Ohio Hospital Association
Ohio Senate Health Committee
Interested Party Testimony
December 4, 2024

Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio and members of the Senate Health Committee, on behalf of the Ohio Hospital Association, thank you for the opportunity to provide interested party testimony on Substitute House Bill 236.

As we navigate how best to move forward with lessons learned from the COVID-19 pandemic, Ohio hospitals recognize just how important it is for a patient to feel seen, heard and cared for both physically and emotionally during their time with us.

We would like to voice our sincere thanks to Representatives Lear and Miller for their willingness to engage in a meaningful way on this legislation. We are very grateful for the time, attention and efforts made to better understand the concerns of the hospital community.

Additionally, we recognize and appreciate that changes were made to allay those concerns. However, we felt it important to note that we still believe there are additional minor changes that are worth considering before passing the legislation in its current form.

OHA has consistently stressed that maintaining some flexibility for hospital staff as they provide needed care in ever-changing and unexpected circumstances is necessary. During our interested party meetings, we discussed the difficulty in trying to identify each and every situation that could arise while a patient's advocate is present which illustrates this need for flexibility. Patient advocate policies are an art, not a science and making hard and fast rules about how and when a patient's advocate can be present should be left to some discretion.

Overall, we believe the sponsors worked diligently to address many of our concerns and we remain supportive of the bill's intent. However, as Senate Health Committee members rightly pointed out there are some provisions of the bill that would benefit from some level of additional clarity. The sponsors recognized that there would be some situations in which the advocate may not be able to be physically present and we agree—as mentioned previously, our goal has been to provide the advocate as much access as possible while also accounting for the safety of all involved.

In lines 137—140 the bill reads, "the congregate care setting shall neither deny the patient or resident access to the advocate nor prohibit the patient's or resident's advocate to be physically present…".

Perhaps this could be modified to read “the congregate care setting shall neither deny the patient or resident access to the advocate nor prohibit the patient’s or resident’s advocate to be physically present **unless the health care practitioner performing or overseeing the patient or resident’s care may determine that a sterile environment is required to protect patient safety**”. This is similar to language used in lines 186—189.

Note: the congregate care facility would still be required to allow access to the advocate via lines 166—171.

Additionally, during their testimony, the House sponsors seemed willing to work on verbiage in the bill, specifically related to the terms “quarantine” vs. “isolation”.

As outlined in our previous discussions on the bill, lines 204—210 remain our biggest concern, particularly as it relates to a highly infectious disease such as Ebola or other diseases that require a protocol that goes well behind any standard isolation or PPE protocol. Further, we have remaining questions about the logistics surrounding the care, housing and nutrition that hospitals would be required to provide for the advocate. There is a cascading list of “what ifs” that could arise.

We remain committed to finding compromises that will accomplish the bill’s goals while also ensuring the safety of patients, advocates and hospital caregivers. To that end we suggest amending lines 204—210 to read “then every reasonable effort shall be made to allow a patient’s advocate to quarantine with the patient at the hospital or facility **unless the health care practitioner performing or overseeing the patient or resident’s care may determine that a sterile environment is required to protect patient safety**”. This change would allow for clinical personnel to exercise discretion in situations similar to those raised above. Another suggestion to consider would be to include language that specifies if a patient or the facility is in quarantine or isolation, the congregate care facility would be required to give the patient access to their advocate via the language in lines 166—171 re: off-site access.

Finally, if any changes are made to the existing provisions of the bill, the corresponding additions or deletions would need to be reflected in Sec. 3792.06 which outlines the “Never Alone” information sheet to be created by the Ohio Department of Health. We would request notice be sent to hospitals from ODH whenever changes are made to the information sheet so that we can comply with the bill by providing the most updated version to patients.

The very worthy intent of Sub. HB 236 is to ensure a patient feels safe, supported and not alone. These are all goals supported by Ohio’s hospitals and remain at the forefront of all we do.

We look forward to finding common sense solutions that achieve our shared goals as we care for our patients and your constituents.

Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio and members of the Senate Health Committee, we appreciate your time and consideration.