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<u>Committees</u> Energy and Natural Resources Behavioral Health and Recovery Supports Families, Aging and Human Services Primary and Secondary Education

Chair Lipps, Vice Chair Holmes, Ranking Member Russo, and members of the House Health Committee, thank you for the opportunity to provide sponsor testimony on House Bill 324-Shirley and Wilma's Law. House Bill 324 ensures that no one has to die alone by setting a safe standard of hospital visitation during a pandemic.

This legislation was drafted in honor of two wonderful women, Shirley and Wilma, who died without the dignity that they deserved. Shirley was denied the benefit of pastoral care as was Wilma who was additionally denied the benefit of having her daughter at her side. However, this bill is not just about them. This is a sad story that has been told over and over again through tear-stained eyes and from broken hearts. Shirley and Wilma represent a vast number of people who deserve so much more than what they received.

Shirley's faith meant everything to her. She was the widow of a faithful pastor, church pianist, choir director, Sunday School teacher and more. I had the privilege of being Shirley's pastor. She treasured every visit, every prayer, and every chance to share her faith. While her daughter was permitted access, she was denied pastoral care during the last days of her life.

As Shirley lay on her deathbed, I reached out to my contacts with the hospital as well as the governor's administration. My request was simple. I asked for no favors or special consideration. However, I advocated for Shirley with the simple statement that, "No one should be denied pastoral care on their deathbed." I was more than happy to comply with all safety protocols and expectations. But Shirley deserved to hear her pastor's voice as he prayed over her one last time. As a pastor and former hospice chaplain, I know firsthand what this means to people. I am grateful that both the governor's team and my connections with the hospital made noble efforts to address the issue.

The interim director of the Ohio Department of Health, Lance Himes called me directly. He also made phone calls to the hospital but to no avail. Shortly thereafter, my connection with the hospital called to tell me that I had indeed been granted permission to come and pray with Shirley. However, before the call ended, I received the sad text that Shirly had passed away.

It wasn't long after that Shirley's lifelong friend, Wilma, was hospitalized. Not only was I not permitted to visit her either, but neither was her daughter, Terri. Terri was told that they would call her when her mother was imminent. When the call came, Terri rushed to the hospital in teary-eyed in anticipation of that final good-bye. She wanted to sing her mother's favorite hymn, Amazing Grace. She wanted to tell her that it was okay to go and that Daddie and her other daughter, Robin, were waiting on her. But when she arrived, she learned that her mother had passed fourteen minutes earlier. There was no good-bye. No "I love you, Mom." There was no comfort of her cherished daughter to tell her all those things she wanted to say. Instead, she sang it alone to her mom through tears but Wilma was already gone.

We only die once. There are no do-overs. This is such a sacred moment that we must get it right the first time. It's the only chance we have.

These women had a clear desire to see both family and seek pastoral care at end of life. These wishes were denied. I cannot blame our hospitals for wanting to ensure the highest safety standards. However, there comes a time and a place where we must place a premium on mental health and honor sacred wishes of patients, especially those who may be terminal.

People have the right to die with their loved ones at their side and pastoral care on hand. They should not have to say their final goodbyes at the hospital entrance, over a speaker phone, over facetime, or an impersonal zoom meeting. I'm certain that as proponents follow up with their testimonies, you will hear from those who have lost loved ones as well as those who have been the patients isolated from their families.

We respect the desire of hospitals and healthcare workers who desire to maintain a safe environment for their patients, visitors, and employees. However, we believe that mental health cannot be neglected in the process and the professional health care systems should be able to accomplish both. I have met with and received input from the healthcare community with is reflected in the amendment presented today.

Thank you for your kind attention. At this time, I invite you to hear from my colleague and joint sponsor, Representative Scott Lipps. Afterwards, we will be happy to entertain your questions.

Sincere Gary Clicl

Ohio's 88th House District



State Representative Gary Click