

2023 HOUSE HUMAN SERVICES

HB 1502

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1502
1/23/2023

Relating to medical certification requirements, prohibitions on hospitals and health care facilities requiring employees receive certain vaccinations, and access to hospital care.

Chairman Weisz called the meeting to order at 2:37 PM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Carrie McLeod, Todd Porter, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. Rep. Kiefert and Rep. Prichard not present.

Discussion Topics:

- Cause of death on certificates
- Exclusion from liability
- Medicare
- Vaccination status on cases of death
- Vaccination mandates
- VAERS adverse affects reporting database
- Performing autopsies
- Safety of COVID-19 vaccines
- Future disease outbreaks
- Miscarriages
- Vulnerability of vaccine manufacturers
- Allowing business owners to make health decisions

Representative Hoverson introduced HB 1502, verbally supportive testimony.

Cody Scible, North Dakota citizen, verbally spoke in favor of bill.

Marty Beard, North Dakota citizen, verbally spoke in favor of bill.

Alexis Wangler, citizen from Linton, ND, verbally spoke in favor of bill.

Chris Meeker, Chief medical officer at Sanford Health in Bismarck, ND, offered testimony in opposition to bill. (#15648)

Shelly Peterson, President of the North Dakota Long Term Care Association, offered testimony in opposition to bill. (#15657)

Nash Binengar, 3rd year Medical Student, offered testimony in opposition to bill. (#15192)

Courtney Koebele, offered testimony in opposition to bill. (#15574)

Molly Howell, the Immunizations Director for the North Dakota Department of Health and Human Services, offered testimony in opposition to bill. (#14955) (#14956)

Darren Messkee, offered verbal testimony in opposition to bill.

Kylie Hall, North Dakota citizen, verbally spoke in opposition to bill (#15460).

Andy Askew, Policy Analyst for Ascencia Health, offered testimony in opposition to bill. (#15595)

Travis Zabloutney, North Dakota citizen, verbally offered neutral testimony in relation to bill.

Additional written testimony:

- Seth Flamm, ND Resident, (#14859)
- Daniel Gwynn, Registered pharmacist in ND, (#14865)
- Aaron Ness, ND Resident, (#14874)
- Patricia Burckhard, ND Resident, (#14878)
- Lisa Pulkrabek, ND Resident, (#14980)
- Wade Pulkrabek, ND Resident, (#14981)
- Rebekah Oliver, ND Resident, (#15051)
- Mariah Bates, ND Resident, (#15062)
- Shelby Downey, ND Resident, (#15097)
- Dr. Steve Nagel, ND Resident (#15212)
- Mary Korsmo, ND Resident (#15226)
- Andrea Leingang, ND Resident (#15255)
- Doug Sharbono, ND Resident (#15275)
- Sandra Tibke, Executive Director of Foundation for a Heathy North Dakota (#15316)
- Cionda Holter, ND Resident, (#15344)
- Jacob Holter, ND Resident (#15346)
- Kendra Roeder, ND Resident (#15350)
- Malinda Weninger, ND Resident (#15434)
- Richard Jensen, ND Resident (#15453)
- Jewell Hamilton, ND Resident (#15500)
- Rosemary Ames, ND Resident (#15515)

Chairman Weisz adjourned the meeting at 3:58 PM.

Phillip Jacobs, Committee Clerk By: Leah Kuball

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1502
2/8/2023

Relating to medical certification requirements, prohibitions on hospitals and health care facilities requiring employees receive certain vaccinations, and access to hospital care.

Chairman Weisz called the meeting to order at 4:34 PM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. Rep. Karen M. Rohr not present.

Discussion Topics:

Committee work

- Proposed amendment (23.1051.02001)
- Committee action on amendment (23.1051.02002)

Representative McLeod discussed the proposed amendments to HB 1502, (23.1051.02001) # 27015

Representative Porter moved to amend HB 1502 with #23.0151.02001 plus remove section 2.

Seconded by Representative Beltz.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	N
Representative Karen A. Anderson	N
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	N
Representative Dawson Holle	N
Representative Dwight Kiefert	Y
Representative Carrie McLeod	N
Representative Todd Porter	Y
Representative Brandon Prichard	N
Representative Karen M. Rohr	AB

Motion carries: 7-6-1.

Representative Porter moved a DO PASS as amended on HB 1502.

Seconded by Representative M. Ruby

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	AB

Motion carries 13-0-1.

Carried by Representative Prichard

Chairman Weisz adjourned the meeting at 4:54 PM.

Phillip Jacobs, Committee Clerk By: Leah Kuball

February 8, 2023

2-8-23

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1502

Page 1, line 1, remove "to chapter 23-02.1 and two new sections"

Page 1, line 2, remove "medical certification requirements,"

Page 1, remove line 3

Page 1, line 4, remove "vaccinations, and"

Page 1, remove lines 6 through 23

Page 2, remove lines 1 through 15

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1502: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1502 was placed on the Sixth order on the calendar.

Page 1, line 1, remove "to chapter 23-02.1 and two new sections"

Page 1, line 2, remove "medical certification requirements,"

Page 1, remove line 3

Page 1, line 4, remove "vaccinations, and"

Page 1, remove lines 6 through 23

Page 2, remove lines 1 through 15

Renumber accordingly

2023 SENATE HUMAN SERVICES

HB 1502

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1502
3/14/2023

Relating to access to hospital care.

3:27 PM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, and Hogan** were present.

Discussion Topics:

- Vaccines
- Bone marrow
- Covid ethics
- Health risk

3:28 AM **Representative Hoverson** introduced HB 1502 and testified in favor. # 24988

3:35 PM **Tim Blasl, President, North Dakota Hospital Association**, in opposition verbally and introduced **Dr. Meeker**

3:35 PM **Dr. Chris Meeker, Chief Medical Officer, Sanford Health**, testified in opposition. #24530

3:40 PM **Senator Lee** adjourned hearing.

Senator Lee calls for discussion.

Senator K. Roers moves **DO NOT PASS**.

Senator Lee seconded the motion.

3:46 PM **Dr. Meeker** provided additional information verbally.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	N
Senator David A. Clemens	N
Senator Kathy Hogan	AB
Senator Kristin Roers	Y
Senator Kent Weston	N

Note: Vote held open for **Senator Hogan** 3/14/2023, **Senator Hogan** will vote on 3/15/2023 at 9:00 AM.

Additional Written Testimony:

Lilly Funk, Assistant Teacher, Headstart in favor #23801

Shawna Grubb in favor #23941

Lisa Pulkrabek in favor #24030

Tiffany Ormonde in favor #24114

David Ormonde in favor #24115

Sheila Glaser in favor #24402

Rocky Babel in favor #24610

Debra Bolte in favor #24619

Doug Sharbono in favor #24680

Grant Gunderson in favor #24732

Danielle Kenneweg in opposition #24648

3:59 PM **Madam Chair Lee** adjourned the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1502
3/15/2023

Relating to access to hospital care.

5:08 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, and Hogan** are present.

Discussion Topics:

- Committee action

Note: Vote was held on 3/14/2023; **Senator Hogan** was absent so the vote was held open for her vote, **Senator Hogan** voted today.

Roll call vote.

Final vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	N
Senator David A. Clemens	N
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	N

Motion failed 3-3-0.

5:10 PM **Madam Chair Lee** adjourned the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1502
3/21/2023

Relating to access to hospital care.

2:47 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Clemens, K. Roers, Weston, and Hogan** are present. **Senator Cleary** was absent.

Discussion Topics:

- Transplant
- Covid

Senator K. Roers provided information

2:53 PM **Madam Chair Lee** adjourned the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1502
3/28/2023

Relating to access to hospital care.

9:39 AM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, and Hogan** were present.

Discussion Topics:

- Patient
- Outdated vaccines
- Federal law

Senator Lee calls for discussion.

Senator K. Roers moved **DO NOT PASS**.
Senator Hogan seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	N
Senator David A. Clemens	N
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	N

Motion failed. 3-3-0.

Senator K. Roers moved to Without Committee Recommendations.
Senator Cleary seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

Roll call vote 6-0-0.

Senator Lee will carry HB 1502.
9:58 AM **Madam Chair Lee** adjourned the meeting.

Patricia Lahr, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1502, as engrossed: Human Services Committee (Sen. Lee, Chairman) recommends **BE PLACED ON THE CALENDAR WITHOUT RECOMMENDATION** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1502 was placed on the Fourteenth order on the calendar. This bill does not affect workforce development.

TESTIMONY

HB 1502

Members of the House Human Services Committee,

My name is Seth Flamm and I reside in District 27. I am asking that you please render a DO PASS on House Bill 1502.

No one should be coerced into receiving these experimental injections. Healthcare workers were deemed heroes at the beginning of the pandemic, but soon many were demonized for simply wanting bodily autonomy and the freedom to make their own choices. Furthermore, no one should be denied any healthcare by refusing to refuse these injections. What ever happened to "my body, my choice"? It is absolutely unacceptable in this great state for anyone to either be coerced into a medical intervention or denied one based on their personal decisions on these injections.

Thank you for your consideration and for serving North Dakota.

I am writing in support of HB 1502. I am a registered pharmacist in North Dakota, and a board certified cardiology pharmacist. My particular interest in supporting this bill is the restriction on employers, especially hospitals, from mandating vaccinations that are new, largely untested, and medically unnecessary and unhelpful for many of their employees. In 2021 I was forced to choose between my career and a vaccine with the following characteristics:

- Zero medium- and long-term placebo-controlled safety data.
- Zero data about whether it halts the spread of Covid-19 in a population.
- In the case of the Pfizer vaccine, short-term safety data showed higher rates of all-cause mortality when compared to placebo, including a 4-fold increase in death due to cardiac arrest, compared with one or two Covid deaths prevented per 22,000 people vaccinated, as shown in the study results.

In my opinion, the rush by employers and federal regulators to force health care workers to take a mostly unproven vaccine of unknown safety was a mistake of massive proportions, and a moral failure. I hope this bill will provide protection for workers against the future infringement of their natural rights of conscience and bodily sovereignty.

Daniel Gwynn, RPh, PharmD, BCCP
Horace, ND

My name is Aaron Ness, and I am a resident of Bismarck, ND and am writing in support of HB 1502. I am a 47-year-old male and I have stage 4 kidney disease. In 2022, I was denied admission to the kidney transplant waiting list by the Mayo Clinic in Rochester, Minnesota because I would not get the Covid 19 shot. Going into my evaluation with the Mayo Clinic I knew that they were requiring the Covid 19 shot, however, they said they were allowing religious exemptions.

I qualified under every other requirement that the Mayo clinic had and was even told by one of the doctors at the Mayo clinic that I would be an excellent candidate for a transplant. Currently, I am not having any physical symptoms and am otherwise a healthy individual.

Although I currently don't need a transplant, my current kidney function allows me to be placed on a transplant waiting list so that I can accrue time for if I will ever need one. The type of kidney disease that I have is very unpredictable. I may never need a kidney transplant, or I could need one tomorrow. My concern with taking the Covid 19 shot is that it could make my kidney function worse or cause other health issues that I currently don't have. I have been warned by one healthcare professional of possible complications from getting the Covid 19 shot on my kidney function. In addition, I had spent a lot of time in prayer and in quiet reflection with God leading up to my evaluation with the Mayo Clinic. Although I am not against vaccines in general or anyone else making their own personal choice to take the Covid 19 shot, I felt in my heart that God was calling me to be faithful and obedient to him and to not take the shot. I submitted a religious exemption to the Mayo Clinic, however, they rejected it. After refusing to get the Covid 19 shot, they removed from transplant consideration; even though to do this day, I have yet to get Covid 19.

After being rejected by the Mayo Clinic, I applied to the transplant waiting list with Sanford Medical Center. Although Sanford requested me to take the Covid 19 shot as well as other vaccines, they did not require them for me to be added to their transplant waiting list. Sanford has been very respectful of my decision not to receive the Covid 19 shot and I am glad to say they have approved me, and I am currently on the transplant waiting list. The care I have received from the doctors and nurses at Stanford has been great.

I support HB 1502 because I don't want a healthcare organization to deny me or anyone else medical care in the future.

Sincerely,

Aaron Ness

Members of the House Human Services Committee,

“My name is Patricia Burckhard and I reside in District 15

. I am asking that you please render a DO PASS on House Bill 1502.”

Patricia Burckhard

Good afternoon, Chairman Weisz and members of the House Human Services Committee. I am Molly Howell, the Immunization Director for the North Dakota Department of Health and Human Services (Department).

I am providing testimony in opposition to HB1502. The greatest concern with HB1502 is the definition of "experimental vaccination." If a vaccine does not meet all four criteria outlined in the bill, then it is considered an "experimental vaccination" which could have an unintended consequence for other routine wellness vaccines.

One of the criteria, Section 2, 3d states, "The vaccine's manufacturer has liability, including for design defect claims, for any death or injury caused by the vaccine."

The [National Childhood Vaccine Injury Act of 1986](#), as amended, created the National Vaccine Injury Compensation Program (VICP), a no-fault alternative to the traditional tort system. It provides streamlined compensation to people found to be injured by certain vaccines. The VICP was established after lawsuits against vaccine manufacturers and health care providers threatened to cause vaccine shortages and reduce vaccination rates. Serious adverse events related to vaccination are extremely [rare](#). Vaccine manufacturers are not liable for unforeseen adverse events, however, they are liable for negligence. Attached is a factsheet for additional information about the VICP.

Based on the definition of "experimental vaccination" in HB1502, this legislation would eliminate all routine immunization (i.e., hepatitis B, measles) requirements for hospitals and healthcare facilities because these vaccines are included in VICP, and therefore would meet the proposed definition of "experimental vaccination."

Vaccination of healthcare workers is critical to employee safety and patient protection. All healthcare personnel (HCP) should receive hepatitis B vaccination and be tested for immunity, to ensure protection in the event of a needle stick. Laboratorians working with rabies or meningococcal specimens need to be vaccinated to ensure prevention when exposed. One study model suggests that if influenza vaccination rates in clinics where vaccination was not mandated had equaled those where vaccine was mandated, HCP influenza infections would have been reduced by 52.1%.ⁱ

Each year influenza causes outbreaks in long-term care (LTC) facilities. The impact of influenza on LTC facilities can be particularly devastating since influenza can be a serious health threat, especially for people vulnerable to influenza complications, including older adults and people living with certain long-term medical conditions. People older than age 65 are at the highest risk for hospitalization and complications from influenza and they account for the majority of influenza hospitalizations and deaths in the United States each year.ⁱⁱ Several studies have demonstrated that vaccination in healthcare settings decreases influenza transmission from HCP to patients, particularly in LTC settings.^{iii iv} Studies in LTC facilities have shown that staff vaccination against influenza has been associated with reductions in all-cause mortality among residents, influenza-like illness (ILI), and hospitalizations of individuals with ILI.^v In addition, one LTC study suggested that although staff vaccination rates did not independently predict ILI outbreaks, high rates of vaccination among *both* staff and residents substantially reduced the rate and impact of influenza outbreaks.^{vi} In addition to protecting patients, influenza vaccination reduces staff absentee rate rates and protects staff and their families.^{vii}

An additional concern about HB1502 is the lack of a definition in Section 2, 1b of what it means to “promote” in the healthcare setting. For example, would education about vaccines to healthcare workers be considered promotion? Another concern lies in Section 2, 3a, where the requirements for “pivotal clinical trials” are generally in accordance with current vaccine clinical trials in the United States, but historical clinical trials for vaccines such as measles, may not meet this requirement and therefore would be unallowable.

In conclusion, the vaccination of healthcare personnel is an important way to ensure staff and patient protection from infectious diseases. Vaccination also

reduces staff absenteeism, ensuring this critical workforce is able to provide care.

Thank you for the opportunity to appear before you today. I would be happy to respond to any questions you may have.

ⁱ Simberkoff MS, Rattigan SM, Gaydos CA, Gibert CL, Gorse GJ, Nyquist AC, Price CS, Reich N, Rodriguez-Barradas MC, Bessesen M, Brown A, Cummings DAT, Radonovich LJ, Perl TM; ResPECT Study Team. Impact of mandatory vaccination of healthcare personnel on rates of influenza and other viral respiratory pathogens. *Infect Control Hosp Epidemiol.* 2022 Sep;43(9):1216-1220. doi: 10.1017/ice.2021.324. Epub 2021 Aug 5. PMID: 34350820.

ⁱⁱ Havers F, Sokolow L, Shay DK, et al. Case-control study of vaccine effectiveness in preventing laboratory-confirmed influenza hospitalizations in older adults, United States, 2010-2011. *Clin Infect Dis* 2016; 63(10): 1304-11.

ⁱⁱⁱ Carman WF, Elder AG, Wallace LA, et al. Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. *Lancet* 2000; 355(9198): 93-7.

^{iv} Potter J, Stott DJ, Roberts MA, et al. Influenza vaccination of health care workers in long-term-care hospitals reduces the mortality of elderly patients. *J Infect Dis* 1997; 175(1): 1-6.

^v Hayward AC, Harling R, Wetten S, et al. Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial. *BMJ* 2006; 333(7581): 1241.

^{vi} Shugarman LR, Hales C, Setodji CM, Bardenheier B, Lynn J. The influence of staff and resident immunization rates on influenza-like illness outbreaks in nursing homes. *Journal of the American Medical Directors Association* 2006; 7(9): 562-7.

^{vii} Miguel Pereira, Siân Williams, Louise Restruck, Paul Cullinan, Nicholas S Hopkinson *Clinical Medicine* Dec 2017, 17 (6) 484-489; DOI: 10.7861/clinmedicine.17-6-484

The National Vaccine Injury Compensation Program (NVICP) and Vaccine Manufacturer Liability

Vaccines, like other medicines, can have side effects, as no medical intervention is completely risk free. When side effects do occur from vaccination, they are typically mild; serious adverse events following vaccination are very rare. In the event that a vaccine causes a serious adverse event and injury to the recipient, the United States (U.S.) has created the National Vaccine Injury Compensation Program (NVICP), which provides financial compensation to individuals that have been injured by a NVICP-covered vaccination.

The NVICP was the result of nearly two decades of controversy over whether and how adverse reactions to childhood vaccines should be addressed. Before the program became law, the only legal option for parents who felt that their children had been harmed by a vaccine was to sue the vaccine manufacturer, which was an expensive and time-consuming process. The NVICP was set up by the Department of Health and Human Services in the 1980s and provides financial compensation to individuals who have been injured by a NVICP-covered vaccine.

How the National Vaccine Injury Compensation Program came to be.

The NVICP was created in response to concerns about the pertussis portion of the DPT (diphtheria, pertussis, and tetanus) vaccine. The DPT vaccine was very reactogenic; it was known to cause significant injection site reactions, high fevers, and serious systemic reactions (febrile seizures, persistent crying, and whole-limb swelling). Although none of these side effects were associated with serious long-term sequelae (an aftereffect of a disease, condition, or injury), these side effects contributed to increasing public concerns about the safety of the DPT vaccine. Some claimed the pertussis component of the vaccine caused “pertussis vaccine encephalopathy”, a permanent brain injury; further studies showed no true association between DTP and permanent brain injury. The alleged vaccine-induced brain damage proved to be an unrelated condition, infantile epilepsy. The whole-cell pertussis vaccine was also featured in a TV documentary and was blamed for causing various intellectual and physical disabilities.

Through the 1970s and 1980s, the number of lawsuits brought against vaccine manufacturers increased dramatically. Manufacturers made large payouts to individuals claiming vaccine injury, many of these claims tied to the DPT vaccination. For example, in 1978 only one lawsuit was filed, whereas 73 lawsuits were filed in 1984. During the seven-year period from 1978 to 1984, the average amount claimed per suit rose from \$10 million to \$46.5 million.

By 1985, vaccine manufacturers were still liable for any unforeseen and potentially rare injury linked to the vaccines they produced. While a successful vaccine could prevent hundreds of thousands of cases of deadly disease, it could also lead to a few rare incidences of side effects that could lead to multimillion-dollar lawsuits (In many cases, damages were awarded despite the absence of scientific evidence.). Manufacturers had difficulty obtaining liability insurance. The incentive for creating vaccines became highly unfavorable in the eyes of pharmaceutical companies; low profit margins and lawsuits related to vaccine safety led several manufacturers to withdraw their DPT vaccines from the market. The price of DPT vaccine skyrocketed, leading providers to curtail purchases, limiting vaccine availability. By the end of 1985, only one company was still manufacturing pertussis vaccine in the U.S. At the time, public health officials and vaccine experts noted that if the current lawsuit trend continued, it would pose an increasing threat to the development of new vaccines and availability of current vaccines in the U.S.

In 1986, in response to vaccine shortages and concerns about the return of vaccine-preventable diseases, Congress passed and President Ronald Reagan signed into law the NCVIA. The purpose of the NCVIA was to eliminate the potential financial liability of vaccine manufacturers due to vaccine injury claims, to ensure a stable supply of vaccines, to stabilize vaccine costs, and to provide cost-effective arbitration for vaccine injury claims.



REAGAN SIGNS BILL ON DRUG EXPORTS AND PAYMENT FOR VACCINE INJURIES

The New York Times; November 15, 1986, Section 1, Page 1

The National Vaccine Injury Compensation Program (NVICP)

The NVICP is funded by an excise tax added on vaccines recommended by the CDC for routine administration. This program provides liability protection to vaccine manufacturers and vaccine administrators who administered covered vaccines. There are four key things to understand about NVICP:

1. Compensation doesn't prove causation.
2. People not happy with the outcome can still take their case to civil court.
3. Although the Act provides liability protections to vaccine manufacturers and vaccine administrators who administer covered vaccines in many circumstances, these protections are not absolute.
4. The requirements for claims filed with the NVICP are two-fold: the events (vaccine administration and injury) have to be temporally related AND some biologically-plausible explanation why the events could be related must be accounted for.

Under the NCVIA, the NVICP was created to compensate those injured by vaccine on a "no fault" basis. The program began accepting petitions (also called claims) in 1988. Individuals can appeal in civil court if their claim is unsuccessful under NVICP, but few do because it is widely considered harder for a petitioner to win in civil court. The NCVIA also created the Vaccine Adverse Event Reporting System (VAERS), established the National Vaccine Program Office (NVPO), and required healthcare providers to provide Vaccine Information Statements (VISs) to vaccine recipients or their parent/legal guardian.

Although the NVICP provides liability protections to vaccine manufacturers and vaccine administrators who administer covered vaccines in many circumstances, these protections are not absolute. Both vaccine manufacturers and administrators are still liable for negligence.

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

According to the CDC, from 2006 to 2019 over 4 billion doses of covered vaccines were distributed in the U.S. For petitions filed in this time period, 8,941 petitions were adjudicated by the court, and of those, 6,390 were compensated. This means for every one million doses of vaccine that were distributed, approximately one individual was compensated.

Since 1988, over 25,152 petitions have been filed with the NVICP. Over that 30-year time period, 21,220 petitions have been adjudicated, with 9,070 of those determined to be compensable, while 12,150 were dismissed. Total compensation paid over the life of the program is approximately \$4.8 billion.

The PREP Act and Countermeasures Injury Compensation Program

The Public Readiness & Emergency Preparedness (PREP) Act authorizes the Secretary of Health & Human Services to issue a declaration that provides immunity from liability (except for willful misconduct) for claims of loss resulting from administration or use of counter measures to diseases, threats and conditions determined to constitute a present or credible risk of a future public health emergency. This limited immunity from liability applies to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. PREP Act declarations have been issued for various anthrax, botulism, COVID-19, smallpox, and other medical countermeasures. The PREP Act and the NCVIA are similar in balancing liability protections for manufacturers with a clearer pathway for petitioners.

The PREP Act also authorizes the Countermeasures Injury Compensation Program (CICP) to provide benefits in case of physical injury due to covered countermeasures. With CICP, benefits must be requested within 1 year from the date of administration or use of the covered countermeasure alleged to have caused the injury. Examples of covered countermeasures in the case of the COVID-19 pandemic include specified diagnostic tests, treatments, and vaccines. For more information, see www.hrsa.gov/cicp.

References:

Some of the content of this handout was taken directly from the following resources:

1. HRSA. National Vaccine Injury Compensation Program. Accessed 11/9/2022. Available at: <https://www.hrsa.gov/vaccine-compensation>
2. CDC. Vaccine Information Statements (VISs). Accessed 11/10/2022. Available at: <https://www.cdc.gov/vaccines/hcp/vis/index.html>
3. IAC. Vaccine Injury Compensation Programs. Accessed 11/9/2022. Available at: <https://www.immunize.org/catg.d/p2075.pdf>
4. CDC. History of Vaccine Information Statements. Accessed 11/9/2022. Available at: <https://www.cdc.gov/vaccines/hcp/vis/downloads/vis-history.pdf>
5. Immunize.org. You Must Provide Patients with Vaccine Information Statements (VISs) - It's Federal Law! Accessed 11/9/2022. Available at: <https://www.immunize.org/catg.d/p2027.pdf>
6. HRSA. National Vaccine Injury Compensation Program. Accessed 11/10/2022. Available at: <https://www.hrsa.gov/sites/default/files/hrsa/vicp/vicp-fact-sheet.pdf>
7. History of Vaccines. Vaccine Injury Compensation Programs. Accessed 11/9/2022. Available at: <https://historyofvaccines.org/vaccines-101/ethical-issues-and-vaccine-injury-compensation-programs>
8. CDC. Historical Vaccine Safety Concerns. Accessed 11/9/2022. Available at: <https://www.cdc.gov/vaccinesafety/concerns-history.html>

HB 1502 Please do Pass

Members of the House Human Services Committee,

“My name is Lisa Pulkrabek and I reside in District 31. I am asking that you please render a DO PASS on House Bill 1502.”

We deserve to know the truth about the covid vaccines. We want to know who died from the vaccines. We want to know the risks of this experimental MRNA treatment before we take it. We don't want to be forced to take it. Tens of thousands of North Dakotans have taken one form of the covid vaccine or another already. We are now just starting to see the damage as they get the boosters. We deserve to know how it is affecting our bodies. This bill will demand that the studies be done and the truth brought to light.

Thank you kindly for your hard work in the legislature.

Lisa Pulkrabek

HB 1502 Please do Pass

Members of the House Human Services Committee,

“My name is Wade Pulkrabek and I reside in District 31. I am asking that you please render a DO PASS on House Bill 1502.”

We deserve to know the truth about the covid vaccines. We want to know who died from the vaccines. We want to know the risks of this experimental MRNA treatment before we take it. We don't want to be forced to take it. Tens of thousands of North Dakotans have taken one form of the covid vaccine or another already. We are now just starting to see the damage as they get the boosters. We deserve to know how it is affecting our bodies. This bill will demand that the studies be done and the truth brought to light.

Thank you kindly for your hard work in the legislature.

Wade Pulkrabek

DO PASS - HB 1502

Dear Members of the House Human Services Committee,

Please render a DO PASS on House Bill 1502.

Transparency and accuracy in medical certification is critical, especially when the data inform far-reaching decisions. Additionally, healthcare workers and patients, like all individuals, must be free to make medical and health decisions without undue influence or coercion.

Thank you for considering this critical bill, and for your service to North Dakota.

Sincerely,

Rebekah Oliver

District 11

Mariah Bates
Williston, North Dakota
House Bill 1502

Members of the House Human Services Committee,

My name is Mariah Bates and I reside in District 1, I am asking that you please render a DO PASS on House Bill 1502.

The CDC's VAERS safety signal analysis for mRNA COVID-19 vaccines shows clear safety signals for death and a range of highly concerning thrombo-embolic, cardiac, neurological, hemorrhagic, hematological, immune-system and menstrual adverse events among U.S. adults.

The CDC analysis shows that the number of serious adverse events reported in less than two years for mRNA COVID-19 vaccines is 5.5 times larger than all serious reports for vaccines given to adults in the US since 2009.

There are 96 safety signals for 12-17 year-olds, which include: myocarditis, pericarditis, Bell's Palsy, genital ulcerations, high blood pressure and heartrate, menstrual irregularities, cardiac valve incompetencies, pulmonary embolism, cardiac arrhythmias, thromboses, pericardial and pleural effusion, appendicitis and perforated appendix, immune thrombocytopenia, chest pain, increased troponin levels, being in intensive care, and having anticoagulant therapy.

There are 66 safety signals for 5-11 year-olds, which include: myocarditis, pericarditis, ventricular dysfunction and cardiac valve incompetencies, pericardial and pleural effusion, chest pain, appendicitis & appendectomies, Kawasaki's disease, menstrual irregularities, vitiligo, and vaccine breakthrough infection

Please protect North Dakota Residents, North Dakota Health Care Workers, and other North Dakotans whom may be coerced by their employers, from the dangerous and unnecessary COVID-19 vaccines.

Thank you for your consideration of this important issue and for your service to the state of North Dakota.

Mariah Bates

Members of the House Human Services Committee,

My name is Shelby Downey and I reside in District #38. I am asking that you please render a DO PASS on House Bill 1502.

I fully support this bill. It is extremely important to protect the rights of health care workers from future experimental vaccines. We saw way too many people lose their jobs over the experimental COVID-19 vaccine, crippling health care systems and making quality care difficult to find. This bill also protects the rights of the general public to receive health care treatment regardless of their vaccination status too. Again, we saw too many stories of families losing access to much-needed care because they refused to take a vaccine that had no proven efficacy.

I urge you to vote DO PASS on House Bill 1502.

Thank you for your consideration of this important matter and for your service to the state of North Dakota.

- Shelby Downey

Testimony by Nash Binigar
to the
House Human Services Committee
Hearing on House Bill 1502
January 23, 2023

Chairman Weisz and Committee Members, my name is Nash Binigar. I'm currently a 3rd-year medical student. I was born and raised in Bismarck, attended my undergrad and graduate-level education in the state, and deeply care for the people of North Dakota. I'm here today to raise concerns that I have with House Bill No. 1502. Specifically, about two portions of this bill.

The first problematic portion that I see is found within Section 2. Part 1. b. "An employer that is a hospital or a health care facility may not: Promote employee vaccination against COVID-19 or receipt of an experimental vaccine." The word promote leaves the reader with some level of ambiguity. I think most people would agree that healthcare employers shouldn't financially promote or promote an individual higher in the company based on that individual's willingness to take a new vaccine. As the bill currently stands, hospitals, nursing homes, and other medical facilities wouldn't be able to promote vaccines by hanging posters in the staff break rooms or encouraging yearly influenza vaccinations. My grandmother currently resides in a nursing home here in Bismarck. I feel grateful that the influenza vaccination is recommended to all staff as it protects all of the residents, including her, from healthcare-acquired illnesses, like influenza. This bill would certainly impede the transmission of information and would ultimately hurt patients in North Dakota. Perhaps a simple change in vocabulary or an elaboration of the definition would remedy this. I would suggest elaboration being "Promote meaning the hospital facility cannot financially or through career enhancement reward the behavior of an individual for receiving a vaccination or encouraging others to receive it."

The second concern I would like to raise is section 2. Part 3. d. or the clarification of what constitutes an experimental vaccine. It reads an "experimental vaccine" means a vaccine approved by the United States Food and Drug Administration which does not meet each of the following criteria: The vaccine's manufacturer has liability, including for design defect claims, for any death or injury caused by the vaccine." If this section is to remain in this bill it would

make manufacturers vulnerable to even minor injuries caused by vaccines, including common side effects. Ronald Reagan signed the National Childhood Vaccine Injury Act into law in 1986 to ensure an adequate supply of vaccines, stabilization of vaccine costs, and establish compensation for individuals inadvertently harmed by vaccinations. This law offers liability protection to manufacturers. If House Bill No. 1502 were to pass, as it currently stands, it would seriously undermine vaccination efforts across the State for any vaccinations that would not meet these new standards. Examples of current vaccinations that would be affected include hepatitis B and influenza which have been utilized for decades. To clarify, if section 2. paragraph 3. Part d. is to remain in this bill it would make immunizations like hepatitis B and influenza subject to this “experimental vaccine” categorization, and therefore subject to this bill. I believe that if individuals are given section 2. paragraph 3. a, b, and c of this proposed bill, they will have reliable information to make informed consent on whether to proceed with their vaccination. It raises the question, would certain manufacturers not supply future vaccines to North Dakota if this liability proposition were put into place?

I appreciate the opportunity to address you all today. May God bless you all, this State, and all of this Nation. I'm open to any questions you may have.

Nash Binengar

Medical Student III

nbinengar@outlook.com

H.R.5546 – 99th Congress (1985-1986): National Childhood Vaccine Injury Act of 1986. (1986, October 18). <https://www.congress.gov/bill/99th-congress/house-bill/5546>

Cook KM, Evans G. The National Vaccine Injury Compensation Program. *Pediatrics*. 2011 May;127 Suppl 1:S74-7. doi: 10.1542/peds.2010-1722K. Epub 2011 Apr 18. PMID: 21502255.

Ivo M. Foppa, Po-Yung Cheng, Sue B. Reynolds, David K. Shay, Cristina Carias, Joseph S. Bresee, Inkyu K. Kim, Manoj Gambhir, Alicia M. Fry. Deaths averted by influenza vaccination in the U.S. during the seasons 2005/06 through 2013/14, *Vaccine*, Volume 33, Issue 26, 2015, Pages 3003-3009, ISSN 0264-410X. <https://doi.org/10.1016/j.vaccine.2015.02.042>.

DO PASS HB 1200 and HB 1502

Representative Weisz and House Human Services Committee

I am Dr. Steve Nagel, DC and I reside in District 47 here in Bismarck. I have been in private practice for 15 years, almost 12 here in Bismarck Mandan. I own and run a unique health restoration clinic where we work to build healthy, resilient people and help restore normal immune function, among other things. My background is in Chiropractic and I also have a BSN in nursing. I am asking that you please vote a DO PASS on House Bill 1502 and 1200. A apologize for the length of this testimony as I won't be able to be there in person. Due to lost patient care days due to storms, we are backlogged with appointments, and I cannot get away on such short notice.

The reasoning for coerced vaccines is based on EXTREMELY flawed logic. We know, unequivocally, that mRNA vaccines DO NOT prevent transmission of dis-ease. Period. To recommend them in the name of "saving others" is nothing more than a talking point/pipe dream. Since they don't have the efficacy of preventing transmission, they are coercing their use under false pretenses.

They are also being shown to be much more dangerous than originally claimed by federal and state agencies. CDC's VAERS safety signal [analysis](#) for mRNA COVID-19 vaccines shows clear safety signals for death and a range of highly concerning thrombo-embolic, cardiac, neurological, hemorrhagic, hematological, immune-system and menstrual adverse events among U.S. adults.

- There are 96 safety signals for 12-17 year-olds, which include: myocarditis, pericarditis, Bell's Palsy, genital ulcerations, high blood pressure and heartrate, menstrual irregularities, cardiac valve incompetencies, pulmonary embolism, cardiac arrhythmias, thromboses, pericardial and pleural effusion, appendicitis and perforated appendix, immune thrombocytopenia, chest pain, increased troponin levels, being in intensive care, and having anticoagulant therapy.
- There are 66 safety signals for 5-11 year-olds, which include: myocarditis, pericarditis, ventricular dysfunction and cardiac valve incompetencies, pericardial and pleural effusion, chest pain, appendicitis & appendectomies, Kawasaki's disease, menstrual irregularities, vitiligo, and vaccine breakthrough infection\

The opponents of these bills will say that the VAERS system is unreliable and over-reported. However, THE OPPOSITE IS TRUE. The VAERS system is grossly underused. According to a Harvard study on the Vaccine Adverse Event Reporting System, Vaccine injures are grossly underreported (less than 1% of vaccine injuries are ever reported, and only around 10% of severe injuries are ever recorded). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2605594/>

Health authorities dismiss these injuries as irrelevant (even though this is the VERY system they claimed they would use to monitor safety).

Two years ago, in this very capital building, at last legislative session, the head of NDSU Center for Immunization Research downplayed this study, giving testimony that most of these injuries are “extremely minor” such as a sore arm. This is extremely Irresponsible and simply FALSE. He had ZERO data to prove that. The study specifically indicates only 10% of SEVERE injuries are reported.

In fact, as an example, I will point you to Dr. Joel Wallskog, an orthopedic surgeon’s sworn testimony (click the link below). He was severely injured by the covid-19 vaccine. The diagnosis of transverse myelitis, a serious neurologic disorder, ended his surgical career. When he investigated the governmental reporting system (VAERS), and asked to be contacted, he found out that injury was categorized as “not serious” because he was not hospitalized and didn’t die. This is just one example where, in fact, the opposite of what “experts” have told many of you legislators to be true. Despite the historic and extremely concerning increase in cases and reports, The injuries in VAERS are UNDERREPORTED and are worse than what is reported. <https://www.youtube.com/watch?v=wJO4rBAWEho>

Dr. Wallskog’s case is one reason people needed to be protected from these irrational, unscientific demands.

Opponents of these bill will threaten the loss of federal funding. Respectfully, if our federal government would tell businesses they had to force Russian Roulette on their employees or lose federal funding, would we be concerned about that federal funding? I hope not. This is no different. Secondly, that would be an issue for the federal courts to figure out. A hospital here in ND had only 11% of their employees chose vaccination. They didn’t lose their funds. Instead, the government made a “quiet exception” for them and paid them their funds anyhow.

As an employer, I am not allowed to ask about any other health background, disabilities, pregnancy, or most other health conditions. Vaccination status should not be any different. People’s private medical information is just that. Private. I don’t ask what my employees eat or how they exercise or their stress levels, even though these choices actually do matter when it comes to infection susceptibility.

Opponents of the bills will say that they need it for patient safety. That is also an untrue statement. THEY CAN NOT determine if an employee is capable of spreading covid based on vaccination status. Period. Let that sink in. Vaccinated can still GET covid AND spread it.

Please remember that these drug companies currently face NO criminal or civil liability for faulty mrna products. Early in the pandemic they “promised” the public that they would be

“transparent”, yet when asked to release the data on their trials, the FDA requested 75 YEARS to release the data. The very same data that was used to convince the ACIP board to approve the drug for use. <https://www.washingtonexaminer.com/policy/healthcare/judge-scrap-75-year-timeline-for-fda-to-release-pfizer-vaccine-safety-data-giving-agency-eight-months>

Pfizer is a known convicted felon- their past is riddled with fines for various outrightly criminal acts. They have been levied with the largest fine in US history- \$2,300,000,000 for knowingly FRAUDULENTLY MARKETING their drugs. Moderna had never brought a safe vaccine to the market EVER BEFORE.

<https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history>

These companies have the perfect product-

- No liability for injury, inefficacy, or death
- Government funded the research and studies to approve them
- Government markets the product up to and beyond the point of coercing people to purchase/use their products
- Taxpayers pay for all products and any injuries so price is irrelevant, and consumer does not have to make a “value based decision.” (Its free to the consumer but company still profits)

It is completely wrong to force their products on the public without any liability for the producers or the entity pushing it on the public. They need to be kicked OUT of our universities and health care systems, no welcomed in and forced upon people. Please support both of these bills.

Dr. Steve Nagel, DC

Bismarck, ND

Testimony Prepared for the
House Human Services Committee
January 23, 2023
By: Mary Korsmo
ND State Association of City & County Health Officials



RE: Opposition to HB 1502

Mr. Chair and committee members, the North Dakota State Association of City and County Health Officials (NDSACCHO) opposes any reduction of vaccination requirements in North Dakota that reduce the spread of vaccine preventable disease.

SACCHO is comprised of all 28 local public health units and we appreciate the opportunity to communicate our opposition to this bill.

Members of the House Human Services Committee,

My name is Andrea Leingang and I reside in District 34. I am asking that you please render a DO PASS on House Bill 1502.

Thousands of healthcare workers and patients have been coerced into receiving a highly experimental and ineffective injection that they didn't want and didn't need. All individuals should have the inherent fundamental right of self-determination and bodily autonomy and should be free to make medical and health decisions without undue influence from the federal government.

Patients are being denied access to life-saving organ transplants due to their decision to not receive a covid vaccine. The reason given is to increase their chances of surviving an organ transplant. However, the data on covid vaccines show many safety signals that validate patients' concerns.

Thank you for your consideration of this important issue and for your service to the state of North Dakota.

**Do Pass Testimony
of Doug Sharbono, citizen of North Dakota
on HB1502
in the Sixty-eighth Legislative Assembly of North Dakota**

Dear Chairman Weisz and members of the House Human Services Committee,

I am writing as a citizen and believe HB1502 is beneficial legislation. This legislation expands individual freedom. I am aware of people awaiting transplants, who conscientiously objected to the Covid vaccination, be denied their transplant until they received the vaccination. This is medically unethical, particularly with the poor efficacy rates and unknown risks not clinically ruled out due to experimental status.

Please give HB1502 a Do Pass.

Thank you,

Doug Sharbono
1708 9th St S
Fargo, ND 58103



HB 1502
House Human Services
January 23, 2023 | 2:30 pm

Good afternoon, Chairman Weisz and members of the House Human Services committee. My name is Sandy Tibke and I am the Executive Director of Foundation for a Healthy North Dakota.

I am providing testimony in opposition to HB1502. Our organization echoes the Department of Health and Human Services' concerns about the definition of experimental vaccination and the impact this classification will have on routine wellness vaccines. As Ms. Howell noted in her testimony, the criteria categorizing certain vaccines as "experimental" are of concern to those in the public health realm. If this bill is passed and these criteria are implemented, hospitals and healthcare facilities in this state would no longer be able to maintain all routine immunization requirements for their staff. This has grave implications for hospital administrators, healthcare employees, and patients.

Healthcare providers and associated staff are currently required to maintain up-to-date routine immunizations against infectious diseases. These requirements protect employees who, by virtue of their place of employment, are at risk of exposure to serious and sometimes deadly diseases. Hospital employees should not be put at further risk of injury or illness when multiple studies and trials (including historical clinical trials, which may not fit the criteria required by this legislation) have proven that vaccines are safe and they effectively reduce morbidity and mortality from infectious diseases.^{1,2} Furthermore, the impacts of staff absenteeism due to vaccine-preventable illnesses such as measles and polio would place enormous strain on an already stressed and overextended workforce.

Removing these requirements would also impact patients. It is our organization's firm belief that individuals should not be placed at enhanced risk of disease transmission when seeking care for illness or injury.

This legislation, as written, based on a faulty definition of experimental vaccines, limits the decision-making capabilities of qualified medical professionals and impacts day-to-day operations related to ensuring staff and patients are protected from disease. Categorizing a long-trusted vaccine, like the one for polio, as "experimental" – which this bill would do, as the clinical trial that led to FDA approval does not fit the definition's criteria (it was not a full year long)* – stigmatizes routine wellness immunizations. This would have a devastating and far-reaching effect on all North Dakotans.

Thank you for your time today. I would be happy to answer any questions.

*The initial clinical trial for Jonas Salk’s poliovirus vaccine did not last a full year.³ The bill’s definition, subpoint a. states as a criterion: “The pivotal clinical trial the United States food and drug administration relied on to approve the vaccine evaluated the safety of the vaccine *for at least one year* after the vaccine was administered against a control group that received either a placebo or another vaccine that meets the criteria under this subsection.” [Emphasis added for clarity]

References

1. Evans SJW, Jewell NP. (2021, August 12). Vaccine effectiveness studies in the field. *New England Journal of Medicine*. Epub 2021. Retrieved January 22, 2023, from <https://www.nejm.org/doi/full/10.1056/NEJMe2110605>.
2. American Academy of Pediatrics. (2022, September 6). Vaccine safety: examine the evidence. *Healthy Children: Safety and Prevention*. Retrieved January 22, 2023, from <https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Vaccine-Studies-Examine-the-Evidence.aspx>.
3. Kurlander C, Juhl RP. (2020, September 16). Lessons from how the polio vaccine went from the lab to the public that Americans can learn from today. Retrieved January 23, 2022, from <https://theconversation.com/lessons-from-how-the-polio-vaccine-went-from-the-lab-to-the-public-that-americans-can-learn-from-today-145604#:~:text=After%20months%20of%20meticulously%20analyzing,year%20after%20the%20trial%20began>.

Good day members of the House and Human Services Committee,

My name is Cionda (C.C.) Holter, I am from Surrey ND (District 3) and I am asking you today to render a do pass on HB 1502 for the following reasons:

- Thousands of healthcare workers and patients have been coerced into receiving a highly experimental and ineffective injection that they didn't want and didn't need. All individuals should have the inherent fundamental right of self-determination and bodily autonomy and should be free to make medical and health decisions without undue influence from the federal government.
- Patients are being [denied](#) access to life-saving organ transplants due to their decision to not receive a covid vaccine. The reason given is to increase their chances of surviving an organ transplant. However, the data on covid vaccines show many safety signals that validate patients' concerns.
 - CDC's VAERS safety signal [analysis](#) for mRNA COVID-19 vaccines shows clear safety signals for death and a range of highly concerning thrombo-embolic, cardiac, neurological, hemorrhagic, hematological, immune-system and menstrual adverse events among U.S. adults.
 - The CDC analysis shows that the number of serious adverse events reported in less than two years for mRNA COVID-19 vaccines is 5.5 times larger than all serious reports for vaccines given to adults in the US since 2009.
 - There are 96 safety signals for 12-17 year-olds, which include: myocarditis, pericarditis, Bell's Palsy, genital ulcerations, high blood pressure and heartrate, menstrual irregularities, cardiac valve incompetencies, pulmonary embolism, cardiac arrhythmias, thromboses, pericardial and pleural effusion, appendicitis and perforated appendix, immune thrombocytopenia, chest pain, increased troponin

levels, being in intensive care, and having anticoagulant therapy.

- There are 66 safety signals for 5-11 year-olds, which include: myocarditis, pericarditis, ventricular dysfunction and cardiac valve incompetencies, pericardial and pleural effusion, chest pain, appendicitis & appendectomies, Kawasaki's disease, menstrual irregularities, vitiligo, and vaccine breakthrough infection
- Hospitals have counted every SARS-CoV-2 positive death as a COVID-19-related death which resulted in [inaccurate death counts](#) and resulted in several harms.

Our Health Care organizations need to be held accountable to the highest standards of transparency and integrity, this bill will aid in the process of that.

Thank you for your service to our state and to our communities;

Cionda (CC) Holter

701-580-4746

Good day members of the House and Human Services Committee,

My name is Jacob Holter, I am from Surrey ND (District 3) and I am asking you today to render a do pass on HB 1502 for the following reasons:

- Thousands of healthcare workers and patients have been coerced into receiving a highly experimental and ineffective injection that they didn't want and didn't need. All individuals should have the inherent fundamental right of self-determination and bodily autonomy and should be free to make medical and health decisions without undue influence from the federal government.
- Patients are being [denied](#) access to life-saving organ transplants due to their decision to not receive a covid vaccine. The reason given is to increase their chances of surviving an organ transplant. However, the data on covid vaccines show many safety signals that validate patients' concerns.
 - CDC's VAERS safety signal [analysis](#) for mRNA COVID-19 vaccines shows clear safety signals for death and a range of highly concerning thrombo-embolic, cardiac, neurological, hemorrhagic, hematological, immune-system and menstrual adverse events among U.S. adults.
 - The CDC analysis shows that the number of serious adverse events reported in less than two years for mRNA COVID-19 vaccines is 5.5 times larger than all serious reports for vaccines given to adults in the US since 2009.
 - There are 96 safety signals for 12-17 year-olds, which include: myocarditis, pericarditis, Bell's Palsy, genital ulcerations, high blood pressure and heartrate, menstrual irregularities, cardiac valve incompetencies, pulmonary embolism, cardiac arrhythmias, thromboses, pericardial and pleural effusion, appendicitis and perforated appendix, immune thrombocytopenia, chest pain, increased troponin

levels, being in intensive care, and having anticoagulant therapy.

- There are 66 safety signals for 5-11 year-olds, which include: myocarditis, pericarditis, ventricular dysfunction and cardiac valve incompetencies, pericardial and pleural effusion, chest pain, appendicitis & appendectomies, Kawasaki's disease, menstrual irregularities, vitiligo, and vaccine breakthrough infection
- Hospitals have counted every SARS-CoV-2 positive death as a COVID-19-related death which resulted in [inaccurate death counts](#) and resulted in several harms.

Our Health Care organizations need to be held accountable to the highest standards of transparency and integrity, this bill will aid in the process of that.

Thank you for your service to our state and to our communities;

Jacob Holter

701-580-4746

HB 1502 23.1051.02000

January 23, 2023

In Support of HB 1502

My name is Kendra Roeder from District 8. I am submitting written testimony on for myself and my family's future.

As a former healthcare worker, I am testifying in favor of House Bill 1502 in an effort to help prevent what happen to me and my co-workers from occurring in the future to my family and healthcare workers. I want my children and North Dakota's future healthcare workers to have the abilities to work in healthcare without the threat of forced experimental vaccination or being coerced into taking an experimental vaccination at risk of losing their lively hoods.

In November of 2021, I was forced to resign my position as the Safety and Health Manager at a Bismarck Care Center due to my religious beliefs against taking the COVID-19 vaccination. My right to religious exemption was denied based on "undue hardship". The care center's administration was under the false belief that the COVID-19 vaccination was safe and effective at preventing the spread of Sars-Cov-2.

We know now, as we knew then, that the available COVID-19 vaccinations are experimental and do not prevent the spread of the SARs-Cov-2 virus, as they are specifically for COVID-19 the disease. Due to the fact that the vaccination is experimental, many healthcare administrators were deputed into the false HOPE that these vaccinations would be their savior. I know that Jesus is my savior and an experimental vaccination will never take that position in my life. We also know that these vaccinations did not save care centers from ongoing Sars-Cov-2 protocols such as testing and masking.

The administrations belief that they could use force and coercion to require all employees to take an experimental vaccination resulted in the job loss of approximate 65 healthcare workers in one day. This left the care center short staffed and lowering the resident's quality of care. It has also caused a back log of employment complaints to the Department of Health and Human Services.

I worked at that care center for 19 years in various positions. I loved my work and the people at that facility, I dedicated my life to work that I believed in. That was stripped away because of the false hope in an experimental vaccination program.

By restricting the ability of care centers and hospitals to require experimental vaccinations upon their employees, administrations would be required to ensure that vaccinations are actually safe and effective vs. hoping that they are safe and effective.

Thank you for your time and dedication to the people of North Dakota,

Kendra Roeder

11908 Creeks Edge Road
Menoken ND, 58558
701-391-5162

January 23, 2023

Testimony by: Malinda Weninger
Bismarck, ND 58504

Members of the House Human Services Committee:

Please render a DO PASS on House Bill 1502

North Dakota needs to be a LEADER not a FOLLOWER.

North Dakota needs to protect ND citizens against pharmacy controls.

People are getting injured. People I know.

My friend died and said that if she dies – consider her covid vaccination. She was forced to get her vaccinations to work in the nursing home. After her second booster (her fourth vaccine), she said, I feel like my body is shutting down and that is what happened.

My back door neighbor – age 50 – currently in Colorado for rehab due to a stroke and brain aneurysm. Stated has had all the shots and has never felt good since. Place of employment highly encouraged vaccination.

36 year old acquaintance died 3 days before his wedding. Place of employment required covid vaccination. His dad lived with him and said that after each vaccine his son felt worse. His son died from a massive heart attack.

I know of MANY stories similar.

The last thing we need is to be injecting this poison into our children. This is the reason there is so much allergies, autoimmune diseases, childhood diabetes and ADHD issues with our children today.

People know their own bodies and need to make decisions for their own body. Not some governmental agency.

Please protect ND Citizens.

To The House Human Services Committee

And

The good people of North Dakota,

I submit this testimony in favor of HB 1502.

Since Covid-19 happened, my friend, Loren, has a diagnosed genetic disorder where his body makes a protein that damages only his kidneys. He cannot get a transplant without being vaccinated for Covid 19. He has religious and philosophical reasons to not take the experimental phase 3 trial EUA vaccine. Surgeons during Covid 19 wouldn't do surgery unless the patient was vaccinated. They have relaxed that requirement. Loren still cannot get a transplant due to coercion to take the Covid19 shot. The experimental EUA shot is the only method to get on the organ transplant list, as they require you to be up to date on your vaccinations, and ND law protects the agencies which maintain the recipient list. Natural immunity isn't credited. Lab tests for Covid-19 Anti-bodies also doesn't count.

Please support HB 1502 to fix this injustice and legalized punishment of people based on their medical condition and vaccination status.

Sincerely,

Richard W. Jensen

House Bill 1502
Human Services Committee
January 23rd, 2023

Good afternoon, Chairman Weisz and members of the House Human Services Committee. My name is Kylie Hall. I currently reside in north Fargo in District 45. I feel uniquely qualified to testify on this bill because I have a Master's Degree in Public Health, with an emphasis in the management of infectious diseases. I have spent the last 7.5 years working on vaccine-related projects at North Dakota State University in the Center for Immunization Research and Education, where I am the currently the Operations Director. I would like to make clear that my comments today are not on behalf of North Dakota State University.

I have many concerns about this bill. First, it is important to point out that this bill would remove the ability of a hospital or healthcare facility to require vaccines for their employees, and this is because of the bill's definition of an experimental vaccine.

The definition of experimental vaccine classifies nearly all vaccines as experimental for one or more (subsections a, b, c, or d) reasons. While at first these requirements may seem reasonable, those who understand vaccine clinical trials and history of vaccine safety systems recognize these points as misleading.

We know from decades of vaccine clinical trials and vaccine safety monitoring that if a vaccine is going to cause a side effect, it usually occurs within the first 6-8 weeks after vaccination. Why is that? Because this is when the vaccine is at the highest levels in your body, but also when your immune system is working the hardest to build protection. Vaccine ingredients are quickly eliminated from your body, and all that remains is your immune response. While it is certainly possible to study vaccines for significant periods of time following the clinical trial, it is unnecessary, and we have other safety monitoring systems in place that can watch for any unforeseen side effects, either short term or long term. It would also be incredibly expensive for pharmaceutical companies to conduct longer trials, as conducting clinical trials already costs billions of dollars. Lastly, requiring a one-year follow-up period could delay the timeline for a life-saving vaccine to be approved.

Liability is also mentioned in this section. Questions about vaccine manufacturer liability come up regularly, and similar language is weaved into other bills being brought before the legislature this session. I understand how hearing that vaccine manufacturers are not liable for injury caused by their products would seem concerning, but I would like to offer some perspective that I hope will help alleviate your concerns.

This true story starts in the 1970s. At the time, there were vaccines against smallpox, measles, mumps, rubella, polio, diphtheria, tetanus and pertussis. The DPT (diphtheria, pertussis, and tetanus) vaccine was known to be very reactogenic, which means it caused a lot of side effects. It wasn't uncommon for vaccine recipients to have injection site reactions, high fevers, and some even had febrile seizures and whole-limb swelling. These short-term side effects did not cause any long-term problems, but public concerns about the vaccine were growing. Some thought the

vaccine caused brain injuries (further studies showed no association), and a TV documentary blamed the vaccine on intellectual and physical disabilities.

Through the 1970s and 1980s, many lawsuits were filed against vaccine manufacturers. Manufacturers made large payouts to those claiming vaccine injury, many of them tied to the DPT vaccine. More and more lawsuits were filed, and they became more expensive. In 1985, vaccine manufacturers knew that a successful vaccine could prevent hundreds of thousands of cases of a deadly disease, but it could also lead to multi-million dollar lawsuits for any bad thing that happened to a child, even if a causal link could not be established. The vaccine manufacturers struggled to obtain liability insurance. Vaccines had low profit margins, so manufacturers began to withdraw their DPT vaccines from the market. In the end, only one vaccine manufacturer was still making DPT. Vaccine prices soared, so providers limited their purchases. Experts saw the writing on the wall – if this continued, there would be a limited supply of vaccines to prevent infectious diseases and vaccine-preventable diseases would return. Additionally, the development of new vaccines would be halted by pharmaceutical companies because the risk was too high.

The United States government stepped in. Congress passed, and President Ronald Reagan signed, the National Childhood Vaccine Injury Act – it was meant to 1) eliminate the potential financial liability of vaccine manufacturers due to vaccine injury claims, 2) help ensure a stable supply of vaccines, 3) stabilize vaccine costs, and 4) provide cost-effective arbitration for vaccine injury claims.

This act created the National Vaccine Injury Compensation Program – often referred to as NVICP or VICP. This is the program that will compensate individuals that experience rare, serious side effects from vaccination. It's also worth mentioning that while vaccine manufacturers are not liable for unforeseen events, they are liable for negligence.

We see the liability language pop up in bills from time to time, and I really can understand how someone who doesn't understand the history and the program would be alarmed and think that vaccines are not safe. But the truth is, if you look closely at the data from the compensation program, it shows that vaccines are extremely safe. Approximately one compensation happens for every million doses of vaccine received.

But let's talk about why a healthcare facility or hospital may require vaccines for their employees.

Let's start with hepatitis B vaccine. Hepatitis B virus is transmitted via blood (or sexual contact). If you have a chronic infection with this virus, you are at increased risk for cirrhosis and liver cancer. Yes, this vaccine prevents cancer. So why is this vaccine often required for certain healthcare workers? Well, healthcare workers may be exposed to hepatitis B virus on the job. Before universal vaccination was widely implemented, this infection was recognized as a common occupational risk among healthcare providers. Routine vaccination and the use of standard precautions resulted in a 98% decline in HBC infections from [1983-2010](#). OSHA mandates that employers offer HepB vaccination to all employees at risk, and many healthcare

facilities require HepB vaccination or proof of immunity as a means of protecting their workforce.

The next vaccine I want to talk about is the vaccine against meningococcal bacteria – which cause meningitis. While this is not often a vaccine we think about as a requirement for healthcare workers, there are laboratory technicians who may come in contact with meningococcal bacteria. It is important that these employees are vaccinated to protect them from this deadly bacteria.

Influenza vaccination has been determined to be an important protection for healthcare workers because they have a greater risk of exposure. In addition, healthcare workers can pass the virus to vulnerable patients and take the infection home to their families. Multiple studies show that the greater the vaccination rate among your healthcare worker workforce, the less likely you are to spread influenza to your sick, weak, elderly and vulnerable patients. You are also less likely to have influenza outbreaks in places like hospitals and nursing homes. In fact, the rate of influenza vaccination in your nursing home workforce is far more important than the rate of vaccination in your residents at preventing facility-wide outbreaks and reducing resident deaths.

We know that influenza vaccination can lessen disease severity and prevent serious illness and death. When you consider the amount of influenza that spreads in a community in a given year, the number of employees at risk, the potential impact of influenza on the workforce and not to mention the impact on patient safety, it is easy to understand why healthcare facilities require influenza vaccine for their employees. It is the best way to protect the most vulnerable in our community against this virus.

We also know that influenza requirements increase influenza vaccination rates among employees. At a large healthcare system in Fargo, prior to 2015, when influenza vaccination was strongly encouraged but not mandatory, employee vaccination rates stalled between 60% and 70%, despite multiple attempts to raise those rates. After mandatory influenza vaccination was required, vaccination rates went up to 98%.

It's also worth noting that passage of this bill may put our state law in direct conflict with federal vaccine requirements for healthcare workers.

Finally – I want you to think about the patients that our healthcare systems care for. It's healthy people, but it's also a grandparent, an immunocompromised cancer patient, someone's parent residing in a long-term care facility, a pregnant woman, a young child too young to be vaccinated – and everyone in between. You shouldn't have to worry about getting sick when you are seeking healthcare, but the reality is, our frontline healthcare workers are routinely exposed to infectious diseases, and our best bets for protecting them, preserving our workforce, and for preventing spread to patient populations is through vaccinations.

At the end of the day, I think North Dakota residents deserve to know that their healthcare institutions are free to determine, and require if they so choose, policies that assure the safest environment for patients under their care. They should not be limited by state law.

Please vote “do not pass” on House Bill 1502.

Respectfully submitted,

Kylie Hall, MPH

Fargo, ND - District 45

Legislative Committee:

My name is Jewell Hamilton. I live in Minot ND in District 3. I am strongly in Favor of HB1502. I encourage this committee to pass HB1502. No individual should be mandated to participate in experimental medical treatment, including those who are employed in medical field.

Thank You

Jewell Hamilton

Members of the House Human Services Committee,

My name is Rosemary Ames and I reside in District 9B. I am asking that you please render a DO PASS on House Bill 1502.

Thousands of healthcare workers and patients have been coerced into receiving a highly experimental and ineffective injection that they didn't want and didn't need. All individuals should have the inherent fundamental right of self-determination and bodily autonomy and should be free to make medical and health decisions without undue influence from the federal government as well as state and local government.

Rosemary Ames



House Human Services Committee

HB 1502

January 23, 2023

Chairman Weisz and Committee Members, my name is Courtney Koebele and I'm the 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 this bill. Although COVID-19 immunizations were probably the source of the bill, it applies to all vaccines, including those against measles, influenza, pertussis, and hepatitis B. The reason for this is the definition of experimental contained in section 2 of the bill. Most common vaccines are included in the National Vaccine Injury Compensation Program (VICP). Therefore, these vaccines would not meet this requirement and be deemed "experimental."

This bill would prohibit hospitals and clinics from mandating any vaccines. In the healthcare setting, mandating vaccines for healthcare workers as a condition of employment is a common policy that was initially prompted by the goals of protecting patients from health care–acquired influenza and to protecting the workplace from the disruption and expense of worker illnesses. This is against the free-market principle of allowing business owners to do what's best for their business, workforce and patients. Healthcare facilities know the best course of action for their facility, and it should be their choice to determine what policies they enact.

This bill also conflicts with the Occupational Safety and Health Act and Centers for Medicare and Medicaid Services (CMS) vaccine requirements, which include other vaccines such as hepatitis B and influenza in addition to COVID. Therefore, this bill will significantly burden healthcare facilities in ensuring they properly adhere to immunization policies set by federal standards and state law.

NDMA requests a DO NOT PASS recommendation on the bill. Thank you for the opportunity to testify today. I would be happy to answer any questions.



House Human Services Committee
HB 1502
January 23, 2023

Chair Weisz and committee members, thank you for this opportunity to weigh in on this important issue to health care in North Dakota. My name is Andy Askew, and I serve as Essentia Health's Vice President of Public Policy. Prior to joining Essentia in February 2020, I served as its contract lobbyist here in Bismarck while working as an attorney.

Essentia Health is an integrated health system serving patients in North Dakota, Minnesota, and Wisconsin. Headquartered in Duluth, Minnesota, we roughly 15,000 employees who serve patients and communities through our 14 hospitals, 77 clinics, 6 long-term care facilities, 3 assisted living facilities, 3 independent living facilities, 6 ambulance services, 24 retail pharmacies, and 1 research institute. Essentia Health is an accredited accountable care organization by the National Committee for Quality Assurance and is focused on the triple aim of better health, improving patient experience, and lowering costs.

Essentia Health has made the decision to require the COVID-19 vaccine as a condition of employment at all our facilities. Review of the extensive scientific research demonstrates that the COVID-19 vaccination is a safe and highly effective way to reduce the spread of COVID-19 – for our patients and health care professionals. To this end, it is vital that all who can receive the vaccine do so, especially health care workers whose duty it is to protect the vulnerable, elderly and critically ill. Just as we have done with our flu vaccine policy, which was adopted in 2017, there is a process for employees to request a medical exemption based upon guidelines from the Centers for Disease Control and Prevention or a religious exemption.

Patients entrust their care to us in some of the most vulnerable times in their lives. Our mission and values obligate us to do all we can to protect our patients from COVID-19, while providing high-quality care that they need. For these reasons, we respectfully request a Do Not Pass recommendation.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Andrew Askew".

Andrew Askew
Vice President of Public Policy
Essentia Health



2023 HOUSE BILL 1502
House Human Services Committee
Robin Weisz, Chairman
January 23, 2023

Chairman Weisz and members of the House Human Services Committee. I am Chris Meeker, a board-certified emergency physician and I serve as chief medical officer at Sanford Health Bismarck. I am here to testify in opposition to House Bill 1502. I respectfully ask that you give this bill a **Do Not Pass** recommendation.

Section 1: Medical Certification

The Centers for Medicare and Medicaid Services (CMS) regulate medical certification/death certificates to ensure appropriate causes of death are reported nationally. In addition to personal, legal purposes of the death certificate, public officials use death certificates to compile data on various statistics including leading causes of death. To support this objective, CMS has rules around reporting COVID-19 on death certificates, limiting reporting to those cases when COVID-19 actually caused or contributed to death.

Section 2: COVID-19 and experimental vaccinations

HB 1502 would prohibit healthcare facilities from requiring vaccines, including all routine vaccinations that would be deemed "experimental" as established by the four-part criteria identified in the bill. This law would be in direct conflict with the current OSHA and CMS vaccine requirements, potentially threatening hospital Medicare/Medicaid funding. Because more than 60 percent of hospital services in North Dakota are paid for by Medicare and Medicaid, the financial impact would be devastating.

Requiring healthcare workers to be vaccinated is not new. Hospitals have long required vaccinations for measles, mumps, rubella, chicken pox, hepatitis B and influenza with remarkable impact on staff and patient safety. As is the COVID-19 vaccine, these

immunizations are well-researched, safe and provide incredible protection from the greater risk of illness.

The law would also prohibit promoting vaccines. As a healthcare provider, our duty is to practice evidence-based care to protect both our employees and the patients we serve. Vaccinations are a global health success story, saving millions of lives every year. Immunization is a key component of primary health care and it's one of the best health investments money can buy.

Section 3: Access to care

This section suggests healthcare providers may at times choose to not provide services to a patient based upon the patient's vaccination status. There are multiple federal requirements and ethical obligations that prohibit a provider from denying care to patients seeking services.

In summary, this bill would have too many negative consequences for health care providers. And that is why we oppose the bill and ask that you give it a Do Not Pass recommendation. I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Chris Meeker, MD
North Dakota Hospital Association

Testimony on HB 1502
House Human Services Committee
January 23, 2023

Good morning Chairman Weisz and members of the House Human Services. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. We represent 192 assisted living, basic care, and skilled nursing facilities in North Dakota. I am here to testify in opposition to HB 1502.

We rise in opposition because nursing facilities are required by federal regulation to do the very things HB 1502 tells health care providers they can't do.

If we violate or don't adhere to the federal requirements we can, at the very worst, be fined and closed and at the least receive notification of non-compliance. A deficiency of non-compliance requires corrective action, showing how you will comply. If you don't comply and continue to ignore the federal regulations, you will be shut down, as we would lose all Medicaid funding. If that occurs, I'm not sure what would happen to the residents who depend on us to care for them.

Regarding vaccination, on November 2, 2021, CMS issued an interim final rule with comment period, (86 FR 61555), titled "Medicare and Medicaid Program; Omnibus Covid-19 Health Care Staff Vaccination", (also referred to as the "staff vaccination requirement"). This interim final rule revised the requirements to establish Covid-19 vaccination requirements for staff at applicable Medicare and Medicaid certified providers and suppliers.

The staff vaccination requirement for all CMS certified providers and suppliers has been enforced in all states since February 20, 2022.

CMS expects all providers and suppliers staff to have received the appropriate number of doses of the primary vaccine series unless exempted as required by law, or delayed as recommended by CDC.

Facility staff vaccination rates under 100% constitute non-compliance under the rule. Non-compliance does not necessarily lead to termination, and facilities will generally be given opportunities to return to compliance. But you must have a plan of achieving compliance.

Regarding who the vaccination requirement applies to within a nursing facility:

- 1) Facility employees
- 2) Licensed practitioners
- 3) Students, trainees, and volunteers, and
- 4) Individuals who provide care, treatment or other services for the facility and/or it's residents, under contract or by other arrangements.

To comply with the vaccination requirement, we must aggressively educate our staff on the value of Covid-19 vaccinations.

Rather than propose legislation such as HB 1502, we invite those supporters and legislators to join in our Association led campaign to change some of the requirements regarding Covid-19. Attached please find a flyer on our first campaign started last summer. And our most recent campaign started in November of 2022. In our first campaign, over

1,000 North Dakotans wrote to CMS/CDC and in September we saw some improvements in the regulations.

This legislation, if passed, would cause us harm. We must comply with the federal regulations if we wish to operate as a skilled nursing facility. We urge you to vote no on this legislation.

I would be happy to answer any questions.

Shelly Peterson, President
North Dakota Long Term Care Association
1900 North 11th Street
Bismarck, ND 58501
(701) 222-0660



Long Term Care Needs you!

ADVOCATING FOR CHANGES TO COVID RESTRICTIONS



GOAL:

Continue to generate passionate emails to CDC/CMS on lifting Covid restrictions in long term care.



HOW:

Have residents, resident councils, medical providers, social workers, nurses, and administrators send an email to CMS and CDC asking for relief on Covid restrictions.



WHERE:

Email your letter to:

- CMS: DNH_TriageTeam@cms.hhs.gov
- CDC: RochelleWalensky@cdc.gov
- CC to Association: vanessa@ndltca.org



WHEN:

Immediately through September 30, 2022!

LETTER SUGGESTIONS:

See the sample form and address one or two of the issues suggested below. Your own passionate words are the most impactful and stands out!

1. Allow staff, residents and visitors to "unmask". Residents want to see their caregivers and can't communicate effectively while masks remain in place. Depression and loneliness are taking over our resident population. The single most important thing we can do for residents is have them see their caregivers face, provide a hug, and tell them they matter. Covid restrictions are crushing their spirit.
2. Stop the Screening process. The screening process is ineffective, a waste of staff resources, and is not detecting Covid.
3. Update the testing matrix. Most of the public is using home tests and not reporting. This is skewing positivity rates and putting communities in the RED zone with low case numbers. We know the value of testing and will use it to detect outbreaks and stop the spread.
4. Return our long term care facilities to something closer to their pre-pandemic state. According to the Bureau of Labor Statistics, we have lost 1500 long term care staff in North Dakota. We have become more reliant on contract staff, and no one is applying for hundreds of open positions. We need staff and our residents need caregivers. Stop the restrictions so individuals will consider a job in long term care.

CALL US FOR
MORE INFORMATION



701-222-0660



Vanessa@ndltca.org

WE NEED YOU!

ADVOCATING FOR CHANGES TO COVID RESTRICTIONS



Discontinue the CDC County Transmission Map – this map dictates whether the residents and staff must wear masks.

County transmission rates are determined on the amount of tests being performed and the positivity of those tests. At the beginning of the pandemic, asymptomatic and symptomatic tests were being completed. The shift has changed to only testing symptomatic. This has caused the county transmission rate to skew to high transmission rates.

- Which leads to mask wearing being required for residents & staff
 - Which diminishes the resident's quality of life – the challenge of communicating through a mask and not seeing staff's faces; smiles!
 - Which is a detriment for recruitment and retention of staff

Changing this standard could help nursing homes evolve just as much of the rest of the country has.

Reporting COVID data to NHSN requirement – the ongoing burden to facilities is tedious and not necessary for any benefit to the facility or the residents

The time spent by nursing staff on reporting this information takes away essential time to give to the residents that we are here for; to provide quality and meaningful care.

- The NHSN portal is not user friendly, frequently not functioning, does not save information and needs a complete overhaul
- Due to the slow speed of the portal, the weekly reporting takes 60 to 90 minutes just to enter the data; which does not include the time to gather the data
- The data changes minimally from week to week regarding vaccination status



GOAL:

Continue to generate passionate emails to CDC/CMS on lifting Covid restrictions in long term care.



WHERE:

Email your letter to:

- CMS: DNH_TriageTeame@cms.hhs.gov
- CDC: RochelleWalensky@cdc.gov
- CC to Association: vanessaendltca.org



HOW:

Have residents, resident councils, medical providers, social workers, nurses, and administrators send an email to CMS and CDC asking for relief on Covid restrictions.

**CONTACT US FOR MORE
INFORMATION**

701-222-0660
www.ndltca.org
Vanessaendltca.org

Dear Honorable Members of the North Dakota senate,

My name is Lilly Funk, and I live in Minot, North Dakota. I am a federal employee at Head Start (as an assistant teacher). The purpose of this written testimony is to persuade members of the North Dakota senate to support HB 1502.

I am in support of this bill because I believe that every person has a right to medical care, regardless of their vaccination status. In fact, it is morally wrong to deny anyone necessary medical care on the basis of any of their past personal medical decisions. Life saving care must not be denied because of any reason. Therefore, this bill must be passed to ensure medical care for every person in North Dakota.

Thank you for your consideration to make the right decision and pass HB 1502!

Lilly Funk

Dear Members of the Senate Human Services Committee,

My name is Shawna Grubb and I reside in District 35. I am asking that you please render a DO PASS on House Bill 1502.

Denying healthcare to citizens based on their COVID-19 vaccination status is discriminatory and violates individuals' bodily autonomy.

Thank you for your service to the people of North Dakota,

Shawna Grubb

Members of the Senate Human Services Committee.

My name is Lisa Pulkrabek and I live a few miles outside of Mandan in District 31.

I am writing to you today regarding HB 1502 relating to the access to hospital care. I am in support of this bill. Please render a DO PASS.

Covid is here to stay and it has mutated so many times since it was released on the human race in late 2019. We need to learn to live with this nasty virus and achieve herd immunity. If people willfully chose to take the injections that are said to protect against covid, then that is fine. However, no person should be coerced into taking any medication, injection, biologic or treatment in order to receive medical care. No person in ND should be discriminated against in a hospital or clinic or any health related business regarding their covid "vaccination" status.

Please render a Do Pass recommendation on this bill so that no patient is turned away from medical care due to not having an injection they deem to be not a good fit for them.

Thank you kindly. Lisa Pulkrabek

Hello Members of the Health and Human Services,

My name is Tiffany Ormonde and I reside in District 31. I am asking you to please render a Do Pass on house HB1502.

It is discrimination to decline services dependent on a vaccine status. We should not be bullied into an experimental injection. We do not know the long term effects of this yet. The vaccine has NOT been shown to stop the spread of covid. We have seen spikes in “unknown causes of death” in young people, increases in blood clots, increases in abnormal menstrual cycles, etc...yet we should be forced to take this or we cannot receive care??? We are choosing to do what is right for OUR BODIES to keep ourselves HEALTHY AND SAFE and we should have that choice! I strongly encourage you to think long and hard about this one.

Thank you for your consideration on this important issue and for your service to the state of North Dakota.

Tiffany Ormonde

Hello Members of the Health and Human Services,

My name is David Ormonde and I reside in District 31. I am asking you to please render a Do Pass on house HB1502.

It is discrimination to decline services dependent on a vaccine status. We should not be bullied into an experimental injection. With an "unexplained" rise of blood clots, sudden deaths in young people, infertility, menstrual irregularities, etc...after receiving the covid shots, why are we not opening our eyes? We are still being told they are safe and effective. However we have learned that the covid vaccines are not stopping the spread. We should have the choice to weigh the risk vs the gain from this vaccine and not be bullied into taking it. We should not have to sacrifice health care. This is absurd! Please pass this bill and protect your people from being bullied into an experimental injection.

Thank you for your consideration on this important issue and for your service to the state of North Dakota.

David Ormonde

Testimony HB 1502

Dear Members of the Senate Human Services Committee,

My name is Sheila Glaser and I am a registered voter from District 7. I am asking for a DO PASS on HB 1502. The past two years have shown us a negative side to basic human nature and the need to care for each other. I believe failing to care for an individual due to their personal choice on a highly questionable vaccine is inhumane. It would go against the Hippocratic Oath, which binds a physician and his integrity to care for others. In August of 2022, my son-in-law was hurt in an accident with a train and an ATV. He does not have the C19 vaccine. I cannot imagine being turned away from the care that was required during his 41 day stay in the Sanford ICU. Instead, the Doctors ramped up and gave him optimal care. Again, it is sad this is a concern in the United States of America. Please uphold HB 1502 so we may remain a civilized, caring and responsible state.



2023 House Bill 1502
Senate Human Services Committee
Senator Judy Lee, Chairman
March 14, 2023

Chair Lee and members of the Senate Human Services Committee. I am Chris Meeker, a board-certified emergency physician and I serve as chief medical officer at Sanford Health Bismarck. I am here to testify in opposition to House Bill 1502. I respectfully ask that you give this bill a **Do Not Pass** recommendation.

HB 1502 would prohibit hospitals from denying health care treatment or services to an individual based on that individual's severe acute respiratory syndrome coronavirus 2, identified as SARS-CoV-2 (COVID-19) vaccination status.

This bill seemingly suggests healthcare providers may at times choose to not provide services to a patient based upon the patient's vaccination status. That is simply not the case. There are multiple federal requirements and ethical obligations that prohibit a provider from denying care to patients seeking services.

A specific restriction on withholding treatment or services is a dangerous precedent to put into North Dakota Century Code. Why? Because it limits the decision-making capabilities of qualified medical professionals in unique and emergency circumstances to ensure the safety of patients, staff and community members. Healthcare systems take seriously their charge to ensure that evidence-based medical decision-making and treatment are exercised in accordance with evidence-based standards of care. Codifying exceptions to this process may create unnecessary barriers to maximizing safety in certain circumstances.

One example that this specific mandate would obstruct is the process followed to maximize safety for transplant patients. Further, we do not know what we may still learn about COVID-19 and its long-term effects. It is possible that other restrictions may need to be put in place to control spread of infection and this bill would needlessly tie our hands.

As a healthcare provider, our duty is to practice evidence-based care to protect both our employees and the patients we serve. This bill may unintentionally impede our ability to do so.

Please give the bill a **Do Not Pass** recommendation. I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Chris Meeker, M.D.
Chief Medical Officer
Sanford Health Bismarck
Chris.Meeker@Sanfordhealth.org

My name is Rocky Babell reside in district 32. I am asking you to please render a DO PASS
On house bill 1502

The Status of whether or not the patient has had the Covid shot or not should not be a factor in
receiving medical care.

Thank you for your service on this important issue and for the State of ND

Rocky Babel

My name is Debra Bolte reside in district 31. I am asking you to please render a DO PASS
On house bill 1502

The Status of whether or not the patient has had the Covid shot or not should not be a factor in
receiving medical care.

Thank you for your service on this important issue and for the State of ND

Debra Bolte

HB1502
Senate Human Services Committee
March 13, 2023

Good morning Chairperson Lee, and members of the Senate Human Services Committee. My name is Danielle Kenneweg, and I am submitting written testimony as a concerned citizen from District 32, in opposition to HB1502.

I believe in vaccines and the science that validates their efficacy. I believe this policy proposal would be detrimental to people in our state. We are trying to encourage people to move here, come home after living elsewhere or even more important -- stay here. Policies such as this one will discourage that mission.

My concerns about this specific piece of proposed legislation include:

- Hospitals already cannot deny individuals care regardless of vaccine status.
- Many healthcare services have requirements for eligibility. The proposed amendment is unclear if hospitals would be allowed to practice industry standards in order to ensure the best possible outcomes.
- This proposed bill limits the decision making capabilities of qualified medical professionals and impacts day-to-day operations.

I strongly urge a “do not pass” on HB1502.

Thanks for the opportunity to express my concerns and wishes.

Danielle A Kenneweg

**Do Pass Testimony
of Doug Sharbono, citizen of North Dakota
on HB1502
in the Sixty-eighth Legislative Assembly of North Dakota**

Dear Madam Chair Lee and members of the Senate Human Services Committee,

I am writing as a citizen and believe HB1502 is beneficial legislation. This legislation expands individual freedom. I am aware of people awaiting transplants, who conscientiously objected to the Covid vaccination, be denied their transplant until they received the vaccination. This is medically unethical requiring legislative oversight, particularly with the poor efficacy rates and unknown risks not clinically ruled out due to experimental status.

Please give HB1502 a Do Pass.

Thank you,

Doug Sharbono
1708 9th St S
Fargo, ND 58103

Testimony In Support of ND HB 1502

Dear Members of the Human Services Committee,

My name is Grant Gunderson and I reside in within the city limits of Fargo, North Dakota and am writing to you all in support of House Bill 1502.

Three years ago when the world we find ourselves in today first started, we didn't have any data or information and were immediately forced to be in a reactive state. Today, we have quite a bit of data available (if in fact we are looking at the truthful, actual data — but that's another discussion for another time...) One thing is very, VERY clear — the data on COVID vaccines via the CDC's VAERS shows clear safety signals for *death* and a range of highly concerning *thrombo-embolic, cardiac, neurological, hemorrhagic, hematological, immune-system* and *menstrual* adverse events among U.S. adults. What data exactly? I'm glad you asked:

~ The number of serious adverse events reported in less than two years for mRNA COVID-19 vaccines is 5.5x larger than all serious reports for vaccines given to adults in the US since 2009.

~ A peer-reviewed study published in the European Journal of Pediatrics revealed that 17% of high school children, mainly boys, experienced heart palpitations or chest pain from the second dose of Pfizer at a minimum and in some cases, that was in conjunction with arrhythmias, tightness in the chest, and/or shortness of breath.

~ Astronomical increases in numerous medical diagnoses within the military appeared in 2021 including a 269% increase in myocardial infarction and a 467% increase in pulmonary embolisms.

~ FDA researchers published the results of an observational study of over 30 million people in 2021 that painted a very clear analysis showing people who took the shot experienced an increased risk of pulmonary embolism by 54%, acute myocardial infarction by 42%, blood clotting by 91%, and platelet disorder by 44%.

~ According to the CDC's own V-SAFE adverse reporting app, 49% of the 5- to 11-year-old children who took the bivalent booster shot experienced systemic reactions. These symptoms include but aren't limited to fatigue, chills, nausea, abdominal pain, vomiting, joint pain, and diarrhea. In 22% of the children, they could not go to school or perform their daily functions after getting the shot.

According to published research from the Coronavirus Research Center at John Hopkins University, the typical timeline for vaccine development takes between five and 10 years, much longer in a vast majority of instances. This is vitally necessary to assess whether the vaccine is safe and to test the level efficaciousness in clinical trials, to complete the regulatory approval processes, and to manufacture enough vaccine doses for widespread distribution.

Sadly, despite all of that being conclusive, factual data, humanity worldwide was ridiculed for questioning the entire scope of this predicament and had these questionable, experimental poisons forced upon us and shoved into our bodies against our will at a mere 8 months and we unfortunately won't truly know if the alleged benefits will actually outweigh the risks for years to come. Personally, I have absolutely zero idea how the North Dakota Department of Health can unreservedly recommend the COVID-19 vaccine for anyone.

Given the fact that since the onset of the pandemic, there have been a number of fully-approved vaccines that were pulled from the market even after extensive long-term testing due to unexpected safety issues, how any hospital system or healthcare provider could even briefly consider denying any treatment or services to an individual based on their vaccination status is beyond me, not to mention completely and utterly repulsive.

I ask that you please render a DO PASS on HB 1502 and thank you for your service to the State of North Dakota who are mercifully counting on you to stand up and protect their public health.

Pass HB 1502

Testimony of Joseph A Arminio, PhD

MIT awarded Joe Arminio the PhD in Political Science.

He is the Founder of The Coalition for America's Resurgence (CfAR).

Why Should HB 1502 be passed?

1. Not to pass it is to pressure North Dakotans to receive the dangerous "jab."
The jab is a high risk, low benefit treatment.

ii) Authoritative studies, with publication date of early 2021, show that the jab results in contamination of the blood and subsequent corruption of other parts of the body, such as spleen, liver, bone marrow, glands, heart and brain.

See "Experts Weigh-In: mRNA Spike and LNPS Invade Entire Body, Stop Jabs Now," by Beanz and Edwards, [thehighwire.com](https://www.thehighwire.com), March 4, 2023.

Doctors for Covid Ethics

Association of American Physicians and Surgeons

Vaccine Safety Research Foundation

World Council for Health

Frontline Covid-19 Critical Care Alliance

Children's Health Defense

NHS Workers for Choice

Canadian Medical Association

especially Letter of October 15, 2022 reporting sudden deaths of 80 young Canadian doctors who took the jab.

Dr Peter McCullough

Dr Ryan Cole who testified before the US Senate.

Dr Robert Malone

Camille McQuillan, PhD (Molecular Biology) and BSN (frontline covid practitioner) who is in the leadership of CfAR and who is suffering from a grave jab injury.

2. Not to pass HB 1502 is to risk the health of those who have not been jabbed.
Authoritative research shows that "shedding" of the ingredients of the jab is harming those who have not been jabbed.
See "Current State of Knowledge on the Excretion of mRNA and Spike produced by anti-covid-19 mRNA vaccines ...", appearing in 2022, by Helene Banoon (pharmacist biologist), Member of the Independent Scientific Council, Marseilles, France.

23.1051.02001
Title.

Prepared by the Legislative Council staff for
Representative Hoverson
January 30, 2023

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1502

Page 1, line 1, remove "a new section to chapter 23-02.1 and"

Page 1, line 2, remove "medical certification requirements,"

Page 1, line 4, remove the comma

Page 1, remove lines 6 through 12

Renumber accordingly