

 Sara Gleason

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Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and honorable members of the Health, Human Services and Medicaid Committee,

My name is Sara Gleason. I am a resident and constituent of the great state of Ohio, a mother and military spouse, and **I am writing to share my support for SB 311.**

In times of crisis I imagine it can be difficult for our leaders to balance all priorities, and there are probably times when it seems no decision is the right one. And I think most Ohioans generally supported measures taken at the onset of this crisis when data was scarce and the impacts of COVID-19 on our state were not well understood. It was right to ensure that our hospital systems would not be overwhelmed or overrun so they could properly and competently care for Ohio's unwell. We did that. We flattened the curve and ensured our hospitals would not be stressed. The objective has been met.

And yet now, many weeks later, with more data and more evidence of the impacts of COVID-19 itself and of the impacts of the measures taken to curtail it, we have gained some clarity. And what has become abundantly clear is that decisions made in the name of safety are contributing to the un-wellness and un-safety of Ohioans. In fact, our hospitals have been protected from a projected surge to the point of needing to furlough and cut salaries as they lose money. And it gets worse. Over 1 million Ohioans are jobless, food insecurity is a harsh reality for many Ohio families, and we have seen an uptick in poor health and mental health outcomes. There are increases in incidents of domestic violence and child abuse, suicides and overdose; chronic health conditions are worsening due to the lack of routine and preventive care, there is lack of therapeutic services and care for special needs families, a lack of support for those in recovery. All the while anxiety and depression are increasing. Our economy is crumbling and the middle class dwindling before our eyes.

Decisions made in the name of safety inhibited Ohioans' access and right to a fair and free election. Decisions made in the name of safety have led to the voices of the general assembly becoming largely irrelevant or impotent. Decisions in the name of safety have impacted the rights of individuals and groups to gather in worship. Decisions in the name of safety threaten personal sovereignty. Decisions in the name of safety have increased social shaming, isolation, and have had disproportionate impacts on impoverished and disenfranchised persons. All of this continues with unclear endpoints in a murky war against a

so-called "invisible enemy". All of this is owing to unchecked power from an unelected office holder.

During the extended stay at home guidance, many Ohioans could not receive preventative care. My daughter and I have had dental appointments canceled and have had to manage dental decay on our own, without treatment, for over 8 weeks now. My husband has had vital appointments at the VA canceled. We have had to support our children in their anxiety and their sadness for weeks and weeks as they miss school and relationships and church. I know we are not alone. I know many Ohioans have it worse.

Throughout all of this it was alarming that instead of re-assessing and re-evaluating and changing course the governor and the ODH Director seemed to double down on their recommendations. When mission planning they did not develop contingency plans for when new data suggested that old modeling was over-reactionary and/or correct. What's more, and what's worse, is they were too slow to effectively address the problem right in front of us, and that is: 70-80% of all COVID deaths in our dear state have occurred in long term or nursing home facilities (that have had no visitors since March). Instead effort was focused on mitigating threats from the general population which is neither at-risk or much of a risk themselves.

They failed to protect the public health of our most vulnerable and they *hurt* the public health of those least vulnerable.

Even as the clouds clear and the state begins to "Open" the guidelines for "best practices" are managed and developed primarily by a Department of Health with limited input from the actual Ohioans said practices impact. Penalties still remain in place of a far too rigid order and efforts to *increase* the director's authority have emerged.

It is so clear that it is time to address the landscape that allowed this to happen. Because while Ohioans have been feeling the weight of uncertainty and fear during this crisis, we still value the legislative process and the distinct checks and balances that are in place to allow for due diligence on important issues. In fact, the value of the legislative process, due process and checks and balances are *more* important than ever in times like these. We cannot let fear continue to drive us to a place where an unelected official guides and charts the course of Ohioan lives with arbitrary and unilateral decisions, supported by the executive but without input from the legislative, the judiciary, or the people.

We have a clearer picture now of what a "right decision" would be. And it begins with limiting the powers of the ODH Director and walking back the measures our governor has taken through the director's authority. It is wise for a leader to consider the guidance of their Subject Matter Experts. But it is unwise to take guidance and turn them into overreaching mandates upon the population.

I support measures to re-balance the power of our state and re-visit and limit the authority of the Director of the Ohio Department of Health as outlined in SB311.

Additionally I ask that language about testing (as seen in HB 649) be added to the bill to further protect Ohioans:

"Sec. 3701.234. (A) Before administering to an individual a test for the presence or absence of a communicable, life-threatening disease or infection or an immune response to such a disease or infection that is the subject of an epidemic or pandemic, a health care provider shall obtain the individual's informed consent. In the case of a minor individual, the health care provider shall obtain the informed consent of the minor individual's parent or legal guardian. In either circumstance, the consent shall be in writing.

(B) The physical results of an individual's test, including any partial or complete biometric record of the individual's DNA sequence, shall be the property of the individual and shall be transmitted only to the individual tested, or in the case of a minor individual, the minor individual's parent or legal guardian.

(C) In the event the individual or minor individual's parent or legal guardian does not take possession of the physical results of a test, the laboratory responsible for conducting the test shall destroy those results when they are no longer needed for the limited purpose of diagnosing the individual or determining the presence of an immune response to the disease or infection identified in the individual's written consent. Any DNA collected for the limited purpose of this test shall not be maintained by the laboratory conducting the test or any other public or private entity. Such biological material or related record of such material shall not be stored, held, or transmitted in any format, including an electronic, digital, or paper format, by the laboratory conducting the test or any other public or private entity. The laboratory conducting the test shall certify in writing to the individual tested that any biometric record has been destroyed and that no related record has been stored, held, or transmitted to a third party.

(D) A health care provider, laboratory, or public or private entity shall be liable in damages to any person in a civil action for injury or loss to person or property that allegedly arises from the provider's, laboratory's, or entity's failure to comply with the requirements of this section."

Thank you for your time and consideration.

Sincerely,

Sara Gleason