

Good Morning Chairman Burckhard and members of the Senate Political Subdivisions Committee. My name is Kirby Kruger and I am the Section Chief for the Disease Control and Forensic Pathology Section with the North Dakota Department of Health. I am here today in opposition of HB 1323.

House bill 1323 will eliminate any government or business entity from implementing any mask mandates of any kind. This is a sweeping bill that will result in negative consequences for public health, the medical and health care communities, schools and businesses.

This bill, if passed will:

- Limit public health options for preventing respiratory diseases by removing mandated masking as an option,
- Impact schools which are using masking to help ensure children are able to learn in-person,
- Hinder health care systems' ability to protect patients, residents and employees from diseases that can be prevented with the use of masks and
- Remove freedom from private businesses by not allowing them make choices that protect their employees and their customers. This bill may even prohibit policies that are needed to protect employees from occupational hazards associated with various industries.

The list of prevention and intervention strategies public health officials have to mitigate infectious disease threats is relatively short, especially for viral pathogens. We often need to rely on tried and true mitigations, many hundreds of years old, such as isolation, quarantine, social distancing and masking. Other strategies such as vaccines and curative medications or other therapies may not exist or may take so long to develop that an unmitigated virus could emerge and cause a pandemic.

New pathogens have and will continue to emerge. Every year human cases of variant influenza viruses are identified. Although sustained person to person

transmission generally does not occur, the concern is that a variant influenza virus may acquire the ability to be easily spread from person to person.

Since 2003, three new coronaviruses and one new human influenza virus have emerged.

- 2003 – SARS CoV
 - SARS had a case fatality rate of about 10%
- 2012 – MERS CoV
 - MERS has a case fatality rate of 35%
- 2019 – SARS-CoV-2.
 - In the U.S., COVID-19 has a case fatality rate of about 1.8%
- 2009 H1N1
 - had a low case fatality rate but affected younger adults more than other seasonal influenza viruses.

During the 20th century, three new pandemic influenza viruses emerged.

- The 1918 H1N1 virus
- The 1957 H2N2 virus
- The 1968 H3N2 virus

These seven viruses are all spread via the respiratory route in which masking may have been or is known to be effective in reducing viral transmission.

I would like to talk briefly about the current situation with COVID-19. COVID-19 cases first emerged at the end of 2019 in Asia. In North Dakota, cases rose sharply this last fall and peaked in November. This increase in cases brought surges in deaths and hospitalizations which stressed our medical and long term care communities as they struggled with maintaining adequate personnel and finding staffed beds for patients. Although we experienced a downturn in case reports and test positivity since our peak in November, we are still in the middle of this pandemic. SARS-CoV-2 continues to circulate and remains unpredictable. Case counts and active cases have begun to increase in North Dakota and in many other states. Five new variants have been identified as variants of concern because they are more infectious, they may not respond to current therapies, or they may have higher case fatality rates. Three of these five variants have been identified in North Dakota. It is difficult to predict what other new variants may emerge and what that means for transmission and

illness severity among people. We need to remain diligent as this pandemic is truly a dynamic event. Furthermore we need to be able to respond quickly if there is a resurgence of cases or there is a change to illness severity, mortality, or if previous immunity is shown to no longer be protective. We need mitigations tools that can be rapidly implemented and then discontinued in response to an outbreak.

Masking helps prevent of a wide variety of respiratory illnesses. A more local example of a respiratory disease outbreak where masking is important is the tuberculosis (TB) outbreak in Grand Forks County identified first in 2012. We have over 40 cases of infectious TB in this outbreak, which spans several years. Cases related to this outbreak have been reported as recently as 2020. Multiple age groups have been impacted. Early in the outbreak we struggled with compliance with several of these cases and local public health needed to issue orders for compliance with public health recommendations. Among the orders were the requirement for masking when leaving isolation to attend medical appointments.

In summary, masking is a standard disease prevention mitigation that protects people from a wide variety of respiratory illness. The emergence of new pathogens will continue to occur and therefore we have to be prepared to respond to these events. To respond effectively we will need have all of our disease prevention tools in our tool box, which will help prevent the spread of these pathogens and to reduce illness, hospitalizations and deaths. Hospitals, other care facilities, schools and businesses also need to be able to implement prevention strategies to protect their patients, residents, staff, employees and customers from illness.

I urge this committee to give this bill a do not pass recommendation. I appreciate the opportunity to present today and would be happy to take questions.