2023 HOUSE HUMAN SERVICES

HB 1200

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1200
1/23/2023

Relating to COVID-19 vaccinations and experimental vaccines for students at institutions of higher education, and relating to school and day care immunizations.

Chairman Weisz called the meeting to order at 3:58 PM.

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

Discussion Topics:

- Ideological shift in healthcare ethics
- Transparency of reported adverse vaccine effects
- Social pressure to become vaccinated.
- COVID-19 vaccine trends
- Immunization rates
- Vaccination data

Representative Hoverson introduced HB 1200 verbally spoke in favor of bill.

Lori Boshans, offered verbal testimony in support of bill.

Marty Beard, Burleigh County citizen, verbally spoke in favor of bill.

Charles Tuttle, Minot North Dakota Citizen, verbally spoke in favor of bill.

Representative Prichard spoke in favor of bill.

Alexis Wangler, North Dakota citizen, spoke in favor of bill.

Patricia Leno, citizen from Bismarck, North Dakota, spoke in favor of bill.

Molly Howell, the Immunization Director for the North Dakota Department of Health and Human Services, offered testimony in opposition to bill. (#14958) (#14957)

Kylie Hall, citizen from Fargo, North Dakota, offered testimony in opposition to bill. (#15461)

Katie Fitzsimmons, offered neutral testimony to bill and suggested possible amendments. (#15278)

Brenda Stallman, North Dakota citizen, verbally offered neutral testimony to bill.

Additional written testimony:

- Seth Flamm, ND Resident, (#14857)
- Patricia Burckhard, ND Resident (#14879)
- Paul Carlson, ND Resident (#14886)
- Amber Vibeto, ND Resident, (#14936)
- Lisa Pulkrabek, ND Resident, (14977)
- Wade Pulkrabek, ND Resident (#14978)
- Mariah Bates, ND Resident (#15048)
- Rebekah Oliver, ND Resident (#15052)
- Courtney Koebele, Executive Director of the ND Medical Association (#15059)
- Shelby Downey, ND Resident (#15093)
- Tiffany Ormonde, ND Resident (#15166)
- David Ormonde, ND Resident (#15177)
- Debra Bolte, ND Resident (#15186)
- Rocky Babel, ND Resident (#15196)
- Seth Lumley, Executive Commissioner of Legislative Affairs for ND (#15201)
- Dr. Steven Nagel, ND Resident, (#15213)
- Mary Korsmo, ND Resident (#15227)
- Rosemary Ames, ND Resident (#15237)
- Mary Lizakowski, ND Resident (#15242)
- Andrea Leingang, ND Resident (#15254)
- Doug Sharbono, ND Resident (#15271)
- Karen Krenz, ND Resident (#15281)
- Lyndsey Jensen, ND Resident (#15296)
- Sandra Tibke, Director of Foundation for a Healthy North Dakota, (#15313)
- Cionda Holter ND Resident (#15326)
- Jacob Holter, ND Resident (#15330)
- Malinda Weninger, ND Resident (#15433)
- Kimberly Beiber, ND Resident (#15454)
- Jewell Hamilton, ND Resident (#15504)
- Beth Ann DeMontigny, ND Resident (#15583)
- Joni McGary, Co-Founder of NoCollegeMandares.com (#15598)

Chairman Weisz adjourned the meeting at 4:51 PM

Phillip Jacobs, Committee Clerk By: Leah Kuball

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1200
2/8/2023

Relating to COVID-19 vaccinations and experimental vaccines for students at institutions of higher education, and relating to school and day care immunizations.

Chairman Weisz called the meeting to order at 3:37 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. All present.

Discussion Topics:

- Committee work
- New language proposed in amendment. (23.0302.03002)
- Vaccines under emergency use authorization

Vice Chairman M. Ruby moved to amend HB 1200. (23.0302.03002)

Seconded by Representative Anderson.

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	N
Representative Gretchen Dobervich	N
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	Y

Motion carries 12-2-0.

Representative Prichard moved a DO PASS as amended on HB 1200.

Seconded by Representative McLeod.

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	N
Representative Gretchen Dobervich	N
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	Y

Motion carries 12-2-0.

Bill carrier: Representative Prichard

Chairman Weisz adjourned the meeting at 3:51 PM

Phillip Jacobs, Committee Clerk By: Leah Kuball

23.0302.03002
Title.04000

Adopted by the House Human Services Committee

February 8, 2023

2-8-23

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1200

Page 1, line 2, replace "experimental" with "emergency-use authorized"

Page 1, line 3, after "23-07-17.1" insert "and section 23-12-20"

Page 1, line 4, after "immunizations" insert "and COVID-19 vaccination and infection information"

Page 1, line 8, replace "**experimental"** with **"emergency-use authorized**"

Page 1, line 11, replace "experimental" with "emergency-use authorized"

Page 1, line 13, replace "experimental" with "emergency-use authorized"

Page 1, remove lines 15 through 21

Page 2, remove lines 1 through 8

Page 2, line 21, after the underscored period insert "Any political subdivision, school, department, or institution of higher education shall differentiate between recommended and required vaccination on any form."

Page 2, line 22, replace "experimental" with "emergency-use authorized"

Page 2, line 25, remove "As used in this subsection, "experimental vaccine" means a vaccine approved"

Page 2, remove lines 26 through 31

Page 3, replace lines 1 through 8 with:

"SECTION 3. AMENDMENT. Section 23-12-20 of the North Dakota Century Code is amended and reenacted as follows:

23-12-20. COVID-19 vaccination and infection information. (Repealed effective August 1, ~~2023~~2025)

1. Neither a state government entity nor any of its political subdivisions, agents, or assigns may:

   a. Require documentation, whether physical or electronic, for the purpose of certifying or otherwise communicating the following before providing access to property, funds, or services:

      (1) An individual's COVID-19 vaccination status;

      (2) The presence of COVID-19 pathogens, antigens, or antibodies; or

      (3) An individual's COVID-19 post-transmission recovery status;

   b. Otherwise publish or share an individual's COVID-19 vaccination record or similar health information, except as specifically authorized by the individual or otherwise authorized by statute; or

c. Require a private business to obtain documentation, whether physical or electronic, for purposes of certifying or otherwise communicating the following before employment or providing access to property, funds, or services based on:

(1) An individual's COVID-19 vaccination status;

(2) The presence of COVID-19 pathogens, antigens, or antibodies; or

(3) An individual's COVID-19 post-transmission recovery status.

2. Subsection 1 does not apply to the department of corrections and rehabilitation, a correctional facility as defined under section 12-44.1-01, the state hospital, or a public health unit.

3. A private business located in this state or doing business in this state may not require a patron, client, or customer in this state to provide any documentation certifying COVID-19 vaccination, the presence of COVID-19 pathogens, antigens, or antibodies, or COVID-19 post-transmission recovery to gain access to, entry upon, or services from the business. This subsection does not apply to a developmental disability residential facility or a health care provider, including a long-term care provider, basic care provider, and assisted living provider. As used in this subsection, a private business does not include a nonprofit entity that does not sell a product or a service.

4. This section may not be construed to interfere with an individual's rights to access that individual's own personal health information or with a person's right to access personal health information of others which the person otherwise has a right to access.

5. Subsection 1 is not applicable to the state board of higher education, the university system, or institutions under the control of the state board of higher education to the extent the entity has adopted policies and procedures governing the type of documentation required, the circumstances under which such documentation may be shared, and exemptions from providing such documentation.

6. This section is not applicable during a public health disaster or emergency declared in accordance with chapter 37-17.1.

7. As used in this section, the term "COVID-19" means severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2 and any mutation or viral fragments of SARS-CoV-2."

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1200: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). HB 1200 was placed on the Sixth order on the calendar.

Page 1, line 2, replace "experimental" with "emergency-use authorized"

Page 1, line 3, after "23-07-17.1" insert "and section 23-12-20"

Page 1, line 4, after "immunizations" insert "and COVID-19 vaccination and infection information"

Page 1, line 8, replace "**experimental"** with **"emergency-use authorized**"

Page 1, line 11, replace "experimental" with "emergency-use authorized"

Page 1, line 13, replace "experimental" with "emergency-use authorized"

Page 1, remove lines 15 through 21

Page 2, remove lines 1 through 8

Page 2, line 21, after the underscored period insert "Any political subdivision, school, department, or institution of higher education shall differentiate between recommended and required vaccination on any form."

Page 2, line 22, replace "experimental" with "emergency-use authorized"

Page 2, line 25, remove "As used in this subsection, "experimental vaccine" means a vaccine approved"

Page 2, remove lines 26 through 31

Page 3, replace lines 1 through 8 with:

"SECTION 3. AMENDMENT. Section 23-12-20 of the North Dakota Century Code is amended and reenacted as follows:

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1. Neither a state government entity nor any of its political subdivisions, agents, or assigns may:

   a. Require documentation, whether physical or electronic, for the purpose of certifying or otherwise communicating the following before providing access to property, funds, or services:

      (1) An individual's COVID-19 vaccination status;

      (2) The presence of COVID-19 pathogens, antigens, or antibodies; or

      (3) An individual's COVID-19 post-transmission recovery status;

   b. Otherwise publish or share an individual's COVID-19 vaccination record or similar health information, except as specifically authorized by the individual or otherwise authorized by statute; or

c. Require a private business to obtain documentation, whether physical or electronic, for purposes of certifying or otherwise communicating the following before employment or providing access to property, funds, or services based on:

(1) An individual's COVID-19 vaccination status;

(2) The presence of COVID-19 pathogens, antigens, or antibodies; or

(3) An individual's COVID-19 post-transmission recovery status.

2. Subsection 1 does not apply to the department of corrections and rehabilitation, a correctional facility as defined under section 12-44.1-01, the state hospital, or a public health unit.

3. A private business located in this state or doing business in this state may not require a patron, client, or customer in this state to provide any documentation certifying COVID-19 vaccination, the presence of COVID-19 pathogens, antigens, or antibodies, or COVID-19 post-transmission recovery to gain access to, entry upon, or services from the business. This subsection does not apply to a developmental disability residential facility or a health care provider, including a long-term care provider, basic care provider, and assisted living provider. As used in this subsection, a private business does not include a nonprofit entity that does not sell a product or a service.

4. This section may not be construed to interfere with an individual's rights to access that individual's own personal health information or with a person's right to access personal health information of others which the person otherwise has a right to access.

5. Subsection 1 is not applicable to the state board of higher education, the university system, or institutions under the control of the state board of higher education to the extent the entity has adopted policies and procedures governing the type of documentation required, the circumstances under which such documentation may be shared, and exemptions from providing such documentation.

6. This section is not applicable during a public health disaster or emergency declared in accordance with chapter 37-17.1.

7. As used in this section, the term "COVID-19" means severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2 and any mutation or viral fragments of SARS-CoV-2."

Renumber accordingly

2023 SENATE HUMAN SERVICES

HB 1200

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1200
3/8/2023

Relating to COVID-19 vaccinations and emergency-use authorized vaccines for students at institutions of higher education; relating to school and day care immunizations and COVID-19 vaccination and infection information.

9:00 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

Discussion Topics:

- Emergency vaccinations
- Child immunizations
- Required vaccinations

9:01 AM **Representative Hoverson,** introduced HB 1200, testified in favor verbally.

9:09 AM **Molly Howell, Immunization Director ND Department of Health and Human Services,** testified in favor, with proposed amendment. Page 1 line 15 and16 in opposition. #22735

9:17 AM **Kate Fitzsimmons**, **Director of Student Affairs, North Dakota University System,** testified in opposition. #22882

9:25 AM **Kylie Hall, Education Operations Director, Center for Immunization and Research North Dakota State University,** testified online in opposition. #22619

9:33 AM **Nizar Wehbi, North Dakota State Health Officer,** verbally testified in opposition.

9:34 AM **Madam Chair Lee** adjourned the hearing.

9:35 AM **Madam Chair Lee** asked for discussion.

Senator K. Roers commented on changes to the amendment.

Additional Testimony:
Joshua Wynne VP for Health Affairs UND and Dean, UND School of Medicine and Health Sciences, in opposition #22863
Rosemary Ames, in favor #22458
Lisa Pulkrabek, in favor #22879

Kristine Rubbelke, Executive Director, National Association of Social Workers – North Dakota Chapter, in opposition #22469
Mary Korsmo, Executive Director, North Dakota State Association of Health Offices, in opposition #22806
Stephen McDonough, Pediatrician, in opposition #22837
Seth Lumley, Executive Commissioner of Legislative Affairs, NDSU Student Government, in opposition #22870

9:43 AM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1200
3/8/2023
PM

Relating to COVID-19 vaccinations and emergency-use authorized vaccines for students at institutions of higher education; relating to school and day care immunizations and COVID-19 vaccination and infection information.

3:56 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston** were present**. Hogan** was absent.

Discussion Topics:

- Recommended vaccines
- Required vaccines

Senator Lee calls for discussion

Senator K. Roers moves DO NOT PASS.

Senator Cleary seconded the motion.

Roll call vote.

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

Motion passed 3-2-1.

Senator K. Roers will carry HB 1200.

Additional Testimony:
Molly Howell, Immunization Director, North Dakota Department of Health and Human Services in opposition #23668, 23669 and 23670

4:08 PM **Madam Chair Lee** adjourned the meeting.

SB 1200 was reconsidered on March 20, 2023 at 11:43AM and reconsidered again on March 27, 2023 at 2:50 PM.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1200
3/20/2023

Relating to COVID-19 vaccinations and emergency-use authorized vaccines for students at institutions of higher education; relating to school and day care immunizations and COVID-19 vaccination and infection information.

11:43 AM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, Hogan, K. Roers, Weston** were present**.**

Discussion Topics:

- Committee action

Senator calls for discussion.
Senator K. Roers moves to Reconsider actions.
Senator Cleary seconded to Reconsider actions.
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

Motion passed 6-0-0.

Senator K. Roers moved to adopt amendment strike section 1 and 2 and add page 2 line 31 after word status insert for vaccination that is under emergency use authorizations from the Federal Food and Drug Administration. LC23.0302.04001.

11:52 AM **Molly Howell Immunization Director North Dakota Department of Health and Human Services,** verbally testimony in favor.

Senator Cleary seconded the motion.

Roll call vote.

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

Motion passed 4-2-0.

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

Roll call vote.

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

Motion passed 4-2-0.

Senator K. Roers will carry HB 1200.

12:02 PM **Madam Chair Lee** adjourned the meeting.

SB 1200 was reconsidered again on March 27, 2023 at 2:50PM.

Patricia Lahr, Committee Clerk

23.0302.04001
Title.05000

Adopted by the Senate Human Services Committee

March 20, 2023

AG
3-21-23
(1-1)

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1200

Page 1, line 1, remove "create and enact a new section to chapter 15-10 of the North Dakota"

Page 1, remove line 2

Page 1, line 3, remove "students at institutions of higher education; and to"

Page 1, line 3, remove "subsection 1 of section"

Page 1, line 4, remove "23-07-17.1 and"

Page 1, line 4, remove "school and day"

Page 1, line 5, remove "care immunizations and"

Page 1, remove lines 7 through 23

Page 2, remove lines 1 through 12

Page 2, line 31, after "status" insert "or vaccination status for a vaccine that is under emergency use authorization from the federal food and drug administration"

Renumber accordingly

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1200
3/27/2023

Relating to COVID-19 vaccinations and emergency-use authorized vaccines for students at institutions of higher education; relating to school and day care immunizations and COVID-19 vaccination and infection information.

2:50 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Clemens, Hogan, K. Roers, Weston** were present**. Senator Cleary** was absent.

Discussion Topics:

- Health decision
- Vaccine status

2:52 PM **Senator Judy Estenson** presented proposed amendment. LC 23.0302.04002 #26756

Senator Lee calls for discussion

Senator Hogan moved to reconsider prior actions.
Senator K. Roers seconded the motion.

Roll call vote.

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

Motion passed 5-0-1.

Senator Hogan moved DO NOT PASS to Adopt Amendment LC 23.0302.04002.
Senator K. Roers seconded the motion.

Roll call vote.

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

Motion passed 5-0-1.

Reasons the hoghouse amendment LC 23.0302.04002 was not passed was discussed. Senator Hogan and Senator Roers wanted to list in the minutes the specific reasons.

1. There was no public hearing in either house on the proposed amendment;
2. The amendment was not directly germane to the bill;
3. It was considered in the Delayed Bills Committee and was not approved; and
4. It was primarily addressed in a special session in November 2021.

Senator K. Roers moved DO NOT PASS as AMENDED.
(Amendment LC 23.0302.04001 was passed on March 20, 2023)
Senator Hogan seconded the motion.

Roll call vote.

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

Motion passed 3-2-1.

Senator K. Roers will carry HB 1200.

3:18 PM **Madam Chair Lee** adjourned the meeting.

Patricia Lahr, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1200, as engrossed: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO NOT PASS** (3 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). Engrossed HB 1200 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 1, remove "create and enact a new section to chapter 15-10 of the North Dakota"

Page 1, remove line 2

Page 1, line 3, remove "students at institutions of higher education; and to"

Page 1, line 3, remove "subsection 1 of section"

Page 1, line 4, remove "23-07-17.1 and"

Page 1, line 4, remove "school and day"

Page 1, line 5, remove "care immunizations and"

Page 1, remove lines 7 through 23

Page 2, remove lines 1 through 12

Page 2, line 31, after "status" insert "<u>or vaccination status for a vaccine that is under emergency use authorization from the federal food and drug administration</u>"

Renumber accordingly

TESTIMONY

HB 1200

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 1200.”

A student’s right to bodily autonomy and freedom to make his/her own medical and health decisions should not be infringed upon by any institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.

Please protect schoolchildren from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule.

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

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

Dear Chairman Weisz and members of the Human Services Committee,

I am a physician board certified in the disciplines of internal medicine and infectious diseases. Additionally, I am a professor in the public health graduate program and teach in the area of the management of infectious diseases in public health at North Dakota State University (NDSU). I am also a professor in the University of North Dakota (UND) School of Medicine and Health Sciences in the Department of Internal Medicine. Lastly, I am the founder and medical director at the Center for Immunization Research and Education within NDSU. I am writing in opposition to HB1200 on my own behalf, and not as a representative of either institution, but as someone with a broad range of experience and teaching about vaccines, communicable diseases and associated public health policies.

First, it is important to understand that all states within the U.S. and most developed countries around the world have established schools as the primary source of ensuring a vaccinated population for the prevention of communicable diseases. Through decades of legislation and litigation, schools have steadily been upheld for this oversight, and rightly so. This is because most of these diseases are acquired in childhood, school is for the most part a universal experience in the U.S., and schools congregate children into confined spaces for prolonged periods of time and are ideal settings for the spread of communicable diseases. These laws and policies have been tremendously successful, with the elimination or near elimination of diseases such as smallpox, polio, measles, mumps, diphtheria, and Haemophilus and meningococcal meningitis. It is worth noting that survey data still shows that the majority of parents in the U.S say healthy children should be required to get vaccinated for things like measles/mumps/rubella to assure a safe school environment for their children.

Although there are no school requirements for SARS-CoV-2 (COVID-19) vaccines in ND, and establishing that would require an act of the legislature, HB1200 goes well beyond just SARS-CoV-2 vaccines. It literally seeks to redefine the entire safety and regulatory process for establishing vaccine safety in the U.S., making North Dakota the only state in the U.S. that would redefine **all** existing vaccines as “experimental” and therefore ineligible as a requirement for school entry.

First, this bill states that for a vaccine to not be considered experimental, the pivotal clinical trials necessary for FDA approval must run for at least a year. While this does happen with some vaccines, most clinical trials are designed to occur in a window of time long enough to have enough disease cases to occur to be able to show efficacy, and long enough to detect major safety signals, which usually is less than a year. These are extremely expensive studies to conduct (typically billions of dollars), and running them longer than needed would add substantially to the overall cost of healthcare. No pharmaceutical company will take on the added enormous costs of re-running their clinical trials of their already FDA approved vaccines just to meet North Dakota’s re-definition of what the FDA approval process should be, thus assuring ND will never have most of our well-established vaccines approved as a school requirement.

I suspect that underlying this bill’s requirement for one year follow up belies a mistaken notion that such follow up is needed to detect rare or delayed serious adverse events. This notion is seriously misguided for several reasons. First, we already have surveillance systems in place to detect rare or late serious side effects. In the history of all licensed vaccines in the U.S., none has ever been found to have a causally associated serious adverse event appearing after 6-8 weeks following vaccination. This makes sense when one considers the biology behind side effects. Side effects, which can and do occur, happen most often from the direct effect of the vaccine contents itself. Vaccine ingredients are typically rapidly

cleared from the body over days to weeks, and if a side effect occurs, it is likely to occur in the time shortly following vaccination when the levels of the vaccine contents are the highest. Side effects may also occur from an auto-immune response from the vaccine, which typically peaks when antibodies rise to their highest levels at about four to six weeks post-vaccination, and then fade to lower levels. Additionally, this requirement would not help to detect very rare side effects. The number of subjects enrolled in vaccine clinical trials are typically in the thousands, occasionally the tens of thousands. Rare side effects and delayed reactions might not be evident until the vaccine is administered to millions of people (untenable for a clinical trial). Therefore, the federal government established the Vaccine Adverse Event Reporting System (VAERS), a surveillance system to monitor adverse events following vaccination. In addition, large-linked databases containing information on millions of individuals, such as the Vaccine Safety Datalink (VSD), have been created to study rare vaccine adverse events after vaccines are released to the broader population. These studies are ongoing, even for our older vaccines, and as mentioned, have never discovered a serious adverse event causally linked to a vaccine beyond 6-8 weeks.

Second, the bill will deem any vaccine "experimental" if the manufacturer does not bear liability for any death or injury from the vaccine. This, again, by the bill's own definition, makes **all** vaccines "experimental". Vaccine manufacturers are not held directly liable since 1986 when President Ronald Reagan and Congress passed the National Childhood Vaccine Injury Act (NCVIA) in response to a flurry of frivolous and erroneous lawsuits against vaccine manufacturers that led to the near disappearance of many vaccines. Furthermore, families suing the manufacturers were frustrated by the often long drawn out process of litigating cases of alleged vaccine injury, and desired a more expedient process. The NCVIA was established as a no-fault alternative to the traditional legal system for resolving petitions claiming injury after vaccination. This is called the Vaccine Injury Compensation Trust Fund and was put in place to assure prompt adjudication through a "vaccine court" of legitimate injuries and also assure an ongoing supply of vaccines. More information can be found here: https://www.immunize.org/catg.d/p2075.pdf . HB1200 would have North Dakota reject the NCVIA, and insist on going back to the pre-1986 method of adjudicating vaccine injuries, something that would literally require an act of congress to reverse itself. Thus, again, assuring ND will never have **any** vaccine approved as a school requirement.

Finally, the requirement that a school or higher education institution cannot "promote" a vaccine would be seriously problematic. Take the example of an outbreak of meningococcal meningitis on a university campus, something that happens almost every year in the U.S. A mainstay of controlling these outbreaks is "promoting" the meningitis vaccine to those who were exposed or put at risk. This bill's definition would deem the meningitis vaccine an "experimental vaccine", and therefore university officials could not "promote" the vaccine to exposed roommates or fellow classmates. The universities where I work would be stripped of one of the major tools to halt such an outbreak of a potentially devastating disease. Or take the example of human papillomavirus infection. Studies suggest that up to 50% of college students may acquire this potential cancer-causing infection by the time they graduate. The HPV vaccine is remarkably effective at preventing this infection and its associated cancers. Should student health services or campus education campaigns not have the ability to promote this vaccine to prevent unnecessary cancers in this population?

Please vote NO on this seriously misguided bill.

Members of the House Human Services Committee,

My name is Amber Vibeto and I reside in District 3. I am asking that you please render a DO PASS on House Bill 1200.

- 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 any government official, particularly public health officials that have no accountability for poor recommendations.
- Thousands of citizens, including college students, were coerced into receiving a highly experimental and ineffective injection that they didn't want and didn't need. Many of them were seriously injured and there may be still as yet unknown negative consequences that will show up later in life. No one should have to risk their health in order to receive an education.
- 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.

A student's right to bodily autonomy and freedom to make his/her own medical and health decisions should not be infringed upon by any institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.
Also, please protect schoolchildren from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule.
Thank you for your consideration of this important issue and for your service to the state of North Dakota.

CDC Finds Hundreds of Safety Signals for Covid-19 vaccines

https://www.theepochtimes.com/health/exclusive-cdc-finds-hundreds-of-safety-signals-for-pfizer-and-moderna-covid-19-vaccines_4956733.html

Letter from FL State Surgeon General on covid vaccines for children.

https://static1.squarespace.com/static/61c3d2fb23bd54325ce98c45/t/62cdd4580d68f6226aae54e9/1657656410314/FL+Dept+of+Health.pdf

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

NDSU | CENTER FOR IMMUNIZATION RESEARCH AND EDUCATION

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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.

The New York Times

WHITE HOUSE SAYS C.I.A. HAD A ROLE IN IRAN OPERATION

Reagan Signs Bill on Drug Exports And Payment for Vaccine Injuries

An OPEC Panel Urges Price Rise To $18 a Barrel

NOTRE DAME PICKS ITS 16TH PRESIDENT

New Heights, and Dangers, for Cheerleaders

California Voters Calling Halt To Uncontrolled City Growth

Police and Union in New Talks on Transfer Plan

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/dowloads/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

NORTH Dakota | Health & Human Services
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HB1200
House Human Services
January 23rd, 2:45 pm

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 HB1200. The greatest concern with HB1200 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 1, 2d 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 HB1200, this legislation would eliminate all college, child care and school immunization documentation requirements because these vaccines are included in VICP, and therefore would meet the proposed definition of "experimental vaccination."

Child care, school and university immunization requirements play an important role in maintaining immunization rates and ensuring environments where

children and students congregate are safe. Measles is so contagious that experts recommend a 95% vaccination rate to prevent outbreaks from occurring.

North Dakota already has one of the most relaxed child care and school immunization policies in the United States. NDCC 23-07-17.1 allows medical, religious, and moral/philosophical exemptions. To claim a religious, moral/philosophical exemption, parents simply have to sign a document prior to school entry.

North Dakota is one of only 15 states that still allow moral/philosophical exemptions; many of the other states that allow philosophical exemptions require a notary signature or education from a health care provider prior to claiming an exemption. Six states allow medical exemptions and don't offer religious or philosophical exemptions.[1] States that have easily obtained personal belief exemptions have higher rates of pertussis and measles.[2],[3]

There are two additional concerns about HB1200. The first is the lack of a definition in Section 1, 1b of what it means to "promote" in the collegiate setting. For example, could education about vaccines to nursing, pharmacy and medical students be considered promotion? Another concern lies in Section 1, 2a, 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 polio or measles, may not meet this requirement and therefore would be unallowable.

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

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[1] States With Religious and Philosophical Exemptions From School Immunization Requirements (ncsl.org)
[2] Nonmedical Exemptions to School Immunization Requirements: Secular Trends and Association of State Policies With Pertussis Incidence | Infectious Diseases | JAMA | JAMA Network
[3] Individual and community risks of measles and pertussis associated with personal exemptions to immunization - PubMed (nih.gov)

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

In addition to preventing disease, hospitalization and death, vaccination reduces costs. For every $1 spent on vaccines, the United States saves $10.90.[4] The vaccination of children born between 1994 and 2018 has saved the U.S. nearly $406 billion in direct medical costs and $1.88 trillion in total societal costs. Vaccination of one birth cohort (children born in 2009) will prevent ~42,000 early deaths, 20 million cases of disease, save $13.5 billion in direct costs and $68.8 billion in total societal costs.[5] In 2017, the Minnesota Department of Health spent $2.3 million in five months responding to an outbreak of 79 cases of measles.[6]

In conclusion, NDCC already outlines which vaccines are required for child care and school attendance. This list does not include a requirement for COVID-19 vaccine. The current law also provides simple ways for parents to submit for an exemption. Therefore, HB1200 is not needed. The language in the bill could unintentionally restrict educational activities at the college level and the definitions of experimental vaccines could have unintended consequences to current vaccine standards for child cares, schools and universities, putting North Dakotans at risk. Maintaining high, routine, wellness vaccination rates is necessary to keep children healthy and in school and reduce medical and societal costs.

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

[4] https://doi.org/10.1542/peds.2013-0698
[5] Vaccines Are Cost Saving | Vaccinate Your Family
[6] MN Health Dept. Spent $2.3M During 5-Month Measles Outbreak – WCCO | CBS Minnesota (cbslocal.com)

HB 1200 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 1200.”

A student’s right to bodily autonomy and freedom to make his/her own medical and health decisions should not be infringed upon by any institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.

Please protect schoolchildren from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule.

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

Lisa Pulkrabek

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 1200.”

A student’s right to bodily autonomy and freedom to make his/her own medical and health decisions should not be infringed upon by any institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.

Please protect schoolchildren from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule.

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

Wade Pulkrabek

Mariah Bates
Williston, North Dakota
House Bill 1200

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 1200.

A student's right to bodily autonomy and freedom to make his/her own medical and health decisions should not be infringed upon by any institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.

Please protect schoolchildren from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule.

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

Mariah Bates

DO PASS - HB 1200

Dear Members of the House Human Services Committee,

My name is Rebekah Oliver and I write as a resident of North Dakota.

Please render a DO PASS on House Bill 1200.

The right to bodily autonomy, and the freedom to make individual medical and health decisions, should not be infringed upon by any institution, especially when the medical intervention is experimental and has potentially serious advserse effects for which the mandating institution is not accountable. Please protect students by a Do Pass recommendation.

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

Sincerely,

Rebekah Oliver

District 11

House Human Services Committee
HB 1200
January 23, 2023

Chairman Weisz and Committee Members, my name is Courtney Koebele. I am 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 all vaccine requirements for school and daycares because of the experimental definition requirements. SARS-CoV-2 (COVID-19) vaccine is NOT on the school vaccination requirements list in North Dakota (NDCC 23-07-17). It is also not required for childcare admission and attendance. The only way this vaccine can be required is with legislative approval.

NDMA requests a DO NOT PASS recommendation on the bill. Thank you for the opportunity to testify today.

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 1200.

I think section one should be added to protect a student's right to bodily autonomy and freedom to make his/her own medical and health decisions.

Section two should be amended to protect school children from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule.

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

- Shelby Downey

Hello Members of the Human Services Committee,

My Name is Tiffany Ormonde and I reside in District 31. I am asking you to please render a DO PASS on House Bill 1200.

A student's right to bodily autonomy and freedom to make his or her own medical and health decisions should not be infringed upon by an institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.
Please, please protect schoolchildren from the dangerous and unnecessary COVID- 19 vaccine by ensuring that it is not included in the recommended school vaccination schedule.

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

Tiffany Ormonde

Hello Members of the Human Services Committee,

My Name is David Ormonde and I reside in District 31. I am asking you to please render a DO PASS on House Bill 1200.

A student's right to bodily autonomy and freedom to make his or her own medical and health decisions should not be infringed upon by an institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.
Please protect schoolchildren from the dangerous and unnecessary COVID- 19 vaccine by ensuring that it is not included in the recommended school vaccination schedule.

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

David Ormonde

Hello Members of the Human Services Committee,

My Name is Debra Bolte and I reside in District 31. I am asking you to please render a DO PASS on House Bill 1200.

A student's right to bodily autonomy and freedom to make his or her own medical and health decisions should not be infringed upon by an institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.
Please protect schoolchildren from the dangerous and unnecessary COVID- 19 vaccine by ensuring that it is not included in the recommended school vaccination schedule.

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

Debra Bolte

Hello Members of the Human Services Committee,

My Name is Rocky Babel and I reside in District 32. I am asking you to please render a DO PASS on House Bill 1200.

A student's right to bodily autonomy and freedom to make his or her own medical and health decisions should not be infringed upon by an institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.
Please protect schoolchildren from the dangerous and unnecessary COVID- 19 vaccine by ensuring that it is not included in the recommended school vaccination schedule.

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

Rocky Babel

NDSU | STUDENT GOVERNMENT

HB 1200

January 23, 2023

Seth Lumley, NDSU Student Government

seth.lumley@ndus.edu – (507) 481-5510

Chairman Weisz and Members of the Committee: My name is Seth Lumley, and I am the Executive Commissioner of Legislative Affairs for North Dakota State University's Student Government. I would like to provide testimony in opposition to HB 1200 and to present the perspective of NDSU students on HB 1200.

NDSU Student Government is an organization of students at NDSU elected and appointed to represent the interests of the NDSU student body both externally at places like the capitol and internally through our student senate. We are comprised of members from all academic colleges at North Dakota State University, ensuring students from all majors and backgrounds have a voice. Our mission is to leave the university better than we arrived through ensuring that student voices are heard both on campus and at the legislature.

Coming into NDSU as a freshman during the COVID-19 pandemic was a very difficult time for me. Classes I had previously expected to be held in person were online, holding classes over Zoom made learning and focusing more difficult, and the sense of community I had come to expect from college was eerily missing. Mental health among students took so much of a hit that there was a period of 5 consecutive weeks where no appointments were available at our

counseling center. So, when I and many other students heard that multiple vaccines were being produced to combat the virus, we were relieved that the pandemic might finally be coming to an end.

Once available, NDSU made it easy for students to get the vaccine. The administration sent out promotional emails, gave away informational pamphlets, and set up events to make getting the vaccine as easy as possible. It took longer than I had hoped, but eventually everything went back to normal on campus. Importantly, at no point was the COVID vaccine required for students to be on campus. The materials provided allowed me to better assess the situation and inform my decision. Laws like this could have serious unintended consequences going forward should anything akin to the COVID-19 pandemic ever happen in the future.

It is support for the freedom to promote the COVID vaccine or other emergency vaccines in the future that act as the purpose behind my testimony today and it is for this reason that I urge you to oppose HB 1200. Thank you Chairman Weisz and Members of the Committee.

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 Rolette 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-scraps-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 1200

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 Rosemary Ames and I reside in District 9B. I am asking that you please render a DO PASS on House Bill 1200.”

A student’s right to bodily autonomy and freedom to make his/her own medical and health decisions should not be infringed upon by any institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.
Please protect schoolchildren from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule.
Thank you for your consideration of this important issue and for your service to the state of North Dakota.

Rosemary Ames

HB1200
House Human Services
January 23rd, 2:45 pm

Good afternoon, Chairman Weisz, and members of the House Human Services Committee. I am Mary Lizakowski, and I am submitting a written testimony as a concerned citizen from District 16, in opposition to HB1200.

I am a mother to young children in both childcare and elementary school and this bill would put children at risk of vaccine-preventable diseases. Based on how “experimental vaccine” is defined within the bill, it would eliminate all immunization documentation requirements. This could have spiraling consequences if an outbreak were to occur.

Most families choose to vaccinate their children and understand the importance of doing so to create herd immunity to protect the most vulnerable populations. Additionally, if a person does not want to vaccinate there are a variety of exemptions to choose from.

I urge you to oppose HB1200 as it is necessary to keep our children and families healthy.

Thank you for your service to the state of North Dakota.

“My name is Andrea Leingang and I reside in District 34. I am asking that you please render a DO PASS on House Bill 1200.”

A student’s right to bodily autonomy and freedom to make his/her own medical and health decisions should not be infringed upon by any institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.
Please protect schoolchildren from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule.

As a mother there is nothing more serious than my child’s health. I take the time to decide what is right for my family. No school should be allowed to make a personal medical decision for my family.

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 HB1200
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 HB1200 is beneficial legislation. An experimental vaccine required for any kind of admission should have not even been a situation. Usually, experimental medications are limited to a small population group in case their effects are unexpectedly adverse. As a society, we have erred in some sort of unnecessary panic. HB1200 will help get this error back on track and encourage a more scientific and thorough approach to the Covid question.

Please give HB1200 a Do Pass.

Thank you,

Doug Sharbono
1708 9th St S
Fargo, ND 58103

NORTH DAKOTA
UNIVERSITY SYSTEM
ACCESS. INNOVATION. EXCELLENCE.

HB 1200
House Human Services Committee
January 23, 2023
Katie Fitzsimmons, Director of Student Affairs, NDUS
701.328.4109 | katie.fitzsimmons@ndus.edu

Chair Weisz and members of the House Human Services Committee. My name is Katie Fitzsimmons, and I serve as the Director of Student Affairs for the North Dakota University System. I am here today on behalf of the North Dakota University System and its eleven institutions to provide **neutral** testimony related to HB 1200, provide consideration for an amendment, and enlighten the committee about the current process used throughout the North Dakota University System.

Currently, with respect to vaccination data, the eleven campuses engage in a process to obtain sufficient records to ensure the safety of all students on campus in the event of an outbreak. Providing proof of vaccination is not required. Students are given two options: 1) Provide MMR and meningitis vaccination record to the campus OR 2) Complete the immunization exemption form and decline to provide records to the campus.

Option two is for students who prefer to not disclose whether or not they have received vaccinations. We do not ask why a student is requesting an exemption; we simply ask so we know the possible impact of an outbreak, should one occur on our campus or community. If an outbreak were to occur, the students who exempted from the requirement would be considered not vaccinated. As such, those students might not be allowed to attend classes in person or live on campus until the threat of disease is no longer present; that would be dependent on the assessment and recommendations of the local public health unit.

We do not require any vaccination information from faculty, staff, or visitors to our campuses. However, if a faculty or staff member chooses to enroll in a course and attend it in person, they must also provide records or complete the exemption form.

Section 1 of the bill isn't entirely clear. Would our current process be in violation of these changes? The language states "An institution under control of the state board of higher education may not: a. require a student to be vaccinated against …or receive an experimental vaccine, as a condition of enrollment or in-person attendance." We currently do not require any vaccine but asking for documentation one way or the other might be misconstrued to be a requirement for enrollment.

If our current process would no longer be allowed by state law, this could present challenges if an outbreak were to occur. If this bill moves forward, the North Dakota University System requests an indemnification clause to lift the liability of severe injury, loss of access to education, and death if such circumstances were encountered due to a case of measles, mumps, rubella, or meningitis. Our

concern lies in the ability to rapidly respond to possible cases of disease and we feel equipped to do so under our current process.

Furthermore, the University System seeks clarification on the definition of "promotion" of a vaccine. Essentially, does speaking about vaccines or providing education about vaccines qualify as "promotion"? Can the health care providers in our student health centers recommend a vaccine to a student, who is a patient? We have concerns about intervening into the confidential patient-physician relationship in that regard. Can the health center provide information on vaccines in brochures, flyers, emails, and other communications? What about student organizations that choose to host a program about vaccine education with professional speakers? Could a campus rent space to a public health conferences where vaccines are discussed? If there were an outbreak in our community, could student organizations circulate or coordinate volunteer events to staff vaccination sites or would this be considered "promotion" under this proposed legislation? Does promotion include flyers that Public Health posts on our campuses? If campuses have to restrict flyers that are posted on campuses, again we have great concerns about violating the First Amendment right to freedom of speech and expression in this regard. It opens up campuses to litigation and public scrutiny if advertising a flu shot clinic with flyers would no longer be legal. Therefore, the University System respectfully requests the committee to investigate the implications of banning promotion of vaccinations as they related to the First Amendment, and if a definition of "promotion" could be clearly defined.

This concludes my testimony related to HB 1200. I respectfully request consideration of our amendment, if our current process would no longer be allowed, and for more clarity on the limitation of promotion of vaccines. I will gladly work with the clerk and Legislative Council to draft such an amendment if necessary. I stand for questions from Committee members.

Members of the House Human Services Committee,

My name is Karen Krenz and I reside in District 1. I am asking that you please render a DO PASS on House Bill 1200.

A student's right to bodily autonomy and freedom to make his/her own medical and health decisions should not be infringed upon by any institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.
Please protect schoolchildren from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule.

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

Karen Krenz

To the House Human Service Committee

and

the good people of North Dakota,

I am submitting my testimony in support for HB 1200. This bill addressing COVID-19 vaccinations and experimental vaccines for students in primary through college education is important to me and my children. My family and I left Washington state in the summer of 2020 to find sanctuary in North Dakota for our children's sake. I believe that HB 1200 is a bill that will defend their right to an education while providing them the ability to exercise their health freedom.

In 2020 Covid unleashed a cruel government in Washington state. Schools were shut down; churchs were locked up; sports were forbidden; children were isolated from each other and grandparents; and mental health services were reduced to telehealth access for ***months***. My children were falling apart emotionally and falling behind educationally.

Working by remote and with the school ending for the year, we were able to break away to North Dakota for the summer. While we came out to see family, we found so much more! In Dickenson, we encountered other children playing for the first time in months. The city parks and recreation had a summer drop off program for kids to get them outside and playing again! The attendants were gracious in allowing my children to play with their sandbox toys and to join in on the yard games. I watched my sons run and smile and make friends! I reassured my then 3-year-old daughter that it was okay to share sand toys with and to play near the other children in the sand box. She glowed with delight, relishing in the shared moment with little girls her own age. I saw my children blossom!

We spent that whole summer in the Dakotas. Dickenson, Hazen, New Salem, Bismarck, Strasburg, Fargo, and Grafton—we drove all over visiting family and exploring unique places. I saw my boys grow inches before my eyes! My daughter grew in self-confidence. We didn't want to go back. So, we didn't. We sold our houses in Washington and moved to Bismarck.

We feel blessed to call North Dakota our home. We appreciate the immunization exemptions that North Dakota recognizes, which allows for our children to attend schools and programs while we discern vaccinations for their health benefits alone. We hope for the opportunity to attend NDSU for our children like their dad enjoyed. We hope that experimental vaccinations, like the Covid-19 vaccines, will not be required by then for our children to leave home and pursue their calling on a state university campus. In this post-Covid world, my children will need yet again a sanctuary. We hope that North Dakota will provide that sanctuary for them, and for generations to come.

As a mother of three determined young men and one compassionate young lady I support HB 1200. Thank you!

Sincerely,

Lyndsey A. Jensen

FOUNDATION for a Healthy North Dakota

HB 1200
House Human Services
January 23rd | 2:45 pm

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

I am providing testimony in opposition to HB1200.

A 2017 measles outbreak in Minnesota cost Hennepin County and the state department of health $1.3 million to contain, not including costs incurred by private insurance or individual families (Pike et al., 2021). For any vaccine-preventable disease outbreak, the quarantine period can be long and burdensome to working families and employers. In the case of a measles outbreak, unvaccinated students would be subject to an exclusion period of at least 21 days from the last measles case in the school. An outbreak of a preventable disease can have a far-ranging and lasting impact on businesses, schools, families, and communities.

This proposed legislation attempts to solve a problem that does not exist in North Dakota and will open the door to preventable disease.

- HB1200 (2023) is initially focused on COVID-19, but the current language would prohibit all vaccine requirements for school and university entry, including immunization against polio, measles, and pertussis.
- According to House Bill 1200 (2023) relating to COVID-19 vaccinations and experimental vaccines, the definition of “experimental vaccine” included in part d, “The vaccine’s manufacturer has liability, including for design defect claims, for any death or injury caused by the vaccine” would eliminate all vaccines in the state of North Dakota because of the National Vaccine Injury Compensation Program (NVICP) bill signed by President Reagan in 1986.
- The purpose of the National Childhood Vaccine Injury Act (NCVIA), which created the NVICP, 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.
- SARS-CoV-2 (COVID-19) vaccine is NOT on the school vaccination requirements list in North Dakota (NDCC 23-07-17). The only way this vaccine can be required is with legislative approval.

Parental choice and freedom to not vaccinate are preserved under current laws with a wide variety of exemptions. The state already allows for three types of immunization exemptions:

- Medical
- Religious
- Moral/Philosophical (personal belief)

Outcomes of eliminating vaccine requirements for school and university entry:

- When infected with a vaccine-preventable disease, individuals and families lose time from work and school and spend resources on medical care and treatment.
- Some students attending school have medical conditions that put them at high risk for complications due to illness. Some teachers, including pregnant teachers, are also at high risk for illnesses like rubella which would put themselves or the unborn baby at risk for severe disease if exposed. High immunization rates help to protect those that cannot be vaccinated by preventing the transmission of preventable diseases.
- Helping parents ensure that their children are up to date with vaccination keeps them healthy and in school and keeps parents at their jobs. Keeping measles, mumps, polio, and other diseases at bay helps schools use their resources in the classroom.

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

References

Pike, J., Melnick, A., Gastañaduy, P. A., Kay, M., Harbison, J., Leidner, A. J., Rice, S., Asato, K., Schwartz, L., & DeBolt, C. (2021, April 1). Societal costs of a measles outbreak. American Academy of Pediatrics.

https://publications.aap.org/pediatrics/article/147/4/e2020027037/180774/Societal-Costs-of-a-Measles-Outbreak?autologincheck=redirected

Members of the House Human Services Committee,

My name is Cionda Holter and I reside in District 3. I am asking that you please render a DO PASS on House Bill 1200.

A student's right to bodily autonomy and freedom to make his/her own medical and health decisions should not be infringed upon by any institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.
Please protect schoolchildren from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule.
Thank you for your consideration of this important issue and for your service to the state of North Dakota.

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

Thank You,

Cionda (C.C.) Holter

701-580-4746

Members of the House Human Services Committee,

My name is Jacob Holter and I reside in District 3. I am asking that you please render a DO PASS on House Bill 1200.

A student's right to bodily autonomy and freedom to make his/her own medical and health decisions should not be infringed upon by any institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.
Please protect schoolchildren from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule.
Thank you for your consideration of this important issue and for your service to the state of North Dakota.

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

Thank You,

Jacob Holter

701-580-7800

January 23, 2023

Testimony by: Malinda Weninger
Bismarck, ND 58504

Dear Members of the Human Services Committee:

I am writing regarding HB1200

I support this bill.

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. Please do not put this in the childhood immunization schedule. 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.

North Dakota needs to be a LEADER not a FOLLOWER.

Members of the House Human Services Committee,

"My name is Kimberly Bieber and I reside in District 0702. I am asking that you please render a DO PASS on House Bill 1200."

A student's right to bodily autonomy and freedom to make his/her own medical and health decisions should not be infringed upon by any institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.
Please protect schoolchildren from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule.

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

Kimberly Bieber

House Bill 1200
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 feel uniquely qualified to testify on this bill. In 2015 and 2016, I led a study in North Dakota that produced recommendations for how to improve school immunization rates. The study engaged nearly 200 immunization stakeholders in North Dakota, including healthcare providers, school administrators and staff, public health staff, legislators, and parents.

I have a number of concerns about House Bill 1200.

First and foremost, it would remove North Dakota University System (NDUS) immunization requirements for all vaccines because of the definition of "experimental vaccines". It would also prohibit the promotion of any vaccination at an NDUS institution. This is incredibly concerning, as college students are at risk for many vaccine-preventable diseases, including meningococcal disease. In the event of an outbreak of a vaccine-preventable disease on a college campus, vaccination would be a key piece of bringing the outbreak under control. If this bill were passed, you are restricting the ability of an NDUS institution to promote any vaccination, further complicating outbreak response, and potentially extending the outbreak and causing unnecessary illness.

In this bill, the word "promote" is not defined. I would like to suggest that this be further defined, as my interpretation of this bill means universities may not be able to educate healthcare professional students (medical, pharmacy or nursing students) about vaccinations.

The definition of experimental vaccine in this bill is extremely problematic, as it 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 in other bills 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.

Lastly, and personally most concerning for me, is that this bill removes school immunization requirements. All states currently require vaccines for school entry, and we know that vaccines play a key role in the prevention and control of vaccine preventable disease. Vaccines work in two ways – 1) they protect the person getting vaccinated, and 2) they protect the person who can't be vaccinated. By ensuring a highly vaccinated population, we protect the most vulnerable individuals in our communities, such as pregnant mothers, cancer patients, and young children.

Schools have been tasked with immunization enforcement because most vaccines are given in childhood, nearly all children across the United States attend school, and schools are the prime location for an outbreak to start and spread, and schools would be directly impacted in the event of an outbreak. As many of you know, North Dakota has one of the most liberal vaccine exemption laws in the country. All parents have to do is sign the exemption form, which is readily available on the NDHHS website. North Dakota is one of only 15 states that allow parents to opt out of vaccination for medical, religious, or personal belief reasons. No children in North Dakota are being vaccinated to attend school if their parents prefer otherwise, but this bill goes too far in the other direction, attempting to erase decade of progress made towards eliminating vaccine-preventable diseases.

Which brings me to my last point: I want to talk about the impact that a bill like this could have.

We know from focus groups that we have done with school staff and medical professionals that school requirements play an important part in maintaining a vaccinated population. Most parents opt to vaccinate their kids – about 93% of kindergartners in North Dakota are up-to-date with the school required vaccines. But without school requirements, rates would likely be much lower than this. We have heard, time and time again, that school immunization requirements bring children in to be vaccinated. Parents are busy, and I can say this both from knowing other parents and being a parent myself. We prioritize things that need to be done, and sometimes things fall to the wayside. Sometimes, those vaccine appointments fall to the wayside when children are one, two or three years old. But once they get close to kindergarten, school requirements bring children in to be vaccinated.

If school immunization requirements go away, I can guarantee you rates will fall.

What happens when immunization rates fall? We don't need to go too far back in history – let's take a look at a measles outbreak that just happened in Ohio from October through December of 2022. During a span of about two months, Ohio saw 85 cases of measles, of which 34 were hospitalized. FORTY PERCENT of children who got measles were hospitalized.

Most of the children in the Ohio outbreak were unvaccinated, which isn't surprising. We know the measles, mumps rubella vaccine is very effective, about 97% effective if you have two doses, and about 93% if you only have one dose. Children can get their first dose of MMR at 12 months

of age. In Ohio, 25 of the cases were less than a year old. That means 29.4% of the children who got measles couldn't even be vaccinated. They relied on others to be immune to protect them.

This is what can happen when we let immunization rates fall. A case of measles may find its way into an undervaccinated population, it will spread quickly among the unvaccinated (about 90% of unvaccinated people who come in contact with a case of measles will catch the disease – it's that contagious), and children who didn't even have the opportunity to be vaccinated will suffer. Those who can't be vaccinated for other reasons will suffer. Those who are immunocompromised will suffer. And of those who get the disease, a large percent of them will be hospitalized. And all this is completely preventable.

Finally, I'd like to point out that outbreaks of vaccine-preventable diseases are costly to contain. In Minnesota in 2017, 79 cases of measles cost the state $2.3 million to contain. If we remove immunization requirements in North Dakota, rates will fall, and we will be vulnerable to an outbreak of a vaccine-preventable disease. It won't be a matter of it, but a matter of when it will happen. And that outbreak will cost North Dakota taxpayers millions of dollars.

Please vote "do not pass" on House Bill 1200.

Respectfully submitted,

Kylie Hall, MPH
Fargo, ND - District 45

Legislative Committee:

My name is Jewell Hamilton. I live in Minot ND in district 3. Please pass HB1200. Students of higher education, school age children, and children who attend day care centers should never be subjected to experimental Covid 19 vaccinations which have a lengthy history of causing vaccine injury.

Thank You

Jewell Hamilton

HB1200
House Human Services
January 23rd, 2:45 pm

Good afternoon, Chairman Weisz, and members of the House Human Services Committee. My name is Beth Ann DeMontigny, and I am submitting a written testimony as a deeply concerned citizen from District 17, in **opposition** to HB1200.

I am a mother to young children in both childcare and elementary school and this bill would put children at risk of vaccine-preventable diseases. Based on how "experimental vaccine" is defined within the bill, it would eliminate all immunization documentation requirements. This could have spiraling consequences if an outbreak were to occur.

Most families choose to vaccinate their children and understand the importance of doing so to create herd immunity to protect the most vulnerable populations. Additionally, if a person does not want to vaccinate there are a variety of exemptions to choose from.

I strongly urge you to **oppose HB1200**, as it is necessary to keep our children and families healthy.

Thank you for your service to the state of North Dakota.

January 23. 2023

My name is Joni McGary. I co-founded and ran NoCollegeMandates.com (NCM) until October 2022. NCM is a coalition of many thousands of college stakeholders working to end Covid-19 vaccine mandates on college campuses. . In my role at NCM, I was witness to the unintended consequences of, and the failure of Covid-19 vaccine mandates to stop campus transmission.

I continue my work as an independent advocate for the removal of Covid-19 vaccine mandates as a condition of enrollment at nearly 1000 colleges in the US. More than 200 schools require at least one booster

I submit this brief testimony today to support the prohibition of Covid-19 vaccine mandates on college campuses, and to prohibit in future any mandates of experimental products as a condition of student enrolment. Please forgive the lack of supporting evidence. I was only recently made aware of this bill. I will be providing a more thorough document soon.

College mandates began in late spring/summer of 2021, when there was wide belief that the shots prevented transmission and infection, and before it was publicly known that there were serious adverse events from the product, especially in young men. Colleges were desperate to find a way to re-open campuses and assure their faculty and students (and their families) that they were doing so safely. A vaccine requirement seemed to make sense at the time, per CDC guidance.

Mandates persist even though they were a failure and demonstrably cause a net harm. They are insupportable by current data, yet they persist.

Here are the facts:

Mandates did not prevent widespread outbreaks of Covid-19 on campuses, even in places that had near 100% compliance.

The college-age population is at essentially zero risk of harm or death from Covid-19 infection. You will note that college “dashboards” do not list hospitalizations of students. That is very likely because there are none.

The shots have a concerning safety profile. We now know that a certain percentage of people in this age group WILL get myocarditis or pericarditis as a result of the injection. We now know that the injection has caused widespread menstrual disruptions, the long term effect of which on fertility is unknown. When students rushed to get the initial injections, they were not made aware of these risks. In short, they did not – indeed they could not - give informed consent.

Colleges did not do their own risk-benefit analysis but rather relied upon what we now know to be flawed recommendations from the CDC and other public health organizations. This rush to

mandate was understandable (though wrong) at the time. What is very concerning is that the mandates persist, even though we now have data to show they are a net harm.

A prohibition of mandates will restore choice and prevent harmful policies from being implemented out of fear or coercion in the future. (Most colleges receive a great deal of federal funding, much of which is from HHS, NIH, CDC – none of which are disinterested parties in vaccination.)

Thank you for your consideration.

Joni McGary
812.322.4597

Dear Members of the Senate Human Services Committee,

I urge you to pass HB1200, which protects college students of Covid-19 Vaccine Mandates and ensures it's not on the required list of immunizations.

Regards,
Rosemary Ames
District 9

701.557.1500 » info.naswnd@socialworkers.org » naswnd.socialworkers.org

NASW
National Association of Social Workers
NORTH DAKOTA CHAPTER

TESTIMONY on HB 1200
from the
NATIONAL ASSOCIATION OF SOCIAL WORKERS—NORTH DAKOTA CHAPTER
to the
ND Senate Human Services Committee
March 8, 2023

Chairman Lee and members of the Senate Human Services Committee:

The Advocacy Committee of the NASW-ND submits this testimony in opposition to House Bill 1200. We appreciate the opportunity to share our perspective.

NASW-ND urges the members of the House Human Services Committee to vote DO NOT PASS on HB 1200 for the following reasons:

1. **HB 1200 will jeopardize the health of North Dakota students through the prohibition of necessary immunizations and medical advice as recommended by the Centers for Disease Control and Prevention in health emergencies.**

Under Section 1, point 1 (p.1 lines 10-14), this bill would prevent North Dakota colleges and universities from protecting students and the surrounding community from preventable illness by preventing them from implementing vaccine requirements. The Federal Food, Drug, and Cosmetic Act allows the Food and Drug Administration (FDA) to authorize the use of vaccinations and other medical products in order to protect public health through the prevention and treatment of life-threatening conditions in emergencies-such as the COVID-19 pandemic[1]. This bill would prevent the effectiveness of emergency authorizations and deny educational institutions the opportunity to make important safety decisions.

This bill also seeks to introduce language in Section 1, points 2 (p.1 lines 15-16) that would prevent institutions from promoting lifesaving vaccinations that have been authorized for emergency use. In public health emergencies, the Centers for Disease Control and Prevention (CDC) may recommend the use of vaccines, such as the current recommendations for the COVID-19 vaccine[2], and this bill would prevent future CDC recommendations from being promoted in case of emergencies.

NASW supports COVID-19 vaccination requirements and/or testing[3] and the NASW Code of Ethics supports the use of evidence-based practice and research[4] that go into vaccine recommendations regardless of whether they are authorized under emergency use or not.

The National Association of Social Workers (NASW) also supports policies that "promote [...and] strengthen young adult health care."[5] This bill would limit the authority of the state board of higher education, and individual colleges and universities, to determine if emergency use of vaccines are needed to protect students. HB 1200 will jeopardize the health of both students and surrounding community members in emergencies by restricting institutions from making vaccine requirements and recommendations based on the unique healthcare needs and circumstances of their campuses.

2. **HB 1200 introduces unnecessary language pertaining to required and recommended vaccinations of children in North Dakota**.

Language in section 2, point 1 (p2 lines 4-10) makes additions to the existing section that: 1) specify that COVID-19 is not required under existing language 2) requires that schools and institutions differentiate between required and recommended vaccinations, and 3) specifies that vaccines under emergency use authorization are not required.

All states currently have listed vaccine requirements for school attendance in order to protect students from illness and to prevent the spread of illness in school settings[6] and it is implied that other vaccines not listed are not required; listing all not-required vaccines could create unnecessary confusion and is not needed. Specifically, the existing North Dakota Century Code 23-07-17.1 and the North Dakota Department of Health and Human Services[7] do not currently require COVID-19 vaccination or a number of other vaccinations for school aged children or daycares and the law does not need to be modified to reflect this.

Further, if another public health emergency occurs, the new language could inhibit effective vaccine responses because it would provide a potential loophole in the event that COVID-19 vaccines (or a vaccine with emergency authorization) need to be required to protect public health. Again, the NASW Code of Ethics supports the use of evidence-based practices and research[4] that go into vaccine recommendations. The addition of this unnecessary language could endanger North Dakota's children in future public health emergencies and may create avoidable confusion for parents seeking information on required vaccines.

Thank you for the opportunity to share our objections to this bill, and the **NASW-ND respectfully urges the House Human Services Committee to vote DO NOT PASS on HB 1200.**

Submitted by: Kristin Rubbelke, NASW-ND Executive Director

Notes

1. Emergency Use Authorization
   https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization
2. Overview of COVID-19 Vaccines
   https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/overview-COVID-19-vaccines.html
3. NASW Supports COVID-19 Vaccination Requirements and Strongly Urges All Social Workers to be Fully Vaccinated Against COVID-19
   https://www.socialworkers.org/News/News-Releases/ID/2372/NASW-Supports-COVID-19-Vaccination-Requirements-and-Strongly-Urges-All-Social-Workers-to-be-Fully-Vaccinated-Against-COVID-19
4. NASW Code of Ethics
5. Social Works Speaks, 12th edition
6. State Vaccination Requirements
   https://www.cdc.gov/vaccines/imz-managers/laws/state-reqs.html
7. ND Health & Human Services School Immunization Requirements
   https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Immunization/School%20Imm%20Requirments.pdf

NDSU | NORTH DAKOTA STATE UNIVERSITY

Re: House Bill 1200
Senate Human Services Committee
March 8, 2023

Good morning, Chairwoman Lee and members of the Senate Human Services Committee.

My name is Kylie Hall. I work at North Dakota State University in the Center for Immunization Research and Education (CIRE) where I am the Operations Director. I am testifying today on behalf of North Dakota State University and our Center **in opposition** to House Bill 1200, and to provide considerations for an amendment.

As written, House Bill 1200 says that NDUS institutions may not promote student vaccination against COVID-19 or the receipt of an emergency-use authorized vaccine. Additionally, "promotion" is not defined in this bill, which will likely lead to confusion over what is and isn't considered "vaccine promotion" on a college campus.

NDSU respectfully requests consideration of an amendment, which would remove Section 1, Subsection 1, Part b., which states that an institution under the control of the state board of higher education may not "Promote student vaccination against COVID-19 or receipt of an emergency-use authorized vaccine."

When the COVID-19 vaccines first became available to college students, NDSU worked with Fargo Cass Public Health to hold optional, on-campus vaccination clinics for students. Educational materials were created and disseminated to students. Over 4,000 students chose to receive COVID-19 vaccines during March and April of 2021, and many of them were vaccinated during on-campus clinics. Since the initial vaccine rollout, students, staff, and faculty have also had the option of participating in on-campus COVID-19 vaccine booster events. If this bill were passed, vaccine information and these convenient and optional clinics could not be promoted to students.

If the above amendment is not considered, NDSU requests clarification on the definition of "promotion". NDSU currently holds multiple contracts with the North Dakota Department of Health and Human Services aimed at vaccine education and outreach to various audiences, including but not limited to COVID-19 vaccines and college students. Does providing education about COVID-19 vaccines to college students in healthcare professional fields (medical, pharmacy, and nursing) qualify as promotion? Outside of these contracts, NDSU's Student Health Service medical providers may recommend an FDA-authorized or FDA-approved COVID-19 vaccine to a patient. Is this considered promotion? If healthcare professional program clinical sites require COVID-19 vaccination for students, is making students aware of these requirements considered promotion?

DEPARTMENT OF PUBLIC HEALTH
NDSU Dept 2662 I PO Box 6050 I Fargo ND 58108-6050 I 701.231.6269 I Fax 701.231.5586 I
http://www.ndsu.edu/publichealth

Finally, if there were ever an outbreak, epidemic, or pandemic impacting NDSU and only emergency-use authorized vaccines were available to prevent the disease, this bill would limit NDSU's ability to promote the vaccine to students and potentially limit the impact the disease has on our campus community. For example, NDSU has held table-top exercises as emergency planning for management of a case of Ebola virus potentially appearing on campus. Response would likely include the potential use of any emergency-use authorized vaccines to contain an Ebola outbreak. HB 1200 would prevent the use of this important containment measure for a deadly disease.

This concludes my testimony for House Bill 1200. NDSU respectfully requests consideration of our amendment.

Respectfully submitted,

Kylie Hall, MPH
North Dakota State University
Center for Immunization Research and Education

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HB1200
Senate Human Services
March 8th at 9 a.m.

Good morning, Chairwoman Lee and members of the Senate 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 HB1200. COVID-19 vaccines are already not required for childcare, school or university attendance. The Department has drafted proposed amendments to address a couple of concerns we have with HB1200.

Section 1b prohibits North Dakota colleges and universities from promoting student vaccination against COVID-19 or other emergency use authorized (EUA) vaccine. "Promote" is not defined in the legislation. The Department is concerned that this may restrict schools of health, including medicine, nursing, public health and pharmacy from educating students regarding COVID-19 and EUA vaccines. Additionally, should a future pandemic occur where an EUA vaccine is available, universities could not promote vaccination to students.

Section 2 states, "Any political subdivision, school, department, or institution of higher education shall differentiate between recommended and required vaccination on any form." "Form" is not defined. As written, the language is too vague and could apply to all documents, including those for even adult vaccinations. This language may have unintended consequences, as immunization records include all vaccines an individual has received, not just those that are required. The Department requests this language be removed.

In conclusion, North Dakota Century Code already outlines which vaccines are required for child care and school attendance. This list does not include a requirement for COVID-19 vaccine. The current law also provides simple ways for parents to submit for an exemption. The language in the bill could unintentionally restrict immunization educational activities at the college level.

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

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1200

Page 1, lines 15 and 16, remove "b. Promote student vaccination against COVID-19 or receipt of an emergency-use authorized vaccine."

Page 2, lines 6 through 8, remove "Any political subdivision, school, department, or institution of higher education shall differentiate between recommended and required vaccination on any form."

Renumber accordingly.

Testimony Prepared for the
Senate Human Services Committee
March 8, 2023
By: Mary Korsmo
ND State Association of City & County Health Officials

RE: Opposition to HB 1200

Madam Chair Lee 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.

Testimony in opposition of HB 1200

Relating to COVID-19 vaccinations and emergency-use authorized vaccines for students at institutions of higher education; and to amend and reenact subsection 1 of section 23-07-17.1 and section 23-12-20 of the North Dakota Century Code, relating to school and day care immunizations and COVID-19 vaccination and infection information.

Senate Human Services March 8, 2023

Senator Lee and committee members. My name is Stephen McDonough. I am providing testimony in opposition to HB1200.

I am a board certified pediatrician who worked in North Dakota for forty years, from 1980 to 2020. I worked at the NDDoH from 1985 to 2000 and served at times as the State Epidemiologist, AIDS/Project Director, Director of Maternal and Child Health and Chief Medical Officer. During the 1980s and 1990s, North Dakota had one of the best immunization programs in the country and was one of a handful of states to escape measles cases during the national measles outbreak of 1989 to 1990[1] and was the first state to eradicate Haemophilus influenzae type b infection known as Hib, the most common cause of childhood meningitis at the time.[2]

This bill is one of several supported by an anti-science crowd who spread misinformation and falsehoods about immunizations. North Dakota has learned precious little from our experience in 2020 when we had the highest COVID death rate in the world for many weeks. The immunization misinformation spread by social media and right-wing news media in 2021 resulted in our state having one of the lowest COVID immunization rates in the US.

So how many North Dakotans died of COVID because they didn't get the vaccine? An analysis by the Brown University School of Public Health estimated that **650 North Dakotans died a vaccine-preventable COVID death by April of 2022**.[3] COVID vaccine are very safe and highly effective in preventing hospitalizations and deaths.

The North Dakota Legislature should be evaluating ways to counteract vaccine misinformation. HB 1200 needs to be amended or defeated.

Stephen McDonough MD

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[1] Centers for Disease Control. Measles- United States, 1989 and First 20 weeks 1990. *Morbidity and Mortality Weekly Report*. 39:353-393 June 1, 1990

[2] Bisgard KM, Kao A, Leake J, Strebel PM, Perkins BA and Wharton M. Haemophilus influenzae Invasive Disease in the United States, 199401995: Near Disappearance of a Vaccine-preventable Childhood Disease. *Emerging Infectious Diseases* 4:229- 237, 1998 April-June

[3] Simmons-Duffin S and Nakajima K (2022, May 13). This is how many lives could have been saved with COVID vaccinations in each state. *NPR*. https://www.npr.org/sections/health-shots/2022/05/13/1098071284/this-is-how-many-lives-could-have-been-saved-with-covid-vaccinations-in-each-sta

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HB 1200

Senate Human Services Committee

March 8, 2023

Dr. Joshua Wynne, VP for Health Affairs, UND, and Dean, UND School of Medicine and Health Sciences

701-238-0996 | joshua.wynne@und.edu

Chair Lee and members of the Senate Human Services Committee. My name is Dr. Joshua Wynne and I am the Vice President for Health Affairs at the University of North Dakota and Dean of the UND School of Medicine and Health Sciences. I am here today on behalf of the University of North Dakota (UND) and its School of Medicine and Health Sciences (SMHS) and the other allied health educational programs in the North Dakota University System (NDUS) in providing **neutral** testimony related to House Bill 1200 and to request considerations for amendment.

My primary concern with HB1200 is with section 1(b). It states that NDUS institutions may not *promote* student vaccination against COVID-19 or the receipt of an emergency-use authorized vaccine. The word "promote" is not clearly defined and will likely cause confusion within the School of Medicine and Health Sciences as well as more broadly across the entire NDUS. When we educate students about the benefits and risks of anything, we are sharing information to educate students. If the information – the scientific data – clearly provides indisputable evidence that favor a vaccination, will the discussion in an educational setting be defined as "promoting" the vaccine?

A much larger question relates to academic freedom and what is done in the classroom. It will be difficult for the institution to know or regulate what an individual faculty member may say based on his or her assessment of the extant scientific literature.

Accordingly, I would encourage this committee to consider an amendment that removes Section 1, subsection 1, Part b.

Finally, there is a subset of this bill that relates to individual faculty members who are both clinicians and educators. I will use myself as an example. I work for UND full-time but I practice at Sanford Health utilizing a sub-contract arrangement between UND and Sanford Health. I have urged and will continue to urge appropriate patients to get appropriate vaccinations, including for COVID-19, in my role as a physician. But am I functioning to some extent as a UND faculty member when I do this? Might I be prevented from doing so by this bill as I might be felt to represent UND in some way?

In summary, the word "promote" in HB 1200 could be construed to mean many things that could negatively impact the educational and clinical operations of UND's School of Medicine and Health Sciences and public health providers and educators across the NDUS.

This concludes my testimony for HB 1200.

Respectfully submitted,

Joshua Wynne, M.D., M.B.A., M.P.H.
VP for Health Affairs, University of North Dakota
Dean, UND School of Medicine and Health Sciences

NDSU | STUDENT GOVERNMENT

HB 1200

March 8, 2023

Seth Lumley, NDSU Student Government

seth.lumley@ndus.edu – (507) 481-5510

Chair Lee and Members of the Committee: My name is Seth Lumley, and I am the Executive Commissioner of Legislative Affairs for North Dakota State University's Student Government. I would like to provide testimony in opposition to HB 1200 and to present the perspective of NDSU students on HB 1200.

NDSU Student Government is an organization of students at NDSU elected and appointed to represent the interests of the NDSU student body both externally at places like the capitol and internally through our student senate. We are comprised of members from all academic colleges at North Dakota State University, ensuring students from all majors and backgrounds have a voice. Our mission is to leave the university better than we arrived through ensuring that student voices are heard both on campus and at the legislature.

Students from across the country suffered from an increase in mental health issues during the pandemic. Classes were moved online and the sense of community we expected from college was missing. At the NDSU counseling center, there was a period of 5 consecutive weeks when no appointments were available because they were so booked. The news that vaccines from

Operation Warp Speed were finally available gave students hope that the pandemic was coming to a close.

We have concerns that this bill may have unintended consequences should another pandemic akin to COVID-19 ever happen in the future. For many students like myself who get most of our news from the internet, it can be difficult to sort through conflicting information about quickly developing and sensational events like a pandemic. Having informative resources from the university available to students about the COVID-19 vaccine was immensely helpful in informing my decision. If this bill passes, our concern is that these resources, which included pamphlets and events which made it easy for students to get vaccinated if they wanted to, would not be allowed in the event of another pandemic. To be completely clear, our concern lies with the ban on promoting the COVID-19 or other emergency authorized vaccines, not the ban on requiring these vaccines.

It is support for the freedom to promote the COVID vaccine or other emergency vaccines in the future that act as the purpose behind my testimony today and it is for this reason that I urge you to oppose HB 1200. Thank you Chair Lee and Members of the Committee.

HB 1200 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 1200.

A student's right to bodily autonomy and freedom to make his/her own medical and health decisions should not be infringed upon by any institution, including colleges and universities, particularly when these institutions are not accountable for any injuries that may happen as a result of mandating experimental vaccines that have been shown to cause serious adverse effects.

Please protect schoolchildren from the dangerous and unnecessary COVID-19 vaccines by ensuring that it is not included in the recommended school vaccination schedule. Thank you for your consideration of this important issue and for your service to the state of North Dakota.

Thank you for your time.

NORTH DAKOTA
UNIVERSITY SYSTEM
ACCESS. INNOVATION. EXCELLENCE.

Engrossed HB 1200

Senate Human Services Committee

March 8, 2023

Katie Fitzsimmons, Director of Student Affairs, NDUS
701-328-4109 | katie.fitzsimmons@ndus.edu

Chair Lee and members of the Senate Human Services Committee. My name is Katie Fitzsimmons, and I serve as the Director of Student Affairs for the North Dakota University System. I am here today on behalf of the North Dakota University System and its eleven institutions to provide testimony in opposition to Engrossed HB 1200. The University System's perspective on this issue runs an interesting course. Our concerns have less to do with the topic of vaccination and more to do with management of vaccination records, the patient-provider relationship, and free speech. Further, we would recommend an amendment, should it move forward.

The campuses do not require proof of immunization in regards to SARS-CoV-2 for enrollment or in-person attendance. We do have documentation required for MMR and meningitis, but students are able to opt out of providing documentation painlessly. However, if a student is enrolled in a health program such as nursing, that student will eventually be required to work in a clinical or hospital setting, and such facilities require proof of vaccination. Currently, campuses collect the vaccination records on behalf of a healthcare system and provide consolidated affirmation of the vaccination status of their enrolled students. Would the language in section 1 prohibit campuses from accommodating the requirements of health facilities? If so, the task of collection of individual records of all students could be burdensome on those health facilities with which we maintain great working relationship. The University System would caution the committee in this area and would ask for clarification on the definition of "enrollment", the intent of the bill, and what would be allowable.

Furthermore, the language in section 1, subsection 1(b) provides the greatest concern and the reason for our opposition. The University System seeks clarification on the definition of "promotion" of a vaccine. Essentially, does *speaking* or *educating* about vaccines qualify as "promotion"? Can the healthcare providers in our student health centers recommend a vaccine to a student, who is a patient? Can the health center provide information on vaccines in brochures, flyers, emails, and other communications? If this would no longer be possible, this bill is a direct intrusion into the patient-physician relationship.

What about student organizations that choose to host a program about vaccine education with professional speakers? This hypothetical program could even provide a point of view that is in disagreement with the COVID-19 immunization yet would not be allowed on campus. Could a campus rent space to a public health conference if vaccines were a topic of discussion? If there was an outbreak in our community, could student organizations circulate or coordinate volunteer events to staff vaccination sites or would this be considered "promotion"? Does promotion include flyers that Public Health posts on our campuses? If campuses have to restrict flyers that are posted, we have great concerns about violating the First Amendment right to freedom of speech and expression in this regard; an issue that the Legislative body has discussed at length during the 64th, 65th, and 66th assemblies. Therefore, the University System respectfully requests the committee to investigate the implications of banning promotion of a vaccination from the lens of respecting the patient-physician relationship and upholding the First Amendment in a manner congruent with current federal and state laws. If the bill moves forward, the University System would be in favor of amending the language in the engrossed bill to strike section 1, subsection 1(b).

This concludes my testimony related to Engrossed HB 1200. I respectfully urge a Do Not Pass recommendation. If the bill moves forward, I humbly request for the committee to clarify language and assist the University System in understanding what would no longer be allowed, if anything, when it comes to management of vaccination records and consider our amendment suggestion of section 1, subsection 1(b). I stand for questions from Committee members.

Wolf, Sheldon

From: Lee, Judy E.
Sent: Wednesday, March 8, 2023 8:57 PM
To: Wolf, Sheldon; Lahr, Pat; NDLA, Intern 02 - Pouliot, Lindsey
Subject: FW: Requested COVID-19 Vaccine and Vaccine Safety Information
Attachments: Vaccine Safety Monitoring Systems in the U.S..pdf; Xx, VSD COVID Mortality study.pdf

FYI –
Please load in the testimony for the vaccine bill on which Molly Howell testified.

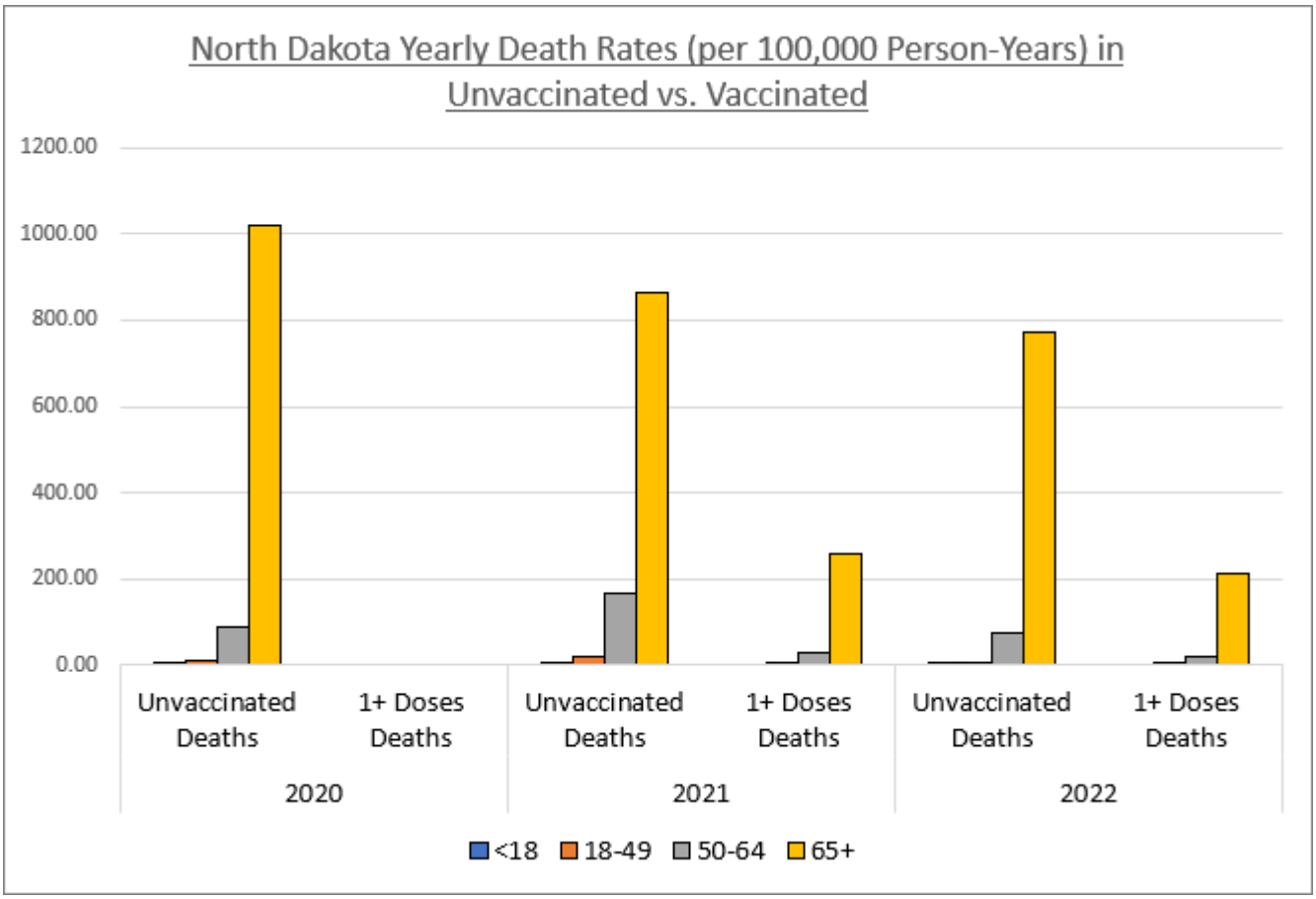
Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
Home phone: 701-282-6512
Email: jlee@ndlegis.gov

From: Howell, Molly A. <mahowell@nd.gov>
Sent: Wednesday, March 8, 2023 3:36 PM
To: Lee, Judy E. <jlee@ndlegis.gov>; Roers, Kristin <kroers@ndlegis.gov>; Hogan, Kathy L. <khogan@ndlegis.gov>; Cleary, Sean <scleary@ndlegis.gov>; Clemens, David <dclemens@ndlegis.gov>; Weston, Kent <kweston@ndlegis.gov>
Cc: Howell, Molly A. <mahowell@nd.gov>
Subject: Requested COVID-19 Vaccine and Vaccine Safety Information

Senate Human Services Committee,

Thank you for hearing my testimony today and your thoughtful questions about vaccines.

Benefits of COVID-19 vaccine include prevention of serious illness, hospitalization and death and short term protection against infection. In United States in November of 2022, people ages 5 and older with a bivalent booster had 12.7 times lower risk of dying from COVID-19 compared to unvaccinated people and 2.4 times lower risk of dying from COVID-19 than people vaccinated without a bivalent booster. North Dakota data shows that the COVID-19 death rate is higher amongst those who are not vaccinated vs. those who have had at least one dose (see below).



Yearly ND COVID-19 Death Rate (per 100,000 Person-Years) by Age Group and Vaccination Status						
Age Group	2020		2021		2022	
	Unvaccinated	Ever vaccinated	Unvaccinated	Ever vaccinated	Unvaccinated	Ever vaccinated
<18	0.5	0.0	0.6	0.0	2.9	0.0
18-49	9.6	0.0	21.0	3.5	8.0	6.5
50-64	87.0	0.0	164.3	27.7	73.8	19.0
65+	1,018.1	0.0	865.1	257.4	772.9	212.4

Below is information about COVID-19 vaccine and safety that was requested at the hearing.

Serious adverse events following COVID-19 vaccine are rare. The Centers for Disease Control and Prevention (CDC) describes adverse events associated with COVID-19 vaccines on their website at Selected Adverse Events Reported after COVID-19 Vaccination | CDC. The CDC website includes rates of events per one million doses administered. Myocarditis (inflammation of the heart muscle) is the most common serious adverse event after mRNA vaccination. Reporting rates of myocarditis vary by dose number, age, and gender. The highest reporting rate is amongst males ages 16-17 after the second dose at 105.9 cases per one million doses administered. CDC has recommended increasing the spacing between mRNA doses to prevent myocarditis. COVID-19 infection also causes myocarditis.

There was a lot of discussion about the Vaccine Adverse Events Reporting System (VAERS) this morning. VAERS was useful in initially identifying many of the rare events described above. These

events were then studied using other vaccine safety surveillance systems to determine causation, as VAERS cannot determine if a vaccine caused an event. As an example, if 10 million people received a sugar pill (placebo) and they were watched for two months, there would be 4,025 heart attacks, 1,700 blood clots, 3,975 strokes, 9,500 cancers, and 14,000 deaths (Dr. Paul Carson, NDSU). These conditions and deaths occurred prior to vaccination and will continue to occur after vaccination. In order to determine if they are caused by vaccination, there needs to be a comparison of the rate of the event between people who are vaccinated vs. those who are not.

Attached is a factsheet outlining many of the vaccine safety surveillance systems in the United States. The Vaccine Safety Datalink (VSD) is a network of thirteen managed care sites across the U.S. with a combined patient population of more than 24 million people. The VSD is used to determine if possible side effects identified using VAERS are actually related to vaccination, and it can identify safety signals using nearly real-time monitoring. Each week, VSD evaluates particular health-related outcomes that may be associated with vaccination and compares it to the expected number of outcomes in a comparison group (unvaccinated). Attached is a study from the VSD comparing non-COVID deaths amongst vaccinated and unvaccinated patients in the VSD. No increased risk of non-COVID-19 mortality was found among recipients of three COVID-19 vaccines used in the U.S.

Please let me know if you need any additional information regarding vaccines.

Thanks.

Molly Howell, MPH
Immunization Director
Assistant Section Director, Disease Control and Forensic Pathology

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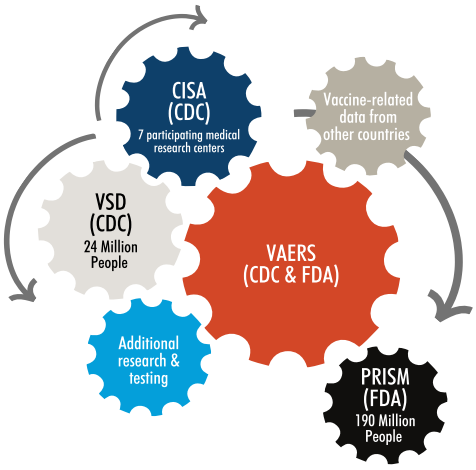
How is Vaccine Safety Monitored in the U.S.?

Vaccine safety monitoring systems in the U.S.

The success of vaccination programs depends not only on vaccines' effectiveness, but also on their safety. Because vaccines are given to millions of healthy people each year, they are held to a very high standard and are continuously monitored for safety.

The U.S. has one of the most advanced systems in the world for tracking vaccine safety. This includes a coordinated and overlapping approach using state-of-the-art technologies and systems working together. Each of the "gears", or systems, supplies a different type of data for researchers to analyze. Together, they work as a well-oiled machine to help provide a full, overall picture of vaccine safety in the U.S. Each of these systems is detailed below.



Why is it important to monitor vaccines post-licensure?

Monitoring a vaccine after it is licensed or authorized helps ensure that vaccines continue to be safe and effective and the benefits continue to outweigh the risks.

Clinical trials typically involve thousands of participants. However, even in large clinical trials, they generally lack adequate sample sizes to identify rare adverse events - an event that may occur after 1 in 100,000 or 1 in a million doses administered. Post-licensure safety studies help validate safety data from clinical trials and may detect adverse events that were not picked up in clinical trials.

Inclusion in clinical trials may exclude specific vulnerable sub-populations, such as pregnant women or immunocompromised adults, for whom a vaccine may be indicated. Studies done post-licensure monitor the safety, effectiveness and benefits of vaccination in these populations.

Vaccine Adverse Event Reporting System (VAERS)

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

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

What are the strengths of VAERS?

- Anyone can submit reports to VAERS (passive surveillance system)
- Serves as an early warning/hypothesis-generating system. For example, in early 2020, reports to VAERS indicated a need for further study of mRNA-based COVID-19 vaccines and a possible increased risk of severe allergic reactions following vaccination. Additional investigation indicated that these reactions are quite rare, happening in less than one in 200,000 vaccinated individuals.

What are the limitations of VAERS?

- Cannot determine if a vaccine caused the reported adverse event
- May lack details or contain errors
- Does not allow for a comparison of rates of adverse events in those who did and did not receive a vaccine (no control group)

Vaccine Safety Datalink (VSD)

The VSD is a network of thirteen managed care sites across the U.S. with a combined patient population of more than 24 million people. The VSD is used to determine if possible side effects identified using VAERS are actually related to vaccination, and it can identify safety signals using nearly real-time monitoring. Each week, VSD evaluates particular health-related outcomes that may be associated with vaccination and compares it to the expected number of outcomes in a comparison group.

What are the benefits of VSD?

- Conduct timely vaccine safety studies, including assessments of rare adverse events and longitudinal studies involving prolonged follow-up of individual patients
- Use of a control group – allowing for the comparison of adverse events in those who did and did not receive a vaccine (can compare vaccinated to unvaccinated)

What are the limitations of VSD?

- May not have enough patients to detect extremely rare adverse events
- May not capture vaccine administration data outside of the health system
- Cannot determine if an association between an adverse event and vaccination is causal

Clinical Immunization Safety Assessment Project (CISA)

The CISA Project is a national network of vaccine safety experts from the CDC, seven medical research centers, and other partners. The project addresses vaccine safety issues, conducts high quality research, and assesses complex clinical adverse events following vaccination through active surveillance.

What are the benefits of the CISA project?

- Serves as a vaccine safety resource for U.S. health care providers and assist CDC and its partners in evaluating emerging vaccine safety issues
- Can implement prospective, multi-site clinical studies with hundreds of subjects and has the ability to recruit controls
- Can assess vaccine safety in sub-populations (e.g. pregnant women, infants, and children)
- Receives detailed clinical data on patients and can collect biological samples from patients

What are the limitations of the CISA project?

- Small sample sizes may limit CISA's ability to study rare adverse events
- Clinical trials can be labor and resource intensive, and it can be challenging to recruit and retain subjects

Post-licensure Rapid Immunization Safety Monitoring System (PRISM)

PRISM is the largest vaccine safety surveillance system in the U.S., with access to information for over 190 million people. PRISM uses a database of health insurance claims to identify and evaluate possible safety issues for licensed vaccines.

What are the strengths of PRISM?

- Covers hundreds of millions of individuals, which allows for the system to identify and analyze rare health outcomes that would otherwise be difficult to assess
- Linked to some state-wide registries and birth registries - allowing for more complete vaccine exposure data
- Access to denominator data for vaccine exposure, which allows the FDA to estimate a measure of association between a vaccine and adverse events

What are the limitations of PRISM?

- There is a lag in time for accessing the PRISM data
- Medicare population is not as well represented in PRISM
- May not be representative of those without insurance coverage

V-safe

V-safe, a new active surveillance program in the U.S., is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after an individual receives a COVID-19 or mpox (Monkeypox) vaccine.

What are the strengths of V-safe?

- Anyone can enroll in V-safe
- Another way to quickly validate safety data from clinical trials or identify potential safety issues
- Regular reminders to complete a survey help to capture more safety data
- CDC will follow-up with participants and submit VAERS reports, as needed

What are the limitations of V-safe?

- May not properly represent older populations and socioeconomically disadvantaged populations who might not have access to electronic devices to complete web-based surveys and may be subject to under-reporting

Additional research and testing

There are a number of other organizations involved in assessing the safety of vaccines. The Department of Defense (DoD), the U.S. Department of Veterans Affairs (VA), and the Indian Health Service (IHS) have systems to monitor vaccine safety and do vaccine safety research. The National Institutes of Health (NIH) and the Office of Infectious Disease and HIV/AIDS Policy (OIDP) also support ongoing research on vaccines and vaccine safety.

Vaccine-related data from other countries

The U.S. also monitors and assesses high-quality data on vaccine safety and effectiveness out of other countries. For example, the U.K. and Qatar have large national healthcare-related datasets that allow for scientists and researchers to evaluate vaccine safety and compare large groups of people who have and have not been vaccinated and control for various factors and health outcomes. These data can validate U.S. safety monitoring results and provide insight on what signals the U.S. vaccine safety monitoring systems should be assessing and monitoring.

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Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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A safety study evaluating non-COVID-19 mortality risk following COVID-19 vaccination

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ABSTRACT

Background: The safety of COVID-19 vaccines plays an important role in addressing vaccine hesitancy. We conducted a large cohort study to evaluate the risk of non-COVID-19 mortality after COVID-19 vaccination while adjusting for confounders including individual-level demographics, clinical risk factors, health care utilization, and community-level socioeconomic risk factors.

Methods: The retrospective cohort study consisted of members from seven Vaccine Safety Datalink sites from December 14, 2020 through August 31, 2021. We conducted three separate analyses for each of the three COVID-19 vaccines used in the US. Crude non-COVID-19 mortality rates were reported by vaccine type, age, sex, and race/ethnicity. The counting process model for survival analyses was used to analyze non-COVID-19 mortality where a new observation period began when the vaccination status changed upon receipt of the first dose and the second dose. We used calendar time as the basic time scale in survival analyses to implicitly adjust for season and other temporal trend factors. A propensity score approach was used to adjust for the potential imbalance in confounders between the vaccinated and comparison groups.

Results: For each vaccine type and across age, sex, and race/ethnicity groups, crude non-COVID-19 mortality rates among COVID-19 vaccinees were lower than those among comparators. After adjusting for confounders with the propensity score approach, the adjusted hazard ratios (aHRs) were 0.46 (95% confidence interval [CI], 0.44–0.49) after dose 1 and 0.48 (95% CI, 0.46–0.50) after dose 2 of the BNT162b2 vaccine, 0.41 (95% CI, 0.39–0.44) after dose 1 and 0.38 (95% CI, 0.37–0.40) after dose 2 of the mRNA-1273 vaccine, and 0.55 (95% CI, 0.51–0.59) after receipt of Ad26.COV2.S.

Conclusion: While residual confounding bias remained after adjusting for several individual-level and community-level risk factors, no increased risk was found for non-COVID-19 mortality among recipients of three COVID-19 vaccines used in the US.

1. Introduction

Four COVID-19 vaccines have been authorized in the United States since December 14, 2020. The two mRNA COVID-19 vaccines, BNT162b2 (Pfizer-BioNTech) and mRNA-1273 (Moderna), have been widely used while the adenoviral vector vaccine, Ad26.COV2.S (Janssen), has been available but used more sparingly compared to the mRNA vaccines. NVX-CoV2373 (Novavax) was authorized in the United States in July 2022, after the study period.

BNT162b2 and mRNA-1273 were initially authorized as a 2-dose primary series, and Ad26.COV2.S as a 1-dose primary series. [1–4] Clinical trials showed that the three COVID-19 vaccines (mRNA vaccines and Ad26.COV2.S) were well-tolerated with local and systemic reactions such as injection site pain, fever, chills, muscle aches, joint pain, and headache commonly noted.[5–7] Post-emergency use authorization observational studies showed

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associations with some rare, clinically serious adverse events such as myocarditis or pericarditis following mRNA COVID-19 vaccination, Guillain-Barré Syndrome following Ad26.COV2.S vaccination,[8–13] and thrombosis with thrombocytopenia syndrome following Ad26.COV2.S vaccination.[7,14].

Several studies have examined mortality risk after COVID-19 vaccination, although they had limited sample size, were restricted to specialized populations (e.g., nursing home residents), lacked a comparison group, or did not comprehensively adjust for confounders. A moderate-sized cohort study of 21,222 nursing home residents compared all-cause mortality between COVID-19 mRNA vaccinees and unvaccinated residents and found that vaccinees had lower all-cause mortality after adjusting for some confounders.[15] A longitudinal study compared mortality rates over time among vaccinated patients in the U.S. Veterans Affairs health system with no history of COVID-19 and found no evidence of excess mortality associated with receipt of mRNA vaccines.[16] Preliminary results in a large cohort study showed that COVID-19 vaccine recipients had lower rates of non-COVID-19 mortality than did unvaccinated comparators after adjusting for age, sex, race/ethnicity, and study site,[17] suggesting possible effects of unmeasured confounders and healthy vaccinee effects (i.e., vaccinated persons tend to be healthier than unvaccinated persons). [18,19].

This study aimed to evaluate the risk of non-COVID-19 mortality after COVID-19 vaccination in a large cohort of individuals using survival analyses and an improved inverse probability of treatment weighting (IPTW) approach to adjust for confounders including individual-level demographics, clinical risk factors, health care utilization, and community-level socioeconomic risk factors. We hypothesized that COVID-19 vaccines do not increase the risk for non-COVID-19 mortality despite their association with some rare severe adverse events.

2. Methods

2.1. Study design and population

We conducted a retrospective cohort study among health plan members aged $\geq$ 12 years enrolled in seven Vaccine Safety Datalink (VSD) sites (Kaiser Permanente [KP] Southern California, KP Northern California, KP Colorado, KP Northwest, KP Washington, HealthPartners, and Marshfield Clinic). The VSD population is socio-economically diverse and represents about 3% of the U.S. population.[20] Vaccination status was assessed from December 14, 2020 through June 30, 2021, and deaths were assessed until August 31, 2021 to allow at least two months of follow-up. Follow-up was censored upon any COVID-19 vaccination between July 1, 2021 and August 31, 2021.

2.2. Exposure

The exposure was vaccination with one of three authorized COVID-19 vaccines: BNT162b2, mRNA-1273, and Ad26.COV2.S. Three separate analyses were conducted for each of the three vaccines with separate comparator groups. We performed weekly frequency matching on age and sex within each VSD site.[17] For a given week and a pre-specified matching ratio, COVID-19 vaccine recipients of dose 1 during the week were identified and their vaccination dates were used to assign index dates to comparators who had not been vaccinated as of that date and were randomly selected according to the matching ratio. We allowed those comparators who were matched in a previous week to switch to being vaccinated upon receiving a COVID-19 vaccine. The matched "comparators" thus included both pre-vaccination person-time among COVID-19 vaccinees as well as unvaccinated person-time of individuals who did not receive any COVID-19 vaccines by June 30, 2021.

For the mRNA vaccines, individuals who received the vaccines from December 14, 2020 through June 30, 2021 were included in the vaccinated group. The weekly frequency matching ratio of vaccinated individuals and comparators was about 1:1. Exposure had three levels: pre-vaccination, after dose 1 and after dose 2. For Ad26.COV2.S recipients, individuals who received the vaccine from February 27, 2021 through June 30, 2021 were included in the vaccinated group, and the matching ratio was 1:4. Exposure had two levels: pre-vaccination and after dose 1.

Individuals were followed until death, disenrollment, receipt of a COVID-19 vaccine for unvaccinated comparators, or the end of follow-up (August 31, 2021), whichever occurred first. When individuals received different vaccine products for dose 1 versus dose 2, their follow-up was censored upon receipt of the second mismatched dose. To be included in this study, individuals were required to have $\geq$ 1 year enrollment in the health system before their index dates for their confounders to be properly measured. To increase comparability of health care-seeking behavior between COVID-19 vaccinated and unvaccinated individuals, we required that comparators had received $\geq$ 1 dose of influenza vaccine in the two years prior to the index date.

2.3. Outcomes

Since this was a safety study of COVID-19 vaccines, the primary outcome was non-COVID-19-associated death during follow-up, as COVID-19 vaccination was expected to be protective against COVID-19-associated death. We first identified deaths through VSD data files capturing hospital deaths and deaths reported to health plans, and then excluded deaths occurring $\leq$ 30 days following a COVID-19 diagnosis or a positive SARS-CoV-2 test. Secondary outcomes included 30-day non-COVID-19 mortality in which follow-up was censored 30 days after the index date, and all-cause mortality which included deaths from all causes including COVID-19.

2.4. Confounders

We considered individual-level confounders including age, sex, race/ethnicity, Medicaid status, history of COVID-19, number of combined outpatient and virtual visits within one year prior to the index date, inpatient visit (yes/no) within one year prior to the index date, Emergency Department (ED) visit (yes/no) within one year prior to the index date, inpatient or ED visit within 7 days prior to the index date (yes/no), presence of frailty measured within one year prior to the index date (yes if frailty index $\geq$ 0.11; no, otherwise),[21] Charlson Comorbidity Index (CCI) within one year prior to the index date, receipt of another vaccine within 14 days before or after the index date, neighborhood median household income, and neighborhood education level. Healthcare Common Procedure Coding System (HCPCS) codes that were used in the development of frailty scores were not available in this study, resulting in lower frailty scores. Therefore, we chose a frailty score of 0.11 as the cut-off for the presence of frailty. Neighborhood-level education was defined as < 50% or $\geq$ 50% of the neighborhood attaining > high school education.

2.5. Statistical analyses

For each vaccine type and dose and comparator group, crude non-COVID-19 mortality rates per 100 person-years were calculated as (number of non-COVID-19 deaths/person-years) $\times$ 100.

To reduce confounding bias in this observational study, we employed a propensity score weighting approach to adjust for the potential imbalance in confounders between the vaccinated and the comparison groups.[22,23] Separate propensity score models were created for the three vaccine cohorts. For the two mRNA vaccines, we fit a multinomial model because the dependent variable in the propensity score model, COVID-19 vaccination, had three levels.[24] For Ad26.COV2.S, we fit a logistic regression model because the dependent variable, COVID-19 vaccination, had two levels. Based on the propensity score models we calculated stabilized weights (SW),[25] an improved inverse probability weighting approach in survival analyses. SWs not only reduce the impact of some extreme weights but also preserve the original sample size.[26] Balance in measured confounders between vaccinated and comparison groups was assessed with absolute standardized mean differences (SMD) before and after applying SWs. An absolute standardized mean difference of <0.10 indicated good confounder balance.[27].

The counting process model for survival analyses was used. A new observation period began when the vaccination status changed upon receipt of the first dose and the second dose.[28,29] We used calendar time as the basic time scale in survival analyses to implicitly adjust for season and other temporal trend factors.[30] We estimated both unadjusted and SW-adjusted hazard ratios (aHR) and 95% confidence intervals (CI) of vaccination effects on non-COVID-19 mortality, 30-day non-COVID-19 mortality, and all-cause mortality.

To detect possible bias from inadequate confounding adjustment, we also conducted exploratory negative control outcome analyses [31] separately for each of the three COVID-19 vaccines in which we replaced the outcome of death with first occurrence of trauma or injury hospitalization during the exposure follow-up period (i.e., vaccinated or unvaccinated). We hypothesize that the negative control outcome, hospitalization for trauma or injury, shares the same potential sources of bias with our primary outcome (death) but cannot plausibly be related to COVID-19 vaccination.[18,32] Trauma or injury hospitalizations were identified with the following ICD-10 codes: S00-T88 for injury, poisoning and certain other consequences of external causes, and V00-Y99 for external causes of morbidity.[33] A similar analytic approach as for the primary outcome (death) was used in the negative control outcome analyses. SWs were estimated from propensity score models where the same covariates for the primary outcome were included, and the receipt of COVID-19 vaccination was the dependent variable. We analyzed time since the calendar date of receiving the first dose among vaccinees or the corresponding index date among comparators to an incident trauma or injury hospitalization during the exposure follow-up period with and without applying SWs.

3. Results

3.1. Characteristics of COVID-19 vaccine recipients and their comparators

In total, 6,974,817 unique individuals (vaccinated and unvaccinated) were included in the study, with 5,107,262 unique individuals for analyses of BNT162b2, 4,037,724 unique individuals for analyses of mRNA-1273, and 1,510,652 unique individuals for analyses of Ad26.COV2.S. Some comparators appeared in more than one analytic cohort. By June 30, 2021, 3.3 million individuals in the study received at least one dose of BNT162b2, and 93.4% of them received two doses (Table 1); 2.4 million individuals received at least one dose of mRNA-1273, and 95.0% of them received two doses (Table 2). There were 331,282 individuals who received Ad26.COV2.S by June 30, 2021 (Table 3). Across vaccine types and doses, vaccine recipients and their comparator groups were comparable, with a few minor differences between groups (SMD greater than 0.10). However, application of SWs to the cohorts reduced the absolute SMD for all confounders to below 0.01 (Fig. 1).

The composition, sample sizes, and person-years of the study population are presented in Supplemental Table 1 after allowing unvaccinated comparators to switch to being vaccinated upon receiving a COVID-19 vaccine. Compared to vaccinated individuals, the average of follow-up among comparators was shorter mainly due to censoring upon receipt of a COVID-19 vaccine. The ratios of sample size of those who were ever vaccinated to those never vaccinated as of June 30, 2021 were 3,281,777: 902,814 = 1:0.28 for BNT162b2, 2,393,784: 676,955 = 1:0.28 for mRNA-1273, and 331,282: 523,615 = 1:1.6 for Ad26.COV2.S.

3.2. Crude mortality rates

Across vaccine types and doses, the crude non-COVID-19 mortality rates in vaccine recipients were lower than those in the corresponding comparator group. For BNT162b2, the crude non-COVID-19 mortality rates were 0.76 and 0.66 per 100 person-years for dose 1 and dose 2, respectively, while the comparator group had a crude mortality rate of 1.76 per 100 person-years (Table 4). For mRNA-1273, the crude non-COVID-19 mortality rates were 0.76 and 0.67 per 100 person-years for dose 1 and dose 2, respectively, versus 2.04 in the comparator group (Table 5). Ad26.COV2.S recipients had a crude mortality rate of 0.82 per 100 person-years, versus 1.58 in the comparator group (Table 6).

3.3. Primary and secondary analyses

For each vaccine type, unadjusted HRs of non-COVID-19 mortality were significantly below 1, demonstrating reduced mortality in the vaccinated group (Table 7). Adjusting for confounders with the propensity score approach resulted in slight increases in the aHRs, but no overall change in direction or magnitude of the effect. For the BNT162b2 vaccine, the aHRs were 0.46 (95% CI, 0.44–0.49) after dose 1 and 0.48 (95% CI, 0.46–0.50) after dose 2. For the mRNA-1273 vaccine, the aHRs were 0.41 (95% CI, 0.39–0.44) after dose 1 and 0.38 (95% CI, 0.37–0.40) after dose 2. The aHR was 0.55 (95% CI, 0.51–0.59) following receipt of Ad26.COV2.S.

Across vaccine types and doses, aHRs of 30-day non-COVID-19 mortality and of all-cause mortality were lower than those from the analyses of non-COVID-19 mortality (Table 7).

3.4. Exploratory negative control outcome analyses

Compared to unvaccinated comparators, the aHR for trauma or injury hospitalization after receipt of BNT162b2 and mRNA-1273 was 1.06 (95% CI, 1.02–1.10) and 1.08 (95% CI, 1.04–1.12), respectively; the aHR for Ad26.COV2.S was 0.93 (95% CI, 0.85–1.00) (Table 8).

4. Discussion

In this study of more than 6 million recipients of COVID-19 vaccines and their unvaccinated comparators, we found that recipients of BNT162b2, mRNA-1273, and Ad26.COV2.S vaccines had lower non-COVID-19 mortality risk than their comparator groups. For mRNA vaccines, the aHRs of dose 1 and dose 2 ranged from 0.38 to 0.48. These primary analysis findings of no increased mortality risk among COVID-19 vaccine recipients are consistent with existing knowledge about mortality risk after COVID-19 vaccination.[15–17] The aHRs of all-cause mortality were lower than those

Table 1
Characteristics of BNT162b2 recipients and their comparators during the period from December 14, 2020 to June 30, 2021.

	BNT162b2 recipients, no. (%)		Comparison group[¥], no. (%)
	Dose 1	Dose 2	
Total	3,281,777 (100.0)	3,066,574 (100.0)	3,019,838 (100.0)
Age (years)[€]			
12–17	364,257 (11.1)	307,340 (10.0)	325,120 (10.8)
18–44	1,176,050 (35.8)	1,089,035 (35.5)	1,093,983 (36.2)
45–64	1,016,110 (31.0)	963,741 (31.4)	905,385 (30.0)
65–74	428,127 (13.0)	415,983 (13.6)	407,341 (13.5)
75–84	218,071 (6.6)	213,569 (7.0)	210,658 (7.0)
85+	79,162 (2.4)	76,906 (2.5)	77,351 (2.6)
Sex[€]			
Female	1,776,526 (54.1)	1,663,975 (54.3)	1,672,856 (55.4)
Male	1,505,251 (45.9)	1,402,599 (45.7)	1,346,982 (44.6)
Race/ethnicity			
Hispanic	732,464 (22.3)	667,054 (21.8)	769,843 (25.5)
Non-Hispanic White	1,419,254 (43.2)	1,347,867 (44.0)	1,333,749 (44.2)
Non-Hispanic Asian	553,048 (16.9)	522,556 (17.0)	437,603 (14.5)
Non-Hispanic Black	175,110 (5.3)	159,656 (5.2)	172,106 (5.7)
Missing	252,620 (7.7)	230,718 (7.5)	173,204 (5.7)
Multiple/Other	149,281 (4.5)	138,723 (4.5)	133,333 (4.4)
Number of outpatient and virtual visits in 1 year prior to index date			
0	569,221 (17.3)	410,690 (13.4)	391,313 (13.0)
1–4	1,294,871 (39.5)	1,246,752 (40.7)	1,183,465 (39.2)
5–9	763,240 (23.3)	756,151 (24.7)	797,355 (26.4)
10+	654,445 (19.9)	652,981 (21.3)	647,705 (21.4)
Had inpatient visit in 1 year prior to index date			
No	3,075,590 (93.7)	2,874,205 (93.7)	2,776,341 (91.9)
Yes	206,187 (6.3)	192,369 (6.3)	243,497 (8.1)
Had Emergency Department visit in 1 year prior to index date			
No	2,866,722 (87.4)	2,677,917 (87.3)	2,562,418 (84.9)
Yes	415,055 (12.6)	388,657 (12.7)	457,420 (15.1)
Had inpatient or Emergency Department visit within 7 days prior to index date			
No	3,265,317 (99.5)	3,050,558 (99.5)	2,992,835 (99.1)
Yes	16,460 (0.5)	16,016 (0.5)	27,003 (0.9)
Medicaid enrollment in 2019			
No	3,075,661 (93.7)	2,884,031 (94.0)	2,747,252 (91.0)
Yes	206,116 (6.3)	182,543 (6.0)	272,586 (9.0)
Receipt of another vaccine within 14 days before or after index date			
No	3,262,268 (99.4)	3,051,535 (99.5)	2,958,648 (98.0)
Yes	19,509 (0.6)	15,039 (0.5)	61,190 (2.0)
Neighborhood median household income			
<$40,000	141,861 (4.3)	128,552 (4.2)	157,358 (5.2)
$40,000-$59,999	563,553 (17.2)	517,023 (16.9)	588,752 (19.5)
$60,000-$79,999	775,073 (23.6)	720,936 (23.5)	745,303 (24.7)
$80,000-$99,999	686,974 (20.9)	643,751 (21.0)	620,156 (20.5)
$100,000+	1,071,901 (32.7)	1,016,800 (33.2)	864,108 (28.6)
Missing	42,415 (1.3)	39,512 (1.3)	44,161 (1.5)
Charlson Comorbidity Index in 1 year prior to index date			
0	2,446,561 (74.5)	2,269,703 (74.0)	2,160,227 (71.5)
1–2	564,342 (17.2)	535,881 (17.5)	569,323 (18.9)
3+	270,874 (8.3)	260,990 (8.5)	290,288 (9.6)
Frailty score in 1 year prior to index date			
<0.11	3,208,658 (97.8)	2,997,403 (97.7)	2,943,815 (97.5)
≥0.11	73,119 (2.2)	69,171 (2.3)	76,023 (2.5)
Incident COVID-19 diagnosis/lab test before index date			
No	3,069,217 (93.5)	2,867,240 (93.5)	2,772,957 (91.8)
Yes	212,560 (6.5)	199,334 (6.5)	246,881 (8.2)
Neighborhood-level education			
≤high school	562,993 (17.2)	510,978 (16.7)	614,676 (20.4)
>high school	2,676,180 (81.5)	2,515,919 (82.0)	2,360,727 (78.2)
Missing	42,604 (1.3)	39,677 (1.3)	44,435 (1.5)

[¥] The matched comparators included both pre-vaccination person-time among COVID-19 vaccinees as well as unvaccinated person-time of individuals who did not receive any COVID-19 vaccines by June 30, 2021.
[€] Frequency matching variable.

from the analyses of non-COVID-19 mortality, likely due to the protection of COVID-19 vaccines against COVID-19 infection, severe illness, and deaths. The findings suggested some all-cause mortality benefit of COVID-19 vaccines for unknown causes in addition to their known protection against COVID-19 infection, severity of the disease and death. While previous studies have suggested that live attenuated vaccines may be associated with lower risk of non-vaccine-targeted infections,[34–36] it is unclear whether trained immunity might also be induced by mRNA and adenoviral vector COVID-19 vaccines. If so, such non-specific protection against heterologous infection could lead to decreased mortality due to non-COVID-19 causes.

A recent study in Hungary demonstrated the effectiveness of COVID-19 vaccination in reducing all-cause mortality after adjusting for measured confounders and potential healthy vaccinee effect when compared to unvaccinated individuals.[37] A VSD study

Table 2
Characteristics of mRNA-1273 recipients and their comparators during the study from December 14, 2020 to June 30, 2021.

	mRNA-1273 recipients, no. (%)		Comparison group[¥], no. (%)
	Dose 1	Dose 2	
Total	2,393,784 (100.0)	2,274,079 (100.0)	2,360,007 (100.0)
Age (years)[€]			
18–44	825,774 (34.5)	764,853 (33.6)	823,644 (34.9)
45–64	849,745 (35.5)	809,990 (35.6)	845,919 (35.8)
65–74	437,465 (18.3)	424,837 (18.7)	413,925 (17.5)
75–84	213,918 (8.9)	209,339 (9.2)	209,650 (8.9)
85+	66,882 (2.8)	65,060 (2.9)	66,869 (2.8)
Sex[€]			
Female	1,305,698 (54.5)	1,244,432 (54.7)	1,287,818 (54.6)
Male	1,088,086 (45.5)	1,029,647 (45.3)	1,072,189 (45.4)
Race/ethnicity			
Hispanic	560,236 (23.4)	525,531 (23.1)	594,930 (25.2)
Non-Hispanic White	1,085,612 (45.4)	1,040,255 (45.7)	1,072,255 (45.4)
Non-Hispanic Asian	343,451 (14.3)	329,430 (14.5)	322,237 (13.7)
Non-Hispanic Black	137,479 (5.7)	128,875 (5.7)	139,891 (5.9)
Missing	163,089 (6.8)	151,443 (6.7)	130,782 (5.5)
Multiple/Other	103,917 (4.3)	98,545 (4.3)	99,912 (4.2)
Number of outpatient and virtual visits in 1 year prior to index date			
0	349,156 (14.6)	234,730 (10.3)	283,802 (12.0)
1–4	881,265 (36.8)	862,508 (37.9)	871,239 (36.9)
5–9	647,182 (27.0)	653,009 (28.7)	677,812 (28.7)
10+	516,181 (21.6)	523,832 (23.0)	527,154 (22.3)
Had inpatient visit in 1 year prior to index date			
No	2,224,639 (92.9)	2,114,772 (93.0)	2,154,089 (91.3)
Yes	169,145 (7.1)	159,307 (7.0)	205,918 (8.7)
Had Emergency Department visit in 1 year prior to index date			
No	2,058,786 (86.0)	1,956,838 (86.0)	1,974,117 (83.6)
Yes	334,998 (14.0)	317,241 (14.0)	385,890 (16.4)
Had inpatient or Emergency Department visit within 7 days prior to index date			
No	2,381,537 (99.5)	2,261,038 (99.4)	2,337,408 (99.0)
Yes	12,247 (0.5)	13,041 (0.6)	22,599 (1.0)
Medicaid enrollment in 2019			
No	2,264,951 (94.6)	2,154,562 (94.7)	2,184,722 (92.6)
Yes	128,833 (5.4)	119,517 (5.3)	175,285 (7.4)
Receipt of another vaccine within 14 days before or after index date			
No	2,382,043 (99.5)	2,266,083 (99.6)	2,312,634 (98.0)
Yes	11,741 (0.5)	7,996 (0.4)	47,373 (2.0)
Neighborhood median household income			
<$40,000	120,048 (5.0)	111,980 (4.9)	127,576 (5.4)
$40,000-$59,999	460,540 (19.2)	433,884 (19.1)	471,255 (20.0)
$60,000-$79,999	593,354 (24.8)	562,006 (24.7)	590,812 (25.0)
$80,000-$99,999	505,885 (21.1)	481,953 (21.2)	487,902 (20.7)
$100,000+	682,916 (28.5)	654,963 (28.8)	650,839 (27.6)
Missing	31,041 (1.3)	29,293 (1.3)	31,623 (1.3)
Charlson Comorbidity Index in 1 year prior to index date			
0	1,633,820 (68.3)	1,544,175 (67.9)	1,584,300 (67.1)
1–2	496,513 (20.7)	475,844 (20.9)	496,275 (21.0)
3+	263,451 (11.0)	254,060 (11.2)	279,432 (11.8)
Frailty score in 1 year prior to index date			
<0.11	2,329,733 (97.3)	2,213,223 (97.3)	2,292,285 (97.1)
≥0.11	64,051 (2.7)	60,856 (2.7)	67,722 (2.9)
Incident COVID-19 diagnosis/lab test before index date			
No	2,226,925 (93.0)	2,113,743 (92.9)	2,156,274 (91.4)
Yes	166,859 (7.0)	160,336 (7.1)	203,733 (8.6)
Neighborhood-level education			
≤high school	462,407 (19.3)	433,417 (19.1)	498,099 (21.1)
>high school	1,900,073 (79.4)	1,811,117 (79.6)	1,830,037 (77.5)
Missing	31,304 (1.3)	29,545 (1.3)	31,871 (1.4)

[¥] The matched comparators included both pre-vaccination person-time among COVID-19 vaccinees as well as unvaccinated person-time of individuals who did not receive any COVID-19 vaccines by June 30, 2021.
[€] Frequency matching variable.

found that the mortality rates were lower in the days immediately following vaccination in a cohort of adults and children between January 1, 2005 and December 31, 2008, indicating a healthy vaccinee effect.[38] Another VSD study included individuals aged 9 to 26 years with deaths between January 1, 2005 and December 31, 2011. A case-centered method was used to estimate a relative risk (RR) for death in days 0 to 30 after vaccination. It was shown that RRs after any vaccination and influenza vaccination were significantly lower for deaths due to nonexternal causes and all causes. The authors suggested that vaccination would be less probable in individuals whose death was imminent. Also, since the population was relatively unhealthy, this bias might not be from the traditional healthy vaccinee effect, but rather from unmeasured confounding related to the timing of vaccination by indication or disease severity.[39].

Jackson et al [18] used trauma or injury hospitalization as a negative control outcome in investigating the protective effect of influenza vaccination against influenza hospitalization and all-cause

Table 3
Characteristics of Ad26.COV2.S recipients and their comparators during the period from December 14, 2020 to June 30, 2021.

	Ad26.COV2.S recipients, no. (%)	Comparison group[¥], no. (%)
Total	331,282 (100.0)	1,258,599 (100.0)
Age (years)[€]		
18–44	131,599 (39.7)	511,250 (40.6)
45–64	155,104 (46.8)	577,371 (45.9)
65–74	29,468 (8.9)	112,122 (8.9)
75–84	10,617 (3.2)	40,310 (3.2)
85+	4,494 (1.4)	17,546 (1.4)
Sex[€]		
Female	157,429 (47.5)	612,728 (48.7)
Male	173,853 (52.5)	645,871 (51.3)
Race/ethnicity		
Hispanic	68,961 (20.8)	314,622 (25.0)
Non-Hispanic White	155,004 (46.8)	556,914 (44.2)
Non-Hispanic Asian	43,545 (13.1)	181,479 (14.4)
Non-Hispanic Black	20,991 (6.3)	71,427 (5.7)
Missing	29,517 (8.9)	81,437 (6.5)
Multiple/Other	13,264 (4.0)	52,720 (4.2)
Number of outpatient and virtual visits in 1 year prior to index date		
0	67,668 (20.4)	189,753 (15.1)
1–4	125,334 (37.8)	477,118 (37.9)
5–9	75,508 (22.8)	328,337 (26.1)
10+	62,772 (18.9)	263,391 (20.9)
Had inpatient visit in 1 year prior to index date		
No	309,083 (93.3)	1,157,824 (92.0)
Yes	22,199 (6.7)	100,775 (8.0)
Had Emergency Department visit in 1 year prior to index date		
No	286,692 (86.5)	1,060,411 (84.3)
Yes	44,590 (13.5)	198,188 (15.7)
Had inpatient or Emergency Department visit within 7 days prior to index date		
No	327,438 (98.8)	1,246,839 (99.1)
Yes	3,844 (1.2)	11,760 (0.9)
Medicaid enrollment in 2019		
No	311,840 (94.1)	1,150,608 (91.4)
Yes	19,442 (5.9)	107,991 (8.6)
Receipt of another vaccine within 14 days before or after index date		
No	329,640 (99.5)	1,238,863 (98.4)
Yes	1,642 (0.5)	19,736 (1.6)
Neighborhood median household income		
<$40,000	16,468 (5.0)	66,153 (5.3)
$40,000-$59,999	63,408 (19.1)	250,320 (19.9)
$60,000-$79,999	79,691 (24.1)	311,262 (24.7)
$80,000-$99,999	67,861 (20.5)	256,366 (20.4)
$100,000+	97,945 (29.6)	351,414 (27.9)
Missing	5,909 (1.8)	23,084 (1.8)
Charlson Comorbidity Index in 1 year prior to index date		
0	255,939 (77.3)	941,713 (74.8)
1–2	52,807 (15.9)	222,535 (17.7)
3+	22,536 (6.8)	94,351 (7.5)
Frailty score in 1 year prior to index date		
<0.11	322,938 (97.5)	1,224,293 (97.3)
≥0.11	8,344 (2.5)	34,306 (2.7)
Incident COVID-19 diagnosis/lab test before index date		
No	304,817 (92.0)	1,136,111 (90.3)
Yes	26,465 (8.0)	122,488 (9.7)
Neighborhood-level education		
≤high school	61,554 (18.6)	258,423 (20.5)
>high school	263,771 (79.6)	976,978 (77.6)
Missing	5,957 (1.8)	23,198 (1.8)

[¥] The matched comparators included both pre-vaccination person-time among COVID-19 vaccinees as well as unvaccinated person-time of individuals who did not receive any COVID-19 vaccines by June 30, 2021.
[€] Frequency matching variable.

mortality in the elderly. They found that influenza vaccination appeared to be associated with a lower risk for both influenza hospitalization and all-cause mortality as well as trauma or injury hospitalization, indicating inadequate confounding adjustment. In our negative control outcome analyses, the aHR for trauma or injury hospitalization was close to the null for the three COVID-19 vaccines, suggesting that the negative association between COVID-19 vaccines and non-COVID-19 mortality was not likely biased by the pathways examined through the negative control outcome.

The associations that we found between COVID-19 vaccination and non-COVID-19 mortality are stronger than can plausibly be attributed to any real protective effect of vaccination. A more convincing explanation is selection bias as has been reported in studies of influenza vaccination and mortality.[18,19,40,41] Selection bias can arise as patients who anticipate that they are near death "give up" on vaccinations as they are near death and they tend to become less willing and able to seek vaccinations and other preventive services. Although we have extensive data on diagnoses,

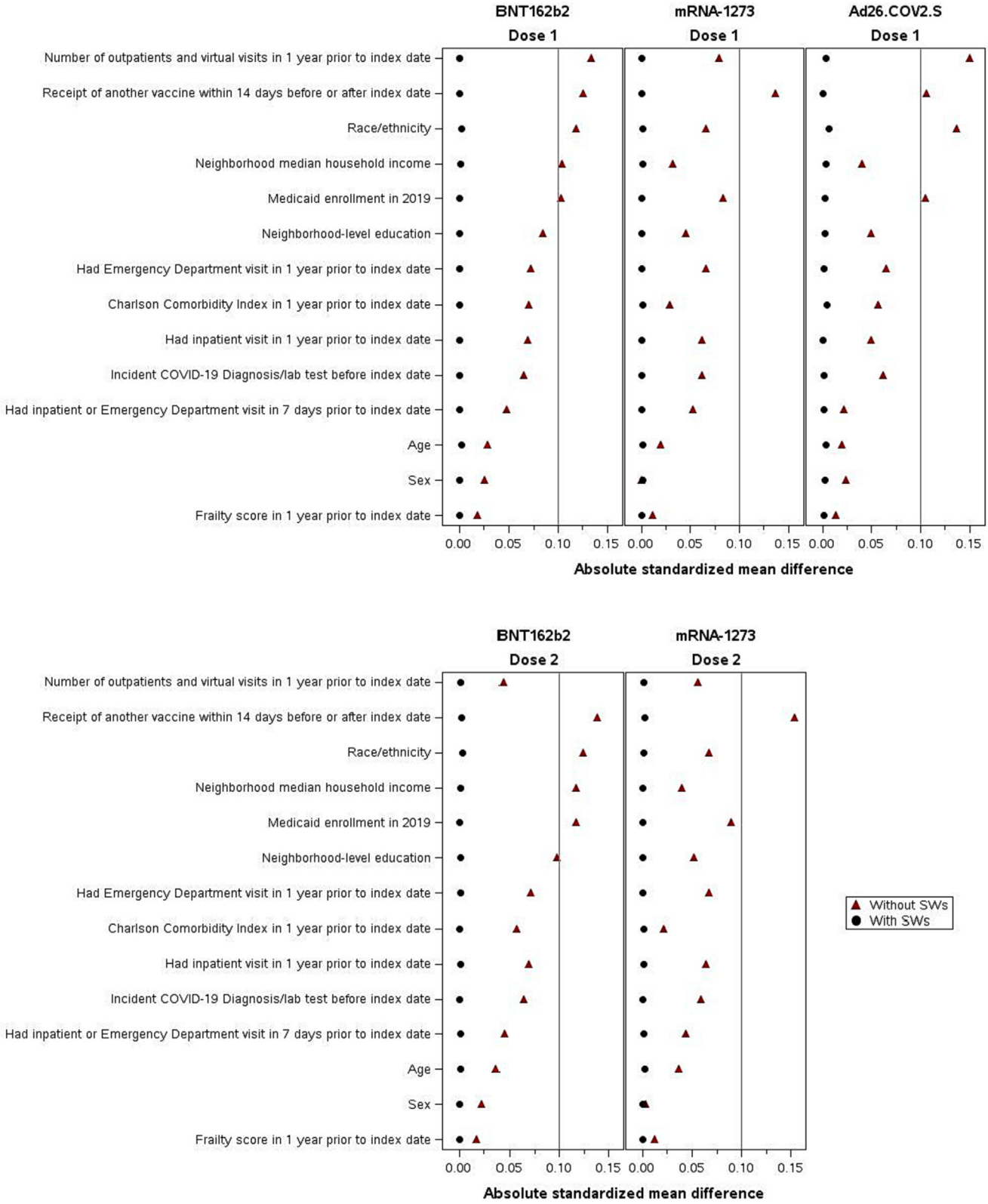

Fig. 1. Absolute standardized mean difference in characteristics among BNT162b2, mRNA-1273, and Ad26.COV2.S recipients and their comparators before and after applying stabilized weights.

demographics, and use of health services in the study population, this source of bias is not well measured, and we have not been able to adequately adjust for it. In the context of widespread suggestions on social media that COVID-19 vaccines are unsafe, it is reassuring that we found no evidence of any association of COVID-19 vaccination with increased risk of death. We think our analyses would yield more convincing hazard ratio estimates if we could better adjust for selection bias. Future analyses using a modified

Table 4
Number of non-COVID-19 deaths and crude mortality rates, overall and by age, sex, and race/ethnicity among BNT162b2 recipients and their comparators during the period from December 14, 2020 to August 31, 2021.

	Dose 1			Dose 2			Comparators		
	Number of deaths	100 person-years	Crude mortality rate per 100 person-years	Number of deaths	100 person-years	Crude mortality rate per 100 person-years	Number of deaths	100 person-years	Crude mortality rate per 100 person-years
Overall	1,674	2,210	0.76	7,809	11,900	0.66	7,852	4465	1.76
Age (in years)									
12–17	3	233	0.01	5	771	0.01	8	474	0.02
18–44	27	814	0.03	97	4,042	0.02	173	1,856	0.09
45–64	141	687	0.21	570	3,803	0.15	974	1,339	0.73
65–74	317	281	1.13	1,504	1,903	0.79	1,600	482	3.32
75–84	528	141	3.75	2,458	1,014	2.42	2,229	218	10.20
85+	658	54	12.08	3,175	367	8.66	2,868	95	30.22
Sex									
Female	830	1,193	0.70	3,866	6,602	0.59	4,061	2,504	1.62
Male	844	1,017	0.83	3,943	5,298	0.74	3,791	1,961	1.93
Race/ethnicity									
Hispanic	199	510	0.39	951	2,485	0.38	1,319	1,345	0.98
Non-Hispanic White	1,138	942	1.21	5,311	5,402	0.98	4,775	1,872	2.55
Non-Hispanic Asian	124	363	0.34	667	2,036	0.33	621	496	1.25
Non-Hispanic Black	123	120	1.03	459	615	0.75	707	293	2.41
Missing	26	175	0.15	133	827	0.16	105	262	0.40
Multiple/Other	64	101	0.64	288	534	0.54	325	197	1.65

Table 5
Number of non-COVID-19 deaths and crude mortality rates, overall and by age, sex, and race/ethnicity among mRNA-1273 recipients and their comparators during the period from December 14, 2020 to August 31, 2021.

	Dose 1			Dose 2			Comparators		
	Number of deaths	100 person-years	Crude mortality rate per 100 person-years	Number of deaths	100 person-years	Crude mortality rate per 100 person-years	Number of deaths	100 person-years	Crude mortality rate per 100 person-years
Overall	1,577	2077	0.76	6,152	9132	0.67	7,732	3800	2.04
Age (in years)									
18–44	19	732	0.03	74	2839	0.03	122	1662	0.07
45–64	151	729	0.21	549	3124	0.18	907	1286	0.71
65–74	325	374	0.87	1,363	1895	0.72	1,672	528	3.16
75–84	486	183	2.66	2,019	975	2.07	2,287	232	9.85
85+	596	59	10.08	2,147	298	7.19	2,744	92	29.87
Sex									
Female	736	1129	0.65	2,837	5094	0.56	3,977	2134	1.86
Male	841	948	0.89	3,315	4038	0.82	3,755	1666	2.25
Race/ethnicity									
Hispanic	244	497	0.49	943	2032	0.46	1,354	1106	1.22
Non-Hispanic White	967	931	1.04	3,932	4281	0.92	4,682	1638	2.86
Non-Hispanic Asian	117	293	0.40	490	1342	0.37	591	425	1.39
Non-Hispanic Black	155	121	1.28	455	511	0.89	713	250	2.85
Missing	29	144	0.20	113	569	0.20	102	217	0.47
Multiple/Other	65	91	0.72	219	396	0.55	290	163	1.78

self-controlled case series design might be able to mitigate the healthy vaccinee effect by controlling for unmeasured fixed risk factors through within-person comparisons.[42].

In addition to unmeasured confounding, this study had at least two additional limitations. First, causes of death were not available and were not included in the analyses. A temporal relationship between a COVID-19 diagnosis or a positive SARS-CoV-2 test and death was used as a proxy for defining COVID-19-related death. We could have missed COVID-19 related diagnoses and misclassified some non-COVID-19 deaths, especially among unvaccinated individuals because they were more likely to be infected with COVID-19. The potential differential misclassification of non-COVID-19 deaths may have overestimated the non-COVID-19 mortality rates among unvaccinated individuals, leading to lower hazard ratios for vaccinees. Further, without knowing causes of death, we could not estimate and compare the proportions of deaths due to various causes. Second, the VSD population is an insured population and the findings in the current study may not be generalizable to the general population.

Our study had several strengths. First, individual-level and community-level socioeconomic confounders were adjusted for in the survival analyses for estimating the association between

Table 6
Number of non-COVID-19 deaths and crude mortality rates, overall and by age, sex, and race/ethnicity among Ad26.COV2.S recipients and their comparators during the period from December 14, 2020 to August 31, 2021.

	After Ad26.COV2.S vaccination			Comparators		
	Number of deaths	100 person-years	Crude mortality rate per 100 person-years	Number of deaths	100 person-years	Crude mortality rate per 100 person-years
Overall	1,048	1272	0.82	3,339	2112	1.58
Age (in years)						
18–44	28	491	0.06	73	936	0.08
45–64	187	604	0.31	620	841	0.74
65–74	227	118	1.92	695	215	3.24
75–84	278	42	6.70	824	82	10.02
85+	328	17	19.26	1,127	38	30.00
Sex						
Female	544	617	0.88	1,719	1093	1.57
Male	504	655	0.77	1,620	1019	1.59
Race/ethnicity						
Hispanic	147	267	0.55	510	603	0.85
Non-Hispanic White	658	592	1.11	2,097	923	2.27
Non-Hispanic Asian	78	173	0.45	253	226	1.12
Non-Hispanic Black	108	81	1.34	269	139	1.93
Missing	15	109	0.14	66	131	0.51
Multiple/Other	42	51	0.83	144	90	1.60

Table 7
Unadjusted and adjusted hazard ratios (95%CI) of non-COVID-19 mortality, 30-day non-COVID-19 mortality, and all-cause mortality during the period from December 14, 2020 to August 31, 2021.

		Unadjusted hazard ratios (95% CI)		Adjusted hazard ratios (95% CI) [¥]	
Outcome	**Vaccines**	**Dose 1**	**Dose 2**	**Dose 1**	**Dose 2**
Non-COVID-19 mortality	BNT162b2	0.38 (0.36–0.40)	0.41 (0.40–0.43)	0.46 (0.44–0.49)	0.48 (0.46–0.50)
	mRNA-1273	0.35 (0.33–0.37)	0.35 (0.33–0.36)	0.41 (0.39–0.44)	0.38 (0.37–0.40)
	Ad26.COV2.S	0.53 (0.50–0.57)	N/A	0.55 (0.51–0.59)	N/A
30-day non-COVID-19 mortality	BNT162b2	0.21 (0.20–0.23)	0.23 (0.22–0.25)	0.27 (0.25–0.29)	0.30 (0.28–0.33)
	mRNA-1273	0.16 (0.15–0.17)	0.21 (0.19–0.22)	0.19 (0.18–0.21)	0.25 (0.23–0.27)
	Ad26.COV2.S	0.44 (0.37–0.51)	N/A	0.43 (0.37–0.50)	N/A
All-cause mortality	BNT162b2	0.36 (0.34–0.38)	0.38 (0.37–0.40)	0.45 (0.43–0.47)	0.45 (0.43–0.46)
	mRNA-1273	0.32 (0.30–0.34)	0.32 (0.31–0.33)	0.38 (0.37–0.41)	0.36 (0.34–0.37)
	Ad26.COV2.S	0.50 (0.47,0.54)	N/A	0.52 (0.49–0.56)	N/A

[¥] Hazard ratios were adjusted using stabilized weights for age, sex, race/ethnicity, Medicaid status, history of COVID-19, number of combined outpatient and virtual visits in one year prior to index date, inpatient visit (yes/no) in one year prior to index date, Emergency Department visit (yes/no) in one year prior to index date, inpatient or Emergency Department visit within 7 days prior to index date (yes/no), presence of frailty measured in one year prior to index date (yes if frailty index $\geq$ 0.11; no, otherwise), Charlson Comorbidity Index measured in one year prior to index date, receipt of another vaccine within 14 days before or after index date, neighborhood median household income, and neighborhood education level.

Table 8
Unadjusted and adjusted hazard ratios (95% CI) of trauma or injury hospitalization during the period from December 14, 2020 to August 31, 2021.

Vaccine	Unadjusted hazard ratios (95% CI)	Adjusted hazard ratios (95% CI)[a]
BNT162b2	0.91 (0.88–0.94)	1.06 (1.02–1.10)
mRNA-1273	0.95 (0.92–0.99)	1.08 (1.04–1.12)
Ad26.COV2.S	0.86 (0.79–0.93)	0.93 (0.85–1.00)

[a] Hazard ratios were adjusted using stabilized weights for age, sex, race/ethnicity, Medicaid status, history of COVID-19, number of combined outpatient and virtual visits in one year prior to index date, inpatient visit (yes/no) in one year prior to index date, Emergency Department visit (yes/no) in one year prior to index date, inpatient or Emergency Department visit within 7 days prior to index date (yes/no), presence of frailty measured in one year prior to index date (yes if frailty index $\geq$ 0.11; no, otherwise), Charlson Comorbidity Index measured in one year prior to index date, receipt of another vaccine within 14 days before or after index date, neighborhood median household income, and neighborhood education level.

COVID-19 vaccination and non-COVID-19 mortality and all-cause mortality. In particular, we included inpatient and ED visits within 7 days prior to the index date (yes/no) and a frailty score in the propensity score models to control for healthy vaccinee effects. Second, we used a rigorous propensity score approach to adjust for the measured confounders. After applying stabilized weights to the cohorts, all measured confounders were well balanced between recipients of COVID-19 vaccines and their comparator groups. Third, the frequency matching of vaccinated individuals during a given week with comparators who had not been vaccinated yet aligned the start of the comparators' follow-up with that of vaccinated individuals. Because of the proper alignment of start of follow-up, the frequency matching helped to mitigate immortal time bias. [43–45] Fourth, the assignment of index dates for unvaccinated comparators that corresponded to the vaccination dates of their matched vaccinees, and the use of calendar time as the basic time scale in survival analyses ensured control for temporal factors. Finally, the study had a large, demographically diverse study population with up to 8 months of follow-up.

We conclude that, while residual confounding bias remained after adjusting for several individual-level and community-level risk factors, no increased risk was found for non-COVID-19 mortality and all-cause mortality among recipients of three widely used COVID-19 vaccines in the US. The findings in this study of individuals 12 years and older support CDC's recommendation of COVID-19 vaccination for this age group. Future studies will include children<12 years of age.

Disclaimer

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

This study was approved by institutional review boards of all participating health care organization sites with a waiver of informed consent and was conducted consistent with federal law and CDC policy.§.

§ See e.g., 45C.F.R. part 46.102(l)(2), 21C.F.R. part 56; 42 U.S.C. §241(d); 5 U.S.C. §552a; 44 U.S.C. §3501 et seq.

Data availability

Data will be made available on request.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.vaccine.2022.12.036.

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23.0302.04002
Title.

Prepared by the Legislative Council staff for
Senator Estenson
March 22, 2023

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1200

In lieu of the amendments adopted by the Senate as printed on pages 1095 and 1096 of the Senate Journal, Engrossed House Bill No. 1200 is amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact sections 14-02.4-01, 14-02.4-02, 14-02.4-03, 14-02.4-04, 14-02.4-05, 14-02.4-06, 14-02.4-08, and 14-02.4-09, subsection 1 of section 14-02.4-14, subsection 1 of section 14-02.4-15, and sections 14-02.4-16 and 14-02.4-17 of the North Dakota Century Code, relating to creating a new status related to human rights and antidiscrimination policies.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 14-02.4-01 of the North Dakota Century Code is amended and reenacted as follows:

14-02.4-01. State policy against discrimination.

It is the policy of this state to prohibit discrimination on the basis of race, color, religion, sex, national origin, age, the presence of any mental or physical disability, health status, status with regard to marriage or public assistance, or participation in lawful activity off the employer's premises during nonworking hours which is not in direct conflict with the essential business-related interests of the employer; to prevent and eliminate discrimination in employment relations, public accommodations, housing, state and local government services, and credit transactions; and to deter those who aid, abet, or induce discrimination or coerce others to discriminate.

SECTION 2. AMENDMENT. Section 14-02.4-02 of the North Dakota Century Code is amended and reenacted as follows:

14-02.4-02. Definitions.

In this chapter, unless the context or subject matter otherwise requires:

1. "Age" insofar as it refers to any prohibited unfair employment or other practice means at least forty years of age.

2. "Aggrieved person" includes any person who claims to have been injured by a discriminatory practice.

3. "Court" means the district court in the judicial district in which the alleged discriminatory practice occurred.

4. "Department" means the division of human rights within the department of labor and human rights.

5. "Disability" means a physical or mental impairment that substantially limits one or more major life activities, a record of this impairment, or being regarded as having this impairment.

6. "Discriminatory practice" means an act or attempted act which because of race, color, religion, sex, national origin, age, physical or mental disability, status with regard to marriage or public assistance, or participation in lawful activity off the employer's premises during nonworking hours which is not in direct conflict with the essential business-related interests of the employer results in the unequal treatment or separation or segregation of any persons, or denies, prevents, limits, or otherwise adversely affects, or if accomplished would deny, prevent, limit, or otherwise adversely affect, the benefit of enjoyment by any person of employment, labor union membership, public accommodations, public services, or credit transactions. The term "discriminate" includes segregate or separate and for purposes of discrimination based on sex, it includes sexual harassment. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, sexually motivated physical conduct or other verbal or physical conduct or communication of a sexual nature when:

   a. Submission to that conduct or communication is made a term or condition, either explicitly or implicitly, of obtaining employment, public accommodations or public services, or education;

   b. Submission to or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual's employment, public accommodations or public services, education, or housing; or

   c. That conduct or communication has the purpose or effect of substantially interfering with an individual's employment, public accommodations, public services, or educational environment; and in the case of employment, the employer is responsible for its acts and those of its supervisory employees if it knows or should know of the existence of the harassment and fails to take timely and appropriate action.

7. "Employee" means a person who performs services for an employer, who employs one or more individuals, for compensation, whether in the form of wages, salaries, commission, or otherwise. "Employee" does not include a person elected to public office in the state or political subdivision by the qualified voters thereof, or a person chosen by the officer to be on the officer's political staff, or an appointee on the policymaking level or an immediate adviser with respect to the exercise of the constitutional or legal powers of the office. Provided, "employee" does include a person subject to the civil service or merit system or civil service laws of the state government, governmental agency, or a political subdivision.

8. "Employer" means a person within the state who employs one or more employees for more than one quarter of the year and a person wherever situated who employs one or more employees whose services are to be partially or wholly performed in the state.

9. "Employment agency" means a person regularly undertaking, with or without compensation, to procure employees for an employer or to procure

for employees opportunity to work for an employer and includes any agent of the person.

10. "Health status" means an individual's medical records or preferences relating to the right to refuse a medical procedure, treatment, injection, device, vaccine, or prophylactic.

11. "Labor organization" means a person, employee representation committee, plan in which employees participate, or other organization which exists solely or in part for the purpose of dealing with employers concerning grievances, labor disputes, wages, rates of pay, hours, or other terms or conditions of employment.

~~11.~~12. "National origin" means the place of birth of an individual or any of the individual's lineal ancestors.

~~12.~~13. "Otherwise qualified person" means a person who is capable of performing the essential functions of the particular employment in question.

~~13.~~14. "Person" means an individual, partnership, association, corporation, limited liability company, unincorporated organization, mutual company, joint stock company, trust, agent, legal representative, trustee, trustee in bankruptcy, receiver, labor organization, public body, public corporation, and the state and a political subdivision and agency thereof.

~~14.~~15. "Public accommodation" means every place, establishment, or facility of whatever kind, nature, or class that caters or offers services, facilities, or goods to the general public for a fee, charge, or gratuity. "Public accommodation" does not include a bona fide private club or other place, establishment, or facility which is by its nature distinctly private; provided, however, the distinctly private place, establishment, or facility is a "public accommodation" during the period it caters or offers services, facilities, or goods to the general public for a fee, charge, or gratuity.

~~15.~~16. "Public service" means a public facility, department, agency, board, or commission owned, operated, or managed by or on behalf of this state, a political subdivision thereof, or a public corporation.

~~16.~~17. "Readily achievable" means easily accomplishable and able to be carried out without much difficulty or expense by a person engaged in the provision of public accommodations.

~~17.~~18. "Reasonable accommodations" means accommodations by an employer that do not:

a. Unduly disrupt or interfere with the employer's normal operations;

b. Threaten the health or safety of the individual with a disability or others;

c. Contradict a business necessity of the employer; or

d. Impose undue hardship on the employer, based on the size of the employer's business, the type of business, the financial resources of

the employer, and the estimated cost and extent of the accommodation.

~~18.~~19. "Sex" includes pregnancy, childbirth, and disabilities related to pregnancy or childbirth.

~~19.~~20. "Status with regard to public assistance" means the condition of being a recipient of federal, state, or local assistance, including medical assistance, or of being a tenant receiving federal, state, or local subsidies, including rental assistance or rent supplements.

SECTION 3. AMENDMENT. Section 14-02.4-03 of the North Dakota Century Code is amended and reenacted as follows:

14-02.4-03. Employer's discriminatory practices.

1. It is a discriminatory practice for an employer to fail or refuse to hire an individual; to discharge an employee; or to accord adverse or unequal treatment to an individual or employee with respect to application, hiring, training, apprenticeship, tenure, promotion, upgrading, compensation, layoff, or a term, privilege, or condition of employment, because of race, color, religion, sex, national origin, age, physical or mental disability, health status, status with respect to marriage or public assistance, or participation in lawful activity off the employer's premises during nonworking hours which is not in direct conflict with the essential business-related interests of the employer.

2. It is a discriminatory practice for an employer to fail or refuse to make reasonable accommodations for an otherwise qualified individual with a physical or mental disability, because that individual is pregnant, ~~or~~ because of that individual's religion, or because of that individual's health status. An employer is not required to provide an accommodation that would disrupt or interfere with the employer's normal business operations; threaten an individual's health or safety; contradict a business necessity of the employer; or impose an undue hardship on the employer, taking into consideration the size of the employer's business, the type of business, the financial resources of the employer, and the estimated cost and extent of the accommodation.

3. This chapter does not prohibit compulsory retirement of any employee who has attained sixty-five years of age, but not seventy years of age, and who, for the two-year period immediately before retirement, is employed in a bona fide executive or high policymaking position, if the employee is entitled to an immediate nonforfeiture annual retirement benefit from a pension, profit-sharing, savings, or deferred compensation plan, or any combination of those plans, of the employer of the employee, which equal, in the aggregate, at least forty-four thousand dollars.

SECTION 4. AMENDMENT. Section 14-02.4-04 of the North Dakota Century Code is amended and reenacted as follows:

14-02.4-04. Employment agency's discriminatory practices.

It is a discriminatory practice for an employment agency to accord adverse or unequal treatment to a person in connection with an application for employment,

referral, or request for assistance in procurement of employees because of race, color, religion, sex, national origin, age, physical or mental disability, health status, or status with respect to marriage or public assistance, or to accept a listing of employment on that basis.

SECTION 5. AMENDMENT. Section 14-02.4-05 of the North Dakota Century Code is amended and reenacted as follows:

14-02.4-05. Labor organization's discriminatory practices.

It is a discriminatory practice for a labor organization to deny full and equal membership rights to an applicant for membership or to a member; to expel, suspend, or otherwise discipline a member; or to accord adverse, unlawful, or unequal treatment to a person with respect to the person's hiring, apprenticeship, training, tenure, compensation, upgrading, layoff, or a term or condition of employment because of race, color, religion, sex, national origin, age, physical or mental disability, health status, or status with respect to marriage or public assistance.

SECTION 6. AMENDMENT. Section 14-02.4-06 of the North Dakota Century Code is amended and reenacted as follows:

14-02.4-06. Certain employment advertising deemed discriminatory.

It is a discriminatory practice for an employer, employment agency, or labor organization, or the employees, agents, or members thereof directly or indirectly to advertise or in any other manner indicate or publicize that individuals of a particular race, color, religion, sex, national origin, age, physical or mental disability, health status, or status with respect to marriage or public assistance, or who participate in lawful activity off the employer's premises during nonworking hours which activity is not in direct conflict with the essential business-related interests of the employer, are unwelcome, objectionable, not acceptable, or not solicited.

SECTION 7. AMENDMENT. Section 14-02.4-08 of the North Dakota Century Code is amended and reenacted as follows:

14-02.4-08. Qualification based on religion, sex, national origin, physical or mental disability, health status, or marital status.

Notwithstanding sections 14-02.4-03 through 14-02.4-06, it is not a discriminatory practice for an employer to fail or refuse to hire and employ an individual for a position, to discharge an individual from a position, or for an employment agency to fail or refuse to refer an individual for employment in a position, or for a labor organization to fail or refuse to refer an individual for employment, on the basis of religion, sex, national origin, physical or mental disability, health status, or marital status in those circumstances where religion, sex, national origin, physical or mental disability, health status, or marital status is a bona fide occupational qualification reasonably necessary to the normal operation of that particular business or enterprise; nor is it a discriminatory practice for an employer to fail or refuse to hire and employ an individual for a position, or to discharge an individual from a position on the basis of that individual's participation in a lawful activity that is off the employer's premises and that takes place during nonworking hours and which is not in direct conflict with the essential business-related interests of the employer, if that participation is contrary to a bona fide occupational qualification that reasonably and rationally relates to

employment activities and the responsibilities of a particular employee or group of employees, rather than to all employees of that employer.

SECTION 8. AMENDMENT. Section 14-02.4-09 of the North Dakota Century Code is amended and reenacted as follows:

14-02.4-09. Seniority, merit, or other measuring systems and ability tests not discriminatory.

Notwithstanding sections 14-02.4-03 through 14-02.4-06, it is not a discriminatory practice for an employer to apply different standards of compensation, or different terms, conditions, or privileges of employment pursuant to a bona fide seniority or merit system, or a system which measures earnings by quantity or quality of production or to employees who work in different locations provided that the differences are not the result of an intention to discriminate because of race, color, religion, sex, national origin, age, health status, physical or mental disability, status with respect to marriage or public assistance, or participation in lawful activity off the employer's premises during nonworking hours; or for an employer to give and to act upon the results of any professionally developed ability test; provided, that the test, its administration, or action upon the results is not designed, intended, or used to discriminate because of race, color, religion, sex, national origin, age, health status, physical or mental disability, status with respect to marriage or public assistance, or participation in a lawful activity off the employer's premises during nonworking hours.

SECTION 9. AMENDMENT. Subsection 1 of section 14-02.4-14 of the North Dakota Century Code is amended and reenacted as follows:

1. It is a discriminatory practice for a person engaged in the provision of public accommodations to fail to provide to a person access to the use of any benefit from the services and facilities of the public accommodations; or to give adverse, unlawful, or unequal treatment to a person with respect to the availability to the services and facilities, the price or other consideration therefor, the scope and equality thereof, or the terms and conditions under which the same are made available because of the person's race, color, religion, sex, national origin, age, health status, physical or mental disability, or status with respect to marriage or public assistance.

SECTION 10. AMENDMENT. Subsection 1 of section 14-02.4-15 of the North Dakota Century Code is amended and reenacted as follows:

1. It is a discriminatory practice for a person engaged in the provision of public services to fail to provide to an individual access to the use of and benefit thereof, or to give adverse or unequal treatment to an individual in connection therewith because of the individual's race, color, religion, sex, national origin, age, health status, physical or mental disability, or status with respect to marriage or public assistance.

SECTION 11. AMENDMENT. Section 14-02.4-16 of the North Dakota Century Code is amended and reenacted as follows:

14-02.4-16. Advertising public accommodations or services - Discriminatory practices - Exceptions.

It is a discriminatory practice for a person to advertise or in any other manner indicate or publicize that the patronage of persons of a particular race, color, religion, sex, national origin, age, health status, physical or mental disability, or status with respect to marriage or public assistance is unwelcome, objectionable, not acceptable, or not solicited. This section does not prohibit a notice or advertisement banning minors from places where alcoholic beverages are being served.

SECTION 12. AMENDMENT. Section 14-02.4-17 of the North Dakota Century Code is amended and reenacted as follows:

14-02.4-17. Credit transactions - Discriminatory practices.

It is a discriminatory practice, except as permitted or required by the Equal Credit Opportunity Act [15 U.S.C. 1691], for a person, whether acting as an individual or for another, to deny credit, increase the charges or fees for or collateral required to secure credit, restrict the amount or use of credit extended, impose different terms or conditions with respect to the credit extended to a person, or item or service related thereto because of race, color, religion, sex, national origin, age, health status, physical or mental disability, or status with respect to marriage or public assistance. This section does not prohibit a party to a credit transaction from considering the credit history of a person or from taking reasonable action thereon."

Renumber accordingly