Ohio Children's Hospital Association
Saving, protecting and enhancing children's lives

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Substitute House Bill 236
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Chairman Huffman, Vice Chair Johnson, Ranking Member Somani and members of the House Health Provider Services Committee, thank you for the opportunity to submit interested party testimony on Substitute House Bill 236.

Ohio has the world's best statewide network of children's hospitals – Akron Children's Hospital, Cincinnati Children's, Dayton Children's, Nationwide Children's Hospital, UH/Rainbow Babies & Children's Hospital and ProMedica Russell J. Ebeid Children's Hospital. Several of our institutions are ranked among U.S. News & World Report's best children's hospitals, and all our members are ranked best in class in the nation in various aspects of pediatric care. Ohio is the only state in the nation with a flagship children's hospital within a two-hour drive of every family, including our most rural parts of the state.

All our members are members of the Ohio Hospital Association (OHA), and we partner very closely with OHA on issues affecting the hospital industry and specifically about policies affecting children's health and health care.

We serve all of Ohio's 2.6 million children, regardless of their family's ability to pay. Our mission is to save, protect, and enhance children's lives. Our members are committed to improving all aspects of children's health.

Kids are not little adults and the foundation of children's hospitals is to support family-centered care. We know how important it is to a child's well-being and healing to have loved ones spend time with them when they are in the hospital. Children's hospitals' inpatient rooms are designed to encourage a parent or guardian to be with their child 24 hours a day. Visitor hours are often extended to accommodate siblings and extended family. All of our member hospitals partner with Ronald McDonald House Charities to support families who travel to have easier access to their child while they are under our care.

During the pandemic, we were able to maintain family-centered care to prevent children from being isolated. Given the concerns being addressed in HB 236 did not take place in children's hospitals, it is our preference for the legislation to only apply to individuals over the age of 18. Minors in the state of Ohio already have access to a guardian in a hospital by default.

The original introduced version of HB 236 did not include any exemptions. We greatly appreciate the sponsors support to add language that recognizes special exemptions including suspicions of abuse or group therapy. Unfortunately, new language was also added that would allow universal exemption of an advocate's need to wear personal protective equipment (PPE). The original premise of the bill was to solve for a problem where adults did not have access to a loved one during the pandemic. Proponents of HB 236 have always maintained the desire for this legislation is to ensure a patient has access to an advocate so long as the advocate is willing to abide by PPE

requirements for all staff and clinicians in that space. Lines 198-203 now allow broad and vague exemptions to this policy. The national Never Alone project, supporting state legislation including HB 236 in Ohio, touts Missouri as a leading piece of legislation in the nation to address concerns raised during the pandemic. It is important to note Missouri law does not allow for a PPE exemption but does require telecommunications access when physical presence is not possible.

Children's hospitals regularly accommodate family's needs to maintain access. However, we care for the sickest and most vulnerable children and must always consider the safety and well-being of all of our patients. This includes creating specialized visitation plans for immunocompromised floors such as the Neonatal Intensive Care Unit and the Hematology/Oncology Units. Mandating our facilities allow an individual to access these units without PPE is deeply concerning. Ohio has experienced recent measles outbreaks which could spread rapidly if hospitals are not able to incorporate infectious disease safety plans. We recognize the focus of this legislation has been on Covid-19 experiences, but we urge the committee to consider the many different viruses and diseases that could be deadly for micro-preemies and children battling cancer. This language is not consistent with the stated objectives of the legislation and we ask that it be removed.

Finally, it is important to note the wide range of circumstances that can constitute a public health emergency (PHE). Recent memory has our society almost exclusively focused on the impact of Covid-19, but the terror attacks of September 11, 2001 and subsequent anthrax attacks also held PHE labels. Hospitals have emergency preparedness plans in place and children's hospitals in particular create and plan for pediatric driven protocols in the event of an emergency. This includes natural disasters and bioterrorist attacks. The legal ramifications of being challenged for not following HB 236 to the desire of a member of the general public who is not a patient is especially concerning. Particularly when there are no consequences for them seeking a frivolous lawsuit.

Representatives Lear and Miller have been generous with their time to consider all of the interested parties impacted by this legislation. We appreciate their consideration and the work that has been done to get to this version. We respectfully request some additional changes be made to better support the original intent of the bill, allowing us to be fully supportive of Substitute House Bill 236. Thank you.