



Department  
of Health

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

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SB 22 Opposition Testimony  
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Ohio Department of Health  
Senate Government Oversight & Reform Committee  
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Chair Roegner, Vice Chair McColley, Ranking Member Craig, and members of the Senate Government Oversight and Reform Committee, thank you for the opportunity to testify in opposition to Senate Bill 22. My name is Dr. Bruce Vanderhoff, and I am the Chief Medical Officer at the Ohio Department of Health.

Late last year, I testified in opposition to Senate Bill 311 in the House State and Local Government Committee. I will share with you some of the information and background I shared with the committee members, as well as recent information based on what is currently happening on the ground.

At the Ohio Department of Health, infectious disease experts and emergency response teams began battling COVID-19 more than a year ago. They saw how the pandemic was dismantling the livelihoods of other countries and prepared for its eventual arrival in Ohio.

President Donald Trump signed a proclamation declaring a state of emergency March 1, 2020. On March 9, 2020, Governor Mike DeWine signed Executive Order 2020-01D that declared a state of emergency in Ohio. Every state has signed an order declaring a state of emergency. The world is still in a state of emergency today.

For several months, Ohioans have made sacrifices to save lives and to pull one another through the hardships caused by this the pandemic. It has not been easy, but there is light ahead. We have begun rolling out the vaccines that will eventually help put this difficult time behind us. Still, we cannot deny that we remain mired in a public health war. To date, Ohio has reported 925,350 known COVID-19 cases, 47,853 hospitalizations, and sadly, 11,793 deaths.

The ravages of the pandemic should not be confused with the necessary response to limiting that pandemic. Let us be clear, it is COVID-19 that has disrupted our lives and our economy, not the necessary efforts to contain it. In fact, the medical literature is increasingly clear, countries and jurisdictions that were slow to take the mitigation steps undertaken in Ohio probably cost thousands of lives.

Throughout this emergency, Governor DeWine has led with the Ohio Department of Health, 113 local health districts, hospitals, and additional state agency partners, using every tool in the toolbox to keep COVID-19 at bay. We are asking today for this committee and the legislature to oppose this bill because it leaves a gaping hole in our toolbox, hampering the State's ability to quickly respond during emergencies, when lives may be at stake. Emergency response must be nimble, and public health officials must have the ability to react to rapidly changing conditions as they happen.

Quarantine has long been established as one of the most important public health responses to containing an emerging epidemic. Had early, effective, and consistent quarantine been undertaken in China, when this disease was emerging, the world may not be contending with this horrible pandemic today and we may have avoided its terrible cost on lives and livelihoods. I fear that this legislation would ensure that future efforts to contain emerging epidemics in Ohio would be doomed to their failure by design. This pandemic is one of the best illustrations available of the importance of a society maintaining a strong public health system that includes a robust quarantine authority. Let us not take reactive measures that ensure future generations are ill-prepared to protect the health and safety of Ohioans.

Senate Bill 22 treats public health states of emergency differently than other states of emergency by restricting them to last only 30 days unless the General Assembly passes a resolution to extend the emergency. Senate Bill 22 allows the General Assembly to rescind any executive order issued by the Governor and ties the Governor's hands by prohibiting the reissuing of an order. Similarly, public health response efforts at ODH would be restricted.

The bill establishes a legislative oversight committee that could rescind any health orders including current COVID-19 orders. Further, the same committee, made up of only 10 out of 132 members, would also have the authority to rescind a public health state of emergency just 11 days after it is declared. The Executive Branch would have no ability to reissue the same or a substantially similar order if conditions on the ground worsen. Rescinding a public health order after 11 days would not give the legislature and public health leaders sufficient time to ensure the emergency has passed. For example, a recent legionella outbreak took months to resolve.

In our current situation, COVID-19 is still a new disease. And scientists and the medical community are still trying to stay in front of it. Every day, researchers are putting in long hours to find ways to protect us, and every day, we learn something new. As we gain this knowledge, as we see COVID-19 variants develop and learn new ways to defend against them, we must be able to respond aggressively.

We have seen how quickly the situation can escalate. Ohio's daily case totals eclipsed 10,000 on 14 days from late November to early January. Those high case numbers led to more deaths and unsustainable hospitalizations. Ohio's healthcare workers, as they have since the start of the pandemic, worked relentlessly to save lives, at times risking their own. The medical community asked the Administration to use the public health measures at our disposal to drive down COVID-19 case numbers. We responded, case numbers began to flatten, and hospitals have been seeing fewer patients. We cannot let them down now. We cannot send them another surge of cases.

Governor DeWine and the Ohio Department of Health are working to ensure cases keep trending in the right direction. If we do not, Ohioans will not feel comfortable visiting stores or restaurants or entertainment venues. Clearly, the state of our economy is firmly entwined with the state of our health.

We all want to improve the economy, to keep businesses operating and employees earning a paycheck. And, we all want to reduce the strain on our hospitals, keep our children in school, and keep nursing

home residents safe. The administration has sought to balance these goals by consulting local health officials and listening to recommendations from medical experts, business owners, and community members. The Governor, his staff, and the Ohio Department of Health have frequently updated legislative leadership, members of the General Assembly, and the public through weekly news conferences. Input and feedback has been welcomed. Recently, as cases began to fall, a plan was announced to gradually shorten Ohio's curfew.

The end is in sight and we are glad to be in a more hopeful phase of this pandemic response: COVID-19 vaccine distribution. Since Dec. 14, 2020, the first day Ohio received a small number of vaccines, we have seen a decrease in daily cases, hospitalizations, and deaths. As of Tuesday, **1,076,415 individuals** have, on a purely voluntary basis, received at least one dose of COVID-19 vaccine.

Even as we look forward with hope, we must look at the road behind us. We are here because we had the tools we needed to get here, and because Ohioans used them to contain the pandemic when our economy, our health system, and our very lives were threatened. These were unquestionably painful steps, but they put us on the road to success. Now, as we are approaching the undoubted end of this pandemic, we need to avoid the temptation to take our victory lap too soon. We cannot let our guards down yet, and we cannot rob future generations of the tools for success.

I have enjoyed the opportunity to provide House and Senate leaders with regular updates and to engage legislators in dialogue on what we are learning, and how we believe the pandemic is evolving. Your wisdom and experience have provided me with very helpful guidance and insights that have enhanced our work. Let us continue our dialogue and work more closely together to reduce barriers to an effective public health response to future challenges.

Many healthcare workers, local health departments, business owners, and other Ohioans have shown their support for actions taken in response to the current public health crisis. I ask you, too, to show your support by rejecting this bill. Please oppose SB 22 and engage in further dialogue and collaboration.