest and eventually brain death. This was an unimaginable time of grief for this family, and it is not uncommon for them to seek out other opinions, desperately searching for any means of saving their child. This family found a physician in another state who promised a cure using hyperbaric oxygen therapy – if they could raise \$11,000 to pay for it. Hyperbaric oxygen therapy has shown some success in symptomatic relief of mild concussions; there is no data for its use, or any other therapy, to reverse swelling of the brain or brain death. I would have done *anything* to take the pain from this family and heal this little girl, and it very much felt like this physician was preying on their vulnerability to provide false hope and turn a profit. Had we allowed this to happen, it would've prolonged this family's suffering and cost them a significant amount of money. As the care team, we frequently involve outside providers in a child's care, including their primary pediatrician who is updated throughout hospital admission, as well as second opinions from providers at other institutions. I have seen instances in which our medical team has allowed external providers to physically come to the hospital to provide care to a patient at a family's request. I recall a previously healthy teenager who started having a seizure and never stopped, and unfortunately, we were unable to determine the cause of his seizures nor stop them, which ultimately led to his death. After exhausting all testing/treatment modalities, the family requested to have a chiropractor see their son; it was important to them to know they left no stone unturned before his death. While we did not feel chiropractic care would provide any significant benefit in his case, we also saw no harm in it, and proceeded to credential him to provide service in our hospital. However, this credentialing took weeks to ensure he was a reputable provider – far longer than the five days this bill would require. As I have moved around the country for my training, I am familiar with the standards to get privileging and certification; for example, it took six months to obtain my license in another state for my next phase of training.

As you can see, the medical team collaborates as a team of experts to provide family-centered care, tailored to the needs of each child. Sub. House Bill 73 eliminates the checks and balances of safe and effective medication use within a hospital. I am concerned that if it is enacted, an external prescriber without the full picture of the patient's health status could override the pediatric team's carefully developed plan, putting the patient at risk. By requiring hospital staff to administer a medication that the care team believes is not in the best interest of the patient, this bill puts pediatric patients at risk of harm. I urge you to vote NO on Sub. House Bill 73.