

December 6, 2021

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Re: Opponent Testimony for HB218

Chairman Peterson, Vice Chair Cirino, Ranking Senator Craig, and members of the General Government Budget Committee, thank you sincerely for the opportunity to provide testimony on House Bill 218.

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, including one under the age of five.

I am testifying against HB218 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 hospitals and healthcare workers 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, these infants remain at high risk for complications, hospitalization and death from respiratory viruses and other vaccine-preventable illnesses.

The US Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination of these high-risk infants. Further, immunization of all close contacts, a technique called "cocooning," offers additional protection to at-risk infants.

HB218 empowers millions of Ohio workers and students to refuse COVID-19 vaccinations and threatens the health of Ohio's 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. Our neonatal intensive care units are caring for above-average numbers of premature infants, and are sometimes so full that an infant must be transferred to another hospital because there isn't the space or staff to care for them. Only 35% 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, stillbirth, 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 will have life-long complications due to prematurity.

I have seen 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 survive. 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. I want you to let that sink in for a moment.

HB218 will disincentivize vaccination at a time when the United States is currently 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 child 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 HB218 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 deHart, Janet A. Englund. Pediatrics Sep 2019, 144 (3) e20183520; DOI: 10.1542/peds.2018-3520
4. <https://covid.cdc.gov/covid-data-tracker/#vaccinations-pregnant-women>