



October 5, 2021

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Re: Opponent Testimony for HB435

Chairman Stein, Vice Chair Johnson and Ranking Member Lepore-Hagan, thank you sincerely for the opportunity to provide testimony on *House Bill 435*.

My name is Emily Miller, MD, MS, FAAP. I am a board-certified pediatrician and a practicing neonatologist at Cincinnati Children's Hospital. In addition to my medical training, I have a Master's degree in physiology and biophysics and am a current health policy scholar with the Academic Pediatric Association. I am also a mother of four children, all under the age of 12.

I am testifying against HB435 because, as a front-line healthcare provider, it will exacerbate our current public health crisis, directly threatening the lives of the patients I care for and adding to the strain our state's children's hospitals are currently under.

As a neonatologist, I take care of critically ill newborns in the neonatal intensive care unit. Some are born prematurely, others require surgery, while others have life-threatening infections. They are all immunocompromised and we have strict infection prevention guidelines for staff and families that help us keep these vulnerable infants safe. Even after leaving the hospital, premature infants remain at high risk due to health conditions from being born early, including cerebral palsy, chronic lung disease, and growth failure. This puts them at increased risk for complications, hospitalization, and death from respiratory viruses, including COVID-19. For this reason, the US Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination of these high-risk infants. Further, when young infants do get COVID or other airborne illnesses, it's often because a close contact transmitted it to them. Immunization of all close contacts, a technique called "cocooning," offers them additional protection.

HB435 empowers millions of Ohio workers and students to refuse mandated COVID-19 vaccinations and threatens the health of infants, both directly and by putting pregnant women at risk. In my practice, we are seeing an increase in preterm deliveries because of maternal COVID. According to the CDC, only 31% of pregnant women are currently vaccinated, and we know that COVID during pregnancy is bad news - increased risk of hospital admission, ICU admission, need to be put on a ventilator, and death. Sometimes the mother is so sick and the virus is doing so much damage that we must deliver the baby early – this is a baby that would not have been born early otherwise and now will have life-long complications due to prematurity.

I have seen premature infants who were so impacted by maternal COVID that they could not survive. Other infants are being delivered while their mothers are on life support, and there is no guarantee that the mother will live. Sometimes both the mom and baby die, or families are faced with the gut-wrenching decision of who to save. The other parent may be sick too, and I have cared for premature infants in the NICU that lost both parents to COVID. Let that sink in for a moment.

HB435 will disincentivize vaccination at a time when the United States is experiencing a decline in vaccination rates across the lifespan. Ohio's vaccination rates, including COVID-19, are already among the lowest in the US. People are risking not only their own life but the lives of many around them. That includes those who cannot get vaccinated—my children and patients among them. Healthcare workers are exhausted. We will continue to care for everyone, we will do everything we can to ration ventilators and save pregnant mothers and their babies and make sure parents go home to their children. But we need your help. Please consider how HB435 will make our current situation even worse, and do not pass it.

Sincerely,

Emily R. Miller, MD, MS, FAAP

References:

1. <https://www.bcbs.com/press-releases/the-blue-cross-blue-shield-association-reports-steep-decline-childhood-vaccinations>
2. <https://avalere.com/insights/updated-analysis-finds-sustained-drop-in-routine-vaccines-through-2020>
3. Early Childhood Vaccination Status of Preterm Infants. Annika M. Hofstetter, Elizabeth N. Jacobson, M. Patricia deHard, Janet A. Englund. Pediatrics Sep 2019, 144 (3) e20183520.
4. <https://www.cdc.gov/media/releases/2021/s0929-pregnancy-health-advisory.html>