

2025 HOUSE HUMAN SERVICES

HB 1467

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1467
2/4/2025

Relating to the publication of vaccine adverse event data and information; to provide for a legislative management report; to provide an appropriation; to provide a continuing appropriation; and to provide an expiration date.

11:58 a.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Kiefert, Rios, Rohr

Members Absent: Representative Holle

Discussion Topics:

- Duplicate reporting

11:58 a.m. Representative D. Anderson, District 6, introduced the bill.

12:00 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

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Relating to the publication of vaccine adverse event data and information; to provide for a legislative management report; to provide an appropriation; to provide a continuing appropriation; and to provide an expiration date.

2:21 p.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Kiefert, Rios, Rohr

Members Absent: Representative Holle

Discussion Topics:

- Duplicate reporting

2:22 p.m. Lanny Kenner, private citizen, testified in favor.

2:24 p.m. Molly Howell, Immunization Director of the ND HHS, testified in opposition and submitted testimony, #33894.

2:28 p.m. Courtney Koebele, Executive Director of the ND Medical Association, testified in opposition and submitted testimony, #34097.

Additional written testimony:

Steve Nagel, Chiropractor, submitted testimony in favor, #34479.

Grace Deal, private citizen, submitted testimony in favor, #33527.

David Waterman, Executive Director of the Midwest Public Health Coalition, submitted testimony in favor, #34274.

Kylie Hall, private citizen submitted testimony in opposition, #34301.

2:30 p.m. Chairman M. Ruby closed the hearing.

Jackson Toman, Committee Clerk

Dear Committee members,

I am writing to express my strong support for HB 1467.

As a mother of 6 young kids, vaccines are a very relevant topic. I want my children to be as healthy as possible. Every mother wants that. I have talked to many moms who are hesitant to vaccinate their children. And their reasons are very well founded. They don't feel like they have full access to information about vaccines to make a well-informed decision. They are threatened with being dropped as a patient, or feel intimidated into going against their intuition and vaccinating anyway.

This is absolutely the WRONG approach to improving vaccination rates.

Many of the rumors about vaccine injury are scary. As mothers, if there is any possibility of injury, or damaging side effects, we are completely fine refusing the vaccines offered. Our job is to protect our children.

However, if these rumors of injury and side effects are completely false, we need to have that information. Public health NEEDS radical transparency in order to ever regain trust in vaccines. We need to be able to see the actual number of injuries so that we can see that our doubts were not founded on truth, or so that we can make educated decisions to see if the benefit outweighs the risks. We need to see the numbers that show that vaccines are safe and effective. Simply saying they are "safe and effective" is no longer good enough.

We are long past the time when we can simply "Trust the experts." We live in the age of information, and moms like me need to be able to see the numbers for ourselves. We should be able to get the information from the ND Department of Health, and not a rumor on social media. We will not be able to trust vaccines again, until we have this transparency. Having the state of North Dakota keep records of any actual side effects or injuries related to the vaccines given in our state will help North Dakotan moms like me make the best decisions for our children. And in many cases will potentially lead to an increase in vaccines if the numbers show no injury or side effects.

North Dakota public health needs to be transparent with their citizens if they ever want to have a successful impact. Please vote YES on HB 1467.

Grace Deal
Berthold, ND
District 38



Health & Human Services

Testimony
House Bill No. 1467
House Human Services Committee
Representative Ruby, Chairman
February 4th, 2025

Chairman Ruby, and members of the House Human Services Committee, I am Molly Howell, Immunization Director with the Department of Health and Human Services (Department). I appear before you in opposition of House Bill No. 1467.

House Bill No. 1467 will require healthcare providers to report suspected vaccine adverse events and administration errors to both the federal Vaccine Adverse Events Reporting System (VAERS) and the newly created state system outlined in Section 2. Duplicate reporting places a burden on healthcare providers and may lead to fatigue in reporting to one or both systems, making it difficult for VAERS to identify potential and important vaccine safety signals. House Bill No. 1467 also has a fiscal impact on the Department, which is greater than the appropriation in Section 3.

VAERS is one of many vaccine safety surveillance systems in the United States. Anyone can submit a report to VAERS. VAERS serves as an early warning system to identify vaccine safety signals that need further study in other national vaccine safety surveillance systems. VAERS cannot determine that a vaccine caused the reported adverse event. VAERS is unable to determine if the rate of an event is happening more in vaccinated individuals than unvaccinated individuals, because VAERS does not include a comparison group (unvaccinated).

Section 2:

Section 2 requires the Department to “administer a system to record and compile reported vaccine adverse event data.” The National Childhood Vaccine Injury Act of 1986 requires healthcare providers to report vaccine adverse events to the federal VAERS system. Vaccine administration errors may also be reported. The federal VAERS system requires manual data entry. There is not an ability to upload data from a North Dakota system. Therefore, healthcare providers will have to report the same data to both systems.

Last session, House Bill No. 1207 passed, which required the Department to maintain a [website](#), which includes instructions on how to download VAERS data and a link for reporting to VAERS. Reported vaccine adverse events for North Dakotans can be downloaded from the federal VAERS system.

Section 3:

The appropriation included in House Bill No. 1467 is \$100,000 and is not adequate. The Department received an estimate from ND Information Technology in the amount of \$110,585 to develop a state VAERS system. Additionally, NDIT estimates annual maintenance at \$59,585. The Department will also need an FTE and supporting costs (i.e., IT fees, data storage, rent) to oversee the development of the system, education of healthcare providers, website maintenance, and analysis of data for required reporting at a total of \$294,346.05 for the biennium. There is also a small, estimated impact (\$13,388) to local public health for data entry into the state VAERS system. The total estimated cost for House Bill No. 1467 for the 2025-2027 biennium is calculated at \$478,119.05.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.



House Human Services Committee

HB 1467

February 4, 2025

Chairman Ruby and Committee Members, I'm Courtney Koebele and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students. NDMA opposes HB 1467 because it requires health care providers to enter the same information for the federal reporting and for the state reporting. Duplicate reporting places a burden on healthcare providers and may lead to fatigue in reporting to one or both systems, making it difficult for VAERS to identify potential and important vaccine safety signals. The federal VAERS system requires manual data entry. There is not a way to upload data from a North Dakota system.

Thank you for the opportunity to address this committee. I would be happy to answer any questions.

Distinguished Representatives, please issue a Do Pass recommendation for HB1467. Over the past four years far too many North Dakotans signed Informed Consent documents related to vaccines, without truly being informed. One seriously injured woman told me personally that she searched the internet for adverse reactions to the Covid Vaccine, and only found information about sore arms, and headaches. So, thinking it was safe, she took the vaccine and less than 24 hours later had a severe reaction. She is now permanently blind in one eye, and has suffered debilitating paralysis on one side of her body. Having easy access to timely and accurate vaccine adverse reaction events is critical if informed consent is truly going to be informed consent. Thank you.

House Bill 1467
Human Services Committee
February 4, 2025

Good morning, Chairman Ruby and members of the Human Services Committee. My name is Kylie Hall, and I live in District 45 in North Fargo. I am writing to state my opposition to this bill. I have a Master's Degree in Public Health and have worked at the North Dakota State University Center for Immunization Research and Education for the past 9 and 1/2 years. I would like to make clear that my comments today are not on behalf of NDSU.

Creating a vaccine adverse event reporting system (VAERS) in North Dakota would be burdensome for healthcare providers and financially irresponsible. Healthcare providers submit vaccine adverse events into the federal VAERS already, and creating an additional system for them in North Dakota would require duplicate entry of adverse events. VAERS data is publicly available, and anyone who is interested in North Dakota-specific data can download it online.

It is important to share what the federal Vaccine Adverse Event Reporting System is and what it can and cannot do to help you better understand the usefulness of this data in North Dakota.

VAERS is used by the FDA and the CDC to collect reports of adverse events (possible side effects) that happen after vaccination. The system relies on individuals to send in reports of adverse health events following vaccination – meaning anyone can and should report adverse events to VAERS. VAERS is designed to detect unusual or unexpected patterns. Scientists monitor VAERS reports to identify adverse events that need to be studied further. Reports of adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns are followed up with additional research to determine whether the adverse event that is happening after vaccination is occurring more often than would be expected without vaccination.

When safety signals are identified through VAERS, other safety monitoring systems are engaged to further study the issue. While VAERS may help identify safety issues, other safety monitoring systems allow us to determine if a vaccine is associated with a certain outcome and the rate at which it occurs.

Key strengths of the federal VAERS are its large size and speed. Because VAERS reports draw from across the country, even a very rare event can be quickly identified as a possible side effect. I would like to point out that a ND-specific VAERS system would not have this strength, as our small population size would lead to fewer adverse events being reported than what we see nationally, and it would take longer to identify rare adverse events because of the small population in ND and smaller number of vaccines administered (compared to nationally).

VAERS data does have its limitations. It must be interpreted with caution, as it is best used for safety signal detection and as a hypothesis generating system. (ex. Could this vaccine be causing

this adverse event?) It helps identify and clarify the questions we need to ask and assess using the other safety systems. A cause and effect relationship cannot be established using information from VAERS reports alone. And because there is no control group, VAERS also does not allow you to compare rates of adverse events in those who did and did not receive a vaccine to see if the adverse event is occurring more in those who were vaccinated versus those who were not vaccinated.

This is a direct quote from the VAERS website: “A report to VAERS generally does not prove that the identified vaccine(s) caused the adverse event described. It only confirms that the reported event occurred sometime after the vaccine was given. No proof that the event was caused by the vaccine is required in order for VAERS to accept the report. VAERS accepts all reports without judging whether the event was caused by the vaccine.” From my many years in public health, I have seen many instances where VAERS data were interpreted alone or out of context, leading to erroneous conclusions about cause and effect as well as the risk of adverse events occurring following vaccination.

One of my big questions (and concerns) is: What will we do with this data if the bill passes, and how useful is it? Let’s say in 2027 legislative management receives a report from NDHHS that states that there were 150 reports to the North Dakota system each year, and the majority of them were not serious adverse events (ex. sore arm). If in that report there is a report that someone received a vaccine and then developed a serious adverse event 3 weeks afterwards...what will we do with that data? Does it prove that vaccines are or aren’t safe? It can’t. So much more would be needed. But people will use that data to assume cause and effect, even though a VAERS system cannot do that.

At the end of the day, I think the bill sponsor and I would agree that we both want safe vaccines. I think we would also agree that we want to know how often adverse events are happening in our citizens. We have this data from the federal system, and unfortunately, this bill places a burden on our healthcare professionals.

Please vote “do not pass” on HB 1467.

Respectfully submitted,

Kylie Hall, MPH
Fargo, ND - District 45

Support for HB 1467 and HB

Good Morning honorable members of the House Human Services Committee and Chair Ruby. I am here to advocate for the proposed legislation that would ensure we begin to track correlation with death and time from inoculation.

The government's role in promoting vaccination is significant, as taxpayer dollars are often used in marketing and encouraging vaccination campaigns, federal government assumes all liability from manufacturers. They fund the research. It looks as if we have our own bills to fund research on new drugs and biologics. With this involvement comes a responsibility to address the potential adverse outcomes.

The Vaccine Adverse Event Reporting System (VAERS) remains the sole national mechanism for reporting vaccine injuries in the United States. However, VAERS is dangerously flawed, with significant underreporting of incidents, as highlighted in studies like "Electronic Support for Public Health: Validated Case Finding and Reporting for Notifiable Diseases Using Electronic Medical Data", where it finds that less than 1% of vaccine injuries are ever reported, and only around 10% of severe injuries are ever recorded. We've seen orthopedic surgeon's injured so badly by the covid 19 shot that he could no longer work. When he filed the VAERS report, it was listed as a "Mild" injury. This is how major problems are buried.

This underreporting is exacerbated by a lack of awareness among healthcare providers about how to file reports, coupled with insufficient education for patients on the risks associated with vaccines. I'd ask any people in opposition to major reform in vaccine safety practices if they have ever tried to file a vaers report. Or even mentioned it to a patient.

The National Childhood Vaccine Injury Act of 1986 further complicates this scenario. By removing liability from vaccine manufacturers, the Act shifted responsibility to a no-fault federal compensation program. Alongside this, the government was mandated to report to Congress on ongoing safety monitoring and improvements. Disturbingly, recent court findings have shown that these reports have not been made in over 30 years, indicating a severe lapse in oversight and accountability.

Given that the government actively spends taxpayer money to market vaccines, it should bear some responsibility for the injuries that occur. Here's how a dedicated state government website could address these issues:

Transparency: With public funds used to promote vaccines, transparency about potential risks is not just ethical but necessary. This website would provide comprehensive, evidence-based information on vaccine injuries.

Education: It would educate both healthcare providers and the public on recognizing, understanding, and reporting vaccine injuries through VAERS, despite its acknowledged flaws. Detailed guidance on how to report would encourage more accurate and comprehensive reporting.

Public Trust: By openly acknowledging vaccine injuries and providing education, we can foster trust in public health initiatives. This trust is essential for maintaining high vaccination rates necessary for herd immunity.

Support for Affected Individuals: The website would offer clear pathways to resources like the National Vaccine Injury Compensation Program (VICP), supporting those affected by vaccine injuries, particularly since manufacturers are not liable under the 1986 Act.

Monitoring and Improvement: Enhanced reporting could lead to better safety monitoring, potentially driving improvements in vaccine formulations, administration practices, and public **health policy, fulfilling the government's neglected reporting duties.**

In conclusion, I saw too many people on our intake forms, when we ask “when was the last time you felt well” and they write “since my covid shot”. Some of them are no longer here. And no one is tracking this in a way that isn’t just going to bury it and move on.

This same technology, being approved under emergency declaration, with extremely poor checks and balances, to the point where the Pfizer fought to hide the actual data from the research for 75 years, is now being used for multiple other inoculations. Now with “assumed safety profile” that doesn’t truly exist.

I strongly urge this committee to support this legislation for the sake of transparency, accountability, and the health of our state's residents. Thank you for considering this vital matter.

Dr. Steve Nagel, DC

180 Health Solutions

References:

"Electronic Support for Public Health: Validated Case Finding and Reporting for Notifiable Diseases Using Electronic Medical Data" - This study can be searched for on scholarly databases like PubMed or Google Scholar.

Information on the National Childhood Vaccine Injury Act of 1986 can be found through government websites like the CDC or HHS, or through legal databases discussing the Act's implications.

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1467
2/10/2025

Relating to the publication of vaccine adverse event data and information; to provide for a legislative management report; to provide an appropriation; to provide a continuing appropriation; and to provide an expiration date.

10:05 a.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr
Members Absent: Representative Dobervich

Discussion Topics:

- Committee action

10:06 a.m. Chairman M. Ruby verbally proposed amendments relating to state data.

10:10 a.m. Representative Rohr moved to change section 1, pg 1 to use federal data on state website.

10:10 a.m. Representative Beltz seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	AB
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

10:10 a.m. Motion passed 12-0-1.

Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

Bill was further amended on 2/19/2025

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1467
2/17/2025

Relating to the publication of vaccine adverse event data and information; to provide for a legislative management report; to provide an appropriation; to provide a continuing appropriation; and to provide an expiration date.

4:04 p.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rohr and Representative Rios

Discussion Topics:

- Possible amendments

4:04 Representative Hendrix States he is still waiting on amendments.

4:05 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk by Risa Berube

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1467
2/19/2025

Relating to the publication of vaccine adverse event data and information; to provide for a legislative management report; to provide an appropriation; to provide a continuing appropriation; and to provide an expiration date.

10:07 a.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rohr

Members Absent: Representative Rios

Discussion Topics:

- Committee action
- Report to legislative management amendments

10:08 a.m. Representative Hendrix introduced proposed amendments, #45225.

10:15 a.m. Representative Bolinske moved to amend the bill relating to a report to legislative management.

10:15 a.m. Vice-Chairman Frelich seconded the motion.

10:16 a.m. Voice vote passed.

10:16 a.m. Vice-Chairman Frelich moved a Do Pass as amended.

10:16 a.m. Representative Holle seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	AB
Representative Karen Rohr	Y

10:17 a.m. Motion passed 12-0-1.

Representative Hendrix will carry the bill.

10:17 a.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

February 19, 2025

RS 2/19/25
1 of 3

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1467

Introduced by

Representative D. Anderson

1 A BILL for an Act ~~to create and enact a new section to chapter 23-12 of the North Dakota~~
2 ~~Century Code, relating to recording and reporting vaccine adverse event data;~~ to amend and
3 reenact section 23-12-22 of the North Dakota Century Code, relating to the publication of
4 vaccine adverse event data and information; and to provide for a legislative management
5 report; ~~to provide an appropriation; to provide a continuing appropriation; and to provide an~~
6 ~~expiration date.~~

7 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

8 **SECTION 1. AMENDMENT.** Section 23-12-22 of the North Dakota Century Code is
9 amended and reenacted as follows:

10 **23-12-22. Vaccine adverse event data - Website.**

11 ~~1.~~ The department of health and human services shall ~~prominently;~~
12 a.1. Prominently display, on a website maintained by the department, a link to the federal
13 vaccine adverse event reporting system, along with instructions on how to report an
14 adverse event and how to access state-specific data. ~~The department may compile its~~
15 ~~own data for use on this website; and~~
16 ~~b.2. Provide information about the vaccine adverse event data system maintained by the~~
17 ~~department under section 2 of this Act, including recording and reporting requirements~~
18 ~~for health care providers~~ By July first of each even-numbered year, provide a report to
19 the legislative management of all state-specific data and a summary of all reported
20 data nationally.

1 ~~2. The department of health and human services may compile its own data for use on its~~
2 ~~website.~~

3 ~~SECTION 2. A new section to chapter 23-12 of the North Dakota Century Code is created~~
4 ~~and enacted as follows:~~

5 ~~Vaccine adverse event data - Recording - Report to department and legislative~~
6 ~~management - Vaccine adverse event data system fund - Continuing appropriation.~~

7 ~~1. As used in this section:~~

8 ~~a. "Department" means the department of health and human services.~~

9 ~~b. "Health care provider" means a licensed individual or facility providing health care~~
10 ~~services.~~

11 ~~c. "Vaccine" means a vaccine recommended by the federal advisory committee on~~
12 ~~immunization practices of the centers for disease control and prevention.~~

13 ~~d. "Vaccine administration error" means a preventable event that may cause or lead~~
14 ~~to inappropriate vaccine use or patient harm. The term includes administering a~~
15 ~~wrong or expired vaccine; using the incorrect route, site, or dosage; scheduling~~
16 ~~errors; improper preparation or storage; and administering a vaccine to the wrong~~
17 ~~individual.~~

18 ~~2. The department shall:~~

19 ~~a. Establish and administer a system to record and compile reported vaccine~~
20 ~~adverse event data;~~

21 ~~b. Designate the adverse events a health care provider shall report to the~~
22 ~~department, including:~~

23 ~~(1) An adverse event required to be reported under the National Childhood~~
24 ~~Vaccine Injury Act of 1986 [Pub. L. 99-660; 100 Stat. 3774; 42 U.S.C.~~
25 ~~300aa-25 et seq.]; and~~

26 ~~(2) A vaccine administration error;~~

27 ~~c. Establish time frames and methods for reporting;~~

28 ~~d. Develop forms for reporting;~~

29 ~~e. Adopt rules necessary to implement this section; and~~

1 ~~f. By July first of each even-numbered year, provide a comprehensive report to the~~
2 ~~legislative management, which includes a summary of all reported data and the~~
3 ~~overall effectiveness of the system.~~

4 ~~3. A health care provider that administers a vaccine to an individual shall report every~~
5 ~~occurrence of an adverse event to the department, on a form prescribed by the~~
6 ~~department.~~

7 ~~4. A member of the public may report an adverse event to the department in a manner~~
8 ~~prescribed by the department.~~

9 ~~5. A report required by this section and held by the department is confidential~~
10 ~~information. Unless otherwise provided by law, information that may identify an~~
11 ~~individual may not be disclosed to any person except:~~

12 ~~a. The individual who received the vaccine, or that individual's parent, legal~~
13 ~~guardian, or legal representative; and~~

14 ~~b. For statistical purposes, in a manner such that personally identifiable information~~
15 ~~can not be identified.~~

16 ~~6. An officer or employee of the department may not be examined in any judicial,~~
17 ~~executive, legislative, or other proceeding regarding the existence or content of any~~
18 ~~individual's report retained by the department under this section.~~

19 ~~7. There is created in the state treasury a vaccine adverse event data system fund. The~~
20 ~~fund consists of all moneys transferred to the fund and all interest and earnings upon~~
21 ~~moneys in the fund. Moneys in the fund are appropriated to the department on a~~
22 ~~continuing basis for the purpose of administering the provisions of this chapter.~~

23 ~~**SECTION 3. APPROPRIATION – DEPARTMENT OF HEALTH AND HUMAN SERVICES –**~~
24 ~~**VACCINE ADVERSE EVENT DATA SYSTEM.**~~ There is appropriated out of any moneys in the
25 general fund in the state treasury, not otherwise appropriated, the sum of \$100,000, or so much
26 of the sum as may be necessary, to the department of health and human services for the
27 purpose of establishing and administering a system to record and compile reported vaccine
28 adverse event data, for the biennium beginning July 1, 2025, and ending June 30, 2027.

29 ~~**SECTION 4. EXPIRATION DATE.**~~ This Act is effective through June 30, 2029, and after that
30 ~~date is ineffective.~~

**REPORT OF STANDING COMMITTEE
HB 1467**

Human Services Committee (Rep. M. Ruby, Chairman) recommends **AMENDMENTS** ([25.0296.03002](#)) and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 1 ABSENT OR EXCUSED AND NOT VOTING). HB 1467 was placed on the Sixth order on the calendar.

From: Hendrix, Jared
Sent: Wednesday, February 19, 2025 10:04 AM
Subject: HB 1467 amendments

a. Prominently display, on a website maintained by the department, a link to the federal vaccine adverse event reporting system, along with instructions on how to report an adverse event and how to access state-specific data. ~~The department may compile its own data for use on this website.~~; and. By July first of each even numbered year, provide a report to the legislative management of all state-specific data, and a summary of all reported data nationally.

Strike all other language

Representative Jared Hendrix
State House - District 10 - Fargo