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Re: Opponent Testimony for HB248

Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and Members of the House Health Committee, thank you for the opportunity to provide testimony on *House Bill 248*. I hope you and your families have stayed healthy and well since we last spoke.

My name is Emily Miller, MD, MS, FAAP. I am a board-certified pediatrician and a practicing neonatologist at Cincinnati Children's Hospital. I am also a mother of four children, all under the age of 12.

I am submitting this opponent testimony regarding HB248, because as a front-line healthcare provider, this legislation will exacerbate our current public health crisis and only add to the strain our state's children's hospitals are currently under.

As a neonatologist, I provide specialized intensive care for sick and premature newborns from the time they are born until they go home from the hospital, months or even years later. Premature infants have life-long complications related to being born early, including cerebral palsy, chronic lung disease, and growth failure, which put them at increased risk for hospitalization and death from respiratory viruses.

You may have heard of respiratory syncytial virus, or RSV, which is a seasonal respiratory virus that typically peaks in the winter and declines by early spring. Although it is typically a mild illness for children, as a neonatologist, RSV is terrifying. The virus produces a thick, sticky mucus that fills the breathing passages in the lungs. Healthy children can clear this mucus, but premature infants have smaller airways and weaker breathing muscles. Their oxygen levels can become dangerously low, and one to two out of every 100 children younger than 6 months of age will need to be hospitalized<sup>1</sup>. Preterm infants have even higher hospitalization rates and often require ventilator support in the ICU<sup>2</sup>.

Each year in the United States, RSV is responsible for 58 000 hospitalizations and 500 000 emergency department visits among infants and children <5 years old. I have cared for premature infants that contracted RSV and needed weeks on life support in the hospital, or worse, did not survive.

An unexpected positive outcome of the coronavirus pandemic has been the marked decline in illness associated with RSV and other respiratory viruses due to the widespread use of masks and social distancing. Last year we saw a 98% reduction in RSV cases and a record low number of children admitted to the hospital<sup>3</sup>. However, when infection precautions were lifted starting in May, RSV cases started to rise. Now we are seeing a record-breaking number of children with RSV for this time of the year<sup>4</sup>.

Think about this scenario: a 2-month old infant is sick with RSV and needs to be hospitalized for breathing support and IV fluids. Typically this happens in the winter and we are prepared for



it. But during the summer, as multiple respiratory viruses are unexpectedly surging, the children's hospital is full of patients with RSV or COVID, or sometimes both infections at the same time. The general pediatric ward and the pediatric intensive care unit are at max capacity and don't have room for the patient. The neonatal intensive care unit has a bed, although they don't typically admit infants with respiratory viruses into the NICU due to the risk to the other, premature infants. As the NICU fills their extra beds with older infants, this means that when a sick newborn from another part of the city or state needs to be admitted to the NICU for specialty care, there is a wait. That wait is stressful to families and potentially dangerous for patients, and it is in part due to the increasing census children's hospitals around the state are seeing from the combination of an atypical surge of RSV on top of surging COVID in children.

As children go back to school, these viruses will continue to spread. As healthcare workers, I am here to tell you, we are exhausted. We have suffered through a terrible year and a half – first we didn't have enough masks and gloves to protect even ourselves, and we were afraid of bringing the disease home to our families. We were rationing supplies while always thinking about the what ifs – what if I infect my spouse, my children, my immunocompromised parents or friends or patients. What if I, by trying to help others, leave my children without a mother? I didn't feel safe hugging my children for EIGHT months.

When I got my first COVID vaccine on Christmas Eve I, like many of my colleagues, cried tears of joy and relief that there would finally be an end to the months of fear, exhaustion, and sacrifice. But we all know that's not what happened. In Ohio, less than half of the population is fully vaccinated. When I go to the grocery store, which asks unvaccinated people to continue masking, I see almost no one in masks.

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. Please, we 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. Consider how this legislation will make our current situation even worse, and do not pass it.

Sincerely,

Emily R. Miller, MD, MS, FAAP

#### References:

1. Respiratory Syncytial Virus–Associated Hospitalizations Among Young Children: 2015-2016. Brian Rha, Aaron T. Curns, et. al. Pediatrics Jul 2020, 146 (1) e20193611.
2. Respiratory syncytial virus-associated hospitalizations among children less than 24 months of age. Hall CB, Weinberg GA, et. al. Pediatrics. 2013 Aug;132(2):e341-8.
3. Delayed Seasonal RSV Surge Observed During the COVID-19 Pandemic. Rabia Agha, Jeffrey R. Avner. Pediatrics Aug 2021, e2021052089.
4. <https://www.cdc.gov/surveillance/nrevss/rsv/index.html>