

HB 236 Written Proponent Testimony

Professional Testimony by Mary J. Malek, PhD (Ohio Psychologist)

Chairman Huffman, Vice Chair Johnson, and Members of the Senate Health Committee, thank you for hearing my support testimony for HB 236 The “Never Alone Act”

I am providing testimony today in my role as a psychologist with a doctorate and post-graduate training and specialization in clinical health psychology. I have worked for nearly 3 decades in nursing homes, physical medicine rehabilitation facilities, and hospitals (including the VA), and am now in private practice. I have also trained physicians and other providers as an adjunct clinical faculty member at NEOMED (Northeast Ohio Medical University) for nearly 20 years. My entire career has been focused on helping individuals on all sides of the health care system (patients and loved ones and medical providers).

I must start by stating that this testimony is difficult because what I am reporting to you is simply widely agreed upon, research supported, clinically evidenced, ethically and humanly understood - fact. Isolating highly vulnerable individuals and denying them access to people who care for, love, and advocate for them are among the most detrimental things we can do to them; it is deadly; it is wrong. You don't need an “expert” to tell you that. Yet here we are.

Physical illness and disease are stressful experiences for patients/residents, their loved ones, and health care providers. Sickness compromises decision-making, emotional regulation, and problem-solving capacities - making patients highly vulnerable. They need someone present to speak and care for them and patient advocacy is recognized and agreed upon as the necessary component to protect against this vulnerability.

It has been agreed upon for most of history that patients heal more fully and efficiently when treated as whole beings who need their social network present with and available to them. Health care providers can make better treatment decisions when more fully informed by patients as well as family members, loved ones, or caregivers. Outcomes are more favorable when patients are in the presence of their social support network. These are all facts.

The provisions outlined in HB236 are simply based on what every patient/resident needs – the presence of someone who cares for them, knows them, and has their best interest in mind – independent of the health care system. This protects both patients and providers. One of the most traumatizing experiences one can have is an inescapable distressing circumstance such as neglect, harm, injury, and isolation. The presence of an advocate makes this entrapment less likely, mitigates distress, lowers the likelihood of traumatization, and increases the likelihood of positive outcomes for patients.

The results are also better for health care providers when patients have an advocate. There is a high likelihood of trauma in health care providers who must enforce policies that subject patients and themselves to inescapable harm. Psychological research has consistently shown that denying people control while holding them responsible for outcomes is deeply damaging to the human psyche, soul and body. Forcing health care workers to deny patients the presence of family/loved ones puts them in that exact circumstance. The measures laid out in HB236 not only protect patients and families but also providers from ever repeating the harm done in these past years.

You have the opportunity now to pass legislation that will protect Ohio's health care patients, nursing home and care facility residents, their families, and health care providers from the tragic consequences of forced isolation of people when most vulnerable. In closing I ask the committee members to **please vote yes on HB 236.**