

**Sponsor Testimony**

**Presented by: Senator Charleta B. Tavares**

**Senate Bill 110**

**Senate Health, Human Services and Medicaid Committee**

**Chair, Senator Dave Burke**

**Tuesday, January 22, 2018**

Good morning, Chairman Burke, and members of the Health Human Services and Medicaid Committee. Thank you for the opportunity to present Senate Bill 110 which will require certain health care professionals to wear an identification card, badge, or similar device, when providing direct patient care, that includes a photograph of the professional and specifies the license held by the professional.

Senate Bill 110 would help ensure transparency between patients and health care professionals and guarantee patient safety. Maryland, Massachusetts, Minnesota, Nevada, New York, Oregon, Pennsylvania, Texas, and West Virginia have already passed legislation requiring health care professionals to wear identification when administering patient care.

California state law requires all healthcare practitioners to wear, while working, an identification badge stating their name and license status in at least 18-point type unless a practitioner is in a practice or office where his or her license is prominently displayed.

In Georgia, the Georgia Composite Medical Board’s rules require institutionally licensed physicians to wear an identification badge with his or her name, degree, and institutional license.

In Illinois, the state's Medical Patient Rights Act requires licensed healthcare facility employees, including students, and volunteers ***who examine or treat patients*** to wear an identification badge stating their first name, licensure status, and staff position.

Without this legislation it is all too easy for patients to confuse who is and is not a licensed health care professional. It is also very easy for unlicensed or unqualified individuals to administer care to unaware patients. The misrepresentation of the level of training held by health care professionals is dangerous and can result in the loss of a loved one’s life.

One such instance where this occurred was at the Medical University of South Carolina (MUSC) in 2000. Lewis Blackman was a bright, fifteen year-old young man with a condition known as pectus excavatum, in which the ribs and sternum form abnormally and often result in the appearance of a sunken chest. Lewis’ parents Helen and LaBarre Blackman chose to have Lewis’ corrective surgery for the condition at MUSC after learning that the hospital had recently made the surgery less invasive and had already accomplished several successful surgeries on other patients with Lewis’ condition. [[1]](#footnote-1)

On November 2nd Lewis had his surgery. Afterwards, Lewis was given the drug Toradol for pain. The next day Lewis began exhibiting symptoms that coincided with the known side effects of Toradol, but these symptoms were excused by every health care professional that Lewis’ mother, Helen, came into contact with despite her requests to see a veteran physician about the odd symptoms that continued to develop days following the operation. Three days after his surgery, Lewis was experiencing excruciating pain in his abdomen. Helen continued to consult with the multiple nurses and orderlies in charge of her son’s care about his worsening condition as he had a fever, cold sweats, elevated heart rate, and dark circles around his eyes contrasting with his pale skin. At one point, after Helen repeatedly asked for a doctor, a woman came to Lewis’s room to check on him only to find nothing wrong. Helen later found out that the woman was a beginning resident who had specialized in Osteopathy which focuses on bones and muscles. All of Helen’s pleas for a veteran doctor went unanswered until Dr. Murray arrived four days after Lewis’ surgery. Helen assumed Dr. Murray was the veteran physician she had asked for so she took comfort in his assurance that Lewis was just experiencing some minor side effects from the medication due to his young age.

Five days after Lewis’ surgery his pain suddenly vanished leading Helen and the hospital staff to assume he was recovering. The sudden loss of pain, however, was a sign that Lewis’s body was shutting down. Lewis died at 1:23pm on November 7. He had been given fifty times the average dose of Toradol for a person his weight and age and had been bleeding internally as a result. For five days, Lewis lay in MUSC bleeding to death due to an ulcer that had perforated his intestines, a known risk of Toradol. Helen found out after Lewis’s death that Dr. Murray was not a veteran physician like she had requested, but a resident doctor at the hospital. While there is no way to prove that if these health care professionals had all been wearing photo identification that Lewis would have lived, it *is* evident that the lack of transparency between Lewis and Helen and the health professionals in this instance was definitely a major factor that contributed to his death.

When we step into a hospital, urgent care, or doctor’s office we are putting our trust, well-being, and sometimes our lives in the hands of the health care professionals working there. Lewis died because of the mistakes made by the people he and his family trusted the most. It is vital that health care professionals are required to wear identification of who they are and what their level of training is in order to insure the utmost level of transparency between patients and health professionals. When we are sharing personal information and putting our trust in these people it only makes sense that we know who they are and what they are authorized to do for us. In alliance with these sentiments, The American Medical Association's Truth in Advertising campaign that began in 2009 encourages all states to enact legislation mandating that health care professionals disclose their training and qualifications to increase clarity and transparency in health care.[[2]](#footnote-2)

Lewis is just one example of the tragic loss of life that can result when we do not hold our health care professionals accountable and do not provide patients with the information that they deserve. It is time to fix this problem. Requiring health care professionals to wear identification is a simple way to guarantee that patients are aware of who is providing them with care.

Chairman Burke and members of the Committee, I appreciate your attention to this very critical issue and I respectfully request your favorable consideration and passage of SB 110. Thank you and I am happy to respond to any questions from the Committee at this time.

1. http://www.lewisblackman.net/ [↑](#footnote-ref-1)
2. http://www.amednews.com/article/20101220/profession/312209943/6/ [↑](#footnote-ref-2)