

**To:** Senate Health & Human Services Committee

**From:** Dr. Joseph Michel, Member of the Rhode Island Chapter of the American Academy of Pediatrics

**Date:** 02/26/2026

**Re:** Support for S-2568, Mandating that RIDOH use evidence based recommendations as those published by the AAP, AAFP, and AMA

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My name is Dr. Joseph Michel, and I am a pediatric resident here in Rhode Island. I am providing testimony as a member of the Rhode Island AAP and a physician to children in the Providence community and beyond. I am writing to express my whole-hearted support for S-2568. Recent changes to the CDC's recommendations regarding its childhood vaccination schedule has left parents and families in a position of uncertainty. The American Academy of Pediatrics continues to support a vaccination schedule that is evidence-based and consistent with the decades of data that show routine vaccinations are safe, prevent life-threatening illness, and should be provided early in a child's life when their health is most at risk. This bill would allow the RIDOH to consider the AAP, AAFP, and AMA's vaccination recommendations when determining which vaccinations to include in its childhood vaccination program. This ensures that evidence and science are at the core of Rhode Island's public health.

As a resident physician in pediatrics, I counsel families about vaccination on a daily basis. Over the course of 2025, I noted a drastic increase in vaccine hesitancy among my patients and their families. The failure of the federal government to unequivocally support the vaccination of all children against deadly, preventable diseases is a public health crisis. I recently was admitting a 9 month old child to the children's hospital for the flu. This child had not had any routine vaccinations and had not received the recommended 2 doses of influenza vaccine for their first flu season. Due to her under-vaccinated status, her presentation of fever, dehydration, and fatigue was met with a broad work-up including blood cultures, a catheterized urine culture, and consideration of a lumbar puncture. Had she been vaccinated, concern for severe illness from vaccine preventable causes and necessity of invasive testing would have been considerably less and her positive nasal swab for the flu would have been sufficient for her diagnosis. When her father asked me if getting her vaccines could have prevented her coming into the hospital, I answered with the evidence. Yes. Had she received her flu vaccines her risk of hospitalization would have been reduced by 50-60%. Vaccines make a real impact on severity of illness, and on the invasiveness of care that the children of Rhode Island receive. One of the great recent triumphs is routine administration of RSV prophylaxis. Given prenatally to pregnant mothers or at birth, we have seen a dramatic decline in infants needing hospitalization and intubation as a result of RSV infections. As a resident physician, I would much rather be teaching parents how to suction all the virus-induced boogers out of their child's nose than explain to them why we need to put a tube in their airway to breath for them and prevent them from dying.

Thank you for your consideration of my testimony and I hope that you see the value in passing S-2568 so that science and evidence might guide the future of Rhode Island's most vulnerable.