Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and Members of the House Health Committee, thank you for the opportunity to provide opponent testimony on *House Bill 12.*

My name is Emily Miller, MD, MS, FAAP. I am a board-certified pediatrician and a practicing neonatologist at Cincinnati Children's Hospital. I am also a mother of four children under the age of 13, all of whom have received care from a children's hospital for injuries and chronic health conditions. I am testifying today against HB 12 because, as a front-line healthcare provider, child health expert, and parent, it will put hospitalized pediatric patients at risk.

I'd like to share specifically about my experience as a neonatologist. I am an intensive care doctor for babies. I provide specialized care for sick and premature newborns from the time they are born until they go home from the hospital. Every day I work with a multidisciplinary team that includes other doctors, nurses, therapists, pharmacists, dietitians, behavioral specialists, and other specially trained pediatric medical providers to make sure our patients have the best outcomes possible. We work purposefully as a team, respecting each other's expertise, this includes and is not limited to our on-site pharmacists. Essentially, HB12 would ignore the team's medical advice putting our pharmacy colleagues in moral dilemma.

I also provide care in our fetal care center, which brings together a team of adult and pediatric specialists to provide advanced surgical and medical treatment options for families facing complex birth defects. We are one of the few comprehensive fetal care centers worldwide and are lucky to be able to offer the most sophisticated and effective therapies for all types of fetal abnormalities. Since 2004, we've evaluated and cared for over 8,700 women with high-risk pregnancies, and we provide an individualized care plan to each family we see.

Having a child in the NICU is overwhelming and can be traumatic. Patient families are supported by a care team and often spend lengthy periods of time in the hospital before their babies are strong enough to be discharged. Parents are told the experience feels like a marathon, not a sprint, and it is common to feel out of control. Children's hospitals by nature include parents in decision making and welcome their input. Pediatricians, by nature, recognize the standard practice of medicine is not designed for kids and alternative ideas are always considered. However, those ideas have to be balanced with safety and this bill removes our ability to make that critical judgement call.

One example where standard medication for adults could be dangerous for babies is in the situation of a blood clot. Premature infants can develop blood clots in their brain. When this happens in an adult, like in a stroke, doctors use "clot-busting" medication (like tPA) to restore blood flow. However, these medications are very dangerous in premature infants and can cause

life-threatening bleeding in the lungs and intestines, and sometimes the infants do not survive. It is very possible that a well-intended prescriber would not know this and would unintentionally cause harm.

Beyond the newborn period, we have growing numbers of children thriving with conditions that historically they never would have. Care for these children is highly specialized and requires targeted training. Children's hospitals play a unique role in healthcare delivery for all children, particularly those with complex medical needs, whose care in the hospital is carefully managed and overseen by an internal physician and team of providers focused on using evidence-based, data-informed treatment plans that will provide the best outcomes for our patients.

Because we care for children with extremely rare conditions that require specialized medications and children with chronic diseases that benefit from minimal disruption to their existing medication regimen, we have processes in place that allow additional resources to be brought in at the family's request. For example, patients who use an insulin pump at home can request to use that same pump while in the hospital, and we have a standardized process around use, documentation, and responsibilities. It is inappropriate and unsafe to bring medical devices or medication into the hospital setting without knowing where they came from, how they were stored and how they may have been compromised. This is a dangerous road to go down. At Cincinnati Children's we have what's called an unusual drug request, which allows a physician to request a medication that has not been established as a standard of practice or for uncommon indications. This form provides documentation of the medications intended use, dosing and safety to the Chair of the Pharmacy and Therapeutics Committee to be considered for approval. So we already do what HB 12 intends, when it is reasonable and medically appropriate.

I want to reiterate that pediatric care requires training focused on the unique characteristics of infants, children, and adolescents. Kids are not little adults. We do not take issue with off-label use of medications; this is an accepted practice of medicine and common in pediatrics due to lack of pediatric-specific drug information. But House Bill 12 mandates an external physician override an internal pediatric care team's carefully developed plan, putting the patient at risk. HB 12 does not consider age differences or specialty nuances. It does not recognize the fragility of neonates. It does not distinguish pediatrics from geriatrics.

Our most precious asset is our children. Your job as the Ohio general assembly is to protect the citizens of Ohio. HB 12 as it is written will have unintended consequences that hurt Ohio's children and families. As a pediatrician and a mom, I ask you to vote no on HB 12. Thank you for your attention to this issue. I'm happy to provide additional information or answer any questions.