

2021 HOUSE HUMAN SERVICES

HCR 3007

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HCR 3007
1/19/2021

A concurrent resolution terminating the state of emergency in ND declared by the governor on 3/13/2020 in response to the public health crisis resulting from COVID-19

Chairman Weisz opened the hearing at 10:32 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- State of emergency continuation
- Financial implications

Rep. Rick Becker, District 7 (10:32) introduced the resolution, testified in favor of, and submitted testimony #1594 and #1596.

Rep. Jeff Magrum, District 28 (10:58) testified in favor.

Rep. Bill Devlin, District 23 (10:59) testified in favor.

Alexis Wangler (11:01) testified in favor and submitted testimony #1448.

Travis Zablotney (11:04) testified in favor.

Kolette Kramer (11:07) testified in favor.

Lydia Hoverson (11:12) testified in favor.

Thea Lee (11:12) testified in favor.

Kari Roller (11:18) testified in favor.

Jace Beehler, Chief of Staff Office of the Governor (11:19) testified in opposition and submitted testimony #3406.

Shaun Sipma, Mayor City of Minot (11:39) testified in opposition and submitted testimony #1462.

Howard Klug, Mayor City of Williston (11:49) testified in opposition.

Alan Dohrmann, Director Department Emergency Services (11:54) testified in opposition and submitted testimony #1589.

Nick Archuleta, President ND United (12:05) testified in opposition and submitted testimony #1292.

Aimee Copas, NDCEL (12:07) testified in opposition and submitted testimony #1154.

Kirby Kruger, Section Chief Disease Control and Forensic Pathology Section North Dakota Department of Health (12:10) testified in opposition and submitted testimony #1397.

Beth Slette, Superintendent West Fargo Public School (12:21) testified in opposition and submitted testimony #1263.

Sherry Adams, Executive Officer SWDHU (12:25) testified in opposition and submitted testimony #1316.

Joshua Wynne, Chief Health Strategist/Dean, Vice President for Health Affairs State of North Dakota/UND School of Medicine & Health Sciences (12:26) testified in opposition and submitted testimony #1232.

Additional written testimony: #969, #1311, #1323, #1357, #1376, #1386, #1387, #1417, #1432, #1437, #1442, #1443, #1445, #1467, #1469, #1470, #1472, #1480

Chairman Weisz adjourned at 12:31 p.m.

Tamara Krause, Committee Clerk



North Dakota Legislative Council

Prepared for Representative Becker
LC # 21.9610.01000
January 2021

SUMMARY OF EXECUTIVE ORDERS ISSUED IN RESPONSE TO CORONAVIRUS (COVID-19) PANDEMIC AND THE EFFECT IF THE DECLARED STATE OF EMERGENCY WERE TERMINATED

Executive Order Number	Date Issued	Summary of Executive Order	Effect if Declared State of Emergency was Terminated
<u>No. 2020-03</u>	March 13, 2020	<ul style="list-style-type: none"> Declared state of emergency Activated ND State Emergency Operations Plan Authorized Adjutant General to activate and make available ND National Guard resources. 	<ul style="list-style-type: none"> ND State Emergency Operations Plan would deactivate. Adjutant General would not be authorized to activate and make available ND National Guard resources. All executive orders issued in response to the COVID-19 pandemic would cease to be in effect.
<u>No. 2020-05</u>	March 19, 2020	<ul style="list-style-type: none"> Suspended licensing requirements for hospitals and other health care facilities. Suspended licensure requirements for certain professionals licensed in other states to provide health care and behavioral health services for citizens impacted by COVID-19. 	<ul style="list-style-type: none"> <u>Hospitals and health care facilities would need to adhere to state's licensing requirements.</u> Certain professionals licensed in other states who provide health care and behavioral health services, including telehealth care, to citizens impacted by COVID-19 would need to adhere to state's licensing requirements.
<u>No. 2020-05.1</u>	March 20, 2020	<ul style="list-style-type: none"> Suspended licensure requirements for certain professionals licensed in other states to provide health care and behavioral health care for citizens impacted by COVID-19. The list of covered professionals included those in <u>Executive Order 2020-05</u> and those licensed under North Dakota Century Code (NDCC) Chapter 43-62 (Medical Imaging and Radiation Therapy). Suspended certain statutory and regulatory requirements regarding telehealth services. 	<ul style="list-style-type: none"> <u>Hospitals and health care facilities would need to adhere to state's licensing requirements.</u> Certain professionals licensed in other states who provide health care and behavioral health services, including telehealth care, to citizens impacted by COVID-19 would need to adhere to state's licensing requirements. Certain statutory and regulatory provisions regarding telehealth services would go back into effect, including: <ul style="list-style-type: none"> Telehealth services would include audio-only telehealth services; Insurance carriers would be able to subject telehealth coverage, including virtual check-ins and e-visits for established patients, to deductible, coinsurance, copayment, or other cost sharing provisions; and Insurance carriers could impose specific requirements on the technologies used to deliver telehealth, virtual check-in, and e-visit services.
<u>No. 2020-09</u>	March 21, 2020	<ul style="list-style-type: none"> Allowed pharmacists to administer COVID-19 tests and provide emergency refills for maintenance medications for up to a 30-day supply. Required health care payers, including pharmacy benefits managers, to eliminate 	<ul style="list-style-type: none"> Pharmacists would not be able to administer COVID-19 tests or provide emergency refills, for up to a 30-day supply, for maintenance medications. Health care payers could require proof of delivery for deliveries directly to homes and by mail.

<u>No. 2020-12</u>	March 25, 2020	<p>proof of delivery requirements for deliveries directly to homes and by mail.</p> <ul style="list-style-type: none"> • Suspended certain requirements for workers' compensation to allow first responders, health care workers, and occupations under NDCC Section 65-01-02(11)(b)(1) exposed to COVID-19 in the course of employment to file a claim for workers' compensation coverage. • Suspended certain requirements for workers' compensation to allow first responders, frontline health care workers, and occupations identified under NDCC Section 65-01-02(11)(b)(1) who test positive for COVID-19 and can demonstrate the infection resulted from work-related exposure to be eligible for wage replacement and medical benefits as provided under Title 65 for compensable injuries. 	First responders, frontline health care workers, and occupations under NDCC Section 65-01-02(11)(b)(1) would not be eligible for workers' compensation coverage or benefits related to COVID-19 exposure or infection.
<u>No. 2020-16</u>	March 30, 2020	<ul style="list-style-type: none"> • Suspended requirements that a meeting room be available to the public and a speakerphone or monitor be provided at a physical location under NDCC Section 44-04-19 when members of a governing body are attending a meeting via remote means. • Ordered notices and agendas of meetings subject to open meeting laws in which members of the governing body are appearing via remote means provide a conference call number or an electronic link that provides real-time or live streaming public access. 	Requirements under NDCC Section 44-04-19 that a meeting room be available to the public and a speakerphone or monitor be provided at a physical location would go back into effect, and all-virtual public meetings could not be held.
<u>No. 2020-18</u>	April 1, 2020	Suspended the one-week waiting period under NDCC Section 52-06-01(4) for any individual whose unemployment occurred during the COVID-19 emergency declaration, who filed a claim during or after the week ending March 14, 2020.	The one-week waiting period under NDCC Section 52-06-01(4) for an individual whose unemployment occurred during the COVID-19 emergency declaration would go back into effect.
<u>No. 2020-20</u>	April 3, 2020	<ul style="list-style-type: none"> • Suspended certain requirements under health care and behavioral health licensing statutes to allow certain professionals with inactive or lapsed licenses to return to the workforce to provide resources to the COVID-19 pandemic. • Authorized State Board of Respiratory Care to grant temporary provisional licenses to certain respiratory care therapists or respiratory care practitioners with inactive or lapsed licenses. 	<ul style="list-style-type: none"> • Certain licensure requirements for health care and behavioral health care professionals would go back into effect. • State Board of Respiratory Care would not be able to grant temporary provisional licenses to certain respiratory care therapists or respiratory care practitioners with inactive or lapsed licenses.
<u>No. 2020-17.1</u>	April 7, 2020	<ul style="list-style-type: none"> • Suspended April 1, 2020, expiration of commercial, public, and private pesticide applicator certifications under NDCC Chapter 4.1-33 during pendency of declared state of emergency. • Suspended pesticide applicator certification requirements under NDCC Chapter 4.1-33 and North Dakota Administrative Code (NDAC) Chapter 60-03-01-05.2 for the use of nonrestricted disinfectants during pendency of declared state of emergency. 	<ul style="list-style-type: none"> • Commercial, public, and private pesticide applicator certifications may expire. • Pesticide applicator certification requirements under NDCC Chapter 4.1-33 and NDAC Chapter 60-03-01-05.2 for the use of nonrestricted disinfectants would go back into effect.
<u>No. 2020-25</u>	April 8, 2020	<ul style="list-style-type: none"> • Suspended operation of NDCC Sections 49-22-13 and 49-22.1-10 requiring Public Service Commission to hold public hearings on permit applications in specific locations. 	<ul style="list-style-type: none"> • <u>Public Service Commission would be required to hold public hearings</u> on permit applications in specific locations under NDCC Sections 49-22-13 and 49-22.1-10.

		<ul style="list-style-type: none"> Suspended operation of NDCC Section 15-04-10 requiring Commissioner of University and School Lands to hold public auctions for public land leasing in the county seat. 	<ul style="list-style-type: none"> Commissioner of University and Schools <u>Lands would be required to hold public auctions for public land leasing in the county seat under NDCC Section 15-04-10.</u>
<u>No. 2020-26</u>	April 8, 2020	Suspended NDCC Section 54-44-04.6(3) as it pertains to the donation or transfer of surplus property that is directly related to the COVID-19 response, limited to medical supplies or personal protective equipment being transferred to State Department of Health or other state agency, political subdivision, or eligible charitable organization.	Surplus property, including medical supplies or personal protective equipment being transferred to State Department of Health or another state agency, political subdivision, or eligible charitable organization, would be required to be transferred at fair market value under NDCC Section 54-44-04.6(3).
<u>No. 2020-21.1</u>	April 10, 2020	<ul style="list-style-type: none"> Ordered individuals who test positive for COVID-19 and all household members residing with the infected individual to self-isolate as directed by order of the State Health Officer. Ordered only family and household members, health care workers, and others performing services in support of elderly, disabled, and vulnerable populations to be permitted in the place of residence during the self-quarantine period. Ordered individuals under a self-isolation or self-quarantine order to leave their place of residence only with prior approval or at the direction of the State Department of Health. 	Individuals who test positive for COVID-19 and all household members residing with the infected individual would not need to self-isolate, and any individual would be permitted in the place of residence during the self-quarantine period. ¹
<u>No. 2020-12.1</u>	April 16, 2020	Ordered eligibility for workers' compensation benefits provided in <u>Executive Order 2020-12</u> be extended to funeral directors and other individuals employed in funeral homes, provided that any funeral director or employee who tests positive for COVID-19 demonstrate the virus resulted from exposure to a deceased individual who tested positive for COVID-19.	Workers' compensation benefits related to COVID-19 exposure and infection would not be extended to funeral directors and other individuals employed in funeral homes.
<u>No. 2020-29</u>	April 17, 2020	<ul style="list-style-type: none"> Suspended NDCC Chapters 50-06.2, 50-11, 50-24.1, 50-24.4, 50-24.5, and 50-29 and related sections of the NDAC, necessary for the operation of the Medicaid state plan disaster amendments, Appendix K, and the provisions of the 1135 Waiver issued by the Centers for Medicare and Medicaid Services (CMS). Stated the executive director of the Department of Human Services will establish specific requirements, limitations, or parameters and file state plan amendments, Appendix K, and an 1135 Waiver with CMS to carry out the executive order. 	NDCC Chapters 50-06.2, 50-11, 50-24.1, 50-24.4, 50-24.5, and 50-29 and related sections of the NDAC would go back into effect.
<u>No. 2020-14.1</u>	April 21, 2020	<ul style="list-style-type: none"> Suspended operation of NDCC Chapter 23-07.6, subject to certain exceptions. Authorized State Health Officer to issue orders relating to disease control measures deemed necessary to prevent the spread of COVID-19 pursuant to NDCC Section 23-01-05(12) and consistent with due process. 	<u>All provisions of NDCC Chapter 23-07.6 would go back into effect. Chapter 23-07.6 authorizes the state health officer and local health officers to issue confinement orders for individuals who pose a substantial threat to the public health and provides a hearing process for individuals who are confined.</u>
<u>No. 2020-31</u>	May 8, 2020	<ul style="list-style-type: none"> Suspended operation of Department of Environmental Quality's rules in NDAC Title 33.1 requiring department to hold public 	Department of Environmental Quality would be required to hold public hearing on proposed permits in specific locations

¹ State Health Officer Orders pertaining to isolation and quarantine may still apply.

<u>No. 2020-06.7</u>	May 22, 2020	<p>hearings on proposed permits in specific locations.</p> <ul style="list-style-type: none"> • Permitted department to conduct a public hearing by remote means if certain requirements met. • Permitted state employees who have been teleworking since March 20, 2020, to continue teleworking or return to work at state facilities beginning June 1, 2020, subject to ND Smart Restart state facility protocols. • Permitted Capitol and other state facilities to be accessible to the public effective June 1, 2020, subject to ND Smart Restart state facility protocols. Any individual entering the Capitol or other state facility will be subject to a wellness screening. 	<ul style="list-style-type: none"> • ND Smart Restart state facility protocols would no longer be in place. • <u>Individuals entering the Capitol or other state facility would no longer be subject to a wellness screening.</u>
<u>No. 2020-22.1</u>	June 5, 2020	<ul style="list-style-type: none"> • Authorized visitation in skilled nursing and basic care facilities to resume under a phased approach, based on ND Smart Restart: Vulnerable Population Protection Plan (ND Smart Restart: VP3). The phased approach in the ND Smart Restart: VP3 applies to all long-term care facilities in North Dakota, including assisted living facilities. • Removed restrictions on nonessential personnel and volunteer staff serving long-term care facilities based on phased approach outlined in ND Smart Restart: VP3. 	<p>Visitation in North Dakota long-term care facilities would resume with no restrictions in place.</p> <p>However, LTC facilities may continue to place restrictions as they see fit.</p>
<u>No. 2020-37</u>	July 1, 2020	Suspended operation of NDCC Section 10-15-17(2) requiring cooperatives to hold an annual meeting within 6 months after the close of the fiscal year.	Cooperatives would be required to hold annual meeting within 6 months after the close of the fiscal year.
<u>No. 2020-38</u>	July 15, 2020	<ul style="list-style-type: none"> • Permitted Superintendent of Public Instruction to allow school districts to offer distance learning during 2020-2021 school year, based on a distance learning plan consistent with ND K-12 Smart Restart Plan. • Permitted school districts that meet requirements for distance learning plans to consider distance learning students as enrolled to calculate average daily membership for foundation aid payments under NDCC Chapter 15.1-27. • Required Superintendent of Public Instruction to report evaluation results to school administrators and the Governor. • Permitted school districts to revise distance learning plans at any time, subject to board approval, and required plan modifications to be filed with Superintendent of Public Instruction within 10 days of board approval. 	<ul style="list-style-type: none"> • <u>Distance learning would not specifically be permitted.</u> • <u>Distance learning students would not specifically be counted for foundation aid payments.</u> <p>Not "specifically", however, Century Code does not require in-person attendance, nor prohibit remote learning. In other words, the E.O allowed what was already allowed.</p>
<u>No. 2020-12.2</u>	July 28, 2020	Ordered eligibility for workers' compensation benefits provided under <u>Executive Order 2020-12.1</u> be extended to individuals employed by the Life Skills and Transition Center or a provider of treatment, care, programs, or services to individuals with intellectual or developmental disabilities, licensed under NDCC Chapter 25-16 or NDAC Article 75-04.	Workers' compensation benefits related to COVID-19 exposure and infection would not be extended to individuals employed by the Life Skills and Transition Center or a provider of treatment, care, programs, or services to individuals with intellectual or developmental disabilities, licensed under NDCC Chapter 25-16 or NDAC Article 75-04.
<u>No. 2020-20.1</u>	July 28, 2020	Extended temporary suspension of in-person continuing education requirements for	In-person continuing education requirements for licensing renewals of health care

		licensing renewals of health care personnel, to include nursing home administrators licensed under NDCC Chapter 43-34.	personnel, including nursing home administrators licensed under NDCC Chapter 43-34, would go back into effect.
<u>No. 2020-40</u>	September 3, 2020	Suspended "patient-based" requirement for clinical competency examinations for applicants seeking initial dentist licensure from North Dakota Board of Dental Examiners, pursuant to NDAC Section 20-02-01-03.1(2).	"Patient-based" requirement for clinical competency examinations for applicants seeking initial dentist licensure from North Dakota Board of Dental Examiners, pursuant to NDAC Section 20-02-01-03.1(2), would go back into effect.
<u>No. 2020-42</u>	September 3, 2020	Suspended "ten consecutive days" limitation under NDAC Section 67.1-02-04-02, to allow interim licensed substitute teacher to remain in a classroom without limitation, where a shortage of regularly licensed substitute teachers exist.	"Ten consecutive days" limitation under NDAC Section 67.1-02-04-02 would go back into effect.
<u>No. 2020-43-2</u>	December 9, 2020	<ul style="list-style-type: none"> Extended duration of the regulations for banquets, ballrooms, and event venues outlined in <u>Executive Order 2020-43</u> until 8:00 a.m. on January 8, 2021. Extended duration of the regulations for bars, restaurants, and food service establishments outlined in <u>Executive Order 2020-43</u> until 8:00 a.m. on January 8, 2021. Required dance areas in bars, restaurants, and food service establishments to close until 8:00 a.m. on January 8, 2021. 	<ul style="list-style-type: none"> Regulations for banquets, ballrooms, and event venues (including occupancy limits, prohibition on "stand-up" service, closed dance areas, physically distant seating arrangements, and required signage) would no longer be in effect Regulations for bars, restaurants, and food service establishments (including occupancy limits, prohibition on "stand-up" service, closed dance areas, limitations on operating hours, physically distant seating arrangements, and required signage) would no longer be in effect
<u>No. 2020-45</u>	December 18, 2020	<ul style="list-style-type: none"> Suspended the minimum motor vehicle sales requirement under NDCC Section 39-22-18 for the 2021 renewal period. Required Department of Transportation to renew new and used automobile dealership licenses regardless of the number of retail sales completed. 	Automobile dealerships would be required to meet the minimum sales requirement (eight vehicles) to have their dealer license renewed under NDCC Section 39-22-18 for the 2021 renewal period.
<u>No. 2020-08.3</u>	December 31, 2020	Suspended the charging provisions of NDCC Section 52-04-07 for employers making contributions on a tax-rated basis, when benefits are paid to an individual whose unemployment is directly or indirectly related to COVID-19, effective January 3, 2021.	Charging provisions under NDCC Section 52-04-07 would go back into effect.
<u>No. 2020-43.4</u>	January 8, 2021	<p>Reiterated regulations for banquets, ballrooms, event venues, bars, restaurants, and food service establishments outlined in <u>Executive Order 2020-43.3</u>, but:</p> <ul style="list-style-type: none"> Increased occupancy of banquet, ballroom, and event venues from 25% to 50%; Increased occupancy of bars, restaurants, and food service establishments from 50% of the licensed seating capacity to 65%, not to exceed a maximum of 200 patrons; and Extended the other requirements until 8:00 a.m. on January 29, 2021. 	<ul style="list-style-type: none"> Regulations for banquets, ballrooms, and event venues (including occupancy limits, prohibition on "stand-up" service, closed dance areas, physically distant seating arrangements, and required signage) would no longer be in effect Regulations for bars, restaurants, and food service establishments (including occupancy limits, prohibition on "stand-up" service, closed dance areas, limitations on operating hours, physically distant seating arrangements, and required signage) would no longer be in effect



North Dakota Legislative Council

Prepared for Representative Becker
LC# 21.9424.01000
October 2020

RECONVENED SESSION TO TERMINATE A STATE OF DISASTER OR EMERGENCY

INTRODUCTION

This memorandum addresses questions regarding considerations for a reconvened legislative session to terminate a state of disaster or emergency declared by a governor.

What is required to convene a special session? What is necessary to require action from one or both chambers to address the question of holding a special session should leadership of one or both resist?

Section 7 of Article IV of the Constitution of North Dakota imposes a cap of 80 natural days on the regular session of the Legislative Assembly during the biennium. A special session of the Legislative Assembly may be called only by the governor pursuant to Section 7 of Article V of the Constitution of North Dakota. Days spent in a special session convened at the call of the governor do not count toward the 80 natural day limit.

Although the Legislative Assembly may not call itself into special session, the Legislative Management may reconvene the Legislative Assembly following the close of business of the regular session. North Dakota Century Code Section 54-03-02 permits the Legislative Assembly to reconvene "as determined by the legislative management" for the number of remaining natural days that have not been used by that Legislative Assembly in regular session.

There is no provision in the constitution, Century Code, or legislative rules requiring the Legislative Management to reconvene the Legislative Assembly.

What is the shortest duration in which a concurrent resolution to end the state of emergency may be passed? Can it be done in one day?

Under Section 37-17.1-05, the Legislative Assembly may terminate a state of disaster or emergency declared by the governor by passing a concurrent resolution at any time. In past sessions, the Legislative Assembly has used a "zip" process whereby one house suspends its rules, reads a resolution or its title twice in a single floor session, passes the resolution, and messages it immediately to the other house where the same process is followed. The "zip" process could be accomplished in one day.

There are some legal issues to be considered before using the "zip" process. Section 13 of Article IV of the Constitution of North Dakota states each "bill" must be read on two separate natural days. Although there may be some question regarding whether the 2-day requirement applies to resolutions, Article IV makes a distinction between bills and resolutions and does not extend the 2-day requirement to resolutions. Legislative rules support the conclusion the constitutional 2-day rule does not apply to resolutions, although the rules impose a distinct 2-day requirement on some resolutions. Senate Rule 325 and House Rule 325 require the respective houses to read "every resolution proposing a change in the Constitution of North Dakota, or ratifying an amendment to the Constitution of the United States" to be read 2 separate times on 2 separate days but do not address other types of resolutions. Senate Rule 326 and House Rule 326 require other resolutions to be read once and referred to a committee unless otherwise ordered by a vote of the respective house. All these legislative rules indicate a resolution to terminate a declared state of emergency or disaster does not need to be read twice on 2 separate days.

The legislative rules requiring resolutions to be referred to committees also must be considered before the "zip" process can be used. Senate Rule 328 and House Rule 328 require each concurrent resolution to be referred to a committee upon the first reading of the resolution. Senate Rule 327 and House Rule 327 authorize the respective chambers to forego the referral to committee for certain resolutions during sessions called by the governor but not for reconvened sessions initiated by the Legislative Management. The houses would have to suspend Senate Rules 326 and 328 and House Rules 326 and 328 requiring referrals of a concurrent resolution

to committees if the "zip" process is to be used. Senate Rule 318 and House Rule 318 each require a vote of the majority of the members present to suspend rules.

What are the financial implications of ending the state of emergency in November or December, especially in regard to federal funding, such as Coronavirus Aid, Relief, and Economic Security (CARES) Act funding?

The Legislative Council is not aware of any federal funding that would end if the declaration of the Coronavirus (COVID-19) emergency is discontinued. A few federal funding programs will end when the federal emergency is terminated, but the funding programs are not tied to a state-declared emergency.

What are the practical logistics that must be addressed, especially in light of COVID-19 precautions and current structural modifications in the Capitol? Does having the special session during the Legislative Management meeting in November mitigate some concerns? Does having the special session during the organizational session in December mitigate some concerns or create others?

The Legislative Procedure and Arrangements Committee discussed potential changes to legislative operations for the 2021 legislative session due to the COVID-19 pandemic. The committee adopted a motion to recommend a set of legislative rule amendments permitting remote participation by legislators and the public in the session. To address COVID-19 precautions, both houses may wish to adopt the amendments for a reconvened session. Legislative leadership may wish to develop a system for voting or debate which would limit the number of individuals in the chamber at one time.

A reconvened session would require the hiring of temporary legislative employees. Even if legislative rules requiring committee hearings for resolutions were to be suspended for the reconvened session, legislative employees would need to be hired to staff the floor sessions, and printing services would need to be arranged.

The composition of the Legislative Assembly will change between the Legislative Management meeting and the organizational session. Under Section 7 of Article IV of the Constitution of North Dakota, legislators' terms of office "begin on the first day of December following their election." The newly elected legislators will be in office during the organizational session.

What must be included in a resolution to prevent the governor from reinstating a state of emergency for the same reason or emergency?

Century Code does not contain any provision prohibiting the governor from declaring a state of emergency or disaster immediately after the Legislative Assembly terminates a previous declaration for the same or similar set of circumstances. Under Section 37-17.1-05, the governor is required to declare a disaster or emergency "if the governor determines a disaster has occurred or a state of emergency exists." The governor could argue a state of emergency still exists after the Legislative Assembly terminates a previous declaration thereby requiring him to issue a new declaration.

To prohibit the governor from issuing a new declaration immediately after the Legislative Assembly acts, Century Code would have to be amended. Pursuant to Section 13 of Article IV of the Constitution of North Dakota, a bill would be required for the amendment. Unlike some resolutions, a bill would have to be read two times on two separate days under Section 13 of Article IV, and referred to a committee by each house under Senate Rule 328 and House Rule 328. To suspend Senate Rule 328 and House Rule 328 and allow a vote on the bill without referrals to committees, each house would have to suspend the rules by unanimous consent, pursuant to Senate Rules 318 and 324 and House Rules 318 and 324.

There are multiple ways a bill could accomplish the objective of prohibiting the governor from reinstating a disaster or emergency after the Legislative Assembly terminates it. One option is to amend Section 37-17.1-05(3) to read "The governor may not declare a disaster or emergency for an event or circumstances giving rise to a declaration of disaster or emergency terminated by the Legislative Assembly." Several other states have statutes providing time limits, such as 30 days, on declarations of emergency or disaster unless extensions are approved by their legislatures. Some of these statutes also require the governor to call the legislature into session to consider the extensions. A bill limiting the governor's authority to declare a state of emergency or disaster in North Dakota would be subject to a veto by the governor, and a veto override would require a vote of two-thirds of the members elected to each house.

4 conclusively prevented

Some state legislatures have tried to terminate their governors' declarations of emergency related to COVID-19. Resolutions to that effect failed in California, Minnesota, and Missouri. A concurrent resolution terminating the emergency in Pennsylvania was vetoed. Similar measures are pending in Kentucky and Louisiana. The Michigan Supreme Court recently ruled the statutory emergency powers of the governor are an unconstitutional delegation of legislative authority and a violation of separation of powers.

Does such a resolution require a simple majority, is it effective immediately, and is it subject to veto by the governor?

Under Section 37-17.1-05(3), the "Legislative Assembly by concurrent resolution may terminate a state of disaster or emergency at any time." The vote requirements for legislative actions are found in the legislative rules, specifically Senate Rule 318 and House Rule 318. Neither rule specifically addresses the vote requirement for resolutions other than resolutions proposing amendments to the Constitution of North Dakota or ratifying amendments to the Constitution of the United States. As a result, under Senate Rule 318(m) and House Rule 318(m), the resolution would have to be passed by a majority vote of the members present.

Under Section 13 of Article IV of the Constitution of North Dakota, laws enacted during a special session take effect on the date specified in the Act. However, the reconvened session would not be considered a special session under the constitution. Additionally, the resolution likely does not constitute a "law" under Article IV. Resolutions generally do not include effective dates. However, to ensure the termination of the governor's declaration would take effect immediately after passage of the resolution by both houses or upon filing of the resolution with the Secretary of State, the resolution could include specific language to that effect.

The governor does not have authority to veto resolutions. Under Section 9 of Article V of the Constitution of North Dakota, the governor's veto authority is limited to bills. Resolutions are not sent to the governor's desk for signature but are sent directly to the Secretary of State for filing.

HOUSE HUMAN SERVICES
ROBIN WEISZ, CHAIRMAN JANUARY 19, 2021

TESTIMONY BY
ALEXIS WANGLER
RE: HOUSE BILL NO. 1299

Mr. Chairman and members of the House Human Services, my name is Alexis Wangler. This is my written testimony in regard to House Concurrent Resolution No. 3007.

I am strongly in favor of this resolution. The definition of emergency as defined by Merriam-Webster is “an unforeseen combination of circumstances or the resulting state that calls for immediate action” or “an urgent need for assistance or relief.” As I’m sure you are all well aware, North Dakota has been in a state of emergency since March 13th, 2020. That is 312 days. 312 days is not emergent.

The goal of the state of emergency was to lower the curve. We didn’t want to overrun our hospitals and clinics. That has been accomplished. Months ago, North Dakota Lt. Governor Sanford said that only about 10-20% of patients in hospitals and clinics were Covid patients.

According to Toby Rogers, a world economist, even 1% unemployment rate increased deaths by 36,000. In November of 2020, North Dakota’s unemployment rate was 4.1%. This was 2.1 percentage points higher than November 2019. People are suffering. Deaths of despair have gone through the roof. People have been taking their own lives now more than ever before. Overdoses have increased. Domestic violence has increased. Livelihoods are suffering. In just Fargo alone, 30 establishments went out of business this year. These establishments were restaurants, breweries, hotels, and childcare centers. What are parents going to do when they don’t have access to childcare which is already hard to come by? These are major issues that do not have to occur anymore.

We have already reached herd immunity. According to Dr. Harvey Risch, “The CDC has said for all the cases that have been registered, identified, there’s approximately six-fold more people in the population who have actually been infected and most of them are asymptomatic. This means for states like North Dakota and South Dakota, which have 100 to 115,000 cases per million already registered, they are approaching herd immunity.” In addition, there is evidence that we all have something called cross-reactive T cell immunity. Basically, since the virus strain is similar to those we have already been exposed to, we are already partly immune to this new strain.

Thank you for your time and consideration of this resolution.

HCR 3007 | House Human Services Committee**Tuesday, January 19, 2021 | 10:30am**

Testimony of Jace Beehler

Chief of Staff, Governor Burgum

Chairman Weisz and members of the House Human Services Committee, my name is Jace Beehler. I serve as the chief of staff for Governor Burgum and Lt. Governor Sanford. I stand today in opposition to House Concurrent Resolution 3007.

Today, North Dakota, the United States and the globe remain in states of emergency due to the pandemic. While great progress has been made in North Dakota, the virus has not yet subsided and continues to flare across the United States. With cases in the US now over 24 million and deaths over 400,000 the need for flexibility and nimbleness remain critical to the statewide emergency response.

I stand today not to debate the merits of individual decisions and/or orders, but to ask for your consideration as leaders in the state of North Dakota. As we make progress towards decreased positivity, a more stable hospitalization rate and reduced active cases, now is not the time to take our foot off the pedal.

While a new administration takes office this week in Washington, we know there will be federal resources coming to the state. While we have been able to manage these resources in an efficient manner, the new administration may have other requirements and/or regulations that are connected with the state emergency declaration we discuss today.

As has been the case throughout the pandemic, this emergency declaration provides us the ability and flexibility to meet the needs of all associations and industries as they adapt to the challenges provided by this pandemic. We have utilized the emergency to manage the situation administratively to the best of our ability and need this tool to maintain our response.

The message to North Dakotans from this committee and this the body should be to remain vigilant. While we've administered over 60,000 doses of the vaccine, we have about 120,000 North Dakotans age 65 and over, so we need to continue to reduce transmissible moments and protect our most vulnerable population until more can be vaccinated. To do this we need the emergency declaration to maintain our cross agency and cross state collaboration.

Today I urge a DO NOT PASS on HCR 3007. Just as our neighbors in South Dakota, Minnesota and Montana, let us maintain our emergency to send the correct message to our citizens and enable our state to respond in the most effective possible way. We long for the day when we can safely remove our masks, have dinner with large groups of friends and family and get back to normal. We are close but not yet there.

With that, Mr. Chairman, I am happy to stand for any questions you may have.

House Human Service
Chairman - Representative Robin Weisz
January 20, 2021

Testimony

By: Shaun Sipma
Mayor, City of Minot
shaun.sipma@minotnd.org
701.721.6839

HCR 3007

Good morning Chairman Weisz and members of the House Human Service Committee, my name is Shaun Sipma, Mayor of the City of Minot. I am here today to speak in opposition to of House Concurrent Resolution 3007 terminating the state of emergency in North Dakota.

The current state of emergency is vital for accessibility to Federal Disaster funds as it become available for the continued fight against COVID-19. Funds to this point that have been utilized not only by the state, but but also by cities, counties and municipalities around North Dakota.

Currently Minot' own firefighters are conducting drive-through Binax testing that allows residents, not just from Minot, but also from neighboring communities, to drive up, take a test, and get results in 15 minutes. 75% of those costs are reimbursable by FEMA because of the disaster declaration. For the first two weeks of testing 766 voluntarily showed up to take the test. 63 people tested positive which is an 8% positivity rate. For contrast, Ward County was identified in late November / early December as the most infectious county in the country. Our hospital was on the brink of capacity, our morgues were at capacity and at times beyond capacity.

Our current numbers show that we have made substantial ground in greatly reducing the community spread, but it's still present. Vaccinations are underway for medical professionals, first responders, and long-term care facilities. Progress is being made but the most vulnerable population, Tier B1, 65 and older, isn't far enough along yet. Simply put we haven't turned the corner far enough yet to say that the emergency is over.

I'm not a medical expert, so I'm not going to attempt to get into the issue of new strains or infectious numbers from around the country. I do however listen to my local health officials. They are the medical professionals on our front line. They are optimistic about our current local trends, but they continue to tell me this fight isn't over yet.

We are currently working with our Health District in planning a larger scale vaccination clinic to accommodate the large number of people wanting their vaccine, both those getting their first shot and those coming in for the booster. Because people have to be socially distanced and monitored for 15 minutes after the receive the shot, extra space and personnel are needed. There is cost associated with all of that. If emergency funds aren't available because the declaration has been repealed, that pushes those costs either to the state or local governments.

I am all too aware of the polarized issue that surrounds COVID and the effects of the emergency declaration. Local leaders from around the state have been working this since March 2020 through today. I can tell you we are tired. But not nearly as tired as the medical professionals who have been our heroes and continue to work diligently not only to treat COVID patients but

all other medical needs in every aspect of communities. Yet they continue their fight and they are resolved to continue.

I would ask you to consider the implications and the cost if it is all put back on local health units and local communities. If emergency funds aren't available for testing, those local efforts dry up with the funding.

Without a doubt everyone wants to get life back to normal. Life after COVID. Repealing the emergency declaration now would be a mistake. I urge a "do not pass" recommendation. Thank you for your time and consideration.

TESIMONY OF
ALAN S. DOHRMANN
DIRECTOR, DEPARTMENT OF EMGERENCY SERVICES
BEFORE THE 67TH LEGISLATIVE ASSEMBLY
HOUSE HUMAN SERVICES COMMITTEE
HCR 3007
JANUARY 19, 2021

Chairman Weisz and members of the House Human Services Committee, my name is Al Dohrmann. I am the Director of the Department of Emergency Services for the state of North Dakota. As the officer charged with executing emergency responses under Chapter 37-17.1, I rise to discuss the impact of HCR 3007 on our current response operations.

I have two concerns with HCR 3007. First, it brings ambiguity into my responsibilities as the Director of Emergency Services to execute our State Emergency Operations Plan, and possibly, local emergency operation plans. Second, it sends the message that "all is well" at a time when we are still experiencing almost daily hospitalizations and deaths due to COVID.

Chapter 37-17.1-05 provides that "[a]n executive order or proclamation of a state of disaster or emergency shall activate the state and local operational plans applicable to the political subdivision or area in question and be **authority for the deployment and use of any forces to which the plan or plans apply and for use or distribution of any supplies**, equipment, and materials and facilities assembled, stockpiled, or arranged to be made available pursuant to this chapter or any other provision of law relating to a disaster or emergency." [Emphasis added]. Only an "executive order or proclamation" activate the plan and provide the state authority to respond to a "disaster or emergency".

Since there is a nation-wide Presidential Emergency Declaration, under current federal policy, we will still have access to federal resources if the emergency is lifted. However, without an emergency declaration, federal funds/resources are of limited value without clear state authority to deploy personnel, like temporary Department of Health nurses and National Guard personnel, execute testing, distribute life-saving therapeutics and vaccinate our populations. These concerns need to be addressed. Without clear authority for our state response, we put at risk our most vulnerable and threaten our hospital capacity. Even for the less vulnerable, I'd submit that less sick people is a good thing for our society and our economy.

My second concern is the message we send to our population and our public health first responders. I have witnessed first-hand the emotion of mask mandates, limitations on social gatherings, and closures. I have also witnessed first-hand the long hours and dedication that our medical and public health enterprise has put into saving lives during this world-wide pandemic. In many cases, they have felt over-worked and under-appreciated. They may feel their voices are not being heard at a time when their voices add great value to the conversation. I fear that passing HCR 3007 and ending this

emergency months before there is herd immunity sends a powerful, yet negative message to those that have worked so hard to keep us safe during this crisis.

I fear it also sends a powerful message to the public that it is not that bad and you can go back to normal life. This may be true for some, but the fact remains that people are dying sooner than expected because of COVID. The fact remains that some so-called "less-vulnerable" individuals have a bad result from COVID, and those that don't still pose a risk to more vulnerable. The fact remains that there is testing fatigue, not full cooperation with contact tracers and vaccine hesitancy. I fear that passing HCR 3007 could further reduce public support for our mitigation strategies and, therefore, put more lives at risk at a time that, as a state, we are winning our fight against COVID. Winning, but not victorious. When you have your competitor on the run, it is time stay on offense and exploit the momentum, not stop and play defense.

The Department of Emergency Services' job is to execute emergency responses under state and federal law. We rely on all available resources, under the law, to save lives and protect property. With that said, we always appreciate the support of our elected leaders and the best available tools to get the job done. I rise today as Director of the Department of Emergency Services to urge a do not pass on HCR 3007. The declared public health emergency continues to exist. Our efforts to continue testing and vaccination efforts require the resources and authority available under the state of emergency.

I would be pleased to stand for any questions.

*Great Public Schools**Great Public Service*

Testimony HCR 3007
House Human Services Committee
January 19, 2021

Chairman Weisz and members of the Committee, for the record my name is Nick Archuleta, and I am the president of North Dakota United. My organization represents 11,500 public employees, including K-12 teachers. I rise today to oppose HCR 3007 and to urge a DO NOT PASS recommendation.

Members of the Committee, HCR 3007, if passed, would end the state of emergency declared by Governor Burgum on March 13, 2020. It would do so prematurely and have negative consequences for a broad swath of North Dakotans including students in North Dakota's public schools.

Mr. Chairman, I want to touch on the unintended consequences that would be triggered should HCR 3007 pass. The first is that in addition to terminating the Emergency Declaration, HCR 3007 would also nullify necessary executive orders that are still in place. For example, EO 2020-38 makes it possible for students to earn course credit for instruction conducted via distance learning protocols. Without the Emergency Declaration, that EO is nullified and that would pull the rug from beneath many students who have chosen the distance learning option in continuance of their education.

Executive Order 2020-42 makes it possible for substitute teachers to sub for longer than ten consecutive days in the same classroom. This has provided flexibility and comfort to school districts across the state as they struggled to staff classrooms throughout the pandemic. It has also provided stability to students as they further their learning.

Finally, Mr. Chairman and members of the Committee, if enacted, HCR 3007 would not only terminate Governor Burgum's Emergency Declaration, but in so doing, would have a detrimental effect on the amount of federal aid our state, our communities and our schools could receive if the declaration was ongoing.

For these reasons, Mr. Chairman, and members of the Committee, I urge a DO NOT PASS recommendation for HCR 3007. I am happy to stand for any questions.



1 HCR 3007 – Terminating State of Emergency

2 NDCEL Testimony in opposition

3 Good morning Chairman Weisz and members of the House Human Services Committee. My
4 name is Dr. Aimee Copas. I serve as the executive director for the North Dakota Council of
5 Educational Leaders. NDCEL serves all of our school leaders in North Dakota including our
6 Superintendents, Principals, all directors (most all leaders with the exception of school boards and
7 teachers).

8 Since March 15, 2020, schools have been asked to perform behemoth tasks. Much like other
9 essential sectors of our society – things haven't been the same since that time. While they are
10 slowing beginning see a light at the end of the tunnel to have a semblance of returning to "normal"
11 we aren't there yet. Please allow me to elaborate. By March 17th, districts were already beginning
12 to respond and were seeing a very real emergency before them and before even required by any
13 action of the governor, began to strategize how we might be able to assure education for our
14 children would continue if we couldn't get them back into our buildings. This effort was costly
15 emotionally, physically, and monetarily, but worth it. Schools have learned and adapted inside of
16 weeks and months to do things that would've taken a decade to amend to under other
17 circumstances. Teachers have been heroic. Administrators have been heroic. I don't know a
18 school administrator in this state that worked less than 80 hours per week through the school year
19 and much of this year. Many of our teacher can say the same thing. I've personally witnessed
20 teaching get better, people adapt, people improve, and our student's outcomes are improving.

21 Many states, unfortunately, weren't as lucky as North Dakota. In some sectors of our great country,
22 education ground to an absolute stop and even a remote learning environment was not an option.
23 For those students, I am truly sad as it will be very difficult to bring them back up to speed.
24 However, here, we are seeing the learning happen. Our interim assessment scores are on the
25 rebound and our kids are catching back up. As we continue to walk toward face to face learning
26 again with our students, it will continue to speed the rate of positive change.



1 Throughout this pandemic, NDCEL has focused on how to make lemonades out of the lemons
2 we've been handed as school leaders. However, this bill could take all of those efforts and grind
3 them to a stop. We still have families opting for remote learning, and schools that are working to
4 integrate a blended learning model back into a full face to face model. These students are very
5 connected in most instances with their teachers. These teachers are going above and beyond daily,
6 as are administrators to keep these kids learning. The passage of this bill would end that. With
7 the passage, the funding for those students in a remote learning environment would end. We have
8 a group of teachers working remotely in the South East partnership to help elementary age children
9 who must be home due to underlying conditions of a family member or themselves. That
10 consortium is also keeping teachers with those same struggles employed and those kids are doing
11 well. In most schools we have at least some students and/or staff that are in quarantine and the
12 remote learning options are keeping our schools operational and kids in a learning environment.

13 We must still have the executive order in place through this session and school year so that our
14 schools can continue to operate and to honor and respect those families who need to remain in a
15 remote capacity for additional time. Without the order, funding for the students who are not
16 physically in our building would end. Their continued opportunity for success this year could be
17 greatly impeded.

18 There are bills being heard during session that could potentially allow a district to have some
19 instructional modality options when working with local school boards, but those bills don't impact
20 the here and now. Right now, we must continue to educate our students. The passage of this bill
21 would prevent that.

22 We humbly ask for this committee to continue to do what you've so wonderfully done for years –
23 support North Dakota schools and North Dakota kids by giving this bill a do not pass
24 recommendation. Thank you for your time.

Good morning, Chairman Weisz and members of the House Human Services 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 (NDDoH). I am here to provide testimony in opposition to HCR 3007 pertaining to ending the state of emergency for the COVID-19 Response.

This is third time a newly recognized coronavirus that causes human disease has emerged in our world since 2002. The first being SARS in 2002 and the second being MERS in 2012. The third being the SARS-CoV-2 virus, the virus that causes COVID-19, that emerged in southeast Asia late in 2019. China announced the initial cluster of cases on January 31, 2020. On January 19, 2020, Washington State announced the United States' first reported case. On March 11, the North Dakota Department of Health received our first report of COVID-19 in a person with recent domestic travel.

Since that first case in March of 2020, nearly 100,000 cases have been reported in our state with over 3,700 hospitalizations and 1,384 deaths. Our peak in cases occurred on November 13 with 2,278 cases being reported on that single day. Daily cases have decreased from our peak, as has our test positivity rate, which was 3.6% on January 18, 2021. These statistics need to be interpreted within the context of declining testing in our state. Even with the declining cases and the declining positivity, the NDDoH remains vigilant, cautious and concerned about removing the declared emergency too soon. These concerns focus mainly on unpredictable nature of this virus and this pandemic.

The ability for this virus to mutate has been demonstrated and there are at least three mutations of concern. These variants are more infectious, facilitating increased transmission. These variants have not been shown to cause more severe disease, however, the increase in cases can lead to increased deaths and hospitalizations. There is evidence emerging that monoclonal antibody therapy with these new variants may not be effective.

Also of concern is the fact that North Dakota is in the middle of influenza season. Fortunately, reported cases of influenza have been low. However, influenza seasons remains unpredictable and a late season that peaks in February or March can occur. Influenza, like COVID, also has the ability to stretch the capacity of our health care system. If COVID-19 cases were to increase as influenza increases, this could quickly overwhelm our health care systems.

Key to our response has been and will continue to be the ability to test large numbers of people in North Dakota and to conduct cases investigations and contact tracing in a timely manner. This was made possible with increased staffing, increased laboratory capacity, and assistance from the North Dakota National Guard.

No single mitigation is one hundred percent effective. However the more mitigation strategies implemented the more we can reduce the risk of further virus transmission. These mitigations include:

- Vaccination
- Testing, isolation and quarantine
- Wearing face coverings
- Social distancing and avoiding larger gatherings
- Good hand and respiratory hygiene
- Staying home when ill

These mitigations, in order to be effective, require our North Dakota residents to actively engage in these activities. In doing so they reduce the risk for infection, not just for themselves, but for others as well.

In conclusion, this is still a new virus that is still evolving and which we are still learning much about. The unknowns associated with new variants and the inability to accurately predict transmission in our population warrant a cautious approach and maintaining the ability to rapidly respond to increasing cases or increasing severity of disease. For these reasons we recommend a do not pass on HCR 3007 from the committee.

I would be happy to answer questions at this time.

Chairman Weisz, members of the House Human Services Committee,

Good morning. For the record my name is Beth Slette, superintendent of West Fargo Public Schools. I come to you today to request a 'do not pass' recommendation for H.C.R. 3007.

Schools have always had a multi-faceted mission: educating students, serving as a community institution and supporting our families. No year has this multi-faceted mission been more true than this year, in the midst of a pandemic. We maintain our commitment to a quality education, while also doing our part to mitigate the spread of COVID-19.

The sentiment of our community has been clear- students learn best in school. They ought to be in school as much as educators can safely ensure. We have worked diligently, tracking and monitoring positive case and quarantine numbers regularly to move ourselves back towards full-time instruction as soon as we are safely able to do so.

Currently, our elementary students, grades Kindergarten through five, will be back full-time, five days a week, starting next Monday. Our secondary students will be transitioning out of hybrid into majority instruction next week as well, on site four days per week.

Passage of H.C.R. 3007 would pull the rug out from our methodical planning to ensure instruction happens in an orderly and safe manner. We've learned so much since March 16th but need to ensure our transitions are thoughtful and recognize the will of our community and the culture of our staff. Terminating the governor's state of emergency would create numerous challenges for schools, chiefly the inability to continue our virtual program for families electing full-time distance learning, as well as our ability to strategically phase our secondary students back to full-time instruction. Termination would remove the ability to recognize virtual learning for the purposes of tracking ADM and receiving state aid.

Our teachers have never worked harder. Our parents have never worked harder. We have and remain willing to do the hard work of navigating this pandemic, with the best interests of our students at the center of everything we do. We want what you want- students in school learning. H.C.R. 3007 is not the best way to achieve that goal. Thank you for your time; I'm happy to stand for any questions you may have.

**Testimony to the House Human Services Committee on
HOUSE CONCURRENT RESOLUTION NO. 3007**

By Sherry Adams

Southwestern District Health Executive Officer

January 19, 2021

Good morning, Chairman Weisz and members of the House Human Services Committee. My name is Sherry Adams and I am the Executive Officer for Southwestern District Health Unit (SWDHU). My health unit covers the eight counties of the Southwest which includes Adams, Billings, Golden Valley, Bowman, Slope, Dunn, Hettinger and Stark. I am writing in opposition of CR3007

Local and state governmental public health agencies are recognized nationally as having the primary responsibility for promoting and protecting the public's health. Local public health units serve as the foundation to the local public health system in a public health emergency. The World Health Organization declared the Worldwide Sars-COV-19 pandemic on March 13, 2020. Our state, along with most, if not all states, followed suit in declaring an emergency declaration. This declaration allowed us access to additional resources which have been and continue to be instrumental in our ability to test and vaccinate.

I have studied the history of pandemics for years and have been part of the state disaster response team for many years. I have been blessed to go and assist other states with various disasters, as well as help our state in previous disasters. As with natural disasters, there are many unknowns with pandemics. Pandemics historically go in waves, and the biggest lesson learned from 1918, the Great Pandemic, is that those states and countries that stopped response too soon ended up being the states that ended up in the worst condition with more cases, as well as loss of life. When we look at our "state numbers" right now, they look pretty good, but if you look at the nation, and the world, the pandemic is far from over. This virus is not only spreading, it is mutating. To suggest at this point that the pandemic is over does a huge disservice to the people of North Dakota.

We are the boots on the ground. We have seen the sadness, experienced the stress, worked tirelessly day after day. Of any group wanting this pandemic to be over, it sure would be us, BUT it is not over. Please do not end this declaration.

Thank you for the opportunity to provide comments. I would be happy to answer any questions you may have.

Joshua Wynne

State of North Dakota

Chief Health Strategist

University of North Dakota School of Medicine & Health Sciences

Dean and Vice President for Health Affairs

701-238-0996

House Concurrent Resolution - 3007

Thank you for the chance to address the members of the House Human Services Committee. I am writing in opposition to HCR 3007.

The public health crisis of COVID-19 is far from over. The vaccine roll-out is in its early stages and there is a potential for another wave of cases before the weather warms. There is a highly transmissible variant of the virus making its rounds.

This is not the time to terminate the state of emergency in North Dakota, especially if it would impact the federal assistance our state would receive.

As more people are vaccinated, the crisis will slowly come to an end, but the time is not right now.

Thank you for your time.

Whitney Oxendahl

255 N. 4th St.
PO Box 5200
Grand Forks, ND 58206-5200



Mayor Brandon Bochenski
(701) 746-4636

TESTIMONY ON HCR 3007

House Human Services Committee

January 19, 2021

Mayor Brandon Bochenski, City of Grand Forks, ND

Chairman Robin Weisz and members of the House Human Services Committee, my name is Brandon Bochenski and I am the Mayor for the City of Grand Forks. I want to thank you for the opportunity to provide testimony and express my and the City of Grand Forks' opposition for HCR 3007.

The City of Grand Forks, like many communities in North Dakota, has worked in an integrated and productive manner with the State of North Dakota throughout the COVID-19 Pandemic and specifically related to the Public Health Emergency declared by Governor Burgum and the State of North Dakota. Though we can now see light at the end of the tunnel with the recent start of community vaccinations, the Public Health Emergency Declaration is still needed from Governor Burgum over the next several months. Similar to my Mayoral Public Health Emergency Declaration, Governor Burgum's Emergency Declaration provides for reasonable administrative flexibility and short term expediency in responding to issues of the COVID-19 virus and for Federal, State, and local funding reimbursement.

Specifically, the Public Health Emergency Declaration has allowed the City of Grand Forks to partner with the State of North Dakota in responding to the following:

- Response needs of testing, contact tracing, and vaccinations;
- Small business support to include regulatory and financial relief;
- Small business service expansion opportunities to the hard hit hospitality industry; and
- Local industry regulatory start up assistance due to COVID-19 barriers.

The State of North Dakota and cities to include Grand Forks have performed well serving the needs of the citizens of North Dakota during this pandemic in large part due to our collaborative emergency action authorities. The City of Grand Forks is very thankful for all the State of North Dakota has done and our tremendous partnership throughout this challenging and historic pandemic.

The passage of HCR 3007 will significantly and negatively impact the State of North Dakota and cities like Grand Forks.

City of Grand Forks asks for a DO NOT PASS for HCR 3007

1 Chairman Weisz, members of the House Human Services Committee,

2 Good morning. My name is Mike Bitz, and I am fortunate to serve as
3 superintendent for the Mandan Public Schools. I come to you today to request a “Do
4 Not Pass” recommendation for HCR 3007.

5 Mandan Public Schools desires to be responsive to our students and families.
6 We surveyed our parents in early August to find out how they wanted their schools to
7 reopen. Mandan elementary parents overwhelming wanted to return to school full-
8 time face-to-face. That is the model we implemented. At the middle and high school
9 level the responses favored a hybrid model, where students would attend school in
10 person one day and then attend virtually then next. Only having half the students
11 present each day, allowed for us to socially distance while students were in school.
12 We re-surveyed our parents in mid-November and as a result, Mandan Schools have
13 been full-time K-12 since we returned from Christmas break.

14 An interesting data point that was unchanged in both surveys was that roughly
15 12% of our parents wanted virtual only instruction for their children due to health
16 concerns. We did our best to accommodate these families and we started the school
17 year with almost 400 students in virtual only instruction. To accommodate these
18 families, we re-assigned five elementary and middle school teachers from brick-and-
19 mortar classrooms to virtual only instruction. We also made some adjustments to
20 teacher schedules at the at the high school level to allow us to serve our families that
21 wanted virtual only education.

22 Providing a virtual education option for our students and families is an option
23 that is only possible through an executive order. Virtual education is not for everyone.
24 We have had over 100 students return to in-person instruction. However, the vast
25 majority of our on-line students are doing well and thriving in their virtual
26 environment. If HCR 3007 is enacted and this executive order is null and void, these
27 students and families would literally have the rug pulled out from underneath them.
28 Their educational model would change overnight. This is not educationally sound or
29 legislatively prudent.

30 I urge you to give HCR 3007 a “Do Not Pass” recommendation. Thank you for
31 your time; I’m happy to stand for any questions you may have.

HCR 3007

IN SUPPORT: A concurrent resolution terminating the state of emergency in North Dakota declared by Governor Doug Burgum on March 13, 2020, in response to the public health crisis resulting from the SARS-CoV-2 pandemic, commonly known as COVID-1

Dear Members of the House Human Service Committee,

My name is Tara Dukart, and I encourage you to support HCR 3007.

I think terminating the state of emergency in ND would improve the mental health and well-being of our state. I believe each person can and should decide for himself and herself what their own personal level of risk is, and proceed accordingly. I also am in favor of business owners deciding for themselves whether or not their businesses are essential and whether or not they should remain open during their normal/regular business hours or choose to close early or completely.

We do not need fear-based tactics. We do not need government overreach. The overall deaths in 2020 were not statistically higher than the averages of previous years. This “pandemic” has been about fear-based control and loss of freedoms. If this were truly for “the greater good” then we would be focusing our time, money, and efforts, and billboards on things that actually increase physical and mental health. For example, Vitamin D levels, adequate nutrition, maintaining healthy weights, reducing stress, and enjoying fresh air, sunshine, and precious time with loved ones. I think it’s time to step out of the fear and start living again.

Thank you very much for your time and consideration.

Sincerely,

Tara Dukart

Seek First Ranch & Seek First Holistic Solutions

Hazen, ND

January 18, 2021

**Written Testimony of Salesha Olson in Support of
HCR 3007 - A concurrent resolution terminating the state of emergency in North Dakota**

Chairman Weisz and members of the House Human Services Committee, I am Salesha Olson, lifetime North Dakota resident, small business owner, and mother of 7. I am writing in strong support of HCR 3007.

It has become increasingly apparent that the true pandemic is the long list of consequences resulting from the drastic measures taken under the pretense of public health. Much damage has been done by social distancing, mask wearing, restricting small businesses, mass testing, quarantining, faulty testing, etc.

We, as people, can make decisions for ourselves regarding our health and those decisions should remain personal, not forced. It is imperative that we protect our citizens by putting an end to these unnecessary oppressive measures by terminating the state of emergency in ND immediately. Please restore liberty to North Dakota by passing HCR 3007.

Thank you for considering my testimony.

Salesha Olson

Salesha Olson

Definition of *emergency*

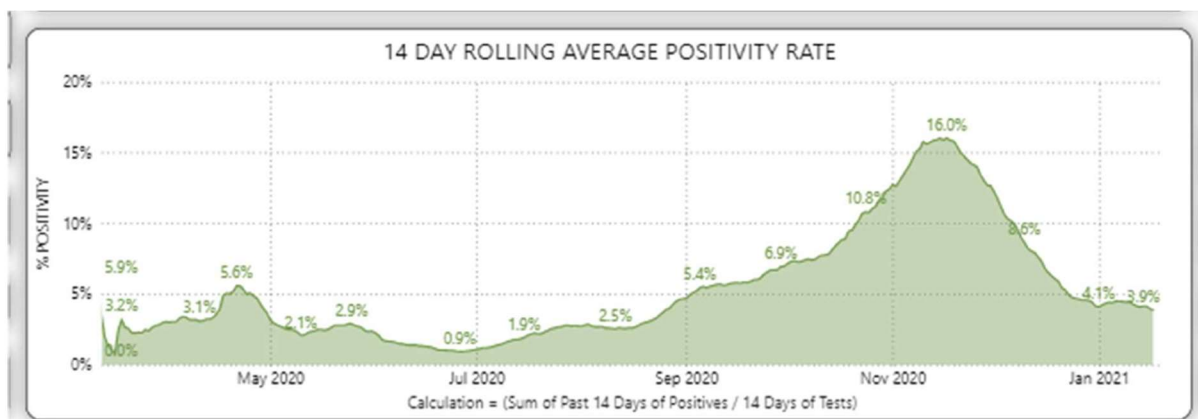
1: an unforeseen combination of circumstances or the resulting state that calls for immediate action

2: an urgent need for assistance or relief

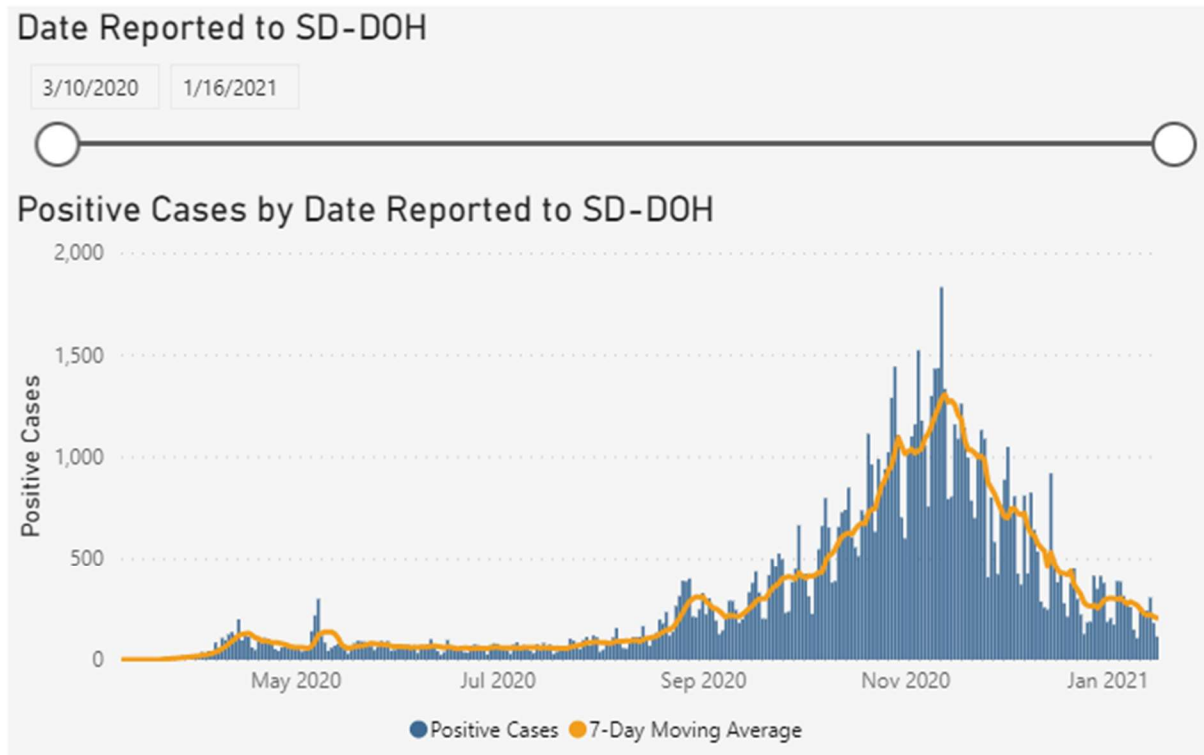
There may have been a need for immediate action back in March, before the US knew more about C-19, but it should have never lasted almost 10 months.

I've read that ND is the only state that allows the Governor to take complete control in an Emergency with no checks and balances at a later date (or check in by the Legislative body), and that is extremely concerning. We live in a Constitutional Republic, not a Communist Country. 1 person should not have complete control no matter what the circumstances are.

Source: ND Dept of Health 1/18/21



Source: SD Dept of Health 1/18/21



Positive Cases by Date Reported to SD-DOH: This graph shows positive cases (persons who meet the national surveillance case definition for COVID-19) over time includes results received by midnight and may not align with the daily data update.

As you can see by the 2 graphs, they are almost identical. South Dakota's Governor believed in letting the people of her state make their own decisions if they wanted to lock up, shut their businesses down and wear masks. They also have the strongest economy out of all 50 states.

**NDSBA****NORTH DAKOTA SCHOOL
BOARDS ASSOCIATION**

P.O. Box 7128

Bismarck ND 58507-7128

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*www.ndsba.org***HCR 3007****House Human Services Committee****January 19, 2021****Testimony of Alexis Baxley**

Good morning Chairman Weisz and members of the House Human Services Committee. My name is Alexis Baxley, and I serve as the executive director of the North Dakota School Boards Association. NDSBA represents the elected school boards of all 175 public school districts and several special education units in North Dakota.

The North Dakota School Boards Association opposes HCR 3007. The immediate termination of the state of emergency and some of the corresponding executive orders issued by Governor Burgum would create significant problems for school districts across the state. Most notable is EO 2020-10, which allows virtual education to count towards student seat-time requirements. Without this, students participating in distance learning would not be able to be included in the calculations for state aid payments. We know many high-risk students and their families are not yet ready to return to in-person education.

NDSBA asks you to give HCR 2007 a do not pass recommendation. Thank you.

I, Melyssa Howry, a resident of New Town, North Dakota, fully support this resolution. I have heard the governor and his staff speak on this subject and why they believe there should still be a state of emergency. However, I respectfully disagree with their position. This virus is not going to disappear. It will join the many thousands of other viruses we currently experience and come in contact with on a regular basis. I understand that this one is particularly dangerous for a certain group of individuals. Now that there is a plan in place to deal with this virus, it is time to move forward with life. The measures put into place are destroying our economy, and along with it, the mental, emotional, and physical well-being of thousands of people in our state alone, not to mention the rest of the country. Enough is enough. The suffering from these continued emergency orders and measures will far outweigh the suffering that Covid-19 has caused. I ask that you take a moment to consider how "Two weeks to slow the spread" turned into nearly a year of mitigation. And all we have to show for it is a growing collection of data that shows that regardless of what measures we take, or how careful we are, this virus has done what all other viruses have always done..."run its course". We cannot stop viruses. What we CAN do is control our own health, and the choices that we make about our own bodies. But we must stop expecting people to be responsible for the health of others. That can only come from lifestyle choices and healthy habits. To me, that is a true health emergency in our state and in our country. Those are the real causes for severe Covid disease and even death. Why are we not addressing the root cause of the "underlying conditions" that took the lives of the vast majority of Covid patients? Wouldn't our time, energy, and resources be better used to promote health and nutrition, to prevent serious illness from ANY cause, not just one specific virus?

To conclude, I ask that this resolution be passed and that we take real steps to address the long-term health issues in our state. Let us begin by allowing healthy people to return to moving freely among society, and encouraging those who are less healthy to take steps in their own lives to improve upon their situations. Thank you for reading!

HCR 3007 – PLEASE PASS IMMEDIATELY – I support this House Concurrent Resolution

A state of emergency was never intended to last a whole year! Nothing more than 30 days should ever be considered! Our bars/restaurants, movie theaters and hotels, public schools, elderly and children have been irreparably damaged under this ridiculous state of emergency and threatens ND business owner's liberty and pursuit of happiness. We the people want the Governor reigned back in and we want our lawmakers to TAKE BACK their job of making laws. It is time to flatten the oppression curve! The Governor's response to the infectious rate has been worse than the cure. Businesses and families, mental health, religious freedoms, and our political state of mind are collateral damage in the Governor's war against our dual federal system. END THE STATE OF EMERGENCY IMMEDIATELY

House Concurrent Resolution - 3007

I appreciate being able to address the members of the House Human Services Committee regarding this matter.

I am writing in support of HCR 3007.

I lived through the 1997 flood, a disaster that cost Grand Forks \$557.5 million dollars. Despite the fire, flood, and evacuation that affected almost all the 52,000 citizens, people were anxious to get back to normal and worked hard to rebuild the city. The emergency was warranted, but even with all the destruction, did not extend beyond that year.

We are being told that we are in a state of emergency right now, one that has been going on for nearly a year. That defies the definition of an emergency! Because we are in an emergency, we are being ruled by health officers that we did not elect, and we have no control over the unscientific decisions made, affecting all areas of life.

Our response to the SARS COVID-2 virus has been unmistakably exaggerated. We locked down schools despite scientific evidence showing that schools pose little to no risk of spreading the illness. We put unrealistic mandates in place that denied freedom for our citizens to be responsible for their own health. We attempted to force mask wearing, though there is no evidence that the cloth masks being pushed can stop viruses from spreading. We carried out mass testing with an ineffective test whose positive “cases” drove drastic isolation and quarantining measures that further cut our education and medical personnel availability.

We are not in an emergency. We are in a forced public health fiasco. The vaccine cannot prevent the virus from being shared, so there is no sense in declaring an emergency until more have received it. We need to do what we should have done in the beginning. We need to protect the most vulnerable, and the rest of us need to do what we did in 1997—get back to living life.

Erin J McSparron

Lisa Pulkrabek
4795 Co Rd 82
Mandan, ND 58554
Jan 19, 2021 1am

Dear House Human Services Chairpersons,

I am writing this testimony in support of HCR 3007. I am in favor of terminating the state of emergency that was declared by Governor Burgum in March 2020 regarding covid 19. I believe that we never had an actual state of emergency due to covid 19. The government overreacted and shut down schools and businesses unnecessarily, causing much more harm than good. Our positive cases of covid 19 were falsely inflated due to the erroneous PRC tests that gave a large number of false positive results. This led to deaths that were actually caused by other circumstances to be labeled covid deaths. It is long overdue time to end the "state of emergency" so that people may open up their business and schools back to 100% and North Dakotans can move about freely, unmasked to go about their normal daily lives.

Thanks!

Lisa Pulkrabek

Representative Karen M. Rohr, Chair
Senator Judy Lee, Vice Chair
House Human Services Committee

Emily Meissner
701-430-7179

Tuesday, January 19th, 2021

Support for HB 3007, Relating to State of Emergency Termination

At the start of the SARS-COV-2 breakout in early March, a State of Emergency was necessary for North Dakota in order to prepare for and take preventative action for the safety of our citizens. Beds were prepared and hospitals were equipped with as many supplies as could be acquired. A two week stay at home period was advised by the North Dakota governor in order to evaluate the situation and to reduce the spread of the virus before we were well prepared. These preventative actions were useful in ensuring North Dakota was ready if ever hit with such high caseloads as to expand hospital care.

North Dakota has very fortunately not been hit with as great a catastrophe as New York or California. This can be attributed to many factors, a few of which include the population size and the time had to prepare as the virus spread further into the country. North Dakota thankfully has never needed the extra bed- filled auditoriums or event centers. Instead, we have asked for healthcare workers and have been provided with enough workers to fill the need that was there. We have seen a steady decline in cases over the past several months and are now adequately prepared for any additional breakouts even though these are rare and unlikely. Vaccinations are becoming available to those who would like to like to receive them.

All things considered, it is now January. We have watched this illness play out and have been able to see what it has done to our communities and citizens. Our healthcare systems have not been overwhelmed to the extent that citizens are suffering from lack of care. Much of the backing provided to support staying in a State of Emergency is from the pressure to continue to receive federal government funding. Receiving this funding from the federal government is clearly unethical due to our lack of an emergency situation. It is very clear that we are no longer in a State of Emergency. It is rather the inability to

move past this setback that is harming our citizens the most. I urge the Committee and House of Representatives to pass HB 3007. Thank you for this opportunity to testify.

House Representatives

John A. Meissner

Tuesday, January 19, 2021

Support for HB3007

I strongly support the bill mentioned above. I think it is vital for securing the freedom and security of the citizens of North Dakota. It is the right of an individual to make health care decisions based on what is best for them and the people around them and I strongly believe the citizens of North Dakota are capable and able to make healthy and smart decisions about their lives. The government should not be dictating to its people what they can and cannot do when it comes to living their every day lives. We need to end this state of emergency, COVID-19 is here to stay, we have learned to live with it, to take the necessary precautions. This state of emergency is nothing more than a government power grab. One that I and many I have talked to are sick of. There is no need for this emergency order. I have seen businesses suffer, friends lose their jobs, coworkers children go into spirals of depression, and much more. The extreme measures we as a state have taken to slow the spread of COVID-19 have caused great damage to our people. It is a common expression in healthcare that the treatment should not be worse than the disease. I believe we are at that point. These lockdowns and mandates have crushed the souls of many people in my home state. It needs to stop. You are our elected officials, the ones we trust to make right decisions regarding policy that puts the people first, but over the last year I, along with many other people I have talked to, have had that trust wane. The people see what is going on throughout our country and they see the blatant infringement of the people's rights and they want it to stop. Please vote to end this needless emergency order.

I am a nurse at Altru hospital in Grand Forks, I have seen the effects of COVID-19 firsthand. I have also seen that we know how to handle it. We have great therapeutic treatments; we now have a supposedly effective vaccine; Altru is not close to surge capacity. At the time of writing this letter there are 13 COVID-19 patients in Altru hospital. Even during the height of the hospitalizations in October-November Altru was not truly at "capacity." Altru is a 270 bed Hospital but there was only enough staff to cover 130 beds during the height of the infection rates. That is due to relieving of travel nurses and other staff in March of 2020. Poor hospital management is what led to the hospital being at "surge capacity."

Thank you for reading my testimony and for the service you all do for the people.

Good morning Chair Weisz, members, and guests:

My name is Joshua Wynne, and I come to you today as chair of the North Dakota University System Smart Restart Task Force. The Task Force has been charged by Chancellor Hagerott with helping to coordinate the campuses' response to the pandemic and maximizing the opportunity for students to remain engaged in their educational journeys, especially if that can be done with a safe on-campus experience. Because of the protocols that have been enacted on all eleven campuses, the member institutions have largely been able to return to a new "normal" level of in-person campus activity.

But looking at the history of COVID-19 cases on the various campuses is instructive, and clearly contains the warning that the pandemic is not over and can jeopardize campus operations very quickly if the campuses let their collective guards down. A panoramic review of the COVID-19 cases in the NDUS shows two peaks, one occurring in late August through September and the second from mid-October through mid-December. Fortunately, the curve has remained remarkably flat since then. Does that mean then that the emergency is over? Not at all - it means that the control and mitigation measures that were widely instituted have worked. The first peak in cases was due to the return to campus of faculty, staff, and students after summer break, likely with the importation of cases from elsewhere. The second peak coincided temporally with a rise in cases in the community. The fact that the curve is reasonably flat at present does not at all suggest that the problem has resolved; rather, it indicates that our control measures are working. However, we are vulnerable if we don't continue to do the things that are working. And I can assure you that the member institutions in the NDUS have no intention of relaxing their control measures.

So, when will the time occur when control measures may be relaxed? When will it be safe to consider the pandemic over, or if not over, at least under control? Realistically, there only are four ways that the pandemic will end:

- 1) The virus mutates in a way that it becomes less transmissible and/or less virulent – unfortunately, there is no evidence of this (actually, the recent data suggest just the opposite)
- 2) Very effective medical treatments blunt the impact of the disease – certainly progress has been made (with dexamethasone, monoclonal antibodies, and remdesivir) but the beneficial impact has been modest to date
- 3) Group ("herd") immunity develops – but this is not a desirable outcome for a disease with about a 1.5% mortality overall, and a much higher mortality in the elderly and those with underlying conditions
- 4) Widespread vaccination is achieved

Widespread vaccination clearly is the most desirable option, and one that is likely this year. Once that occurs, NDUS likely will consider relaxing some of the restrictions on its campuses. But until then, NDUS plans to continue to be vigilant, careful, and surveillant for any spike in cases. The threat remains real and the currently quasi-stable status throughout the NDUS can change in an instant. We plan to work to prevent that from happening.

Thank you for your attention.

This written testimony is in support of HCR 3007: A concurrent resolution terminating the state of emergency in North Dakota declared by Governor Doug Burgum on March 13, 2020, in response to the public health crisis resulting from the SARS-CoV-2 pandemic, commonly known as COVID-19.

For nearly a year we've been subject to the overtly cautious oversight of the unelected officials of the NDDOH as empowered by Governor Burgum. We have endured and survived and even thrived in the midst of a 'pandemic'. It could be argued that simply observing general hygiene, much like you would if there were a flu epidemic, is adequate to remain healthy. Instead, we are continually bombarded with fear porn in the form of statistics related to the case rate in our state. Even with the alleged inconsistencies with reporting at the state lab, this is NOT an emergency. Those gubernatorial powers need to be terminated. Let the citizens determine the best pathway to preserve their health and well-being.

Sean Thorenson

As both a practicing physician and a mayor in the great state of North Dakota, I must express my opposition towards House Concurrent Resolution 3007. Maintaining a state of emergency in North Dakota at this time ensures Governor Burgum has the authority and powers needed to properly mitigate the spread of the COVID-19 virus within the state of North Dakota. The state of emergency allows the Governor's office the flexibility and mobility to respond to the fluid and dynamic pandemic as quickly and effectively as possible.

Orders from the state level regarding masking, building capacity and hours of operation have been tremendously effective in mitigating the spread of COVID-19 and protecting lives throughout 2020 and the beginning of this year. Those orders, which come from the Governor, carry with them a certain weight garnering greater compliance and a more unified response from residents and businesses. Those orders may need modification to prevent upward trends or respond to promising trends as we near vaccination and the pandemic finish line.

Ending the state of emergency may also have financial ramifications for the state, as it has provided emergency aid money from the federal level. Prematurely ending the state of emergency may potentially cut off access to additional aid, even as we remain in a costly battle with a pandemic.

It is vitally important to remember that this emergency is like no other the State of North Dakota has faced. In an emergency such as a flood, a clear beginning and end date exist. This pandemic, however, is impossible to forecast. We have all received strong medical advice from public health experts to remain diligent as we march towards the end of this pandemic. This virus has ebbed and flowed since it first came to North Dakota in March. We must be prepared as a state to respond to a surge before vaccination are readily available. There will be a day soon which a state of emergency is no longer needed to ensure the safety of every person in North Dakota, but until that day comes, it should remain in place.

- **Dr. Timothy J. Mahoney**, *Fargo Mayor*

Representatives,

I am writing to ask you to vote YES to terminate the state of emergency due to COVID 19 in North Dakota. The governor has continued to abuse his power over the past 10 months and that needs to end now. It is time to give the people of our great state their freedoms back - freedom to choose their own health risks, freedom to open businesses unencumbered, freedom from wearing masks that cause anxiety, depression, headaches and a variety of other health issues, and freedom from this huge government overreach. We have continued to see the focus of all decision making be only on one health issue, but in "cure" has been so much worse than COVID could ever be. It's time. Vote to terminate the state of emergency.

Thank you,
Suzanne Thorenson

Over the last 10 months, we have seen what can happen when a single person (our governor, and other governors around the country) subverts the constitution and the structure of a constitutional republic, taking over sole control of entire states. This is not how our Republic is meant to run.

Unelected officials (the North Dakota State Health Department Appointees) have been given free reign to write whatever laws/mandates they seem fit. Legislators, House/Senate, this is YOUR privilege and responsibility. Not some unelected lawyer who knows next to nothing about health, and whose job depends on pleasing the governors whims.

For 10 months we have sat by and allowed these people to attempt to remove aspects of almost every aspect of freedom we have today. When a person is given unlimited power, the likelihood they are going to want to give it back is slim to none.

Emergency declaration is just that. An Emergency. 10 months later they would still like you to believe this is about an “emergency”. I hope you can now see it for what it is. A giant step in destroying the boundaries between executive and legislative branches, to normalize the executive branch of government exhibiting power and control over the other branches. As long as they can still get you to believe, through media propaganda, department of health half-truths, massive testing, that we should all live in a state of fear, they can perpetuate that fear and maintain an stranglehold on our people. Over the last few months, I’ve learned a lot about politics. I’ve also learned a lot about how people are manipulated. Just the other day, Christie Massen, director of the state lab, was interviewed for her role in major problems with the lab testing performance, and situations with multiple massive numbers of false positives. These numbers, I believe, are enough to significantly change the percentages dating back to at least September and were paramount in numbers used to leverage a statewide shutdown. When brought to their lab manager’s attention (who incidentally, works under the department who WROTE the emergency declaration mandates/rules/laws), she was allegedly told, “It’s not like we are telling them they have AIDS.

<https://docs.google.com/document/d/1kweg2sWtnL7tBqgNv7gvh6D7W1m2s5V19ErSvcYHJX8/edit?usp=sharing>

Since the writing above was submitted to the legislative body, the lab manger was interviewed. the state lab manager admits the problems in the lab thermofischer machines (which, by the way, should be sued to recoup costs to the state, both in lab testing and in financial burden of shutdown). However the damage is done, and for the purposes of this bill, the only point is to tell you the executive branch (which as I understand includes the DOH and state lab) has been wrong at MULTIPLE junctures and used these “errors” to further justify an emergency order. This is the video of the lab director being interviewed, for your viewing pleasure.

<https://video.legis.nd.gov/en/PowerBrowser/PowerBrowserV2/20210113/-1/18630>

We have seen our state be hit very significantly by the overreach of power. There are people, including the DOH that claim we need to extend the emergency declaration until more people are vaccinated. I

can tell you this is a mistruth and misrepresentation of the capabilities of these vaccines. So either they have not read the studies or they voluntarily have presented mistruths.

Why? Because there is no proof they prevent transmission of Sars COVID-2 infection, mortality, asymptomatic transmission, OR long term effects. Any claim, at this point, is conjecture from the research I've seen. The Pfizer vaccine study specifically admits it (which is the primary vaccine used in North Dakota). Taken Straight from Pfizer's phase 3 study:

8.2. Unknown Benefits/Data Gaps

Duration of protection

As the interim and final analyses have a limited length of follow-up, it is not possible to assess sustained efficacy over a period longer than 2 months.

Effectiveness in certain populations at high-risk of severe COVID-19

Although the proportion of participants at high risk of severe COVID-19 is adequate for the overall evaluation of safety in the available follow-up period, the subset of certain groups such as immunocompromised individuals (e.g., those with HIV/AIDS) is too small to evaluate efficacy outcomes.

Effectiveness in individuals previously infected with SARS-CoV-2

The primary endpoint was evaluated in individuals without prior evidence of COVID-19 disease, and very few cases of confirmed COVID-19 occurred among participants with evidence of infection prior to vaccination (although more cases occurred in the placebo group compared with the vaccine group). Therefore, available data are insufficient to make conclusions about benefit in individuals with prior SARS-CoV-2 infection. However, available data, while limited, do suggest that previously infected individuals can be at risk of COVID-19 (i.e., reinfection) and could benefit from vaccination.

Effectiveness in pediatric populations

The representation of pediatric participants in the study population is too limited to adequately evaluate efficacy in pediatric age groups younger than 16 years. No efficacy data are available from participants ages 15 years and younger. Although adolescents 16 to 17 years of age were included in the overall efficacy analysis, only one confirmed COVID-19 case was reported in this age group. However, it is biologically reasonable to extrapolate that effectiveness in ages 16 to 17 years would be similar to effectiveness in younger adults. Efficacy surveillance continued beyond November 14, 2020, and the Sponsor has represented that additional data will be provided in a BLA.

Future vaccine effectiveness as influenced by characteristics of the pandemic, changes in the virus, and/or potential effects of co-infections

~~The study enrollment and follow-up occurred during the period of July 27 to November 14, 2020, in various geographical locations. The evolution of the pandemic characteristics, such as increased attack rates, increased exposure of subpopulations, as well as potential changes in the virus infectivity, antigenically significant mutations to the S protein, and/or the effect of co-infections may potentially limit the generalizability of the efficacy conclusions over time. Continued evaluation of vaccine effectiveness following issuance of an EUA and/or licensure will be critical to address these uncertainties.~~

Vaccine effectiveness against asymptomatic infection

Data are limited to assess the effect of the vaccine against asymptomatic infection as measured by detection of the virus and/or detection of antibodies against non-vaccine antigens that would indicate infection rather than an immune response induced by the vaccine. Additional evaluations will be needed to assess the effect of the vaccine in preventing asymptomatic infection, including data from clinical trials and from the vaccine's use post-authorization.

Vaccine effectiveness against long-term effects of COVID-19 disease

COVID-19 disease may have long-term effects on certain organs, and at present it is not possible to assess whether the vaccine will have an impact on specific long-term sequelae of COVID-19 disease in individuals who are infected despite vaccination. Demonstrated high efficacy against symptomatic COVID-19 should translate to overall prevention of COVID-19-related sequelae in vaccinated populations, though it is possible that asymptomatic infections may not be prevented as effectively as symptomatic infections and may be associated with sequelae that are either late-onset or undetected at the time of infection (e.g., myocarditis). Additional evaluations will be needed to assess the effect of the vaccine in preventing long-term effects of COVID-19, including data from clinical trials and from the vaccine's use post-authorization.

Pfizer-BioNTech COVID-19 Vaccine
VRBPAC Briefing Document

Vaccine effectiveness against mortality

A larger number of individuals at high risk of COVID-19 and higher attack rates would be needed to confirm efficacy of the vaccine against mortality. However, non-COVID vaccines (e.g., influenza) that are efficacious against disease have also been shown to prevent disease-associated death.¹¹⁻¹⁴ Benefits in preventing death should be evaluated in large observational studies following authorization.

Vaccine effectiveness against transmission of SARS-CoV-2

Data are limited to assess the effect of the vaccine against transmission of SARS-CoV-2 from individuals who are infected despite vaccination. Demonstrated high efficacy against symptomatic COVID-19 may translate to overall prevention of transmission in populations with high enough vaccine uptake, though it is possible that if efficacy against asymptomatic infection were lower than efficacy against symptomatic infection, asymptomatic cases in combination with reduced mask-wearing and social distancing could result in significant continued transmission. Additional evaluations including data from clinical trials and from vaccine use post-authorization will be needed to assess the effect of the vaccine in preventing virus shedding and transmission, in particular in individuals with asymptomatic infection.

The reason I believe this to be so relevant is this: There is no “end” to sars covid-2, just like there was no “end” to the original SARS that effected china years ago. It ran its course, and

eventually life went back to normal. Other countries have proven that draconian lockdowns have no difference in death rates and infection rates, but DO have major implications in psychological, mental, financial, social, and even physical aspects of life.

Please support the ending of this emergency declaration and help us get our lives back to as normal as can be.

Thank you for your time,

Dr. Steve Nagel, DC

Bismarck, North Dakota

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HCR 3007
2/3/2021

A concurrent resolution terminating the state of emergency in ND declared by the governor on 3/13/2020 in response to the public health crisis resulting from COVID-19

Chairman Weisz opened the hearing at 4:20 p.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- SNAP Program
- Monthly basis payment
- Local disaster or emergency
- Foundation aid payments
- Telehealth

Rep. Todd Porter (4:42) moved Do Not Pass

Rep. Gretchen Dobervich (4:43) second

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	N
Representative Mike Beltz	Y
Representative Chuck Damschen	Y
Representative Bill Devlin	N
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Dwight Kiefert	Y
Representative Todd Porter	Y

Representative Matthew Ruby	N
Representative Mary Schneider	Y
Representative Kathy Skroch	N
Representative Bill Tveit	N
Representative Greg Westlind	Y

Motion Carried Do Not Pass 9-5-0

Bill Carrier: Rep. Todd Porter

Chairman Weisz adjourned at 4:48 p.m.

Tamara Krause, Committee Clerk

REPORT OF STANDING COMMITTEE

HCR 3007: Human Services Committee (Rep. Weisz, Chairman) recommends **DO NOT PASS** (9 YEAS, 5 NAYS, 0 ABSENT AND NOT VOTING). HCR 3007 was placed on the Eleventh order on the calendar.