

2021 HOUSE INDUSTRY, BUSINESS AND LABOR

HB 1352

2021 HOUSE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee Room JW327C, State Capitol

HB 1352
1/26/2021

Liability for medical products.

(9:00) Chairman Lefor calls the hearing on HB 1352.

Representatives	Attendance
Chairman Lefor	P
Vice Chairman Keiser	P
Rep Hagert	P
Rep Jim Kasper	A
Rep Scott Louser	P
Rep Nehring	P
Rep O'Brien	P
Rep Ostlie	P
Rep Ruby	P
Rep Schauer	P
Rep Stemen	P
Rep Thomas	P
Rep Adams	P
Rep P Anderson	P

Discussion Topics:

- Vaccine Manufacturer Liability
- Mandated vaccine policies
- Employer and employee safety

Rep Hoverson~District 3 introduces the bill.

Del Bigtree~Informed Consent Action Network. Testified in favor

Kerry Rolle~Former nurse. Testified in favor.

Travis Zabloutney~Minot. Testified in favor

Matt Gardner~Director of Government Affairs-ND Chamber. Testified in opposition.

Kylie J Hall~Representing self. Attachment 3256.

Molly Howell~Immunization Director-DN Dept of Health. Attachment 3145.

(10:14) Chairman Lefor closes the hearing.

Additional written testimony: #2605, 3239, 3317, 3322, 3348.

(10:18) End time.

Ellen LeTang, Committee Clerk

HB 1352 Testimony
Industry, Business and Labor Committee
January 26, 2021 9:00 a.m.

Good morning, Chairman Lefor and members of the Industry, Business and Labor Committee. My name is Kylie Hall, and I am writing to state my opposition to this bill. I have a Master's Degree in Public Health and have worked at the North Dakota State University Center for Immunization Research and Education for the past 5 and 1/2 years. I would like to make clear that my comments today are not on behalf of NDSU.

What is HB 1352?

A [BILL](#) relating to liability of medical products.

Why This Bill Should Not Be Passed

If this bill were passed, immunizations could not be required by any employer, school, childcare – all because vaccine manufacturers are not liable for unforeseen adverse events following vaccination, as another liability mechanism has already been put in place by the federal government.

This would affect healthcare facilities (and other businesses) that require immunizations for their employees. These requirements protect healthcare workers and the patients they serve. It would supersede school immunization requirements, which help assure a vaccinated population and safe learning environment for all students. (For those who don't want to be vaccinated, they can opt for an immunization exemption.) Lastly, it would affect immunization requirements for university students, which helps prevent the spread of deadly infectious diseases in community living settings. (Exemptions are also available for college students.)

Important Information about Vaccine Manufacturer Liability

Vaccines, like other medicines, can have side effects. No medical intervention is completely risk free. When side effects do occur from vaccination, they are typically mild; serious adverse events following vaccination are very rare. When an event or illness happens following a vaccination it's very easy to suggest a causal link, and it may not be possible to prove that the vaccine was not the cause. (It's impossible to prove a negative.)

Vaccines are manufactured by pharmaceutical companies. In the 1970s and 1980s, drug manufacturers began to withdraw from vaccine production because not only was the research and development process extremely costly and time-consuming, but the manufacturers were also liable for any unforeseen and potentially rare injury linked to their vaccine. While a successful vaccine could prevent hundreds of thousands of cases of deadly disease, it could also lead to a few rare incidences of side effects that could lead to *multimillion-dollar* lawsuits. (In many cases, damages were awarded despite the absence of scientific evidence.). Because of this, the incentive for creating vaccines became highly unfavorable in the eyes of pharmaceutical companies and manufacturing declined greatly.

U.S. public health officials become concerned about the development of new vaccines and the supply of existing vaccines. Thus, Congress passed the National Childhood Vaccine Injury Act of 1986 which created the National Vaccine Injury Compensation Program (NVICP). Should

someone experience a rare, unforeseen adverse event following vaccination, they can now submit a claim through the compensation program.

The NVICP is funded by a tax added to every vaccine dose. This program provides liability protection to vaccine manufacturers and vaccine administrators who administered covered vaccines. There are four key things to understand about NVICP:

1. Compensation doesn't *prove* causation.
2. People not happy with the outcome can still take their case to regular court.
3. The fund contains \$3.5 billion dollars, not because people can't get compensated, but rather because the requirements of petitioners are often not satisfactorily met and in reality, vaccine injuries are rare.
4. The requirements are two-fold: the events have to be temporally related AND some biologically-plausible explanation why the events could be related must be accounted for.

Unfortunately, misconceptions around this program make it an easy source of misinformation commonly used in efforts to convince parents that vaccines are not safe. If you look closely at data from the compensation program, you will see that the ratio of number of settlements awarded compared to the number of vaccines given annually shows that vaccines **are extremely safe**.

Finally, there is one distinction I would like to make: vaccine manufacturers **are liable** for negligence. Should we ever find that vaccine companies are guilty of negligence, those claims would not fall under this act and the manufacturer would be liable. The vaccine injury compensation program is only for unforeseen events.

If passed, immunizations could no longer be required for employment or school entry. Please do not pass House Bill 1352.

REFERENCES:

[National Vaccine Injury Compensation Program | Official web site of the U.S. Health Resources & Services Administration \(hrsa.gov\)](https://www.hrsa.gov/)
[Appendix D Vaccine Safety - Pink Book 2015 - Vaccine Injury Compensation Program \(VICP\) \(cdc.gov\)](https://www.cdc.gov/vaccines/imz/downloads/pdf/13a1001.pdf)
[How the Vaccine Injury Compensation Program Works - The Atlantic](https://www.theatlantic.com/health/archive/2014/05/how-the-vaccine-injury-compensation-program-works/368111/)
[News & Views: National Vaccine Injury Compensation Program | Children's Hospital of Philadelphia \(chop.edu\)](http://www.chop.edu/news-views/national-vaccine-injury-compensation-program)

Good morning, Chairman LeFor and members of the Industry, Business and Labor Committee. My name is Molly Howell, and I am the Immunization Director at the North Dakota Department of Health (NDDoH). I am providing testimony in opposition to HB1352.

Before immunizations were available, diseases like diphtheria, measles, whooping cough, polio, *Haemophilus influenzae* type B and rubella caused severe illness, hospitalization and death in the United States. More than 15,000 Americans died of diphtheria in 1921, before there was a vaccine. Because of the successes of vaccines, many people have forgotten these diseases.

Most vaccine-preventable diseases are spread from person-to-person. Vaccines not only protect the individual receiving the vaccine, but they also protect others around them, including children and adults who are unable to be vaccinated for medical reasons or who have weakened immune systems. Most vaccines do not offer 100% protection to the individual who receives them, meaning sometimes those who are vaccinated can still be at risk of a vaccine preventable disease. The more people who are vaccinated, then the fewer opportunities there are to spread disease.

In addition to preventing disease, hospitalization and death, vaccination reduces costs. For every \$1 spent on vaccines, the United States saves \$10.90.¹ The vaccination of children born between 1994 and 2018 has saved the U.S. nearly \$406 billion in direct medical costs and \$1.88 trillion in total societal costs. Vaccination of one birth cohort (children born in 2009) will prevent ~42,000 early deaths, 20 million cases of disease, save \$13.5 billion in direct costs and \$68.8 billion in total societal costs.² In 2017, the Minnesota Department of Health spent \$2.3 million in five months responding to an outbreak of 79 cases of measles.³

¹ <https://doi.org/10.1542/peds.2013-0698>

² [Vaccines Are Cost Saving | Vaccinate Your Family](#)

³ [MN Health Dept. Spent \\$2.3M During 5-Month Measles Outbreak – WCCO | CBS Minnesota \(cbslocal.com\)](#)

Serious adverse events related to vaccination are extremely [rare](#). Vaccine manufacturers are not be liable for unforeseen adverse events, however, they are liable for negligence.

HB1352 allows exemptions for any “medical products” where the manufacturer is not liable. The [National Childhood Vaccine Injury Act of 1986](#), as amended, created the National Vaccine Injury Compensation Program (VICP), a no-fault alternative to the traditional tort system. It provides compensation to people found to be injured by certain vaccines. Even in cases in which such a finding is not made, petitioners may receive compensation through a settlement. The VICP was established after lawsuits against vaccine manufacturers and healthcare providers threatened to cause vaccine shortages and reduce vaccination rates. The Program began accepting petitions (also called claims) in 1988.

To encourage expedient development of medical countermeasures during a public health crisis, the [PREP Act](#) was created in 2005. The PREP Act authorizes the Secretary of the Department of Health and Human Services (HHS) to issue a PREP Act Declaration that provides immunity from liability for any loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined in the Declaration to constitute a present or credible risk of a future public health emergency. Previous PREP Act declarations have been issued numerous times, including those for the H1H1 pandemic in 2009. The PREP Act does provide manufacturers of countermeasures (i.e. COVID-19 vaccines, treatment) some immunity from liability, but this does not mean COVID-19 vaccine injuries are not covered or compensated for. They are covered under the Countermeasures Injury Compensation Program (CICP). The PREP Act authorizes CICP to provide benefits to certain individuals or estates of individuals who sustain a covered serious physical injury as the direct result of the administration or use of covered countermeasures identified in and administered or used under the PREP Act declaration.

Childcare, school and university immunization requirements play an important role in increasing immunization rates and ensuring environments where children congregate are safe. North Dakota already has one of the most relaxed childcare and school immunization policies in the United States. NDCC

23-07-17.1 allows medical, religious, and moral/philosophical exemptions. Parents simply have to sign a document prior to school entry to claim a religious, moral/philosophical exemption. North Dakota is only one of 15 states that still allow moral/philosophical exemptions; many of the other states that allow philosophical exemptions require a notary signature or education from a healthcare provider prior to claiming an exemption. Five states only allow medical exemptions and don't offer religious or philosophical exemptions.⁴ States that have easily-obtained personal belief exemptions have higher rates of pertussis and measles.^{5,6} HB1352 superscedes NDCC 23-07-17.1 and is not needed, as a law and related rules are already in place to allow for exemptions. NDCC 23-07-17.1 and Administrative Rules 33-06-05 outline the process for claiming an exemption, documentation requirements, and exclusion of unvaccinated children during outbreaks.

HB1352 would prohibit employers, including hospitals and long term care facilities from requiring influenza vaccine, putting staff, patients and residents at risk. Laboratorians may be required to receive rabies vaccine if working with specimens from potentially rabid animals. Many law enforcement agencies may require hepatitis B vaccination to protect employees against hepatitis B through needlesticks.

For the reasons I have outlined today, the NDDoH asks you to oppose HB1352. This concludes my testimony. I am happy to answer any questions you may have.

⁴ [States With Religious and Philosophical Exemptions From School Immunization Requirements \(ncsl.org\)](http://ncsl.org)

⁵ [Nonmedical Exemptions to School Immunization Requirements: Secular Trends and Association of State Policies With Pertussis Incidence | Infectious Diseases | JAMA | JAMA Network](#)

⁶ [Individual and community risks of measles and pertussis associated with personal exemptions to immunization - PubMed \(nih.gov\)](#)

Re: Testimony in favor of HB 1352

Attn: Committee Members,

I, Todd Kjelland am writing in favor of HB 1352.

I support this bill to assure person(s), corporations and/or any public service organization including government entities to not abuse their power by enacting illegal medical coercion upon employees.

From November 1, 2019 to September 24, 2020, I endured the exact scenario this bill could have protected me from, which in turn could have possibly secured my long-term employment as a Maintenance/Environmental Manager at Sanford Health/ Good Samaritan Society in Park River, ND.

However, that did not happen as Sanford Health/Good Samaritan Society enacted a policy which mandated flu vaccination. I was allowed a religious exemption, however, the alternative non-negotiable choices were to either wear a medical device (Surgical Mask) or be furloughed without pay or benefit for the duration of the flu season. (Nov 1 – May 31) This allowed the company to use coercive measures against me and other employees to meet CMS requirements which in turn was a financial benefit for the company.

Any health facility which accepts Medicare/Medicaid, gains financially from forcing employees to be vaccinated or medically tested through CMS payment bonuses/penalties. This information is not freely disclosed to employees, thus violating Informed Consent laws for which forces employees to participate in medical procedures against their free will, inclusive of religious beliefs. This is Human Trafficking, a criminal action as defined by 18 U.S. Code Chapter 77, Title 18

I would like to see this legislative action passed to prohibit employers from mandating medical devices such as medical masks as a requirement of employment. I believe by allowing this practice to continue, employers will have set the precedent to force employees at will to become non-voluntary medical test subjects without recourse.

A medical device defined should also include medical certificates.

Thanks you for your consideration of my thoughts.

Todd Kjelland

Park River, ND

701-331-2956

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2021 HB 1352
House Industry, Business and Labor Committee
Representative Mike Lefor, Chairman
January 26, 2021

Chairman Lefor and members of the House Industry, Business and Labor Committee, I am Tim Blasl, President of the North Dakota Hospital Association (NDHA). I am here to testify in opposition to House Bill 1352. I ask that you give this bill a **Do Not Pass** recommendation.

The bill provides that a "medical product" cannot be required by the state, a political subdivision, or a business as a condition of employment, the entry to a business, public building, or space, or the receipt of a service or good unless the manufacturer of the medical product is liable for any death or serious injury caused by the medical product. "Medical product" is defined as a drug, biologic, or medical device.

We are concerned about the implications of such a broad prohibition and how it could impact health care, especially in infection control and prevention. Vaccines are considered to be a drug and would thus be included within the definition of medical product. Certain immunizations are very important in the health care setting, such as influenza vaccines, not only to protect vulnerable patients, but to also protect employees. Healthcare workers are at risk for exposure to serious, and sometimes deadly, diseases. If they work directly with patients or handle material that could spread infection, they should get appropriate vaccines to reduce the chance that they will get or spread vaccine-preventable diseases. Even those workers not directly involved in patient care can potentially be exposed to infectious agents that can be transmitted to and from patients.

This bill will become an outright prohibition on vaccinations, with no exception for the health care setting. Hospitals and health care workers have a shared responsibility to prevent

occupationally acquired infections and avoid causing harm to patients by taking reasonable precautions to prevent transmission of vaccine-preventable diseases. We are concerned that the bill would prohibit any healthcare provider from being able to require a vaccine as a condition of employment. It would mean that vaccination programs would no longer be an essential part of hospital infection prevention and control. Vulnerable patients would not be as protected as they could and should be.

The bill will prohibit an employer from having an immunization requirement unless the vaccine manufacturer has liability, including for any death or injury caused by the vaccine. This requirement would be difficult, if not impossible, to meet. Federal law governs vaccine manufacturers' liability. The law provide immunity from civil liability for certain vaccine manufacturers in order to ensure the manufacturers will be willing and able to produce vaccines. Injuries are dealt with under these laws much like workers compensation statutes with an injury compensation program operated by the government in lieu of other remedies like civil lawsuits.

North Dakota should implement policies that are aimed at increasing immunization rates, not policies that undermine vaccination efforts. It is imperative that North Dakota continues to allow healthcare providers the ability to determine which immunizations are necessary to keep patients and employees safe. Especially as the COVID-19 pandemic continues, we are reminded of the importance of vaccines and their ability to stop the spread of disease and save lives. Rather than telling employers what they cannot do, we see a need for greater engagement. Instead of prohibiting vaccination mandates outright, we would prefer to see greater investment in education and more efforts to facilitate meaningful conversations between concerned people and health-care professionals. We ask that health care providers be given the flexibility to determine appropriate immunization and infection control policies that are best for their patients and employees.

For these reasons, we urge you to oppose House Bill 1352 and give it a Do Not Pass recommendation. I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Tim Blasl, President
North Dakota Hospital Association

HB 1352

I beg you to vote "DO PASS" for this legislation.

It is very important to me that I have freedom to choose for myself and my family whether we take part in the controversial use of vaccinations. **The ability to have choice in regards to vaccines has affected where we live, where we work, and very easily could threaten where we do business.**

Opposition to this bill makes some lofty claims:

"Vaccines save lives."

"Those injured by vaccines are provided compensation."

"Preventing businesses from forcing vaccines will cause illness."

As I lay out below, this rhetoric is used to steamroll mandated vaccine policies, gain percentage points of compliance with vaccines for stakeholders, and coerce people to make health decisions because they cannot afford not to work.

I am fully aware of the risks of vaccinating and the shortcuts that have been taken in creating these biologics. I understand that some people think they are safe, believe that their health provider has thoroughly researched them so they can be trusted to share any and all risks, and that if there were issues of safety that the manufacturers would quickly make the necessary changes to make them safe. These are unfortunately all false beliefs.

With biologics, otherwise called vaccines, the health provider gives the vaccine and then sometimes supplies a brief information sheet saying how "safe and effective" it is. There is little to no admittance of side effects, allergies, and contraindications. There is no discussion of the aluminum, fetal cell lines, mercury, animal retroviruses, and polysorbate 80, just to name a few other ingredients. Facts that the Hepatitis vaccine given to day one of newborn babies was studied for only 4 or 5 days before being added to the schedule to be given to millions of babies each year are dismissed because it is now on the approved childhood schedule. The fact that no vaccine has ever been tested and approved on pregnant women is not mentioned either. Facts such as the childhood vaccination schedule has never been studied for safety and effectiveness, but all studies of vaccinated vs unvaccinated show drastically reduced health for those vaccinated. If they are so safe and effective, why do **54% of our children have chronic health conditions** and the US ranks last in infant mortality. Ironically, when they bring up herd immunity, it is the generation that had the measles, mumps, and rubella that are now protecting our population because the vaccine immunity wanes over time and most are expected to not be at a protective level any more.

If you have a question if the vaccine may be worse than what it treats, you are accused of being anti-vaccine. This term is used to debase the argument about having the freedom to choose what is injected in your body. By calling names, and bringing up statistics from before plumbing and nutrition diminished the majority of

illnesses we vaccinate for, they attempt to make anyone not blindly accepting vaccines appear misinformed. That could not be further from the truth! The people that I know that are making these choices, care about their health, know that you **cannot get health through a needle**, and have informed themselves of the risks and benefits. There are also many who believed the propaganda that vaccines were 'safe and effective,' until they or their loved ones were permanently injured. Instead of asking why people are "vaccine hesitant," and trying to coerce compliance, maybe they should take notice of the consequences of vaccine injury and accept that vaccines are not a "one size fits all," **so should NEVER be mandated**.

In regards to injury, they are not mild or rare. The Vaccine Injury Compensation Program has awarded over \$4 billion dollars in funds due to injury (representing a tiny fraction of those that apply, as most cannot afford to fight or miss the window of submitting a claim because of not receiving informed consent). But most people are told incorrectly that any adverse reaction is "normal" and expected, even a "good sign" that it is working. We know that health providers report less than 1% of adverse events to the Vaccine Adverse Events Reporting System (VAERS) so they are not admitting the adverse events or they are not informed themselves enough to identify them. It is this same passive reporting system charged with determining if the vaccines are dangerous or causing too many injuries. This broken system has led to years of injuries before a vaccine is removed from use. A vaccine, once injected, cannot be "stopped" like a medication, so it is even more vital that it be left up to each individual to make their own risk vs benefit decision.

Pharmaceutical companies are not held liable for any injuries or deaths resulting from their use due to heavily lobbied for legislation in 1984. Not coincidentally, the number of vaccines put on the recommended schedule increased drastically after that decision. [Is the Childhood Vaccine Schedule Safe? – NVIC Newsletter](#) If a vaccine is placed on the recommended schedule, manufacturers have guaranteed profit with no liability. A tax on each vaccine goes to a fund to pay out for injuries, but this process takes years and the list of "allowed injuries that can receive pay outs" shrinks all the time. The injured person or parent has to fight against government lawyers and experts to try and prove injury, when the manufacturers have taken shortcuts and not proven safety. Still, the flu vaccine is a large portion of the injuries to VAERS and a significant portion of the payouts, with exchange for lifelong disability. [Adult Vaccines Denied Federal Injury Compensation Coverage – NVIC Newsletter](#)

The health provider, business, nor employer are held liable when the vaccine they mandate causes illness, injury, or death. More and more businesses have been requiring the flu vaccine for employment, and this vaccine is known to be ineffective, increases the risk of getting other respiratory illnesses, and doesn't prevent hospitalization or death. [Influenza Information – NVIC](#) We have a shortage of workers in healthcare, and healthcare is the most likely to mandate vaccinations, despite their not being proof of preventative effect. I myself am very limited in where I can work in healthcare since I have chosen not to get vaccines. I have seen many employees having reactions from the COVID-19 vaccinations. I've heard many

who only got it because they felt pressured to get it by their employer, and it isn't even approved by the FDA, yet!

I understand the common view that "vaccines are safe and effective." In fact, testimony in opposition claims as much, this however is not fact.

Because governmental agencies both sell vaccines and choose which ones to add to the schedule, they are hardly unbiased in their research and recommendations. Health providers are fed this research and told not to question the "science."

Because they are biologics, they are not required to be studied for years and against inert placebos.

Because there is no liability, no one is to blame or helps to cover medical and lifelong living costs due to injury.

Because they are accepted by most health providers as safe, adverse events are excused and injuries go unreported.

Because they are "required", people don't even know that they have a choice and don't know there are exemptions.

We need to ensure we are leaving the decision to vaccinate or not to vaccinate up to the ones who will be left responsible.

We need to give informed consent so that health decisions can be made, not forced.

We need to allow people to make their own risk vs benefit analysis after being informed, not pressured.

Please pass this bill to show your support for protecting our most basic right, the right for health freedom.

Erin McSparron



NDSBA
NORTH DAKOTA SCHOOL
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HB 1352

Testimony of Amy DeKok

House Industry, Business & Labor Committee

January 26, 2021

Chairman LeFor and members of the House Industry, Business & Labor Committee, my name is Amy DeKok. I am in-house Legal Counsel for the North Dakota School Boards Association. NDSBA represents all 178 North Dakota public school districts and their boards. I submit this testimony in firm opposition to HB 1352.

Our schools serve arguably the most vulnerable population of citizens. Parents entrust their children to our schools to protect them and keep them safe from harm, especially preventable harm. If passed, HB 1352 will make it even more difficult for schools to keep kids safe and protected. School immunization requirements play an important role in increasing immunization rates and ensuring environments where children congregate are safe.

North Dakota already has one of the most relaxed school immunization policies in the country. North Dakota allows medical, religious, and moral/philosophical exemptions. Parents simply have to sign a document prior to school entry to claim a religious, moral/philosophical exemption. North Dakota is only one of 15 states that still allows moral/philosophical exemptions; many of the other states that allow philosophical exemptions require a notary signature or education from a healthcare provider prior to claiming such an exemption. Five states only allow medical exemptions and do not offer religious or philosophical exemptions. According to data from the ND Department of Health, North Dakota kindergarten exemption rates have increased most years. This past school year, personal belief (philosophical, religious) exemption rates were 3.91% (395 children). Up from 3.60% the previous year. Since the 2007-2008 school year, a 240 percent increase in exemptions has been reported in North Dakota. HB 1352, if passed, would continue and likely increase this dangerous trend as it would essentially eliminate the vaccinations required for entry to school as set forth in NDCC § 23-07-17.1.

NDSBA is also concerned about the likely unintended consequences HB 1352 would have on the IEP (individual education plan) process required by the Individuals with Disabilities in Education Act (IDEA). That process requires schools to form an IEP team to make necessary and appropriate decisions regarding a student's receipt of special education and related services by the school. It is common for these decisions to involve the provision and use of medical devices or products. Due to the broad definition of "medical product"

in the bill, HB 1352, if passed, may hinder or delay the ability of a student's use of these necessary devices or products in school.

For all of these reasons, NDSBA urges a Do Not Pass recommendation on HB 1352. Thank you.

Good morning.

I would like to officially submit written testimony in favor of House Bill 1352.

I find it alarming that you will be confronted over and over again by the same list of individuals that I have been writing to you about for months now as they are actively involved with every tactic you can think of to sway public opinion.

If you would like to see how your testimony will play out all you need to do is go to the Bismarck City Commissioners meeting on October 26th of 2020 and you can watch the rhetoric that will be brought before you today.

But as Dr. Bob said yesterday while speaking in favor of House Bill 1468 he loses money every time he does not have a family completely vaccinated to the tune of almost 1.5 million dollars a year.

If you think the host of pediatricians that will come parading in front of you in opposition of this bill today legitimately care, I hate to tell you they have already shown their colors to the community, whether it was through active social media attacks like Dr. Kumar, or the multiple letters to the governor regarding masks and vaccines led by Dr. Anderson and Dr. Connell.

Let's not forget Molly Howell standing up after Governor Burgum said "If you don't like the mitigation measures, get in line and get your vaccine." and went on to say how social distancing and masks would still be required.

It's time for these unelected officials to stop interfering with every level of commission meeting all the way to the legislative assembly. I literally could have scripted their testimony yesterday.

Here are some hard numbers for you.

The State Department of Health has a budget shortfall of 32,092,680 due to "COVID-19".

The Governor spent 1.8 million dollars on the Mask Up ND campaign.

The Burleigh-Morton Covid Taskforce paid for all the social media fear campaigns about masks on Bismarck public schools website.

The State wasted 1.25 billion dollars to fight COVID only to kill our economy.

This bill needs to pass. Your constituents are tired of being ruled by unelected officials. I know I am.

Thank you to those who brought this bill forward.

Sincerely Izaak Darkk.

2021 HOUSE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee
Room JW327C, State Capitol

HB 1352
2/2/2021

Liability for medical products.

(3:40) Chairman Lefor called the hearing to order.

Representatives	Attendance
Chairman Lefor	P
Vice Chairman Keiser	P
Rep Hagert	P
Rep Jim Kasper	P
Rep Scott Louser	P
Rep Nehring	P
Rep O'Brien	P
Rep Ostlie	P
Rep Ruby	P
Rep Schauer	P
Rep Stemen	P
Rep Thomas	P
Rep Adams	P
Rep P Anderson	P

Discussion Topics:

- Vaccine preventable diseases
- Vaccine manufacturers negligence

Rep Hoverson's amendment 21.0874.01002. Attachment #4990.

Rep Schauer moved to adopt the amendment 21.0874.01002.

Hagert second.

Voice vote. Motion carried.

Rep Schauer moved a Do Not Pass as amended.

Rep O'Brien second.

Representatives	Vote
Chairman Lefor	Y
Vice Chairman Keiser	Y
Rep Hagert	Y
Rep Jim Kasper	Y
Rep Scott Louser	Y
Rep Nehring	Y
Rep O'Brien	Y
Rep Ostlie	Y
Rep Ruby	N
Rep Schauer	Y
Rep Stemen	Y
Rep Thomas	Y
Rep Adams	Y
Rep P Anderson	Y

Vote roll call taken Motion carried 13-1-0 & Rep P Anderson is the carrier.

(3:46) End time.

Ellen LeTang, Committee Clerk

21.0874.01002
Title.02000

Prepared by the Legislative Council staff for
Representative Hoverson
January 28, 2021


2/2/21

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1352

Page 1, line 9, after the underscored period insert "This section may not be construed to grant a person the right to require use of a medical product."

Re-number accordingly

REPORT OF STANDING COMMITTEE

HB 1352: Industry, Business and Labor Committee (Rep. Lefor, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO NOT PASS** (13 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). HB 1352 was placed on the Sixth order on the calendar.

Page 1, line 9, after the underscored period insert "This section may not be construed to grant a person the right to require use of a medical product."

Renumber accordingly

Sixty-seventh
Legislative Assembly
of North Dakota

HOUSE BILL NO. 1352

Introduced by

Representatives Hoverson, Magrum, Marschall

1 A BILL for an Act to provide for liability for medical products.

2 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

3 **SECTION 1.**

4 **Liability for medical products.**

5 Notwithstanding any other law, a medical product may not be required by a state or local
6 elected official, the state, a political subdivision of the state, or business as a condition of
7 employment, the entry to a business, public building, or space, or the receipt of a service or
8 good unless the manufacturer of the medical product is liable for any death or serious injury
9 caused by the medical product. This section may not be construed to grant a person the right to
10 require use of a medical product. For purposes of this section "medical product" includes a
11 drug, biologic, or medical device.