



Ohio Children's Hospital Association  
Saving, protecting and enhancing children's lives

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**Testimony before the Ohio House Health Provider Services Committee**  
**Substitute House Bill 236**  
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Chairman Cutrona, Vice Chair Gross, Ranking Member Somani and members of the House Health Provider Services Committee, thank you for the opportunity to submit interested party testimony on Substitute House Bill 236.

Ohio has the world's best statewide network of children's hospitals – Akron Children's Hospital, Cincinnati Children's, Dayton Children's, Nationwide Children's Hospital, UH/Rainbow Babies & Children's Hospital and ProMedica Russell J. Ebeid Children's Hospital. Several of our institutions are ranked among U.S. News & World Report's best children's hospitals, and all our members are ranked best in class in the nation in various aspects of pediatric care. Ohio is the only state in the nation with a flagship children's hospital within a two-hour drive of every family, including our most rural parts of the state.

All our members are members of the Ohio Hospital Association (OHA), and we partner very closely with OHA on issues affecting the hospital industry and specifically about policies affecting children's health and health care.

We serve all of Ohio's 2.6 million children, regardless of their family's ability to pay. Our mission is to save, protect, and enhance children's lives. Our members are committed to improving all aspects of children's health – including behavioral and mental health.

Kids are not little adults and the foundation of children's hospitals is to support family-centered care. We know how important it is to a child's well-being and healing to have loved ones spend time with them when they are in the hospital. Children's hospitals inpatient rooms are designed to encourage a parent or guardian to be with their child 24 hours a day. Visitor hours are often extended to accommodate siblings and extended family. All of our member hospitals partner with Ronald McDonald House Charities to support families who travel to have easier access to their child while they are under our care.

During the pandemic, we were able to maintain family-centered care to prevent children from being isolated. Given the concerns being addressed in HB 236 did not take place in children's hospitals, it is our preference for the legislation to only apply to individuals over the age of 18. If the Committee feels pediatrics should remain included, we respectfully request language be inserted to allow flexibility for specialized circumstances. Other states have allowed language such as, **"A congregate care facility may implement reasonable restrictions or limitations on advocate visitation to protect the rights and care of staff and patients."** We feel this is a sensible solution to recognize examples and unforeseen circumstances where caution and individualized protocol must be considered.

While this change has not been reflected in the current substitute bill, we greatly appreciate the sponsors willingness to hear our concerns and make several changes. This includes recognizing special exemptions should be made for instances such as group therapy or suspicions of abuse.

We are extremely concerned with new language that would allow universal exemption of an advocate's need to wear PPE. Children's hospitals regularly accommodate family's needs to maintain access. However, we care for the sickest and most vulnerable children and must always consider the safety and well-being of all of our patients. This includes creating specialized visitation plans for immunocompromised floors such as the Neonatal Intensive Care Unit and the Hematology/Oncology Units. Mandating our facilities allow an individual to access these units without PPE is deeply concerning. Ohio has experienced recent measles outbreaks which could spread rapidly if hospitals are not able to incorporate infectious disease safety plans. We recognize the focus of this legislation has been on Covid-19 experiences, but we urge the committee to consider the many different viruses and diseases that could be deadly for micro-preemies and children battling cancer. Proponents of HB 236 have always maintained the desire for this legislation is to ensure a patient has access to an advocate so long as the advocate is willing to abide by PPE requirements for all staff and clinicians in that space. This language is not consistent with the stated objectives of the bill and we ask that it be removed.

Finally, we remain concerned with the creation of a new private right of action. Hospitals are required to follow all state and federal laws and must attest to this in order to run its operations. There are numerous federal and state agencies who enforce penalties should hospitals not be in compliance, making a new private right of action to ensure enforcement unnecessary.

Representatives Lear and Miller have been generous with their time to consider all of the interested parties impacted by this legislation. We appreciate their consideration and the work that has been done to get to this version. We respectfully request some additional changes be made to better support the original intent of the bill, allowing us to be supportive of Substitute House Bill 236. Thank you.