

Chairman Wiggam, Vice Chair John, Ranking Member Kelly, and members of the Committee.

Thank you for allowing me the opportunity to be here today.

I am a Mother of 2 children, dedicated my entire working career to healthcare with a focus on laboratory Science- special interest Pediatric immuno-hematology. I am an independent Care provider for the State of Ohio, and most recently, a Covid Data Trajectory Analyst. I am also the primary caregiver to my husband of 25 years who in 2019 was diagnosed with FTD/ALS.

As you may be aware, in March, Governor DeWine signed a joint order which...effectively ended the in-home and therapeutic services necessary to provide basic life sustaining care and support to my husband...

Prior to COVID-19, we had 42 hours of in home skilled nursing care, As well as in home physical therapy, Occupational Therapy, respiratory therapy, speech therapy, and Nursing Aide services. Now, my children and I perform every task once provided by a team of specialized health providers. To maintain insurance, I still work full time, but must work from home.

Members of this committee, I ask you to look at this picture and explain to me how removing in-home care and services during a pandemic is protecting the life of THIS Ohioan, my husband?

Overnight, I became my husband's PT, OT, skilled Nursing, speech therapist and Respiratory therapist...In home waiver patients were given two options: remain at home with family providing services, or be admitted to a Long term care facility that ACCEPTS Covid positive patients. This left us wondering how that action protected the "most vulnerable"

We made it not by the help of ODH or our government, we made it because of fellow Ohioans who stepped up when they didn't have to. Friends and family that dropped off necessary supplies to our door, food, medicine during the months YES months of quarantine. Our Governor and department of Health left us with NOTHING. All of you sitting here today, have the choice to change that. You have the choice to make sure this stops, and is never permitted to happen again. Serving the people of Ohio as an elected official is a privilege, not a right. If you truly feel opposing this legislation is best, then you are signaling the lives of some Ohioans are more important than others, and all are expendable.

I ask you, what would YOU do were you in my shoes? Would you have used your position to beg the Governor to overturn the order so your loved one could receive the care he needs to simply live one day more with a little less suffering? Well, I don't have your position...and the

hundreds of emails and phone calls I have made to the Governor and to my state legislators have gone unanswered...

So here I am before you today. Urging you to look at the human being in that picture, whom I love and adore, who is the Father of my children - look at that picture and tell me, is his life expendable? Does he DESERVE to suffer because there is a virus with a 99.5%-99.9% survivability rate for every age group? Does he deserve to go without the care that he needs? If that was your son, daughter, husband, or wife there in that bed, would the suffering be ok then? I don't think so...

Accuracy of data, appropriate interpretation of data, and Data integrity are imperative. Yet in Ohio, we have private citizens capable of analyzing the data better than those being paid by our tax dollars. I wonder who's science we are following? The experts who publish guidance such as the CDC, or the experts that modify that guidance here in Ohio? Enclosed you will find verification published by CMS that states "Ohio has modified the guidance of the CDC", are we ok with that?

I have enclosed documentation of how my daughter is a "case" on the state dashboard. Ohio has a more inclusive list of symptoms than the CDC. She has a history of chronic ear infections and strep throat. She is also on immunosuppressive therapy. She had a telehealth appt, and because of the 2 triggers (you will see them in red) "ill appearing" and high risk group "on immunosuppressive therapy" her chart was referred to the State COVID screening where it was determined she needed a covid test BEFORE antibiotics were prescribed. The issue was, it was Friday, and she couldn't get a test before monday, then another 48 hours to get the results. The closest facility to get the test on Monday was an hour away. We drove her as she was too ill. The test was performed, and she was miserable. I was BEYOND mad because I knew she had strep and an ear infection. We have been through this for YEARS. I also know that without proper treatment she could develop scarlet fever, Kawaski's disease, or even rupture an ear drum. She went 5 days without antibiotics. When the test was NEGATIVE, only then was she able to enter her physician's office to learn the flu & strep swabs had been pulled from all outpatient facilities. This essentially leaves the physician no other way to confirm illness, and, goes against the CDC guidance of "rule out all other illness BEFORE considering COVID19. She was diagnosed on presentation, received medication and recovered. However, the same condition that put her into a high risk category in the state of Ohio and deemed necessary for her to have a COVID test, was also the same condition that specifically says on the same

patient instruction sheet “ we have no way of knowing if those on immunosuppressive therapy are at greater risk for developing COVID19”. Again, which set of rules are we using?

Because Ohio has decided a case can be defined by laboratory confirmation OR clinical presentation, she is now a confirmed case on the dashboard for the public to see-even though she had a NEGATIVE test.(which by the way, cost me 864.00 FOR THE TEST)

In closing, I urge you to support this bill or ANY measure that seeks to protect the life and liberty of everyone, even those like my husband, who truly have no voice... My husband is an Ohioan, and he’s dying too.

Carrie Benton



Health



Appoint...



Messaging



Billing



Resources



Profile

**PATIENT'S HIGH RISK CATEGORY  
ASSESSMENT:**

On immunosuppressive therapy

**OBJECTIVE:**

**Video Exam** (Examination performed via  
Video enabled technology)

General appearance:

Alert, oriented, pleasant, in NAD :Yes

Ill appearing :**Yes**

Lethargic appearing :**No**

Eyes:

Sclera clear :No

Conjunctiva without erythema :No

Ears:

Tragus / outer ear tenderness by self  
palpation :**No**

Oropharynx: mild erythema

Frontal sinus tenderness by self  
palpation:**No**

Maxillary sinus tenderness by self palpation  
:**No**

Tender cervical adenopathy by self palpation  
:**Yes**

Respiratory distress :**No**

Coughing noted :**No**

Audible wheezing noted **No**







- be able to be laundered and machine dried without damage or change to shape

-Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

- There is no need to stop your immunosuppressive medications preemptively.
- If you become sick, please let your doctor know, and discuss with them prior to stopping any medications.
- At this point, we have no knowledge that patients on immunosuppressive medications are at higher risk of COVID-19 infection.



- Most importantly, don't panic. By following basic prevention measures such as hand hygiene and cover





