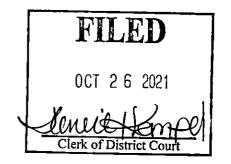
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Attorneys for Plaintiffs



MONTANA SEVENTH JUDICIAL DISTRICT COURT, RICHLAND COUNTY

NETZER LAW OFFICE, P.C. and DONALD L. NETZER,

Plaintiffs,

VS.

STATE OF MONTANA, by and through AUSTIN KNUDSEN, in his official capacity as Attorney General and LAURIE ESAU, Montana Commissioner of Labor and Industry,

Defendants.

Cause No. DV-21-89

AFFIDAVIT OF DONALD L. NETZER

Hon. Katherine M. Bidegaray

I, DONALD L. NETZER, declare under penalty of perjury the following is true and

correct:

- 1. I am a resident of Richland County, Montana.
- 2. I practice law in Sidney, Montana, at Netzer Law Office, P.C., where I am a majority shareholder and owner.
- 3. I am 70 years old.

- 4. Netzer Law Office, P.C. ("Netzer Law"), is a Montana Professional Corporation with offices in Sidney and Billings. The corporation was formed in 1994. We employ three attorneys, one of which is me, and two legal assistants.
- 5. Netzer Law consists of a general law practice, focusing on family law, estate planning, real estate, estate administration and probate, social security, and criminal law.
- 6. I have practiced law in Sidney, Montana since 1992.
- 7. Maintaining an open, clean, safe, and healthy office environment is important to the success of Netzer Law and our employees and clients.
- 8. Our owners, employees, and clients represent a cross section of Montana residents.
- 9. Like other small Montana businesses, Netzer Law has been and continues to be impacted by the COVID-19 pandemic. Although these impacts are not clearly quantifiable in dollars and cents, the pandemic has prevented Netzer Law from continuing its business as usual. For example, the pandemic has at certain points limited Netzer Law owners' and employees' ability to network in person to bring in new clients and has forced us to take numerous precautionary measures to reduce the risk and spread of COVID-19 to ensure our business remains safe as well as economically and otherwise viable.
 - 10. Recognizing the serious safety, health, and economic risks and threats that COVID-19 poses to Netzer Law's owners and employees, as well to the public generally, Netzer Law has monitored developments and guidance from expert federal and state agencies. For example, over the course of the COVID-19 pandemic, Netzer Law has looked to the Centers for Disease Control and Prevention and state and local health departments for guidance on best practices to institute in our office to ensure a clean, safe, and healthy

- environment to the best of our ability for our owners, employees, clients, potential clients, and other third parties.
- 11. Netzer Law has implemented many of these best practices and taken numerous precautions over the course of the COVID-19 pandemic to help provide a clean, safe, and healthy office environment for its owners, employees, clients, and potential clients, including from closing and/or locking office doors to individuals to reduce walk-in traffic to our offices; to suspending in-person office consultations; to requiring individuals who enter our offices to wear masks in areas where social distancing cannot be maintained; to allowing and promoting remote work from home; and to requiring negative COVID-19

 Lests for employees who have felt or were sick, before they can return to the office.
- 12. The widespread availability of COVID-19 vaccines for adults has been a beacon of hope for Netzer Law (and surely for other similarly situated small businesses and employers) given the efficacy of the vaccine in protecting individuals from contracting COVID-19 and in reducing the severity of COVID-19 symptoms if it is contracted. *See* Exhibit(s) 10, 11 and 14 (attached).
- 13. Despite the immense and scientifically supported benefits of the COVID-19 vaccine, the Montana Legislature adopted HB 702, which infringes upon the constitutional rights of employers like Netzer Law and others who would otherwise seek to take protective measures related to COVID-19 and other vaccination status.
- 14. Netzer Law has been harmed by HB 702 because the bill prevents us from taking actions necessary to appropriately manage risk and ensure the health and safety of our owners, employees, and clients by, among other things, prohibiting Netzer Law from treating unvaccinated individuals differently and from imposing COVID-19 vaccine mandates.

- Due to HB 702's prohibitions, Netzer Law cannot control and administer its office and operations in a safe and healthy way to mitigate against the spread and risk of COVID-19 (and potentially other diseases and viruses in the future). For example, Netzer Law cannot require proof of a COVID-19 vaccination from its employees, clients, or others before allowing them to enter and interact with its office space. Instead, HB 702 forces Netzer Law to either accept the safety and health risks to owners, employees, and others by allowing unvaccinated persons into its office space through an open-door policy, or to close its office doors to all employees (through a mandatory remote work policy applicable to everyone) or to all non-employees. The harm from closures of this nature includes, among other things, reduced office morale and collaboration and reduced business opportunities.
- 16. Additionally, our office is seeking to hire a new attorney at the present time and has earlier this year posted a notice of such at the University of Montana Law School, in Missoula, Montana. See Exhibit 23. Netzer Law would like to be selective in hiring vaccinated persons (those vaccinated for COVID-19 and other diseases) who will, among other things, help us maintain a clean, safe, and healthy office environment for our owners, employees, clients, and others entering our offices. However, HB 702's general prohibition against persons based on their vaccination status and having an immunity passport precludes Netzer Law from taking these and other reasonable and responsible steps during the hiring process.
- 17. HB 702 also prevents Netzer Law from engaging in other constitutionally protected actions and from fulfilling its constitutional responsibilities. For example, HB 702 prohibits Netzer Law from:

- A. Requiring proof of vaccines of any kind, including those proven to reduce the spread and severity of COVID-19 infections;
- B. Taking protective measures to reduce the spread and risk of COVID-19 from unvaccinated individuals, such as through requiring them to take COVID-19 tests, wear masks, wash their hands regularly, and other measures;
- C. Requiring employees to work from home if they are unvaccinated; and
- D. Directing owners, employees, clients, and others to take other appropriate steps to shelter themselves from the increased risk of COVID-19 when interacting with unvaccinated persons.
- 18. HB 702's prohibitions therefore prevent Netzer Law from taking numerous commonsense and constitutionally protected actions necessary to ensure a clean, safe, and healthy office environment; to protect the lives of its owners, employees, and clients, and their pursuit of life's basic necessities; to protect its office property and business; to ensure its owners' and employees' ability to pursue safety, health, and happiness.
- 19. If HB 702's prohibitions were not in effect, Netzer Law would adopt, implement, and enforce measures described above.
- 20. Because HB 702 prevents Netzer Law from taking these actions, I feel anxiety, worry, and stress about the safety, health, and well-being of myself, Netzer Law's other owners and employees, and of Netzer Law's clients and potential clients. I also feel anxiety, worry, and stress about the economic and general well-being of Netzer Law as a business economically and otherwise, as I have made the success of this business my life's professional pursuit.

- 21. Netzer Law is a small but busy business. If even one of our employees contracts

 COVID-19, let alone several due to an office outbreak, it would be extremely disruptive
 to our business operations, employees, clients, and the court system.
- 22. Though HB 702 claims to be anti-discriminatory on its face, it is directly discriminatory against our law office and all businesses and employers that are not provided exemptions.
- 23. The harms caused by the prohibitions in HB 702 are capable of repetition beyond the present COVID-19 pandemic, as HB 702 prohibits Netzer Law from requiring proof of vaccination from employees, clients, potential clients or other third parties, against some other infectious disease or virus that may occur in the future (e.g., a new disease or a resurgence of a known diseases like small pox).
- 24. As of the filing of this Affidavit, the Billings Gazette newspaper has reported in an October 20th, 2021, front page news story that, "Montana leads country in COVID cases per 100k." Exhibit 21 (attached).
- 25. I am not surprised to see the news of Montana's high number of COVID cases, given Montana's low vaccination rates and HB 702, which prohibits employers, governments, and individuals from discriminating against someone based on their vaccination status.
- 26. Attached as Exhibit 1 is a true and correct copy of Mayo Clinic, *U.S. COVID-19 vaccine*tracker: See your state's progress, https://www.mayoclinic.org/coronavirus-covid-19/vaccine-tracker,
- 27. Attached as Exhibit 2 is a true and correct copy of Aaron Bolton, NPR, With low vaccination rates, Montana's COVID hospitalizations have continued to rise,

 https://www.npr.org/2021/10/13/1045746585/with-low-vaccination-rates-montanas-covid-hospitalizations-have-continued-to-ris (Oct. 13, 2021).

- 28. Attached as Exhibit 3 is a true and correct copy of Billings Clinic, *Billings Clinic*preparing for Crisis Standards of Care, https://www.billingsclinic.com/about-us/news-press-releases/2021/billings-clinic-preparing-for-crisis-standards-of-care/ (Sept. 15, 2021).
- 29. Attached as Exhibit 4 is a true and correct copy of CDC, *Scientific Brief: SARS-COV-2 Transmission*, https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html (May 7, 2021).
- 30. Attached as Exhibit 5 is a true and correct copy of DPHHS, COVID-19 Variants

 Identified in Montana,

 https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt/VariantWebUpdate0907

 21.pdf (Sept. 7, 2021).
- 31. Attached as Exhibit 6 is a true and correct copy of CDC, *Delta Variant: What We Know About the Science*, https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html, (Aug. 26, 2021).
- 32. Attached as Exhibit 7 is a true and correct copy of CDC, *People with Certain Medical Conditions*, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html (Aug. 20, 2021).
- 33. Attached as Exhibit 8 is a true and correct copy of CDC's Covid Data Tracker Weekly Review. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html (Oct. 22, 2021).
- 34. Attached as Exhibit 9 is a true and correct copy of Todd M. Koch, MPH, DPHHS,

 Provisional Leading Causes of Death and Other Select Causes in Montana, 2020 and
 2015-2019,

- https://dphhs.mt.gov/assets/publichealth/Epidemiology/VSU/MTLeadingCausesOfDeaths 2015-2020.pdf, (Mar. 15, 2021).
- 35. Attached as Exhibit 10 is a true and correct copy of FDA, FDA Approves First COVID-19 Vaccine, https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine, (Aug. 23, 2021).
- 36. Attached as Exhibit 11 is a true and correct copy of CDC, Safety of COVID-19 Vaccines, https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html (Updated Oct. 12, 2021).
- 37. Attached as Exhibit 12 is a true and correct copy of Montana COVID-19 Data

 Dashboard, COVID-19 Cases,

 https://montana.maps.arcgis.com/apps/MapSeries/index.html?appid=7c34f341253643949

 ladcc2103421d4b (Oct. 25, 2021).
- 38. Attached as Exhibit 13 is a true and correct copy of CNN, Transcript,

 https://transcripts.cnn.com/show/sotu/date/2021-07-25/segment/01 (Jul. 25, 2021).
- 39. Attached as Exhibit 14 is a true and correct copy of DPHHS, Trend Continues of COVID-19 Related Hospitalizations of Unvaccinated Individuals, https://dphhs.mt.gov/News/2021/08/TrendContinuesofCOVID-19RelatedHospitalizationsofUnvaccinatedIndividuals (Aug. 5, 2021).
- 40. Attached as Exhibit 15 is a true and correct copy of Montana COVID-19 Data

 Dashboard, Covid-19 Vaccine,

 https://montana.maps.arcgis.com/apps/MapSeries/index.html?appid=7c34f341253643949

 1adcc2103421d4b (Oct. 25, 2021).

- 41. Attached as Exhibit 16 is a true and correct copy of DPHHS, New Montana Report:

 Unvaccinated 5 Times More Likely to be Hospitalized and 3 Times More Likely to Die

 from COVID-19: DPHHS officials urge Montanans to get vaccinated,

 https://dphhs.mt.gov/News/2021/09/NewMontanaReportUnvaccinated5timesmorelikelytodiefromCOVID-19 (Sept. 27, 2021).
- 42. Attached as Exhibit 17 is a true and correct copy of Enacted Version of HB 702, https://leg.mt.gov/bills/2021/billpdf/HB0702.pdf.
- 43. Attached as Exhibit 18 is a true and correct copy of Letter from Governor Gianforte to Speaker Galt and President Blasdel (containing amendment text),

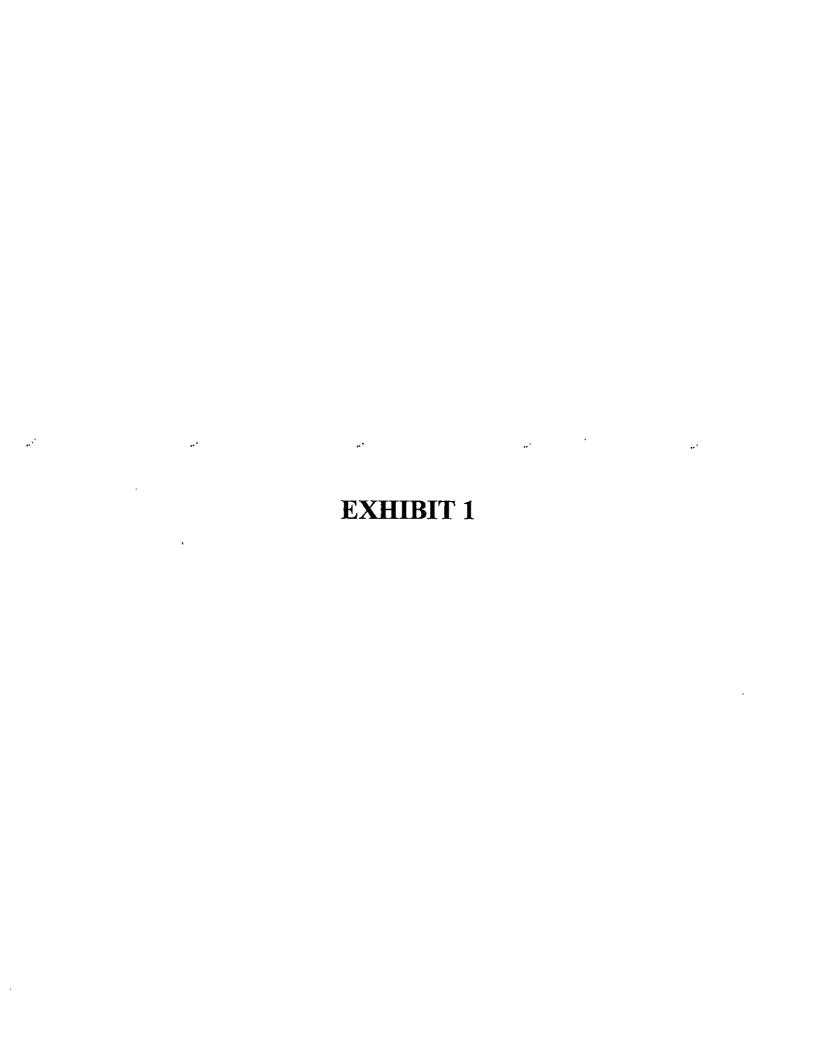
 ...https://leg.mt.gov/bills/2021/AmdHtmH/HB0702GovAmd.pdf (Apr. 28th, 2021).
- 45. Attached as Exhibit 20 is a true and correct copy of Associated Press, *Montana reaches*record COVID-19 hospitalizations at 510, https://apnews.com/article/coronaviruspandemic-montana-united-states-health-education-5225cda25493b2f0109f3906b7888846

 (Oct. 13, 2021).
- 46. Attached as Exhibit 21 is a true and correct copy of Emily Schabacker, *Billings Gazette*,

 Montana leads country in COVID cases per 100k,

 https://billingsgazette.com/news/local/montana-leads-country-in-covid-cases-per-100k/article-b33f0833-20ef-5cce-a4c6-520aeee485c6.html (Oct. 19, 2021).

State of Montana Residing at Fairview, Montana My Commission Expires November 19, 2022



English

COVID-19 Home

Vaccine Guide

Patient & Visitor Updates

About COVID-19

Post-COVID Conditions

U.S. COVID-19 vaccine tracker: See your state's progress







Follow the U.S. vaccine rollout and compare progress across states. Mayo Clinic experts recommend getting a COVID-19 vaccine as soon as it's available to you.

See our data sources or read the glossary of terms.

COVID-19 vaccine rates by state

How many people have been vaccinated in each state? This map shows the percentage of each state's population with at least one dose of the coronavirus disease 2019 (COVID-19) vaccine, plus the percentage of people who are fully vaccinated. Right now, two of the three <u>COVID-19 vaccines</u> require two shots to be fully vaccinated. The third vaccine requires only one shot.

Percentage of state population vaccinated

45

50

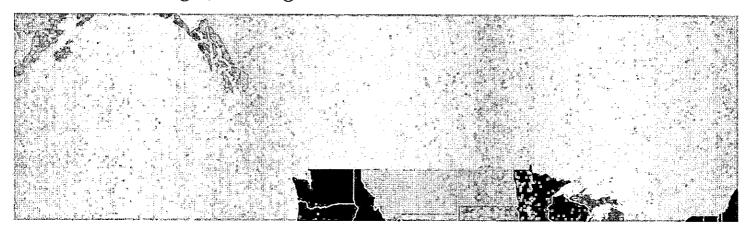
55

60

65

Fully vaccinated

At least 1 dose



View COVID-19 vaccines by state as a table

U.S. COVID-19 vaccine rates over time

How many people in the U.S. are vaccinated? Track the progress of the U.S. population with at least one dose of the COVID-19 vaccine compared with the

Percentage of the U.S. population vaccinated

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40%								
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20%		-	Fully vaccinated		* -			
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			10/20/2021	66.2%	57.3%			
			10/19/2021	66.2%	57.3%	70 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -		
			10/18/2021	66.1%	57.2%			
			10/17/2021	66.1%	57.2%	D. AMMONINE COMPENSATION AND CONTRACT OF STREET CONTRACTOR AND CON	•	
			10/16/2021	66.0%	57.1%	and the second of the second o	•	
			10/15/2021	65.9%	57.0%			
			10/14/2021	65.8%	56.9%			
			10/13/2021	65.7%	56.8%			
			10/12/2021	65.7%	56.8%			
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			10/08/2021	65.4%	56.5%			
			10/07/2021	65.3%	56.4%	·		
			10/06/2021	65.2%	56.4%			
			10/05/2021	65.1%	56.3%		-	
	i.		10/04/2021	65.1%	56.2%	-		
			10/03/2021	65.0%	56,1%			

Date	At least 1 dose	Fully vaccinated
10/02/2021	64.9%	56.0%
10/01/2021	64.8%	55.9%

Showing 1 to 20 of 60 results.

2 :

U.S. COVID-19 vaccine rates by age

This chart shows the percentage of the U.S. population that has received a vaccination, broken down by age. Kids 12 and older can get the vaccine in the U.S.

Fully vaccinated	At least 1 do
Tuny vaccinated	O'At least 1 do:

Age	Fully vaccinated		to the desired commence of the second
12-17	48.7%		
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18-24	54.3%		
25-39	58.5%		
40-49	67.1%		
4724 came. New Schoolson Co.	COMMISSION CONTRACTOR AND STATE OF THE STATE	÷ • •	A TO THE THEORY CONTROL OF THE STATE OF THE
50-64	74.6%		
65-74	86.8%		
			and the second control of the second of the second control of the
75+	81.5%		
Percentage	e of the U.S. population vaccinated		

State COVID-19 vaccine rates by age

This chart shows the percentage of the population of each state that has received a vaccination, broken down by age group. Kids 12 and older can get the vaccine in the U.S.

Alabama	27.8%	47.4%	80.2%
Alaska	45.1%	59.2%	90.6%
Arizona	45.9%	59.9%	85.9%

Arkansas	38.7%	52.1%	78.0%
California	57.8%	69.8%	87.2%
Colorado	56.5%	70.9%	92.8%
Connecticut		77.7%	97.4%
Delaware	49.5%	64.5%	96.2%
Florida	47.1%	65.1%	91.6%
•	34.1%	54.4%	83.8%
	49.2%	64.3%	92.1%
îdaho	Data not available	52.4%	89.7%
Illinois	46.9%	60.4%	83.0%
Indiana	35.0%	54.5%	89.5%
lowa	42.2%	60.4%	93.8%
Kansas	42.9%	58.3%	90.5%
	·	60.2%	89.8%
Louisiana	30.4%	50.7%	88.1%
Maine	59.7%	75.6%	99.9%
Maryland	64.5%	73.9%	97.0%
Massachusetts	66.9%	77.2%	94.7%
Michigan	39.1%	57.3%	89.2%
Minnesota	53.8%		97.5%
	31.0%	48.6%	83.8%
Missouri	37.3%	53.7%	84.2%
Montana			
	36.4%	53.1%	88.3%
Nebraska	46.7%	63,5%	
Nebraska Nevada	46.7%	63.5%	88.3%
Nevada New Hampshire	46.7% 41.1% 51.6%	63.5% 61.2% 67.4%	88.3% 94.1% 85.1% 95.6%
Nevada New Hampshire	46.7%	63.5% 61.2% 67.4%	94.1% 85.1%
Nevada New Hampshire New Jersey	46.7% 41.1% 51.6%	63.5% 61.2% 67.4% 75.2%	94.1% 85.1% 95.6%
New Hampshire New Jersey New Mexico New York	46.7% 41.1% 51.6% 60.2%	63.5% 61.2% 67.4% 75.2%	94.1% 85.1% 95.6%
New Hampshire New Jersey New Mexico New York North Carolina	46.7% 41.1% 51.6% 60.2% 61.0% 58.1% 41.5%	63.5% 61.2% 67.4% 75.2%	94.1% 95.6% 91.3%
New Hampshire New Jersey New Mexico New York North Carolina	46.7% 41.1% 51.6% 60.2% 61.0% 58.1% 41.5%	63.5% 61.2% 67.4% 75.2% 72.4% 74.5% 58.2%	94.1% 85.1% 95.6% 91.3% 96.8%

•,

•

		Oklahoma	37.5%	55.2%	85.4%
		Oregon	54.9%	70.1%	94.0%
		Pennsylvania	46.6%	64.6%	94.2%
		Rhode Island	66.7%	76.7%	99.9%
		South Carolina	36.2%	53.2%	89.2%
		South Dakota	39.3%	59.2%	95.7%
Fully vaccinated	At least 1 do	Tennessee	30.7%	52.0%	84.4%
		Location	12-17	18-64	65+
		Vermont	69.8%	74.5%	99.9%
		Virginia	61.0%	70.3%	92.7%
		Washington	58.1%	72.8%	96.5%
		Washington, D.C.	54.6%	70.6%	88.8%
		West Virginia	24.4%	40.0%	74.6%
		Wisconsin	45.2%		97.4%
		Wyoming	27.9%	45.2%	85.0%
		Percentage of state po	opulation vaccinated		

Show fewer states

U.S. COVID-19 map: Check your local forecast

See COVID-19 hot spots and look up to two weeks into the future with our precise prediction model.

Explore the COVID-19 map

Frequently asked questions

Why should you get a COVID-19 vaccine when it's available to you?

Are fast-tracked COVID-19 vaccines safe?

What are the side effects of the COVID-19 vaccine?

Do COVID-19 miscarriage?	9 vaccines alter your DNA or cause infertility or
Which vacci	ne should you get?
	frequently experience severe illness with COVID-19, why do
Are COVID-1	9 vaccines free?
Do COVID-19	9 vaccines protect against the variants?

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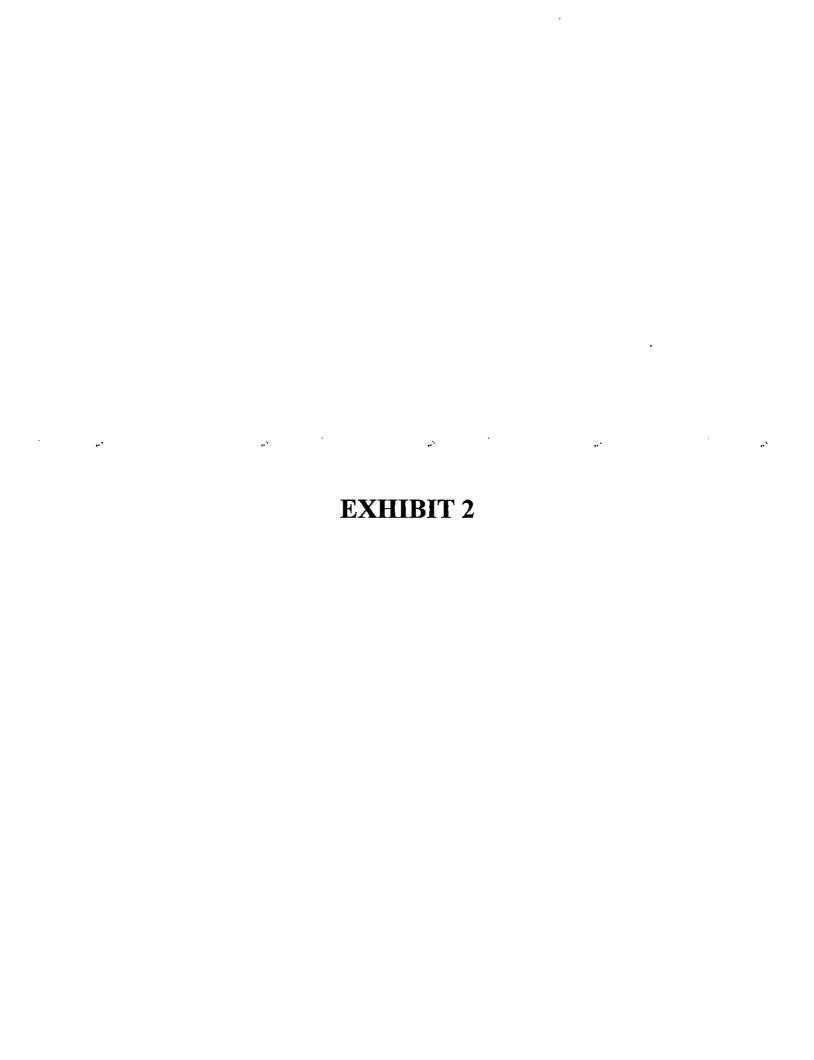
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HEALTH

With low vaccination rates, Montana's COVID hospitalizations have continued to rise

October 13, 2021 · 4:25 PM ET Heard on All Things Considered

4-Minute Listen

PLAYLIST

Download

Transcript

A surge in COVID hospitalizations in Montana just won't end. Republican Gov. Greg Gianforte is being criticized for his response.

SARAH MCCAMMON, HOST:

Nationwide, COVID hospitalizations have dropped 20% in the last two weeks. The trend is the opposite in a handful of states, though, like Montana. Hospitalizations have more than doubled in the last two months, and some hospitals are rationing care. Montana's vaccination rate is among the lowest in the U.S. Montana Public Radio's Aaron Bolton reports health care workers are exhausted, and elected leaders are being criticized for failing to stop the surge.

AARON BOLTON, BYLINE: Like a lot of Montanans, 33-year-old Brandon Brigham hasn't been too worried about COVID.

BRANDON BRIGHAM: Just didn't think it was no big deal. Hanging out at the bar, playing pool.

BOLTON: But today Brigham is sitting in a hospital bed in the ICU at Billings Clinic, one of the state's largest hospitals.

BRIGHAM: Yesterday I thought I was going to die. It's pretty terrible.

BOLTON: Like most in Montana's hospitals for COVID, Brigham is unvaccinated, a decision he says he regrets. And hospitals now are nearly as full as during the peak last fall. Sheila Hogan is the former head of the State Health Department.

SHEILA HOGAN: This is the first time during this pandemic that our hospitals, our health care facilities, are reaching a breaking point. We're really seeing a crisis of leadership.

BOLTON: Now head of the Montana Democratic Party, Hogan says the state's Republican-majority legislature and Governor Greg Gianforte have taken actions that go against the advice of public health experts, like banning vaccine mandates and reducing the authority of county health officials. His health department also issued an emergency rule, saying schools shouldn't mandate masks.

LAUREN WILSON: We've seen the rate of new infections definitely rise after school started.

BOLTON: Dr. Lauren Wilson is vice president of the Montana chapter of the American Academy of Pediatrics.

WILSON: And I think that reflects that not all the schools in Montana are using layered mitigation measures to prevent spread within schools.

BOLTON: Like masking Gianforte's health department offered evidence it says shows masks don't reduce infections. Dr. Wilson says that's not true and that Gianforte's administration misinterpreted the literature.

WILSON: And I find it hard to believe that they took any advice from people with a scientific background and have been coming up with this list of literature, which really is cited inaccurately or is not part of the scientific literature.

BOLTON: Back inside the Billings Clinic ICU, a bank of computer screens monitor patient vitals. Alarms go off when there are problems, like a COVID patient's oxygen levels plummeting dangerously.

(SOUNDBITE OF OXYGEN ALARM BEEPING)

MADISON: Hey, Jessica (ph). It's Madison (ph). Hey, just want to make sure somebody's in for the O2 alarm. All right, perfect. Thank you.

BOLTON: Before the pandemic, this ICU had 24 beds. But in recent weeks, staff here are regularly caring for 40-plus patients, with some spilling over into other areas of the hospital. Laurie Sutphin is a nurse here.

LAURIE SUTPHIN: One of the nurses said something - she misses seeing her patients get better and walk out of here.

BOLTON: That's happening less and less?

SUTPHIN: Yeah.

BOLTON: Sutphin says the onslaught of unvaccinated COVID patients just isn't sustainable.

SUTPHIN: The worst thing is that we had so much hope when the vaccine came out. We thought we'd never be here again.

BOLTON: Dr. Scott Ellner, Billings Clinic's CEO, says he's now so short of people to care for patients that he has to rely on traveling staff that cost \$100 to \$300 an hour.

SCOTT ELLNER: The challenge is that if we don't, we're not going to be able to serve our communities.

BOLTON: The Montana Hospital Association asked Governor Gianforte to use federal COVID relief dollars to hire medical staff to work in hospitals across the state. He declined but says his administration is helping hospitals get some federal reimbursement to hire travelers if they can find them on their own. In last month, he sent 140 National Guard troops to help with nonclinical work. Governor Gianforte

declined to be interviewed for this story. Montana's vaccination rate is inching up, but it's still less than 50% of residents. In the meantime, hospitals like Billings Clinic say they are inching closer to rationing care.

For NPR News, I'm Aaron Bolton in Billings, Mont.

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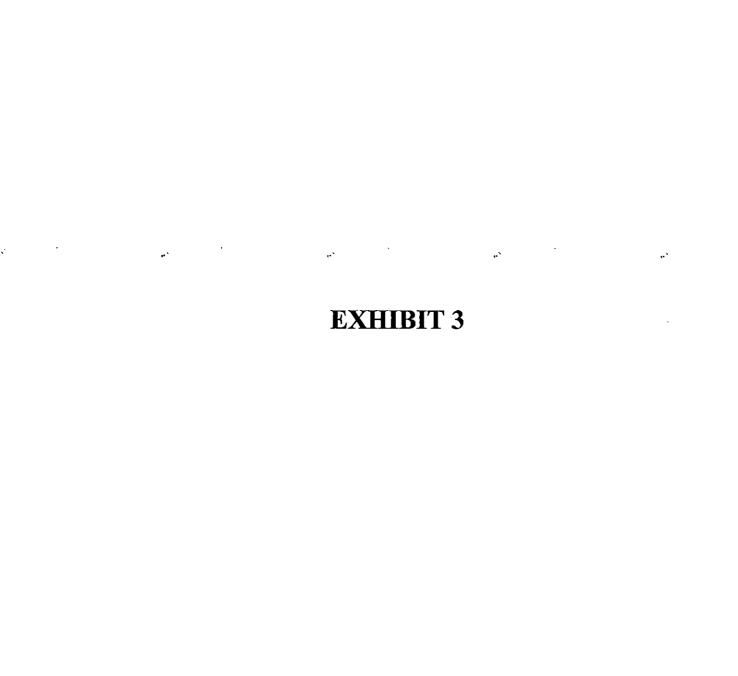
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2021

Billings Clinic Bozeman now seeing patients on new Bozeman campus

Billings Clinic preparing for Crisis Standards of Care

Billings Clinic Classic street party cancelled due to rising COVID-19 cases; campaign to build new NICU continues

Billings Clinic among first in U.S. to use innovative technology for lung cancer diagnosis

Billings Clinic Bozeman holds beam signing ceremony, shares updates to plans for Ambulatory Destination Center

First residents in Billings Clinic Psychiatry Residency program arrive in Billings

New Bozeman-based Billings Clinic air ambulance now in operation

Stillwater Billings Clinic unveils newly expanded patient care areas



kman Bank to match \$50,000 in donations for new Billings Clinic NICU

Riverton Medical District Signs Letter of Intent to Affiliate with Billings Clinic

Billings Clinic Broadwater announces expansion

Billings Clinic diabetes education program earns national recognition

Billings Clinic celebrates Nurses Week, unveils sculpture honoring nurses

Billings Clinic achieves 4th Magnet® Recognition

Billings Clinic participating in early cancer detection and prevention study

Billings Clinic completes construction of new SameDay Care Viral

Billings Clinic to expand air medical transport services

Billings Clinic introduces new pediatric infusion center

MAGNET RECOGNITION PROGRAM® — SITE VISIT

Billings Clinic announces additional services in Cody, WY

Jacobs Contracting, 360 Office Solutions and the Billings Clinic Foundation providing free hand sanitizer

Published on September 15, 2021

Billings Clinic preparing for Crisis Standards of Care

With new COVID-19 cases and related hospitalizations spiking, Billings Clinic stands in full support of the updated Crisis Standards of Care recently announced by the Montana Department of Public Health and Human Services (DPHHS). Although not yet in place at Billings Clinic, implementation of these measures may be needed as early as this week if COVID-19 volumes don't slow down.

The drastic, quick and ongoing increase in hospitalizations and Emergency Department visits due to COVID-19 is putting immense strain on Billings Clinic and health care organizations across the region. While the hope is to not have to implement these Crisis Standard of Care measures – which provide guidance on how to allocate limited medical supplies, space and staff in the event of scarcity of resources due to the COVID-19 pandemic – it is critically important that health care organizations are ready to do so if the need arises.

Billings Clinic is already using contingency standards, which are different from normal processes, but able to achieve sufficiency of care, and is moving toward Crisis Standards of Care. We anticipate that crisis care will occur in our region and use of this guidance will be necessary. The organization is preparing to quickly move into crisis will only stay in that stage as long as needed. It is possible to move in and out of crisis care multiple times the situation and needs.

"While the current increase in numbers is moving us closer to having to implement these standards, Billings Clinic is constantly and diligently working to avoid having to do so," said Scott Ellner, DO, Billings Clinic CEO. "The numbers across our region are overwhelming health care facilities and staff. We are doing everything we can to take care of everyone who needs us, and we will continue to find ways to do that."

To address high volumes and capacity constraints, Billings Clinic is:

- expanding its COVID-19 testing and monoclonal antibody treatment capabilities to provide more outpatient services that may help keep people out of the hospital.
- creating additional temporary triage space in or near the Emergency Department to manage, diagnose and treat the ongoing extremely high number of patients seeking care.
- continuing to work daily with numerous agencies and organizations across the state, region and country to bring in additional temporary staff and National Guard resources to help ease the burden on care teams.
- opening additional overflow space for more patients.
- dedicating additional units to care only for COVID-19-positive patients.

Crisis care occurs when it is no longer possible to deliver the normal standard of care to all persons in need. This is not a choice, but occurs when health care resources are overwhelmed by a disaster or emergency. The goal of medical care in this situation shifts from a focus on individual patients to managing resources in a manner that results in the best possible health outcomes for the community as a whole. This can include decisions about how to save the most lives by allocating or reallocating equipment such as ventilators, spaces such as ICU beds, or decisions about when resuscitation efforts are appropriate.

The transition into crisis care can occur rapidly and may impact care of many conditions, not just persons ill with COVID-19. These standards are guided by foundational medical ethics principles and were created by a broad-based collaborative effort across Montana including representatives of disadvantaged and disabled persons. They have been endorsed by Governor Gianforte and the Montana Department of Public Health and Human Services. They provide a framework to both help prevent crisis care and to ensure that the difficult decisions made under crisis care are fair, consistent, equitable, transparent, and do not discriminate.

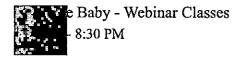
The Crisis Care Guidance documents can be found on the DPHHS website under Resources from DPHHS Partners. Please scroll to the bottom of the page in the drop-down menu section.

Upcoming Events

21

ACLS Provider-New 8:00 AM - 5:00 PM

21



BLAST!-Babysitter Lessons And Safety Training 9:00 AM - 3:00 PM

25

ACLS Provider-New 8:00 AM - 5:00 PM

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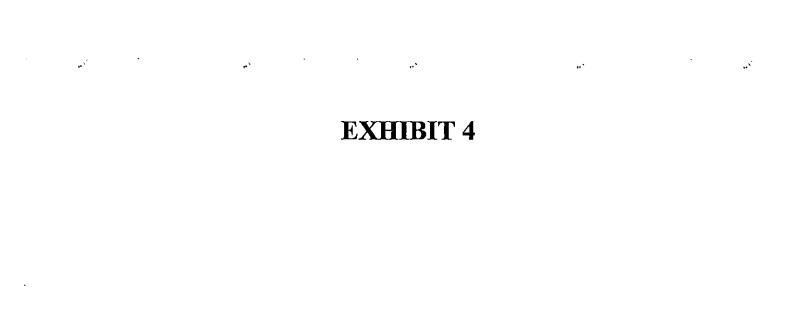
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COVID-19

Scientific Brief: SARS-CoV-2 Transmission

Updated May 7, 2021

Print

Summary of recent changes

Updates as of May 7, 2021

- This science brief has been updated to reflect current knowledge about SARS-CoV-2 transmission and reformatted to be more concise.
- Modes of SARS-CoV-2 transmission are now categorized as inhalation of virus, deposition of virus on exposed mucous membranes, and touching mucous membranes with soiled hands contaminated with virus.
- Although how we understand transmission occurs has shifted, the ways to prevent infection with this virus have not. All prevention measures that CDC recommends remain effective for these forms of transmission.

SARS-CoV-2 is transmitted by exposure to infectious respiratory fluids

The principal mode by which people are infected with SARS-CoV-2 (the virus that causes COVID-19) is through exposure to respiratory fluids carrying infectious virus. Exposure occurs in three principal ways: (1) inhalation of very fine respiratory droplets and aerosol particles, (2) deposition of respiratory droplets and particles on exposed mucous membranes in the mouth, nose, or eye by direct splashes and sprays, and (3) touching mucous membranes with hands that have been soiled either directly by virus-containing respiratory fluids or indirectly by touching surfaces with virus on them.

People release respiratory fluids during exhalation (e.g., quiet breathing, speaking, singing, exercise, coughing, sneezing) in the form of droplets across a spectrum of sizes. ¹⁻⁹ These droplets carry virus and transmit infection.

- The largest droplets settle out of the air rapidly, within seconds to minutes.
- The smallest very fine droplets, and aerosol particles formed when these fine droplets rapidly dry, are small enough that they can remain suspended in the air for minutes to hours.

Infectious exposures to respiratory fluids carrying SARS-CoV-2 occur in three principal ways (not mutually exclusive):

- 1. Inhalation of air carrying very small fine droplets and aerosol particles that contain infectious virus. Risk of transmission is greatest within three to six feet of an infectious source where the concentration of these very fine droplets and particles is greatest.
- Deposition of virus carried in exhaled droplets and particles onto exposed mucous membranes (i.e., "splashes and sprays", such as being coughed on). Risk of transmission is likewise greatest close to an infectious source where the concentration of these exhaled droplets and particles is greatest.
- 3. Touching mucous membranes with hands soiled by exhaled respiratory fluids containing virus or from touching inanimate surfaces contaminated with virus.

The risk of SARS-CoV-2 infection varies according to the amount of virus to which a person is exposed

Once infectious droplets and particles are exhaled, they move outward from the source. The risk for infection decreases with increasing distance from the source and increasing time after exhalation. Two principal processes determine the amount of virus to which a person is exposed in the air or by touching a surface contaminated by virus:

- 1. Decreasing concentration of virus in the air as larger and heavier respiratory droplets containing virus fall to the ground or other surfaces under the force of gravity and the very fine droplets and aerosol particles that remain in the airstream progressively mix with, and become diluted within, the growing volume and streams of air they encounter. This mixing is not necessarily uniform and can be influenced by thermal layering and initial jetting of exhalations.
- 2. Progressive loss of viral viability and infectiousness over time influenced by environmental factors such as temperature, humidity, and ultraviolet radiation (e.g., sunlight).

Transmission of SARS-CoV-2 from inhalation of virus in the air farther than six feet from an infectious source can occur

With increasing distance from the source, the role of inhalation likewise increases. Although infections through inhalation at distances greater than six feet from an infectious source are less likely than at closer distances, the phenomenon has been repeatedly documented under certain preventable circumstances. ¹⁰⁻²¹ These transmission events have involved the presence of an infectious person exhaling virus indoors for an extended time (more than 15 minutes and in some cases hours) leading to virus concentrations in the air space sufficient to transmit infections to people more than 6 feet away, and in some cases to people who have passed through that space soon after the infectious person left. Per published reports, factors that increase the risk of SARS-CoV-2 infection under these circumstances include:

- Enclosed spaces with inadequate ventilation or air handling within which the concentration of exhaled respiratory fluids, especially very fine droplets and aerosol particles, can build-up in the air space.
- Increased exhalation of respiratory fluids if the infectious person is engaged in physical exertion or raises their voice (e.g., exercising, shouting, singing).
- Prolonged exposure to these conditions, typically more than 15 minutes.

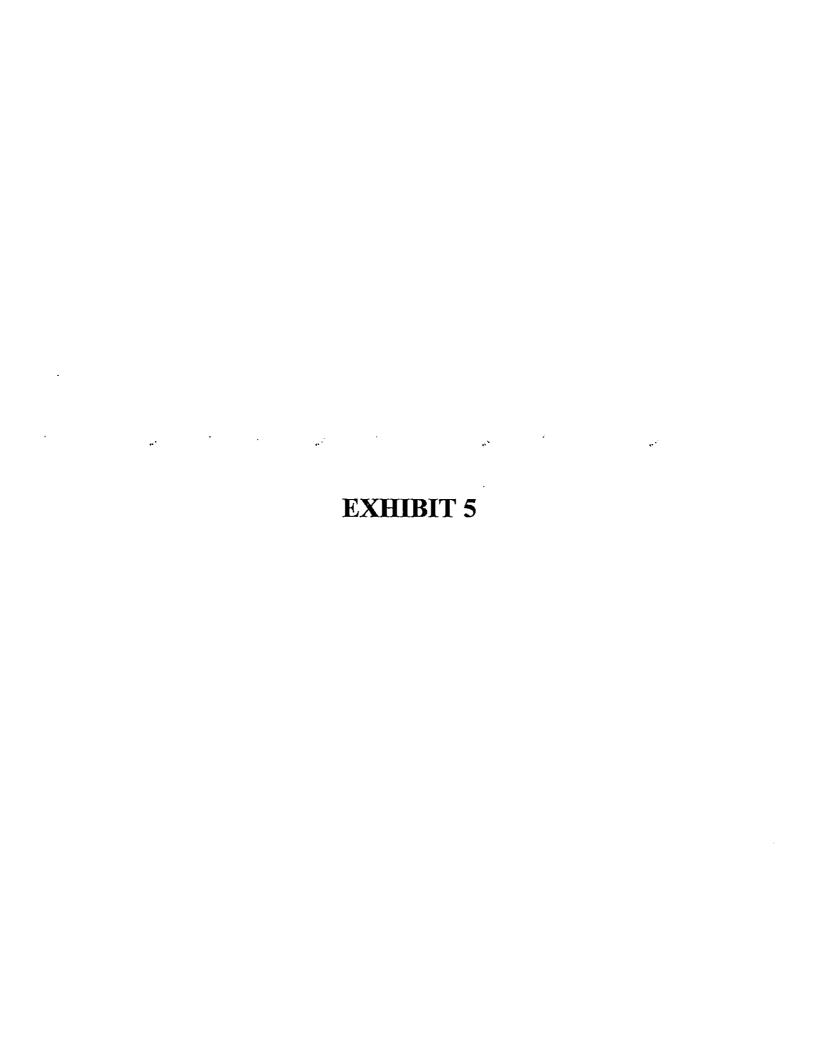
Prevention of COVID-19 transmission

The infectious dose of SARS-CoV-2 needed to transmit infection has not been established. Current evidence strongly suggests transmission from contaminated surfaces does not contribute substantially to new infections. Although animal studies²²⁻²⁴ and epidemiologic investigations²⁵ (in addition to those described above) indicate that inhalation of virus can cause infection, the relative contributions of inhalation of virus and deposition of virus on mucous membranes remain unquantified and will be difficult to establish. Despite these knowledge gaps, the available evidence continues to demonstrate that existing recommendations to prevent SARS-CoV-2 transmission remain effective. These include physical distancing, community use of well-fitting masks (e.g., barrier face coverings, procedure/surgical masks), adequate ventilation, and avoidance of crowded indoor spaces. These methods will reduce transmission both from inhalation of virus and deposition of virus on exposed mucous membranes. Transmission through soiled hands and surfaces can be prevented by practicing good hand hygiene and by environmental cleaning.

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COVID-19 Variants Identified in Montana

Updated 9/7/2021

This map includes the counties where variants of concern and variants of interest have been detected in Montana. The tables detail the types of variants detected, the classification of variant, and the counties in which they were detected. Delta continues to be the dominant variant in Montana. Of 391 specimens collected during the month of August that have been sequenced, 382 (98%) are Delta variant. All samples sequenced between August 28 through September 3 were resulted as Delta.

Figure 1. Total COVID Variants Identified in Montana, by County, 9/7/21 (n=1197)

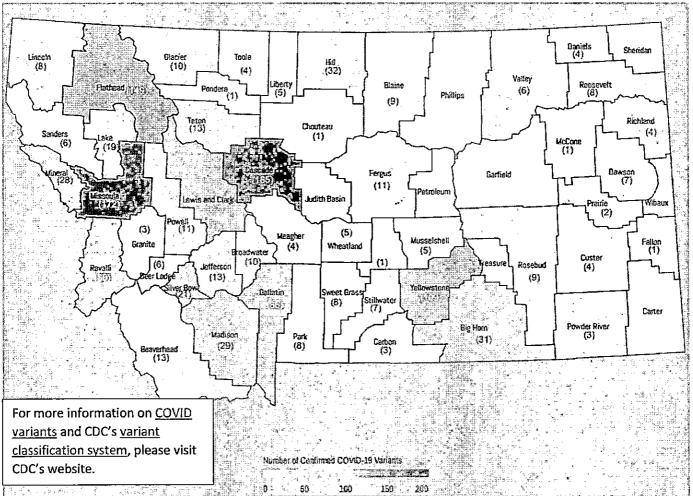


Table 1. Cumulative SARS-CoV-2 variants detected in Montana by classification, GISAID 9/7/2021

Variant Classification	Glassification Explanation	Number 5
Variant of Interest	A variant with specific genetic markers associated with changes to receptor binding, reduced neutralization by antibodies generated against previous infection or vaccination, reduced efficacy of treatments, potential diagnostic impact, or predicted increase in transmissibility or disease severity.	95
Variant of Concern	A variant for which there is evidence of an increase in transmissibility, more severe disease (increased hospitalizations or deaths), significant reduction in neutralization by antibodies generated during previous infection or vaccination, reduced effectiveness of treatments or vaccines, or diagnostic detection failures.	1692
Variant of High Consequence	A variant of high consequence has clear evidence that prevention measures or medical countermeasures (MCMs) have significantly reduced effectiveness relative to previously circulating variants.	0
Total a set to the set of the		1787

Table 2. Cumulative SARS-CoV-2 variants detected in Montana by location and lineage, MTDPHHS, 9/7/2021

	Alpha st	iriants of Concern	Ğamma, 🕌	· Variants	of Interest	
	(Bv1+(V))24	J. (B. 1, 617, 2)	(P.1)	(B.1.525)	(8.1.526)	a sassa # sasol
Beaverhead	4	6	0	0	0	13
Big Horn	4	25	2	0	0	31
Blaine	80	1	0	0	0	6
Broadwater	6	Ţ	0	0	0	10
Carbon	2	1	0	0	0	æ
Cascade	70	108	3	0	4	185
Chouteau	-	0	0	0	0	1
Custer	2	2	0	0	0	4
Daniels	0	4	0	0	0	4
Dawson	П	9	0	0	0	7
Deer Lodge	4	1	н	0	0	9
Fallon	0	1	0	0	0	1
Fergus	2	6	0	0	0	11
Flathead	73	59	5	2	10	149
Gallatin	45	31	6	-	5	85
Glacier	9	7	3	0	0	16
Golden Valley	0	-	0	0	0	-
Granite	0	ĸ	0	0	0	33
F	18	10	.0	0	4	32
Jefferson	6	4	0	0	0	13
Lake	9	13	0	0	0	19
Lewis & Clark	34	23	0	0	10	29
Liberty	-	4	0	0	0	5
Lincoln	-	7	0	0	0	8
Madison	9	18	5	0	0	29
McCone	1	0	0	0	0	н
Meagher	0	2	2	0	0	4
Mineral	12	16	0	0	0	28
Missoula	78	77	6	2	9	172
Musselshell	2	c	0	0	0	S
Park	4	2	0	0	2	8
Pondera	1	0	0	0	0	-
Powder River	3	0	0	0	0	3
Powell	3	4	1	0	3	11
Prairie	0	2	0	0	0	2
Ravalli	44	2	1	0	3	50
Richland	2	2	0	0	0	4
Roosevelt	2	9	0	0	0	80
Rosebud	0	6	0	0	0	9
Sanders	n	-1	0	0	2	9
Silver Bow	S	15	1	0	0	21
Stillwater	7	0	0	0	0	7
Sweet Grass	7	1	0	0	0	8
Teton	5	8	0	0	0	13
Toole	2	2	0	0	0	4
Valley	က	3	0	0	0	9
Wheatland	1	4	0	0	0	5
Yellowstone	65	42	1	0	1	109
Total	. 256	ed * 549	.37	100		11974
· Percentage	46% at	1.446%;	3%		<u>, e.</u> 4%.	

Note 1: The distribution of variants can be influenced by local testing capabilities. As a result, the data in table 2 may not reflect a standardized, statewide sample of variants. Data above are collected in collaboration with partners including, MSU, UM, Fyr Diagnostics, CDC, and other national reference labs.

Note 2: In August 2021 B.1.427 and B.1.429 were removed from the Variants of Interest category by CDC, these variants were subsequently removed from this variant report.

Table 3. Outcome of patients infected with SARS-CoV-2 variants in Montana, by lineage, 9/7/2021

	Variant lineage	Not Hospitalized	Hospitalized	Percentage Hospitalized	Deceased
Variants of	Alpha (B.1.1.7)	425	40	8.6%	6
Concern	Delta (B.1.617.2)	307	86	21.9%	13
	Gamma (P.1)	24	6	20.0%	1
				, 9) 68 15 9 F 1 - 1 - 1	
Variants of	Eta (B.1.525)	3	0	0.0%	0
Interest	lota (B.1.526)	39	3	7.1%	0

Data in table 3 show the hospitalization and death status for cases where that information is recorded in Montana's communicable disease database (n=933). Nearly 22% percent of cases infected with the Delta variant were hospitalized and 13 died.

SARS-CoV-2 sequencing results are also reported to GISAID, which promotes the rapid sharing of data from all influenza viruses and the coronavirus causing COVID-19. These results do not contain county-level geography for all specimens, so the data in table 2 are the subset of the results reported to GISAID captured in table 4. A summary table of all the sequencing performed on SARS-CoV-2 specimens from Montana and reported to GISAID is below. More information about GISAID is available here: https://www.gisaid.org

Table 4. Cumulative SARS-CoV-2 specimens sequenced in Montana by lineage, reported to GISAID, January-September 7, 2021

		Variants	of Concern	, a	Variants o	of Interest	3 D D
Sequences not of concern or interest	Alpha (8 1 147)	Beta (B:1351)	Delta (B.1.617.2)	Gamma (P.1)	Eta (B.1.525)	lota (8:1.526)	Total# Sequenced
839	794	1	847	50	9	86	2626
32%	30%	<1%	32%	2%	<1%	3%	Account of the Contract of the

Viruses constantly change through mutation. A variant has one or more mutations that differentiate it from other variants in circulation. As expected, multiple variants of SARS-CoV-2 have been documented in the US and globally throughout this pandemic.

COVID Breakthrough Cases

Breakthrough infection surveillance began in Montana on February 15, 2021. A breakthrough COVID-19 infection is defined as a positive SARS-CoV-2 RNA or antigen detection in a respiratory specimen that is collected ≥14 days after completing the primary COVID-19 vaccine series of an FDA-authorized COVID-19 vaccine. Depending on the specific vaccine administered, completion of series could be one or two doses of vaccine.

As of 9/7/21, Montana reports 3,240 cases of confirmed breakthrough disease, this includes 211 hospitalizations and 42 deaths. 195/215 with subtyping performed are known to be infected with variants of concern or interest.

Table 5. SARS-CoV-2 variants detected in Montana breakthrough cases by lineage, 9/7/2021

^ப ாது எம். ' எவ் நேர எம். ' எம். நேர நேரு	Par A Vai	ants of Conc	èrn .	Variants o	of Interest	1 .
8	- Alpha - (BJL117))	Delta (B.1:617.2)	Gamma (P.1)	Eta (B.1.525)	-, lota . (B.1.526)	Total # Variants
Breakthrough Cases	69	105	12	2	7	195

Variant Trends

Of 2,290 samples sequenced and reported to <u>GISAID</u> since January 2021. Delta has been the predominant circulating strain in Montana for the past two months.

Figure 3 displays the percentage of each variant detected that week, among all samples sequenced that were collected that week. For example, the week ending May 1, 136 samples were sequenced and 92 (68%) were the Alpha variant (light yellow bar) and 26 (19%) were not variants of concern or interest (dark blue bar). Among samples collected during the month of August, 391 samples have been sequenced so far, and 382 (98%) of those are Delta (dark orange bar). All 40 specimens collected and sequenced last week were Delta.

The overall trends in variants shows that, March through June, the Alpha variant was predominant. Beginning in July, the Delta variant has been detected most often among sequenced samples, and is currently the dominant variant in Montana. Not all samples have enough genetic material to be sequenced. The charts below reflect information on specimens that were sequenced and reported to GISAID.

Figure 2. Number of COVID-19 Samples Sequenced by Collection Date, Montana, 9/7/2021 (n=2,626)

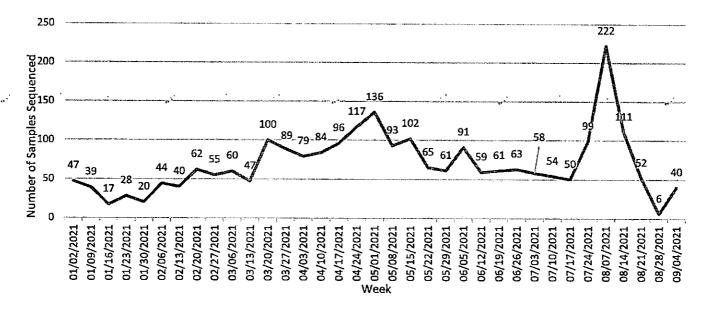
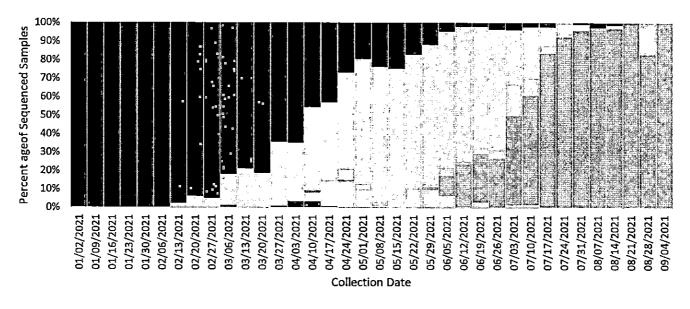
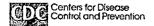


Figure 3. Percent of COVID-19 Variants in Sequenced Samples by Collection Date, Montana, 9/7/2021









∴COVID-19

Delta Variant: What We Know About the Science

Updated Aug. 26, 2021

Prin

On July 27, 2021, CDC released updated guidance on the need for urgently increasing COVID-19 vaccination coverage and a recommendation for everyone in areas of substantial or high transmission to wear a mask in public indoor places, even if they are fully vaccinated. CDC issued this new guidance due to several concerning developments and newly emerging data signals.

First, a significant increase in new cases reversed what had been a steady decline since January 2021. In the days leading up to our guidance update, CDC saw a rapid and alarming rise in the COVID-19 case and hospitalization rates around the country.

 In late June, the 7-day moving average of reported cases was around 12,000. On July 27, the 7-day moving average of cases reached over 60,000. This case rate looked more like the rate of cases we had seen before the vaccine was widely available.

Second, new data began to emerge that the Delta variant was more infectious and was leading to increased transmissibility when compared with other variants, even in some vaccinated individuals. This includes recently published data from CDC and our public health partners, unpublished surveillance data that will be publicly available in the coming weeks, information included in CDC's updated Science Brief on COVID-19 Vaccines and Vaccination, and ongoing outbreak investigations linked to the Delta variant.

Delta is currently the predominant variant of the virus in the United States. Below is a high-level summary of what CDC scientists have recently learned about the Delta variant. More information will be made available when more data are published or released in other formats.

Infections and Spread

The Delta variant causes more infections and spreads faster than early forms of SARS-CoV-2, the virus that causes COVID-19

- The Delta variant is more contagious: The Delta variant is highly contagious, more than 2x as contagious as previous variants.
- Some data suggest the Delta variant might cause more severe illness than previous variants in unvaccinated people. In two different
 studies from Canada and Scotland, patients infected with the Delta variant were more likely to be hospitalized than patients infected
 with Alpha or the original virus that causes COVID-19. Even so, the vast majority of hospitalization and death caused by COVID-19 are
 in unvaccinated people.

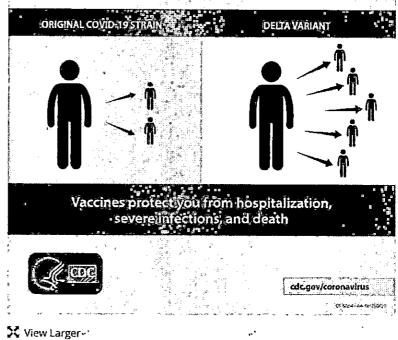
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- Unvaccinated people remain the greatest concern: The greatest risk of transmission is among unvaccinated people who are much
 more likely to get infected, and therefore transmit the virus. Fully vaccinated people get COVID-19 (known as breakthrough
 infections) less often than unvaccinated people. People infected with the Delta variant, including fully vaccinated people with
 symptomatic breakthrough infections, can transmit the virus to others. CDC is continuing to assess data on whether fully vaccinated
 people with asymptomatic breakthrough infections can transmit the virus.
- Fully vaccinated people with Delta variant breakthrough infections can spread the virus to others. However, vaccinated people
 appear to spread the virus for a shorter time: For prior variants, lower amounts of viral genetic material were found in samples taken
 from fully vaccinated people who had breakthrough infections than from unvaccinated people with COVID-19. For people infected
 with the Delta variant, similar amounts of viral genetic material have been found among both unvaccinated and fully vaccinated
 people. However, like prior variants, the amount of viral genetic material may go down faster in fully vaccinated people when
 compared to unvaccinated people. This means fully vaccinated people will likely spread the virus for less time than unvaccinated
 people.

Vaccines

- The COVID-19 vaccines approved or authorized in the United States are highly effective at preventing severe disease and death, including against the Delta variant. But they are not 100% effective, and some fully vaccinated people will become infected (called a breakthrough infection) and experience illness. For all people, the vaccine provides the best protection against serious illness and death.
- Vaccines are playing a crucial role in limiting spread of the virus and minimizing severe disease. Although vaccines are highly effective, they are not perfect, and there will be vaccine breakthrough infections. Millions of Americans are vaccinated, and that number is growing. This means that even though the risk of breakthrough infections is low, there will be thousands of fully vaccinated people who become infected and able to infect others, especially with the surging spread of the Delta variant. Low vaccination coverage in many communities is driving the current rapid surge in cases involving the Delta variant, which also increases the chances that even more concerning variants could emerge.
- Vaccination is the best way to protect yourself, your family, and your community. High
 .vaccination coverage will reduce spread of the virus and help prevent new variants from emerging. CDC recommends that everyone aged 12 years and older get vaccinated as soon as possible.

The Delta variant spreads more easily than previous variants—it may cause more than **2x** as many infections



Masks

Given what we know about the Delta variant, vaccine effectiveness, and current vaccine coverage, layered prevention strategies, including wearing masks, are needed to reduce the transmission of this variant

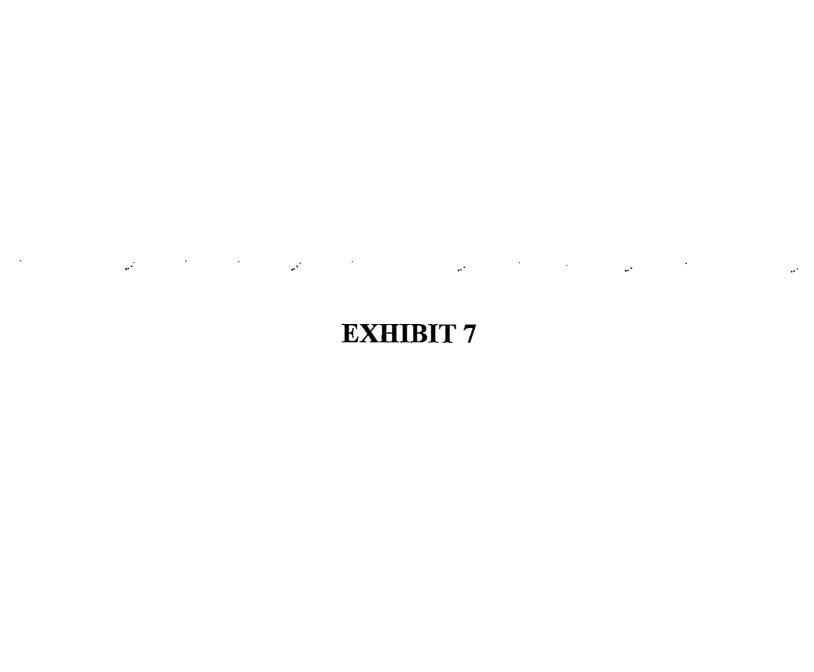
At this time, as we build the level of vaccination nationwide, we must also use all the prevention strategies available, including
masking indoors in public places, to stop transmission and stop the pandemic. Everyone who is able, including fully vaccinated
people, should wear masks in public indoor places in areas of substantial or high transmission.

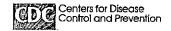
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Last Updated Aug. 26, 2021







:COVID-1<u>9</u>

People with Certain Medical Conditions

Updated Oct. 14, 2021

Print



This information is intended for a general audience. Healthcare providers should see Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19 for more detailed information.

What You Need To Know

- People of any age with the conditions listed below are more likely to get severely ill from COVID-19.
- COVID-19 vaccines (initial doses and boosters) and preventive measures for COVID-19 are important, especially if
 you are older or have multiple or severe health conditions including those on this list. Approved and
 authorized COVID-19 vaccines (initial doses and boosters) are safe and effective and should be administered to
 people at higher risk including people with underlying medical conditions.
- This list does not include all possible conditions that place you at higher risk of severe illness from COVID-19. If you have a condition not included here, talk to your doctor about how best to manage your condition and protect yourself from COVID-19.

Overview

People of any age with the following conditions are more likely to get severely ill from COVID-19. Severe illness means that a person with COVID-19 may:

- · Be hospitalized
- · Need intensive care
- · Require a ventilator to help them breathe
- Die

In addition:

- Older adults are more likely to get severely ill from COVID-19. More than 81% of COVID-19 deaths occur in people over age 65. The number of deaths among people over age 65 is 80 times higher than the number of deaths among people aged 18-29.
- The risk of severe COVID-19 increases as the number of underlying medical conditions increases in a person
- Long-standing systemic health and social inequities have put various groups of people at increased risk of getting sick
 and dying from COVID-19, including many people from certain racial and ethnic minority groups and people with
 disabilities.

- Studies have shown people from racial and ethnic minority groups are also dying from COVID-19 at younger ages.
 People in minority groups are often younger when they develop chronic medical conditions and may be more likely to have more than one condition.
- People with disabilities are more likely than those without disabilities to have chronic health conditions, live in congregate settings, and face more barriers to healthcare. Studies have shown that some people with certain disabilities are more likely to get COVID-19 and have worse outcomes.

COVID-19 vaccination (initial doses and boosters) and preventive measures for COVID-19 are important, especially if you are older or have multiple or severe health conditions. Learn more about CDC's COVID-19 vaccination recommendations, including how medical conditions and other factors inform recommendations. If you have a medical condition, learn more about Actions You Can Take.

Medical Conditions

- This list is presented in alphabetical order and not in order of risk.
- CDC completed an evidence review process for each medical condition on this list to ensure they met criteria for
 inclusion on this list. CDC conducts ongoing reviews of additional underlying conditions and some of these
 conditions might have enough evidence to be added to the list.
- As we are learning more about COVID-19 every day, this list does not include all medical conditions that place a
 person at higher risk of severe illness from COVID-19. Rare medical conditions, including many conditions that
 primarily affect children, may not be included below. The list will be updated as the science evolves.
- A person with a condition that is not listed may still be at greater risk of severe illness from COVID-19 than people
 of similar age who do not have the condition and should talk with their healthcare provider.

Cancer

Having cancer can make you more likely to get severely ill from COVID-19. Treatments for many types of cancer can weaken your body's ability to fight off disease. At this time, based on available studies, having a history of cancer may increase your risk.

Get more information:

- Cancer | CDC
- American Cancer Society: What People with Cancer Should Know about Coronavirus 🖸

Chronic kidney disease

Having chronic kidney disease of any stage can make you more likely to get severely ill from COVID-19.

Get more information:

- · Chronic kidney disease
- National Kidney Foundation: Kidney disease and COVID-19 🖸

Chronic liver disease

Having chronic liver disease, such as alcohol-related liver disease, non-alcoholic fatty liver disease, and autoimmune hepatitis, and especially cirrhosis, or scarring of the liver, can make you more likely to get severely ill from COVID-19.

Get more information:

- Liver Disease | NIDDK (nih.gov)
- American Liver Foundation: Your Liver & COVID-19 ☐

Chronic lung diseases

Having chronic lung diseases can make you more likely to get severely ill from COVID-19. These chronic lung diseases may include:

- · Asthma, if it's moderate to severe
- Bronchiectasis (thickening of the lungs airways)
- · Bronchopulmonary dysplasia (chronic lung disease affecting newborns)
- · Chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis
- Having damaged or scarred lung tissue such as interstitial lung disease (including idiopathic pulmonary fibrosis)
- · Cystic fibrosis, with or without lung or other solid organ transplant
- · Pulmonary embolism (blood clot in the lungs)
- · Pulmonary hypertension (high blood pressure in the lungs)

Get more information:

- COPD | CDC
- Asthma | CDC
- · People with Moderate to Severe Asthma | CDC
- American Lung Association: Controlling Chronic Lung Diseases Amid COVID-19
- Cystic Fibrosis | CDC

Dementia or other neurological conditions

Having neurological conditions, such as dementia, can make you more likely to get severely ill from COVID-19.

Get more information:

- Dementia | CDC
- Alzheimer's Association: COVID-19, Alzheimer's and Dementia

Diabetes (type 1 or type 2)

Having either type 1 or type 2 diabetes can make you more likely to get severely ill from COVID-19.

Get more information:

- Diabetes | CDC
- American Diabetes Association: How COVID-19 Impacts People with Diabetes 🖸

Down syndrome

Having Down syndrome can make you more likely to get severely ill from COVID-19.

Get more information:

- Down syndrome | CDC
- Global Down Syndrome Foundation 🖸
- National Down Syndrome Society: COVID-19 and Down Syndrome

Heart conditions

Having heart conditions such as heart failure, coronary artery disease, cardiomyopathies, and possibly high blood pressure (hypertension) can make you more likely to get severely ill from COVID-19

Get more information:

- Heart Disease | CDC
- COVID-19 | American Heart Association
 ☐

HIV infection

Having HIV (Human Immunodeficiency Virus) can make you more likely to get severely ill from COVID-19.

Get more information:

- HIV Infection | CDC
- Interim Guidance for COVID-19 and Persons with HIV [2]

Immunocompromised state (weakened immune system)

Having a weakened immune system can make you more likely to get severely ill from COVID-19. Many conditions and treatments can cause a person to be immunocompromised or have a weakened immune system. Primary immunodeficiency is caused by genetic defects that can be inherited. Prolonged use of corticosteroids or other immune weakening medicines can lead to secondary or acquired immunodeficiency.

People who have a condition or are taking medications that weaken their immune system may not be protected even if they are fully vaccinated. They should continue to take all precautions recommended for unvaccinated people, including wearing a 💸 well-fitted mask, until advised otherwise by their healthcare provider.

People with moderately to severely compromised immune systems should receive an additional dose of mRNA COVID-19 vaccine at least 28 days after the second dose.

Get more information:

Types of Primary Immune Deficiency Diseases

- The Jeffrey Modell Foundation
- Immune Deficiency Foundation 🖸
- Primary Immunodeficiency (PI) | CDC

Mental health conditions

Having mood disorders, including depression, and schizophrenia spectrum disorders can make you more likely to get severely ill from COVID-19.

Get more information:

- NIMH » Shareable Resources on Coping with COVID-19 (nih.gov)
- NIMH » Depression (nih.gov) [3]
- Mood Disorders | MentalHealth.gov
 ☐

Overweight and obesity

Overweight (defined as a body mass index (BMI) > 25 kg/m² but < 30 kg/m²), obesity (BMI ≥30 kg/m² but < 40 kg/m²), or severe obesity (BMI of ≥40 kg/m²), can make you more likely to get severely ill from COVID-19. The risk of severe COVID-19 illness increases sharply with elevated BMI.

Get more information:

Obesity | CDC

Obesity Action Coalition: COVID-19 and Obesity
☐

Pregnancy

Pregnant and recently pregnant people (for at least 42 days following end of pregnancy) are more likely to get severely ill from COVID-19 compared with non-pregnant people.

Get more information:

- Pregnant and Recently Pregnant People | CDC
- · Toolkit for Pregnant People and New Parents | CDC
- · Investigating the Impact of COVID-19 during Pregnancy | CDC

Sickle cell disease or thalassemia

Having hemoglobin blood disorders like sickle cell disease (SCD) or thalassemia can make you more likely to get severely ill from COVID-19.

Get more information:

- Sickle Cell Disease | CDC
- Thalassemia | CDC

Smoking, current or former

Being a current or former cigarette smoker can make you more likely to get severely ill from COVID-19. If you currently smoke, quit. If you used to smoke, don't start again. If you've never smoked, don't start.

Get more information:

- Smoking & Tobacco Use | CDC
- How to Quit Smoking | Quit Smoking | Tips From Former Smokers | CDC
- · Health Benefits of Quitting Smoking | CDC

Solid organ or blood stem cell transplant

Having had a solid organ or blood stem cell transplant, which includes bone marrow transplants, can make you more likely to get severely ill from COVID-19.

Get more information:

- Transplant Safety | CDC
- COVID-19 Resources for Transplant Community

Stroke or cerebrovascular disease, which affects blood flow to the brain

Having cerebrovascular disease, such as having a stroke, can make you more likely to get severely ill from COVID-19.

Get more information:

- Stroke | CDC
- COVID19 Stroke Podcast Series for Patients and Caregivers

Substance use disorders

Having a substance use disorder (such as alcohol, opioid, or cocaine use disorder) can make you more likely to get severely ill from COVID-19.

Get more information:

- How to Recognize a Substance Use Disorder [7]
- Drug Overdose | Injury Center | CDC

Tuberculosis

Having tuberculosis can make you more likely to get severely ill from COVID-19.

Get more information:

- Basic TB Facts | TB | CDC
- Public Health Emergencies | TB | CDC

Additional Information on Children and Teens

While children have been less affected by COVID-19 compared with adults, children can be infected with the virus that causes COVID-19, and some children develop severe illness. Children with underlying medical conditions are at increased risk for severe illness compared to children without underlying medical conditions.

Current evidence suggests that children with medical complexity, with genetic, neurologic, or metabolic conditions, or with congenital heart disease can be at increased risk for severe illness from COVID-19. Similar to adults, children with obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression can also be at increased risk for severe illness from COVID-19. One way to protect the health of children not currently eligible for vaccination is to ensure that everyone who is eligible in a household is fully vaccinated against COVID-19.

- · Children, Teens, and Young Adults | CDC
- COVID-19 Parental Resources Kit | CDC

Actions You Can Take

In general, the older you are, the more health conditions you have, and the more severe the conditions, the more important it is to take preventive measures against COVID-19 such as vaccination, wearing a mask, social distancing, and practicing hand hygiene. Please contact your state, tribal, local, or territorial health department for more information on COVID-19 vaccination in your area.

It is important for people with medical conditions and their providers to work together and manage those conditions carefully and safely. Get vaccinated for COVID-19 as soon as you can, including taking boosters if and when they are recommended for you. If you have a medical condition, the following are actions you can take based on your medical conditions and other risk factors:

Seek care when needed

- Call your healthcare provider if you have any concerns about your medical conditions or if you get sick and think that
 you may have COVID-19. Discuss steps you can take to manage your health and risks. If you need emergency help, call
 911 right away.
- Do not delay getting care for your medical condition because of COVID-19. Emergency departments, urgent care, clinics, and your health provider or doctor have infection prevention plans to protect you from getting COVID-19 if you need care.

Commune medications and breventive care

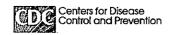
- Continue your medicines and do not change your treatment plan without talking to your healthcare provider.
- Have at least a 30-day supply of prescription and non-prescription medicines. Talk to a healthcare provider, insurer, or
 pharmacist about getting an extra supply (i.e., more than 30 days) of prescription medicines, if possible, to reduce your
 trips to the pharmacy.
- Follow your current treatment plan (e.g., Asthma Action Plan, dialysis schedule, blood sugar testing, nutrition, and exercise recommendations) to keep your medical condition under control.
- When possible, keep preventive care and other routine healthcare appointments (e.g., vaccinations and blood pressure checks) with your provider. Check with your provider about safety precautions for office visits and ask about telemedicine or remote healthcare visit options.
- Learn about stress and coping. You may feel increased stress during this pandemic. Fear and anxiety can be overwhelming and cause strong emotions.

Accommodate dietary needs and avoid triggers

- Have shelf-stable food choices available to accommodate dietary needs based on your medical condition (e.g., kidney diet and KCER 3-Day Emergency Diet Plan [2], diabetic diet).
- Know the triggers for your condition and avoid when possible (e.g., avoid asthma triggers by having another member of
 your household clean and disinfect your house for you or avoid possible sickle cell disease triggers to prevent vasoocclusive episodes or pain crises).

Last Updated Oct. 14, 2021

EXHIBIT 8





COVID-19

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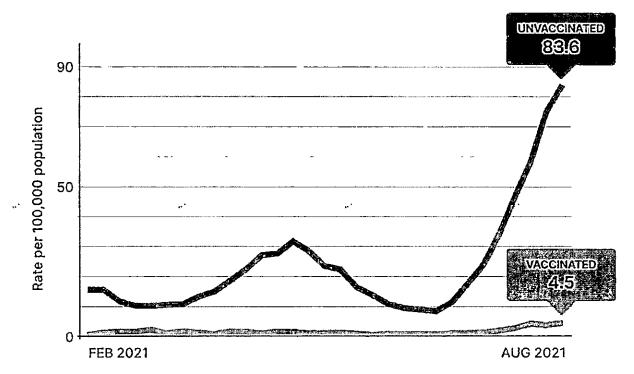
Interpretive Summary for October 22, 2021



Prevention is the Best Defense

NOW AVAILABLE

Rate of COVID-19-Associated Hospitalizations by Vaccination Status



Find the latest data on CDC's COVID Data Tracker

1/30/21-8/28/21



321583-CH

COVID-19 cases, hospitalizations, and deaths continue to decline, while the number of people who have received at least one dose of a COVID-19 vaccine continues to increase. As of October 21, 2021, more than 189 million people in the United States (approximately 57% of the total U.S. population) are fully vaccinated against COVID-19. Everyone should get vaccinated against COVID-19 as soon as they are eligible, including people who have already had COVID-19.

Studies show that the incidence of COVID-19 infection, hospitalization, and death is higher among people who are unvaccinated compared to people who are fully vaccinated. A new COVID Data Tracker page shows that in August 2021, people who were unvaccinated were 11 times more likely to die from COVID-19 than people who were fully vaccinated. A second new COVID Data Tracker page shows that people who were unvaccinated were 12 times more likely to be hospitalized with COVID-19 compared to people who were fully vaccinated.* Additionally, a recent CDC-supported evaluation found that two doses of Pfizer-BioNTech vaccine were 93% effective at preventing COVID-19 hospitalization in adolescents ages 12-18 years.

Getting vaccinated against COVID-19 helps protect people from getting sick with or severely ill from COVID-19. People who are unvaccinated remain the most vulnerable to COVID-19. COVID-19 vaccination, along with layered prevention strategies, continues to be our best defense against severe disease. Getting a COVID-19 vaccine is fast, easy, and free. To find a vaccine provider near you, visit vaccines.gov or your state or local public health department website.

*Preliminary analyses through August 2021 show that among adults 18 years of age and older, the age-adjusted hospitalization rate was 12 times higher in unvaccinated people than those who were vaccinated. Among adults between 18-49 years of age, the rate was 14 times higher. And among adults 65 years and older, the rate was 9 times higher.

Note to readers: COVID-19 vaccines are effective and are a critical tool to bring the pandemic under control. However, no vaccine is 100% effective at preventing illness and some "breakthrough infections" resulting in hospitalizations are expected among people who are fully vaccinated. Based on data from COVID-NET, of COVID-19-associated hospital admissions from January–August 2021, 7% were fully vaccinated; in August 2021, 21% were fully vaccinated. The proportion of patients hospitalized with COVID-19 who are fully vaccinated is expected to increase as more people get vaccinated even though these vaccines are highly effective against hospitalization and death.

Reported Cases

The current 7-day moving average of daily new cases (73,079) decreased 15.1% compared with the previous 7-day moving average (86,046). A total of 45,149,234 COVID-19 cases have been reported as of October 20, 2021.

45,149,234 73,079

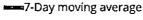
86,046 -15,1%

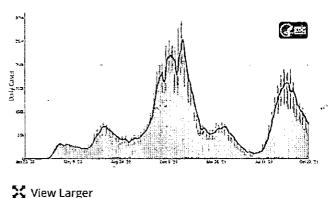
Prior 7-Day Average Change in 7-Day Average

since Prior Week

*Historical cases are excluded from daily new cases and 7-day average calculations until they are incorporated into the dataset for the applicable date. Of 127,768 historical cases reported retroactively, 3,280 were reported in the current week and 3,611 were reported in the prior week.

Daily Trends in COVID-19 Cases in the United States Reported to CDC





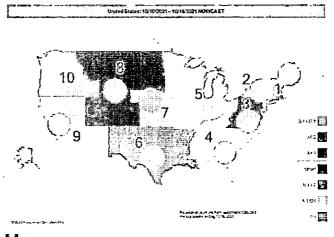
· More Case Data.

SARS-CoV-2 Variants

Currently, Delta is the only variant classified as a Variant of Concern (VOC) in the United States. Nowcast projections* for the week ending October 16, 2021, estimate the national and regional proportions of the Delta variant to be greater than 99%.

*The median time from specimen collection to sequence data reporting is about 3 weeks. As a result, weighted estimates for the most recent few weeks may be unstable or unavailable. CDC's Nowcast is a data projection tool that helps fill this gap by generating timely estimates of variant proportions for variants that are circulating in the United States. View Nowcast estimates on CDC's COVID Data Tracker website on the Variant Proportions page.

SARS-CoV-2 Variants Circulating in the United States



💢 View Larger



vaccinations

The U.S. COVID-19 Vaccination Program began December 14, 2020. As of October 21, 2021, 411 million vaccine doses have been administered. Overall, about 219.6 million people, or 66.2% of the total U.S. population, have received at least one dose of vaccine. About 189.9 million people, or 57.2% of the total U.S. population, have been fully vaccinated.* About 11.6 million additional/booster doses in fully vaccinated people have been reported. As of October 21, 2021, the 7-day average number of administered vaccine doses reported (by date of CDC report) to CDC per day was 795,156, a 5.5% decrease from the previous week.

CDC's COVID Data Tracker Vaccination Demographic Trends tab shows vaccination trends by age group. As of October 21, 2021, 96% of people ages 65 years or older have received at least one dose of vaccine and 84.5% are fully vaccinated. More than three-quarters (79.2%) of people ages 18 years or older have received at least one dose of vaccine and 68.7% are fully vaccinated. For people ages 12 years or older, 77.4% have received at least one dose of vaccine and 66.9% are fully vaccinated.

411,010,650 Vaccines Administered

219,624,445 People who received at least one dose 189,924,447 People who are fully

vaccinated*

66.2%
Percentage of the US
population that has
received at least one

57.2%
Percentage of the US
population that has been
fully vaccinated*

+0.6
Percentage point

increase from last week

Percentage point

increase from last week

*Represents the number of people who have received the second dose in a two-dose COVID-19 vaccine series (such as the Pfizer or Moderna vaccines) or one dose of the single-shot Johnson & Johnson's Janssen vaccine.

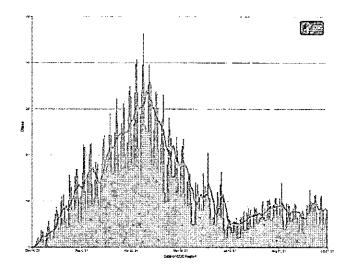
Hospitalizations

New Hospital Admissions

The current 7-day daily average for October 13–October 19, 2021, was 6,004. This is an 10.3% decrease from the prior 7-day average (6,695) from October 6–October 12, 2021.

Daily Change in the Total Number of Administered COVID-19 Vaccine Doses Reported to CDC by the Date of CDC Report, United States

---7-Day moving average



₹ View Larger



Daily Trends in Number of New COVID-19 Hospital Admissions in the United States

3,185,778

6.004

Total New Admissions

Current 7-Day Average

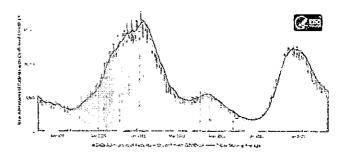
6.695

-10.3%

Prior 7-Day Average

Change in 7-Day Average

The start of consistent reporting of hospital admissions data was August 1, 2020.



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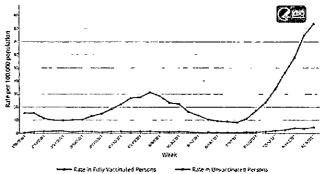
New admissions are pulled from a 10 am EST snapshot of the HHS Unified Hospital Timeseries Dataset. Due to potential reporting delays, data from the most recent 7 days, as noted in the figure above with the grey bar, should be interpreted with caution. Small shifts in historic data may also occur due to changes in the Centers for Medicare and Medicaid Services (CMS) Provider of Services file, which is used to identify the cohort of included hospitals.

More Hospital Data

COVID-NET: Hospitalization Rates by Vaccination Status in Adults

CDC's Coronavirus Disease 2019-Associated Hospitalization Surveillance Network (COVID-NET) shows that through August 2021, rates of COVID-19-associated hospitalizations are higher in unvaccinated adults compared to fully vaccinated adults regardless of age. The age-adjusted COVID-19-associated hospitalization rate among adults ages 18 years and older was 12 times higher in unvaccinated people than in those who were vaccinated. Age-specific rates of COVID-19-associated hospitalizations are 14 times higher among unvaccinated adults ages 18-49 years, 15 times higher among unvaccinated adults ages 50-64 years, and 9 times higher among unvaccinated adults ages 65 years and older.

Hospitalization Rates by Vaccination Status in Adults



View Larger

The Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET) is an additional source for hospitalization data collected through a network of more than 250 acute-care hospitals in 14 states (representing ~10% of the U.S. population). Detailed data on patient demographics, including race/ethnicity, underlying medical conditions, medical interventions, and clinical outcomes, are standardized case reporting form.



Deaths

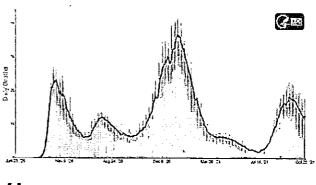
The current 7-day moving average of new deaths (1,253) has decreased 4.3% compared with the previous 7-day moving average (1,309). As of October 20, 2021, a total of 730,368 COVID-19 deaths have been reported in the United States.

Daily Trends in Number of COVID-19 Deaths in the United States Reported to CDC

7-Day moving average

730,368 Total Deaths Reporte	1,253 d Current 7-Day Average*
1,309 Prior 7-Day Average	-4.3% Change in 7-Day Average Since Prior Week
-	• •

^{*}Historical deaths are excluded from the daily new deaths and 7-day average calculations until they are incorporated into the dataset by their applicable date. Of 10,471 historical deaths reported retroactively, 1,170 were reported in the current week; and 470 were reported in the prior week.



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More Death Data

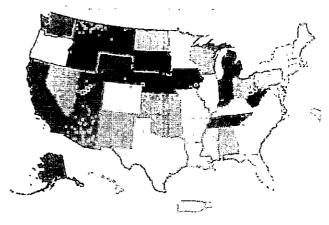
Testing

The percentage of COVID-19 NAATs (nucleic acid amplification tests)* that are positive (percent positivity) has decreased from the previous week. The 7-day average of percent positivity from NAATs is now 5.2%. The 7-day average number of tests reported for October 8-October 14, 2021, was 1,416,658, down 7.4% from 1,529,545 for the prior 7 days.

607,673,640 Total Tests Reported

1,416,658	5.2%
7-Day Average Tests	7-Day Average %
Reported	Positivity
er e	the times of the same
5.6%	-6.6%
Previous 7-Day Average	Change in 7-Day
% Positivity	Average % Positivity
	since Prior Week
	₹*

COVID-19 NAAT Laboratory Test 7-day Percent Positivity by State/Territory





View Larger

More Testing Data

What's New

- New How to Use COVID Data Tracker video highlights the many ways COVID Data Tracker can be used to access
 important data, including cases and deaths, hospitalizations, variants, vaccination progress, and more.
- New COVID Data Tracker Hospitalizations by Vaccination Status COVID-NET tab shows hospitalization rates by vaccination status
- New COVID Data Tracker Rates of Cases and Deaths by Vaccination Status tab shows infection and death rates by vaccination status
- Updated COVID Data Tracker Vaccinations in the US tab now shows booster dose data by jurisdiction
- Effectiveness of Pfizer-BioNTech mRNA Vaccination Against COVID-19 Hospitalization Among Persons Aged 12–18
 Years United States, June-September 2021doi: http://dx.doi.org/10.15585/mmwr.mm7037a3

^{*}Test for SARS-CoV-2, the virus that causes COVID-19

EXHIBIT 9



Key Findings

- The mortality rate for all causes increased by 14% in 2020 compared with 2015-2019.
- Provisional data indicate that that the number of deaths exceeded the number of births in 2020 (12,018 deaths versus 10,791 live births).
- COVID-19 was the 3rd leading cause of death in Montana in 2020.
- The mortality rate for drug poisoning deaths and suicides in 2020 was similar to 2015–2019.
- The mortality rate for chronic liver disease and alcohol-induced deaths were significantly higher in 2020 compared with 2015–2019.

March 15, 2021 Updated June 14, 2021

Todd M. Koch, MPH
Lead Vital Statistics
Epidemiologist
Office of Epidemiology and
Scientific Support
406-444-1756



Provisional Leading Causes of Death and Other Select Causes in Montana, 2020 and 2015–2019

Introduction

The coronavirus disease (COVID-19) pandemic had a profound impact on the health and daily lives of residents in the United States (US) and Montana. To understand the effect the COVID-19 pandemic had on mortality among Montanans, this report describes deaths occurring in 2020 compared to the previous five-year period of 2015—2019 by the 15-leading causes of death and other select causes, specifically drug poisoning and alcohol-induced deaths.

Methods

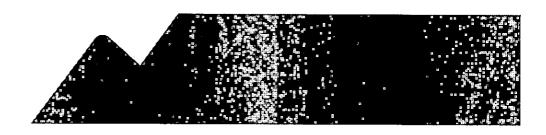
Data used in this report come from the Montana death certificates collected by the Montana Office of Vital Records and were limited to Montana residents. Deaths were tabulated by underlying cause using the International Classification of Diseases 10th Revision (ICD-10).1 Leading causes of death are classified according to the National Center for Health Statistics Instruction Manual Part 9 which includes the addition of COVID-19 (U07.1).2 Alcohol-induced deaths included the following ICD-10 codes; E24.4, Alcohol-induced pseudo-Cushing syndrome; F10, Mental and behavioral disorders due to alcohol use; G31.2, Degeneration of nervous system due to alcohol; G62.1, Alcoholic polyneuropathy; G72.1, Alcoholic myopathy; I42.6, Alcoholic cardiomyopathy; K29.2, Alcoholic gastritis; K70, Alcoholic liver disease; K85.2, Alcohol-induced acute pancreatitis; K86.0, Alcohol-induced chronic pancreatitis; R78.0, Finding of alcohol in blood; X45, Accidental poisoning by and exposure to alcohol; X65, Intentional selfpoisoning by and exposure to alcohol; and Y15, Poisoning by and exposure to alcohol, undetermined intent. Drug poisoning deaths were defined as having an ICD-10 underlying cause of death code of X40-X44 (unintentional poisoning), X60-X64 (suicide), X85 (homicide), or Y10-Y14 (undetermined intent).

Age-adjusted mortality rates were calculated using the direct method using the 2000 US standard population.³ Rates between year groups were compared and considered statistically different if the 95% confidence intervals did not overlap.

Data in this report for deaths occurring in 2020 are provisional; provisional counts are not final and are subject to change. As of February 25, 2021, 98.6% of Montana death certificates were assigned ICD-10 codes for the underlying cause of death.







Results

In 2020, the all-cause mortality rate significantly increased by 14% from 747.0 deaths per 100,000 population in 2015—2019 to 852.6 in 2020 (Table). There were approximately 1,900 excess deaths in 2020 compared to the average number per year in the previous 5-year period (2015–2019) (Table). Provisional vital statistics data indicate that the number of deaths exceeded the number of births in 2020 (12,018 deaths versus 10,791 live births), the first-year deaths exceeded births since records started in 1908.

Heart disease and cancer were the first and second leading causes of death in 2020 and 2015–2019, accounting for approximately 37% and 42% of all deaths, respectively. COVID-19-associated mortality was the 3rd leading cause of death in 2020 attributing to 9% of all deaths in 2020.

Deaths due to chronic liver disease and homicide were significantly higher in 2020 compared with 2015–2019 (Table). Meanwhile, deaths from chronic lower respiratory disease and influenza and pneumonia were significantly lower in 2020 compared with 2015–2019 (Table).

Deaths associated with substance use disorder or mental health crisis were also examined. Alcohol-induced deaths were significantly higher in 2020 compared with 2015-2019 (Figure). Meanwhile, drug poisoning deaths and suicides in 2020 were similar to 2015–2019 (Figure).

Discussion

The COVID-19 pandemic had a profound impact on mortality among Montana residents in 2020. The mortality rate for all-causes significantly increased by 14% in 2020 compared with the previous 5-year period (2015–2019). This increase was, in part, due to the number of COVID-19-associated deaths, which was the 3rd leading cause of death for 2020.

Deaths from influenza and pneumonia and chronic lower respiratory diseases in Montana decreased in 2020. This was likely due to decreased influenza activity in the US and elsewhere in 2020—which coincided with COVID-19 mitigation measures.⁴

Deaths from chronic liver disease and alcohol-induced deaths increased significantly in 2020 compared to the previous 5-years (2015–2019). The disease processes that lead to alcohol-related deaths accumulate over many years and more information is needed to determine what factors may be associated with the observed increase. In addition, the homicide death rate significantly increased over 60% in 2020 compared with 2015–2019. In comparison with other leading causes of deaths, homicide deaths were the fewest, and more information from other data sources, such as autopsy or police reports, is needed to determine the factors associated with the observed increase. While Montana has historically had one of the highest rates of suicide in the US, deaths from suicide in 2020 were similar to the previous five-year period. Drug poisoning deaths in 2020 were also similar to 2015–2019.

State and local public health jurisdictions should continue surveillance of mortality among Montana residents through the duration of the COVID-19 pandemic.







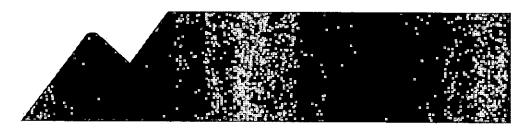


Table. Number and age-adjusted mortality rate among Montana residents by underlying cause of death, 2020 and 2015–2019.

		2020*		2015→		
Rank⁺	Underlying Cause of Death	Number	Rate [§] (95% CI)	Average number per year (minimum– maximum)	Rate [§] (95% CI)	2020 compared with 2015– 2019 ¹
1	Heart Disease	2,365	161.6 (154.4-167.8)	2,206 (2,103-2,349)	157.5 (154.5-160.6)	=
2	Cancer	2,114	142.7 (136.5-149.1)	2,088 (2,032–2,142)	147.8 (144.9-150.8)	=
3	COVID-19 Infection	1,104	75.8 (71.3-80.5)	0	0	N/A
4	Chronic Lower Respiratory Disease	653	42.5 (39.3-46.0)	720 (679–759)	50.8 (49.2-52.6)	<u> </u>
5	Non-Motor Vehicle Accidents	484	39.0 (35.5-42.9)	425 (398–463)	35.1 (33.6-36.8)	=
6	Cerebrovascular Disease	441	30.6 (27.8-33.7)	443 (414–487)	32.2 (30.8-33.6)	=,
7	Alzheimer's Disease	342	23.9 (21.4-26.6)	302 (277–326)	21.7 (20.6-22.9)	=
8	Diabetes	337	23.5 (21.0-26.3)	294 (266–321)	21.7 (20.5-22.9)	=
9	Suicide	287	25.2 (22.2-28.4)	280 (262–312)	26.1 (24.7-27.6)	=
10	Chronic Liver Disease	231	18.7 (16.2-21.5)	174 (153–196)	14.5 (13.4-15.5)	<u> </u>
11	Motor Vehicle Accidents	198	18.9 (16.3-21.8)	193 (177–219)	18.0 (16.9-19.3)	=
12	Nephritis	156	10.6 (9.0-12.6)	138 (120–154)	9.9 (9.1-10.7)	
13	Influenza and Pneumonia	119	8.0 (6.6-9.7)	164 (148–186)	11.9 (11.0-12.7)	4
14	Homicide	63	6.5 (4.9-8.3)	40 (38–42)	4.0 (3.4-4.6)	^
15	Congenital Malformations	36	3.3 (2.3-4.7)	37 (28–45)	3.5 (2.9-4.0)	=
	Other Causes	2,924	209.6 (201.8-217.6)	2,582 (2,501–2,752)	191.7 (188.3-195.1)	↑
	Missing**	164	12.2 (10.3-14.3)	0	0	N/A
	Total deaths	12,018	852.6 (837.0-868.6)	10,086 (9,902-10,403)	747.0 (740.3-753.7)	1

Abbreviation: 95% CI= 95% Confidence Interval





^{*}Data are provisional and are subject to change.

[†]Rank based on the number of deaths observed in 2020

[§]Age-adjusted rate per 100,000 population

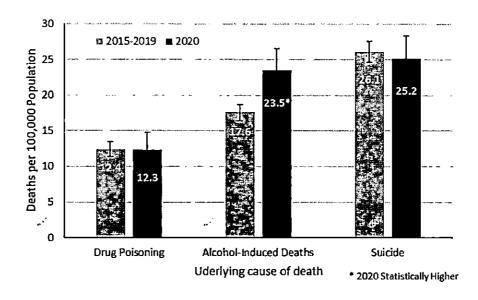
 $^{^{1}}$ statistically higher; \downarrow statistically lower; = statistically equal

^{**}Underlying cause of death were not available as of February 25, 2021.





Figure. Age-adjusted mortality rates for drug poisoning, alcohol-induced, and suicide associated deaths among Montana residents, **2020** and **2015-2019**.



¹ World Health Organization. International Statistical Classification of Diseases and Related Health Problems-10th Revision 5th ed. Geneva, (CH): WHO Press; 2016.





² National Center for Health Statistics. List of 113 Selected Causes of Death, Enterocolitis due to Clostridium difficile, and COVID-19. In: NCHS Instruction Manual Part 9. 2020.

³ Klein RJ, Schoenborn CA. 2001. Age Adjustment Using the 2000 Projected U.S. Population. U.S. Dep. Heal. Hum. Serv. Natl. Cent. Heal. Statistics

⁴ Olsen SJ, Azziz-Baumgartner E, Budd AP, et al. Decreased Influenza Activity During the COVID-19 Pandemic — United States, Australia, Chile, and South Africa, 2020. MMWR Morb Mortal Wkly Rep 2020; 69:1305–1309.

EXHIBIT 10

FDA NEWS RELEASE

FDA Approves First COVID-19 Vaccine

Approval Signifies Key Achievement for Public Health

For Immediate Release:

August 23, 2021

Español (https://www.fda.gov/news-events/press-announcements/la-fda-aprueba-la-primera-vacuna-contra-el-covid-19)

Today, the U.S. Food and Drug Administration approved the first COVID-19 vaccine. The vaccine has been known as the Pfizer-BioNTech COVID-19 Vaccine, and will now be marketed as Comirnaty (koe-mir'-na-tee), for the prevention of COVID-19 disease in individuals 16 years of age and older. The vaccine also continues to be available under emergency use authorization (EUA), including for individuals 12 through 15 years of age and for the administration of a third dose in certain immunocompromised individuals.

"The FDA's approval of this vaccine is a milestone as we continue to battle the COVID-19 pandemic. While this and other vaccines have met the FDA's rigorous, scientific standards for emergency use authorization, as the first FDA-approved COVID-19 vaccine, the public can be very confident that this vaccine meets the high standards for safety, effectiveness, and manufacturing quality the FDA requires of an approved product," said Acting FDA Commissioner Janet Woodcock, M.D. "While millions of people have already safely received COVID-19 vaccines, we recognize that for some, the FDA approval of a vaccine may now instill additional confidence to get vaccinated. Today's milestone puts us one step closer to altering the course of this pandemic in the U.S."

Since Dec. 11, 2020, the Pfizer-BioNTech COVID-19 Vaccine has been available under EUA in individuals 16 years of age and older, and the authorization was expanded to include those 12 through 15 years of age on May 10, 2021. EUAs can be used by the FDA during public health emergencies to provide access to medical products that may be effective in preventing, diagnosing, or treating a disease, provided that the FDA determines that the known and potential benefits of a product, when used to prevent, diagnose, or treat the disease, outweigh the known and potential risks of the product.

FDA-approved vaccines undergo the agency's standard process for reviewing the quality, safety and effectiveness of medical products. For all vaccines, the FDA evaluates data and information included in the manufacturer's submission of a biologics license application (BLA). A BLA is a

comprehensive document that is submitted to the agency providing very specific requirements. For Comirnaty, the BLA builds on the extensive data and information previously submitted that supported the EUA, such as preclinical and clinical data and information, as well as details of the manufacturing process, vaccine testing results to ensure vaccine quality, and inspections of the sites where the vaccine is made. The agency conducts its own analyses of the information in the BLA to make sure the vaccine is safe and effective and meets the FDA's standards for approval.

Comirnaty contains messenger RNA (mRNA), a kind of genetic material. The mRNA is used by the body to make a mimic of one of the proteins in the virus that causes COVID-19. The result of a person receiving this vaccine is that their immune system will ultimately react defensively to the virus that causes COVID-19. The mRNA in Comirnaty is only present in the body for a short time and is not incorporated into - nor does it alter - an individual's genetic material. Comirnaty has the same formulation as the EUA vaccine and is administered as a series of two doses, three weeks apart.

"Our scientific and medical experts conducted an incredibly thorough and thoughtful evaluation of this vaccine. We evaluated scientific data and information included in hundreds of thousands of pages, conducted our own analyses of Comirnaty's safety and effectiveness, and performed a detailed assessment of the manufacturing processes, including inspections of the manufacturing facilities," said Peter Marks, M.D., Ph.D., director of FDA's Center for Biologics Evaluation and Research. "We have not lost sight that the COVID-19 public health crisis continues in the U.S. and that the public is counting on safe and effective vaccines. The public and medical community can be confident that although we approved this vaccine expeditiously, it was fully in keeping with our existing high standards for vaccines in the U.S."

FDA Evaluation of Safety and Effectiveness Data for Approval for 16 Years of Age and Older

The first <u>EUA (https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19)</u>, issued Dec. 11, for the Pfizer-BioNTech COVID-19 Vaccine for individuals 16 years of age and older was <u>based on safety and effectiveness data (https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19) from a randomized, controlled, blinded ongoing clinical trial of thousands of individuals.</u>

To support the FDA's approval decision today, the FDA reviewed updated data from the clinical trial which supported the EUA and included a longer duration of follow-up in a larger clinical trial population.

Specifically, in the FDA's review for approval, the agency analyzed effectiveness data from approximately 20,000 vaccine and 20,000 placebo recipients ages 16 and older who did not have evidence of the COVID-19 virus infection within a week of receiving the second dose. The safety of Comirnaty was evaluated in approximately 22,000 people who received the vaccine and 22,000 people who received a placebo 16 years of age and older.

Based on results from the clinical trial, the vaccine was 91% effective in preventing COVID-19 disease.

More than half of the clinical trial participants were followed for safety outcomes for at least four months after the second dose. Overall, approximately 12,000 recipients have been followed for at least 6 months.

The most commonly reported side effects by those clinical trial participants who received Comirnaty were pain, redness and swelling at the injection site, fatigue, headache, muscle or joint pain, chills, and fever. The vaccine is effective in preventing COVID-19 and potentially serious outcomes including hospitalization and death.

Additionally, the FDA conducted a rigorous evaluation of the post-authorization safety surveillance data pertaining to myocarditis and pericarditis following administration of the Pfizer-BioNTech COVID-19 Vaccine and has determined that the data demonstrate increased risks, particularly within the seven days following the second dose. The observed risk is higher among males under 40 years of age compared to females and older males. The observed risk is highest in males 12 through 17 years of age. Available data from short-term follow-up suggest that most individuals have had resolution of symptoms. However, some individuals required intensive care support. Information is not yet available about potential long-term health outcomes. The Comirnaty Prescribing Information includes a warning about these risks.

Ongoing Safety Monitoring

The FDA and Centers for Disease Control and Prevention have monitoring systems in place to ensure that any safety concerns continue to be identified and evaluated in a timely manner. In addition, the FDA is requiring the company to conduct postmarketing studies to further assess the risks of myocarditis and pericarditis following vaccination with Comirnaty. These studies will include an evaluation of long-term outcomes among individuals who develop myocarditis following vaccination with Comirnaty. In addition, although not FDA requirements, the company has committed to additional post-marketing safety studies, including conducting a pregnancy registry study to evaluate pregnancy and infant outcomes after receipt of Comirnaty during pregnancy.

The FDA granted this application <u>Priority Review (https://www.fda.gov/patients/fast-track-breakthrough-therapy-accelerated-approval-priority-review/priority-review)</u>. The approval was granted to BioNTech Manufacturing GmbH.

Related Information

- <u>Comirnaty Prescribing Information (http://www.fda.gov/vaccines-blood-biologics/comirnaty)</u>
- <u>Cormirnaty and Pfizer-BioNTech COVID-19 Vaccine | FDA (/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine)</u>

###

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

Inquiries

Media:

FDA Office of Media Affairs (mailto:fdaoma@fda.hhs.gov)

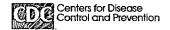
301-796-4540

Consumer:

888-INFO-FDA

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EXHIBIT 11





COVID-19

Safety of COVID-19 Vaccines

Updated Oct. 18, 2021

Print

What You Need to Know

- COVID-19 vaccines are safe and effective.
- Millions of people in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.
- CDC recommends you get a COVID-19 vaccine as soon as possible.
- If you are fully vaccinated, you can resume activities that you did prior to the pandemic. Learn more about what you can do when you have been fully vaccinated.

Millions of People Have Safely Received a COVID-19 Vaccine

Over 408 million doses of COVID-19 vaccine have been given in the United States from December 14, 2020, through October 18, 2021.

COVID-19 vaccines are **safe and effective**. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the Food and Drug Administration's (FDA) rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support approval or authorization of a vaccine.

Millions of people in the United States have received COVID-19 vaccines since they were authorized for emergency use by FDA. These vaccines have undergone and will continue to undergo the most intensive safety monitoring in U.S. history. This monitoring includes using both established and new safety monitoring systems [B [PDF – 83 KB] to make sure that COVID-19 vaccines are safe.

Results Are Reassuring

Results from vaccine safety monitoring efforts are reassuring. Some people have no side effects. Others have reported common side effects after COVID-19 vaccination, like

- swelling, redness, and pain at injection site
- fever
- headache
- tiredness
- muscie pain
- chills
- nausea

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To date, the systems in place to monitor the safety of these vaccines have found only two serious types of health problems after vaccination, both of which are rare. These are anaphylaxis and thrombosis with thrombocytopenia syndrome (TTS) after vaccination with J&J/Janssen COVID-19 Vaccine.

Anaphylaxis

A small number of people have had a severe allergic reaction (called "anaphylaxis") after vaccination, but this is rare. Anaphylaxis can occur after any vaccination. If this occurs, vaccination providers have medicines available to effectively and immediately treat the reaction.

After you get a COVID-19 vaccine, you will be asked to stay for 15–30 minutes so you can be observed in case you have a severe allergic reaction and need immediate treatment.

Thrombosis with Thrombocytopenia Syndrome (TTS) after Vaccination with J&J/Janssen COVID-19 Vaccination

After receiving the J&J/Janssen COVID-19 Vaccine, there is risk for a rare but serious adverse event—blood clots with low platelets (thrombosis with thrombocytopenia syndrome, or TTS). Women younger than 50 years old should especially be aware of their increased risk for this rare adverse event. There are other COVID-19 vaccines available for which this risk has not been seen.

This adverse event is rare, occurring at a rate of about 7 per 1 million vaccinated women between 18 and 49 years old. For women 50 years and older and men of all ages, this adverse event is even more rare.

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Cases of myocarditis and pericarditis in adolescents and young adults have been reported more often after getting the second dose than after the first dose of one of the two mRNA COVID-19 vaccines, Pfizer-BioNTech or Moderna. These reports are rare and the known and potential benefits of COVID-19 vaccination outwelgh the known and potential risks, including the possible risk of myocarditis or pericarditis.

Long-Term Side Effects Are Unlikely

Serious side effects that could cause a long-term health problem are extremely unlikely following any vaccination, including COVID-19 vaccination. Vaccine monitoring has historically shown that side effects generally happen within six weeks of receiving a vaccine dose. For this reason, the FDA required each of the authorized COVID-19 vaccines to be studied for at least two months (eight weeks) after the final dose. Millions of people have received COVID-19 vaccines, and no long-term side effects have been detected.

CDC continues to closely monitor the safety of COVID-19 vaccines. If scientists find a connection between a safety issue and a vaccine, FDA and the vaccine manufacturer will work toward an appropriate solution to address the specific safety concern (for example, a problem with a specific lot, a manufacturing issue, or the vaccine itself).

Have you experienced a side effect following COVID-19 vaccination?

You can report it to VAERS

More Information

ACIP COVID-19 Vaccines Safety Technical Sub-Group (VaST)

VaST Subgroup Technical Report

EXHIBIT 12

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EXHIBIT 13

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Return to Transcripts main page

State of the Union

Interview With Gov. Kate Brown (D-OR); Interview With National Institute of Allergy and Infectious Diseases Director Dr. Anthony Fauci; Interview With Gov. Asa Hutchinson (R-AR); Interview With Sen. Pat Toomey (R-PA). Aired 9-10a ET

Aired July 25, 2021 - 09:00 ET

THIS IS A RUSH TRANSCRIPT. THIS COPY MAY NOT BE IN ITS FINAL FORM AND MAY BE UPDATED.

[09:00:20]

(BEGIN VIDEOTAPE)

JAKE TAPPER, CNN HOST (voice-over): Avoidable surge. The deadly Delta variant spreads further, with unvaccinated Americans bearing the brunt.

DR. ANTHONY FAUCI, CHIEF MEDICAL ADVISER TO PRESIDENT BIDEN: We have the tools to end this epidemic.

TAPPER: But will enough Americans get the message that the vaccine saves lives? I will speak to Dr. Anthony Fauci and the governor of a state battling one of the lowest vaccination rates, Arkansas Governor Asa Hutchinson, next.

And building bridges? As one congressional divide grows deeper, senators are struggling to come together on a much-needed infrastructure plan. Can they reach a deal? Republican Senator Pat Toomey joins me exclusively to

Plus: monster inferno, wildfires in the West spawning explosive clouds and fire tornadoes and harming air quality from coast to coast.

GOV. KATE BROWN (D-OR): It is literally climate change playing out before our eyes.

TAPPER: How much worse could this get? I will speak exclusively to Oregon Governor Kate Brown ahead.

(END VIDEOTAPE)

TAPPER: Hello. I'm Jake Tapper in Washington, D.C., where the state of our union is sad and confused, as the U.S. suffers through yet another COVID surge, one that did not have to happen.

The highly contagious Delta variant is fueling a rise in coronavirus cases in every state, with cases at their highest level since May, and one clear demographic group causing the spike, those who are not vaccinated.

Only 49 percent of the United States is fully vaccinated. For those eligible for the vaccine, those 12 and older, it's only 57 percent. The most severe outbreaks, not surprisingly, are happening where vaccination rates are the lowest

Just three states, just three, Florida, Texas and Missouri, accounted for 40 percent of all the new cases this week.

We have heard some heartbreaking stories of intensive care unit patients begging for the vaccine as they're about to go on a ventilator, only to be told by health providers that it's too late.

And for some health care workers, as well as vaccinated people who are digging out their masks again, patience with those who are not vaccinated is running thin.

And now the White House, which just a few weeks ago seemed to be celebrating independence day from COVID, is debating whether to recommend masks for everyone, everyone indoors again, and facing pressure to back vaccine requirements or mandates in some circumstances, as, new this week, the administration is actively exploring how to provide booster shots to vulnerable Americans, whom they increasingly expect will benefit from another dose of the vaccine.

Joining me to discuss all of this and more, the chief medical adviser to President Biden, Dr. Anthony Fauci.

One model by the COVID-19 Scenario Modeling Hub projects that, if the U.S. does not improve the vaccination rate, cases will continue to rise, and the U.S. could see a tripling of the current daily death toll, so up to 850 deaths a day by mid-October, though, in the worst- case scenario in this modeling, that number could climb as high as 4,000 deaths a day, about as bad as it was last winter.

Do you think it's really possible it could get that bad, 4,000 deaths a day?

FAUCI: Well, when they do modeling, Jake, they generally give you the worst-case scenario and the best-case scenario.

But somewhere in the middle, if you look historically at the modeling that has been done over the last 18 months, for the most part, it's been pretty accurate. So, I'm not so sure it would be the worst-case scenario, but it's not going to be good.

We're going in the wrong direction. If you look at the inflection of the curve of new cases and, as you said in the run-in to this interview, that it is among the unvaccinated.

And since we have 50 percent of the country is not fully vaccinated, that's a problem, particularly when you have a variant like Delta, which has this extraordinary characteristic of being able to spread very efficiently and very easily from person to person.

And we know we have many, many vulnerable people in this country who are unvaccinated. And that's the reason why, as I have said so many times, we have the tools to blunt that and make that model wrong. But if we don't vaccinate people, the model is going to predict that we're going to be in trouble as we continue to get more and more cases.

TAPPER: And almost entirely the victims will be unvaccinated Americans?

FAUCI: Well, yes, Jake. That's the issue. And that's the thing that sometimes gets confusing to people.

If you were vaccinated, the vaccine is highly protective against the Delta variant, particularly against severe disease leading to hospitalization, and sometimes ultimately to death.

So, it really is -- as Dr. Walensky has said many times and I have said, it is really a pandemic among the unvaccinated. So, this is an issue predominantly among the unvaccinated, which is the reason why we're out there practically pleading with the unvaccinated people to go out there and get vaccinated.

And that's the reason why it's very heartening and positive to hear people like Governor Asa Hutchinson and other to go out there in their own state and say, hey, let's get vaccinated, because that's really the solution to this.

TAPPER: About a month ago, we saw President Biden and a number of governors across the country, Democrats and Republicans, saying that the virus was in retreat. In retrospect, that sure seems premature.

FAUCI: Well, it certainly is in retreat among the vaccinated, Jake.

And it gets back to what we have been saying. It's like we have two kinds of America. We have the very vulnerable unvaccinated part, and we have the really relatively protected vaccinated part.

So, if you are vaccinated, you are really in a very different category than someone who is not vaccinated.

TAPPER: A new poll shows that 80 percent, 80 percent of unvaccinated Americans say that they probably will no get the shots or definitely will not get the shots, 80 percent.

A lot of people are getting frustrated with those vaccine holdouts, because the current state of this pandemic is completely preventable.

Here is Republican Alabama Governor Kay Ivey. Take a listen.

(BEGIN VIDEO CLIP)

GOV. KAY IVEY (R-AL): These folks are choosing a horrible lifestyle of self-inflicted pain.

Folks supposed to have common sense. But it's time to start blaming the unvaccinated folks, not the regular folks. It's the unvaccinated folks that are letting us down. (END VIDEO CLIP)

Former White House adviser Andy Slavitt says he thinks President Biden needs to get -- quote -- "very aggressive in turning the heat up on vaccinated people. Do you agree? And do you share Governor Ivey's anger?

FAUCI: Well, I'm very frustrated.

I generally don't like to get involved in blaming people, because I think that would maybe push them back even more, rather than -- I mean, I can totally understand the governor's frustration. So I don't have any problem with that. She has every right to be frustrated.

But what I would really like to see is more and more of the leaders in those areas that are not vaccinating to get ou and speak out and encourage people to get vaccinated. I was very heartened to hear people like Steve Scalise come out and say, hey, we need to get vaccinated. Even Governor DeSantis right now in Florida is saying the same thing

We have got to get more people who relate well to the individuals who are not getting vaccinated to get out there and encourage them to get vaccinated, as well as the trusted messengers in the community.

We have just got to do better, Jake, because we have the tools to do this. This is an unnecessary predicament we're putting ourselves in.

TAPPER: A new study out of Israel suggests that the Pfizer vaccine's effectiveness can drop as low as 39 percent six months after getting the shots, although this is preliminary data.

CNN's reporting is that the Biden administration now expects at least some vulnerable Americans, some will ultimately need vaccine booster shots. That's a shift from a few weeks ago. What changed?

FAUCI: Well, I think it's a dynamic situation. It's a work in progress. It evolves, like in so many other areas of the pandemic.

You have got to look at the data. And the data that's evolving from Israel and from Pfizer indicates that it looks lik there might be some diminution in protection. And when you have that, the most vulnerable people are the ones that you were talking about a moment ago, namely, people who have suppressed immune system, those who are transplant patients, cancer chemotherapy, autoimmune diseases, that are on immunosuppressive regimens.

Live TV

to look at the data that might push us in that direction. TAPPER: Let's talk about the origins of the virus, because you and

Republican Senator Rand Paul exchanged some tough words a few days ago, where each of you accused the other of not telling the truth.

Take a listen to some excerpts of that.

(BEGIN VIDEO CLIP)

SEN. RAND PAUL (R-KY): Dr. Fauci, knowing that it is a crime to lie to Congress, do you wish to retract your statement of May 11, where you claimed that the NIH never funded gain of function research in Wuhan?

FAUCI: Senator Paul, you do not know what you are talking about, quite frankly. And I want to say that officially. You do not know what you are talking about.

[09:10:01]

PAUL: And it could have been.

FAUCI: And if anybody is lying here, Senator, it is you.

(END VIDEO CLIP)

TAPPER: I want to take a sec to just explain to our viewers what this was about.

For those exploring whether COVID originated at the Wuhan Institute of Virology or if it was a natural origin, there are questions as to whether the NIH helped fund at that lab so called gain of function research.

Gain of function, one definition of that is when scientists make a virus deadlier and more contagious in a lab in order to identify potential pathogens and prevent pandemics.

Now, NIH says very clearly that the research the U.S. funded in that lab did not meet that definition.

Live TV

whether or not they fit that category. And, obviously, the Chinese government is not a good-faith partner. They're not allowing transparency. They're not allowing a real investigation.

So, as a matter of policy going forward, given that the Chinese government won't allow any real investigation, do you still think the U.S. government should collaborate with labs like Wuhan, especially on research that experts consider risky?

FAUCI: Well, Jake, if you go back to when this research really started, and look at the scientific rationale for it, it was a peer-reviewed proposal that was peer-reviewed and given a very high rating for the importance of why it should be done, to be able to go and do a survey of what was going on among the bat population, because everyone in the world was trying to figure out what the original source of the original SARS-CoV-1 was.

And in that context, the research was done. It was very regulated. It was reviewed. It was given progress reports. I was published in the open literature.

TAPPER: Yes.

FAUCI: So, I think if you look at the ultimate backed rationale, why that was started, it was almost as if, you didn' pursue that research, you would be negligent...

TAPPER: Right, but...

FAUCI: ... because we were trying to find out how you can prevent this from happening again.

TAPPER: But, going forward -- like, a peer review is looking -- those are doctors and scientists looking at the work of doctors and scientists...

FAUCI: Right.

TAPPER: ... without kind of factoring in the fact that you have an oppressive Chinese government...

FAUCI: Yes.

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Going forward, are you still confident?

(CROSSTALK)

FAUCI: Right. Going forward, we are always going to be very, very careful, go through all kinds of review,

including the risk/benefit ratio.

So, I would -- I mean, if your question Jake is, looking forward, are we going to be very careful about the research

that we do, well, we have always been very careful. And, looking forward, we will continue to be very careful in

what we do.

And we are always willing to reexamine the criteria that are used when you do research wherever you do them.

- But I think doing research in the context of where these things happen is very important.

And SARS-CoV-1 originated in China. And that is the reason. If we were starting to look for bats in Secaucus,

New Jersey, or Fairfax County, Virginia, it wouldn't contribute very much...

TAPPER: Yes.

FAUCI: ... to our understanding of where one SARS-CoV-1 originated.

It originated in China.

TAPPER: We only have a little time left.

I want to ask you. Sources are telling CNN that top health officials are weighing whether to revise mask guideline

for vaccinated Americans. Are you part of those conversations? And, if so, what are you advising?

FAUCI: Yes.

TAPPER: Do you think masks should be brought back for vaccinated Americans?

FAUCI: You know, Jake, this is under active consideration.

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though -- as of our conversation at this moment, the CDC still says and recommends that, if you are vaccinated fully, that you do not need to wear a mask indoors.

However, if you look at what's going on locally, in the trenches, in places like L.A. County, the local officials have the discretion, and the CDC agrees with that ability and discretion, capability, to say, you know, you're in a situation where we're having a lot of dynamics of infection, so, even if you are vaccinated, you should wear a mask.

That's a local decision that's not incompatible with the CDC's overall recommendations that give a lot of discretion to the locals. And we're seeing that in L.A. We're seeing it in Chicago. We're seeing that in New Orleans, because the officials there, many of them are saying, even if you're vaccinated, it's prudent to wear a mask indoors.

So, that's a local decision.

TAPPER: All right, Dr. Fauci, thank you so much for your time today. We really appreciate it.

Coming up: They can't even seem to agree on something they agreed to agree on. The Biden agenda set to face another major test, as senators work to save the infrastructure deal.

[09:15:06]

And with hearings set to begin this week, can the January 6 committee cut through the drama and uncover the truth?

Republican Senator Pat Toomey on all of that next.

Stay with us.

(COMMERCIAL BREAK)

TAPPER: Welcome back to STATE OF THE UNION. I'm Jake Tapper.

The bipartisan infrastructure bill could face another major test tomorrow, after Republican senators sank a key

Live TV

Joining us now to discuss, the leading Republican on the Senate Banking Committee, Senator Pat Toomey from the great Commonwealth Of Pennsylvania.

[09:20:02]

Senator, thanks for joining us.

Negotiators are working through the weekend to try to resolve these outstanding issues in the bipartisan infrastructure compromise. If this group reaches an agreement by tomorrow, will you vote to begin debate on the legislation, not final passage, but just to invoke cloture and allow debate to proceed?

SEN. PAT TOOMEY (R-PA): Well, it does depend on what's in the -- what's in the bill, Jake.

The reason that the procedural motion was defeated last week is because we were asked to vote on something that truly did not exist. Most senators think it's a good idea for there actually to be some legislation before you vote on that legislation, including voting to proceed to it.

So, I'm totally open to examining it closely. And if it's -- if I -- if I think it's reasonable and fits within the parameters that I think are sensible, then I would vote to go on to the bill.

TAPPER: One of the major sticking points right now is the question of transit funding.

Now, you argue the transit systems have already received billions of extra dollars in pandemic relief fund that is not even spent yet and that more funding is not necessary. There are a growing number of Democrats who are threatening to withhold support of this compromise if the additional funds are removed from it.

If these cuts you want aren't included, will that cost your vote?

TOOMEY: So Jake, first of all, that's a gross mischaracterization of my position. And I know it's been propagated by some of my Democratic colleagues.

Let me give you the facts that are unambiguous.

TOOMEY: Right.

So, the federal government, historically, in recent years has given about \$13 billion per year to transit. Over the 12 months ending in March, the federal government didn't give just 13. Because of all the supplemental bills we passed, the federal government added another \$70 billion, not 17, -- 7-0 -- for a total of about \$83 billion. That's more money than the operating budget and the capital budgets

combined of every single transit agency in America. It's so much money, they couldn't possibly spend it. So about half of it is sitting there not spent.

Despite that, we offered our Democratic colleagues a 35 percent increase in the annual run rate of the federal subsidies to transit and tens of billions of additional dollars in this bipartisan agreement on top of all the money that they got. And they're saying that's not enough.

That's where we are, Jake. It's an incredible amount of money, so much that they can't spend what they have now. They have been offered many tens of billions more. And they're saying that's not enough. Nobody's talking about cutting transit.

The question is, how many tens of billions of dollars on top of the huge increase that they have already gotten is sufficient? And that's where there is a little disagreement.

TAPPER: So what is your top-line number? And if it goes above that, are you not willing to vote for the compromise?

TOOMEY: So, let me -- so, first of all, I'm not -- I don't want to negotiate the numbers here. I'm not a negotiator. I have been advising and discussing with the Republican negotiators how they might think about this category.

But I will tell you, a very, very important category for me is how all this is going to get paid for. We just spent \$1.5 trillion that had -- there was absolutely no need for. A lot of that money hasn't been spent yet, but it will.

And now we're talking about another \$600 billion on top of the ordinary spending. And we know, in a couple of months, the Democrats are going to pass what they call a \$3.5 trillion bill, but, really, over 10 years, it's over \$5

This is completely out of hand. There are people who think this is Monopoly money, but it's not, Jake. And so I'm concerned. I think the way we should pay for this increase in infrastructure spending is by repurposing money we already approved, but hasn't yet gone out the door.

But that's a point of great contention with the Democrats. So it's not, to me, just the top line that matters. It's also how we're funding it.

TAPPER: At a CNN town hall this week, President Biden dismissed concerns of Republicans and some economists that all this increased federal spending is going to cause long-term inflation.

The president argued that the price increases what we're seeing now are a result of the economy picking up again after the pandemic. Do you think he's wrong?

TOOMEY: Well -- well, certainly, he's factually wrong on that last point you just made.

If you look at the price level of -- in our economy today, and compare it not to a year ago, when we had a big decline in prices, but rather to two years ago, before COVID ever hit, before we had the decline and then the recovery, we're running at a 25-year high rate of inflation.

[09:25:00]

And it's not got a mystery as to why. A big part of the reason is a massive expansion of the money supply. We have expanded the money supply the most since World War II. And the Fed continues to buy \$120 billion worth of securities, pumping that money into the economy, despite the fact that we have strong growth.

So there's no question we have serious inflation right now. There is a question about how long it lasts. And I'm jus worried that the risk is high that this is going to be with us for a while. And the Fed has put it put itself in a position where it's going to be behind the curve.

You combine that with massively excess spending, and it is a recipe for serious problems. That's one of the things I'm worried about.

TAPPER: You supported the failed effort in the Senate to create a bipartisan independent commission to

TOOMEY: Right.

TAPPER: We just saw the effort to investigate this on the House side through a committee blow up after Republican Leader Kevin McCarthy put two of the most prominent election liars, Congressman Jim Jordan and Jim Banks, on the committee.

Speaker Pelosi then vetoed them. McCarthy's now boycotting the entire thing.

Without getting into the back-and-forth about this person and that person, why do you think so few in your party, in the Republican Party, seem to want to take this seriously and get to the bottom of what happened on January 6? I'm obviously not including you in that.

TOOMEY: Well, I think people do want to get to the bottom of it.

Yes, I did support the Senate version of a commission that would have been genuinely and truly bipartisan, both ir its composition of members and in staff, which I think is important. This exercise in the House was not meant to b that.

Look, here's the bottom line. Jake. We have a lot of investigations under way now. There are Senate committees that have completed some. There are others still in progress. We have many criminal investigations.

I would favor a truly bipartisan commission. But I think there — we should be candid about the fact that it is politically to the advantage of Democrats to try to keep this issue in the forefront. James Carville has been very candid about this. He's urged the Democrats, don't let the election be about Joe Biden and his policies in 2022. Make that election about January 6 and Donald Trump.

And so it's very clear that Democrats have an incentive to try to drive a political message here. And a purely partisan commission in the House is probably going to do that.

TAPPER: But what does it say about your party than an investigation into a violent insurrection would reflect poorly upon it?

TOOMEY: No, I think it is -- it is constant reminder about a terrible episode in our history which Donald Trump

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I mean, which is more relevant in 2022? I would argue the current president's policies and the damage that he's going to be doing, that's what we should be debating in 2022.

But I'm not sure that's what the Democrats want to be talking about.

TAPPER: Senator Pat Toomey from the great Commonwealth of Pennsylvania, always good to see you, sir.

Thanks for joining us.

TOOMEY: Thanks for having me, Jake.

TAPPER: Some Republican leaders now speaking up about vaccinations, but is it too late to change minds?

The governor of the state with one of the lowest vaccination rates joins me next.

(COMMERCIAL BREAK)

[09:32:45]

TAPPER: Welcome back to the STATE OF THE UNION. I'm Jake Tapper.

With the U.S. at a pivotal moment in the fight against COVID, governors in states with low vaccination rates are tackling the problem differently, some with incentives. Others are shaming the unvaccinated, and some trying to downplay and deny there's a problem at all.

Arkansas Governor Asa Hutchinson is battling vaccine hesitancy with a listening tour in a state where only 36 percent are fully vaccinated, as Arkansas faces one of the worst case rates in the country.

Governor Hutchinson joins us now.

And, Governor, thanks so much for joining us.

The University of Arkansas for Medical Sciences called the situation in your state -- quote -- "a raging forest fire"

Home Live TV

Just three weeks ago on this show, you were optimistic that your state would avoid a third wave. What do you think happened?

GOV. ASA HUTCHINSON (R-AR): Well, low vaccination rates.

And you hit it right, Jake, that this is a pivotal moment in our race against the COVID virus. We have school coming up. We have a lot of sports activities that people are expecting and anxious about. And it's important for normalcy.

And what's holding us back is a low vaccination rate. We're doing all that we can. And I made the decision that it's really not what the government can tell you to do, but it is the community and their engagement and citizens talking to other citizens and trusted advisers, whether it's medical community or whether it's employers. Those are key.

That's why I'm having these town hall meetings. It's more than listening. It is really engaging the community. And so far, we have seen a 40 percent increase in our vaccinations since we started this.

TAPPER: Your daily case count is higher now than it was when you first required masks statewide a year ago.

In April, you signed a law that prohibits local or state officials yourself, including from implementing any new mask mandates. That ban goes into effect this week.

Why have a ban on mask mandates, when you're having difficulty as a state getting control of this pandemic?

[09:35:02]

HUTCHINSON: Well, that was the will of the General Assembly. I signed it.

At that point, we had very low case rates in Arkansas, and people knew exactly what to do. They were capable of making their decisions. And then we shifted to the emphasis on vaccination. And I really think it's important not to have the current debate about mask-wearing, but to have the current emphasis on getting a vaccine.

was held back from the legislature. As you pointed out, I signed that.

And as we get ready for school, I think more people will be looking at that guideline as that's appropriate if you're not vaccinated or you're under 12.

TAPPER: I want to play some of the video posted by Washington Regional Medical Center in Arkansas about the rise in serious cases that they're seeing among unvaccinated young people. (BEGIN VIDEO CLIP)

DR. MICHAEL BOLDING, ARKANSAS WASHINGTON REGIONAL MEDICAL CENTER: The regret and remorse on their face, and fear, that look on a patient's face, I promise you, would be more motivating than anything to go ahead and get your vaccine, if you have not already.

(END VIDEO CLIP)

TAPPER: Do you think you underestimated how vaccine-hesitant and skeptical the citizens of Arkansas were going to be?

And why is there such reluctance to trust in this miracle science?

HUTCHINSON: Well, I don't know if I underestimated it, but, certainly, the resistance has hardened in certain elements, and is simply false information.

It is myths. As I go into these town hall meetings, someone said: Don't call it a vaccine. Call it a bioweapon. And they talk about mind control.

Well, those are obviously erroneous. Other members of the community correct that.

But what you see in that in that ad, the message from Washington Regional Medical Center is very critical. We are seeing younger adults go into the hospital. And people of Arkansas and across the nation respond to risk. And whenever the risk of the COVID and the hospitalization was low, vaccinations slowed down.

Now you're seeing a high escalation of the vaccines because people are measuring the risk. You're seeing it younger, at a younger age. We have had two adolescents pass away because of COVID. And these are alarm bells

Home Live TV

So, our goal, get information out, help them to make the right decision, push the vaccination, and, hopefully, we will be ready for school within the next month.

TAPPER: Your fellow Southern Republican Governor Kay Ivey of Alabama had really voiced some frustration with people refusing to get vaccinated.

She said -- quote -- "It's time to start blaming the unvaccinated folks for letting us down."

Do you agree with her?

HUTCHINSON: Well, you got to understand that she's expressing her frustration that everyone feels.

But, at the same time, I don't want to get distracted into causing division. Let's pull together. And it's — people can change your mind. Even though there's a very hardened resistance, it's a small percent. And there's more that come to the town meeting that are trying to get information, that they have put it off or they're hesitant. They're worried about health consequences.

And so that's where you have a community physician that answers the questions, and that is persuadable. And so we're seeing people that were previously resistant or hesitant about it coming in and getting the vaccination.

That should be the focus, and not trying to divide our communities.

TAPPER: But do you worry at all that, by not allowing localities to impose a mask mandate, when this virus continues to rage like a wildfire, as your own experts say, you are actually ceding control of this virus to the unvaccinated, to the people who ask questions about mind control that you just talked about, instead of giving power and control to the people who are taking this seriously, who are getting vaccinated, but don't want to have vulnerable people, like those under 12 or those who have immune system problems, infected by those who are just ignoring the science?

[09:40:06]

HUTCHINSON: There's two mandates that are possible.

masks.

It is a conservative principle to allow for local control. That is a fair discussion about it. And that's something we'r going to have to continue to weigh, depending upon vaccination rates and how they proceed between now and school.

But that is a legislative prohibition on having a mask mandate even in our schools. And so that will only change if the legislature comes back together and yields to that local control. I think that is something that will be a continued point of discussion between now and the time school starts.

But you have got to worry, Jake, that, one, you're not going to be able to enforce it very well. The schools are in a better position to do it. But then, also, you have got parents who generally worry about the mental health of their child and whether that's the right reaction to it and whether that's going to cause more problems or alleviate it, when there's a low risk for that age group.

And that's something we're continuing to get data on as to whether -- what is the risk for that age group? We need to get everybody else around that young child vaccinated. That's the cocoon, that's the protection that we need to provide them as we go back to school.

TAPPER: I'm praying for the people of Arkansas. Best of luck getting the people of Arkansas vaccinated.

Governor, thanks for joining us today.

HUTCHINSON: Thank you, Jake. TAPPER: The climate crisis leading to fires so intense that people on

both coasts are breathing in the effects.

Oregon's governor joins me next. Stay with us.

(COMMERCIAL BREAK)

[09:46:27]

Live TV

More states of emergency declared, as close to 100 wildfires are burning in the Western United States, and, this weekend, poor conditions in Southern Oregon, where the largest of the wildfires has already burned an area the size of L.A., as our inaction the climate crisis is giving fuel to these meaner and deadlier flames that are becoming sadly, the norm.

Joining us now, Oregon's Governor Kate Brown.

Governor Brown, thanks for joining us.

The Bootleg Fire has now burned more than 400,000 acres along the Oregon and California border, making it your state's third largest fire since 1900.

What are your biggest concerns right now?

BROWN: Obviously, I'm very concerned that these very high heat temperatures will continue.

I have to say a shout-out to the over 2,000 firefighters that are fighting this horrific fire. We really appreciate their dedication and determination. And my heart certainly goes out to all the Oregonians that have been impacted by this terrible fire.

TAPPER: Are you getting everything you need from the Biden administration?

BROWN: The Biden/Harris administration has stepped up.

They understand that we need a comprehensive, collaborative approach to tackling wildfire. We obviously always continue to need additional financial resources and boots on the ground. But that's something we will have a conversation about post-wildfire season.

It's incredibly important, with climate change, that we get into these forests and start doing the thinning and harvest and prescriptive burning, so that we can create healthier landscapes, landscapes that are more resilient to wildfire.

I'm really, really pleased that I was able to sign legislation this past week that provides the state with more tools,

Live TV

on the ground.

But, Jake, the harsh reality is that we're going to see more of these wildfires. They're hotter, they're more fierce. and obviously much more challenging to tackle. And they are a sign of the changing climate impacts.

In the last year, Oregon has had four federal emergency declarations, in addition to the pandemic. We had historic wildfires last fall that we are still rebuilding and recovering from. We had terrible ice storms in February. Over a half-a-million people lost power.

And then most recently, as you know, we had the heat dome event.

TAPPER: Yes.

BROWN: We unfortunately lost over 100 Oregonians.

So, climate change is here, it's real, and it's like a hammer hitting us in the head. And we have to take action.

TAPPER: And do you think enough is being done at the federal level to mitigate these types of crises? I'm not talking necessarily about the long-term approach to climate change that obviously is important.

I'm talking about in the short term, the fact that maybe next year will be even worse in Oregon, the year after that will be even worse than that. Is enough being done?

BROWN: Well, I really appreciate the strong partnership with the Biden/Harris administration.

As an example, we are working with two federal agencies, U.S. Forest Service and BLM, to partner around a group called Good Neighbor Authority. And that provides federal resources, so we can put Oregonians to work on federal lands doing the thinning and the prescriptive burning that we need to reduce the impacts of these wildfire.

[09:50:16]

It creates healthier landscapes. It puts Oregonians to work. And it's definitely a win-win-win. So, we need more of that type of approach. And I really appreciate the president stepping up and leading the way.

Live TV

West to tackle these issues. As you well know, wildfire knows no jurisdictional boundaries.

TAPPER: Yes.

BROWN: In Oregon, we're going to continue to tackle these issues.

But we are also taking action on climate change. I just signed the most aggressive clean energy bill in the country. And we are continuing to invest in E.V. infrastructure, particularly for our low- income and moderate-income families. TAPPER: I only have about a minute left.

I want to ask you about the pandemic, because vaccination rates in your state have been slowing. You're now averaging more than 400 daily COVID cases, which is double what it was at the beginning of the month.

Are you considering in any way reimplementing statewide restrictions, such as mask mandates or social distancing, in order to try to stop the spread?

BROWN: Here's the good news.

Oregonians have made really smart decisions throughout the pandemic. And, as a result, we have one of the lowes infection rates and one of the lowest mortality rates in the country. We are now moving to a more localized, traditional approach, where local public health will be working with medical experts on the ground.

But this is truly a tale of two pandemics, one of the vaccinated and one of the unvaccinated. So it's critically important that we continue our work with community-based partners, and particularly health care providers, to get the message out.

This is truly a one-on-one, door knocking, phone calling, reaching out to individual Oregonians to encourage them to get the vaccine, to make sure that they get their questions answered, and that they have the information that they need.

TAPPER: All right, Governor Brown, we will be saying a prayer for the people of Oregon when it comes to both the pandemic and those wildfires.

Q

(COMMEI	RCIAL	BRE	AK)
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TAPPER: And that is it for us today. Thank you so much for spending your Sunday with us. The news continues next.

(COMMERCIAL BREAK)

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Opinion

[10:00:00]

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EXHIBIT 14



ABOUT | NEWS AND EVENTS | CONTACT

SEARCH DPHHS

Q

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A-Z Index

FOR IMMEDIATE RELEASE

Date: August 05 2021

Contact: Jon Ebelt, Public Information Officer, DPHHS, (406) 444-0936, (406) 461-3757, jebelt@mt.gov Chuck Council, Communications Specialist, DPHHS, (406) 444-4391, (406) 461-8367, hcouncil@mt.gov

TREND CONTINUES OF COVID-19 RELATED HOSPITALIZATIONS OF UNVACCINATED **INDIVIDUALS**

DPHHS reports 18% increase in vaccine administration from last week

State health officials said today the trend of hospitalizations in Montana connected to unvaccinated COVID-19 patients has remained constant over the past several months.

Specifically, Department of Public Health and Human Services (DPHHS) Director Adam Meier said that COVID-19 related hospitalization data from the past 8 weeks from June 5 to July 30 shows that 89% of Montanans who were hospitalized had not received the COVID-19 vaccine. The data includes 358 hospitalizations of Montanans during this time frame. The hospitalizations included an age range from 1 to 97, with a median age of 64.

This information is included in a new Interim Analysis of COVID-19 Cases in Montana report that DPHHS issued today.

DPHHS also reports average daily number of COVID-19 hospitalizations has slowly started to trend upward to the current average of 95 people. This includes a 44% increase from the week ending July 23 to the week ending July 30.

For context, last November, the average daily COVID hospitalizations were 427 people, which was the month with the highest reported COVID cases and hospitalizations.

DPHHS also reports the trend of new COVID-19 positive cases continues to increase. For the week ending June 25, there were 359 cases reported and for the week ending July 30 there were 1,180 cases reported statewide.

"This data illustrates just how effective the COVID-19 vaccine is in preventing serious illness when you consider how far we've come since the vaccine first became available," Meier said. "The data is also a reminder of how important it is to get vaccinated. This is now a vaccine-preventable disease, and the last thing we want to see are more cases and hospitalizations. The COVID-19 vaccine is the best tool we have to predict Hi, I can help answer your questions follows:

e fall and winter months are just around the corner. Now is the time to get the vaccine."



On a positive note, DPHHS officials also say the number of individuals receiving their first vaccine dose has started to steadily increase over the past several weeks, after declining in June and the first part of July. For example, for the week ending July 23 to the week ending July 30, there was an 18% increase in individuals receiving their first dose administration. "This is an encouraging sign to see that more people are deciding to get vaccinated, and I hope this trend continues in the coming weeks," Meier said.

In Montana, the COVID-19 vaccine is readily available. As of 8/5, over 900,000 doses have been administered, and over 445,000 Montanans are fully vaccinated. This is 48% of the eligible population. Montana's current vaccination rate mirrors the rest of the country. For vaccine information, Montanans are encouraged to go to covidvaccine.mt.gov.

DPHHS also continues to report Montana's current vaccine uptake report by age group and county. The report is here: MT Uptake Graphs 2021-07-25

Meier is encouraged that about 74% of Montanans age 60 and over (those most vulnerable) are fully vaccinated.

DPHHS also continues to promote the safe and effective through an ongoing public awareness campaign,

DPHHS acting State Medical Director Maggie Cook-Shimanek said while Montana has done well to vaccinate those most vulnerable to complications from COVID-19, it's important for all eligible people to get the vaccine, "While we know the older population and those with underlying medical conditions have required hospitalization more often from COVID-19, it's important for all individuals to get the vaccine to limit the spread in Montana," Cook-Shimanek said. "As it spreads, the virus replicates and creates new variants, which have the potential to increase transmission and cause more infections. That has been the case with the Delta variant in recent months. The COVID-19 vaccine is the best way to keep you and your family safe."

DPHHS continues to report on a variety of COVID-19 related information such as case and vaccine information, a summary of cases in nursing homes and assisted living facilities, hospital occupancy and capacity, percent of eligible Montanans fully vaccinated and variants of concern. These reports are all posted here https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt/demographics

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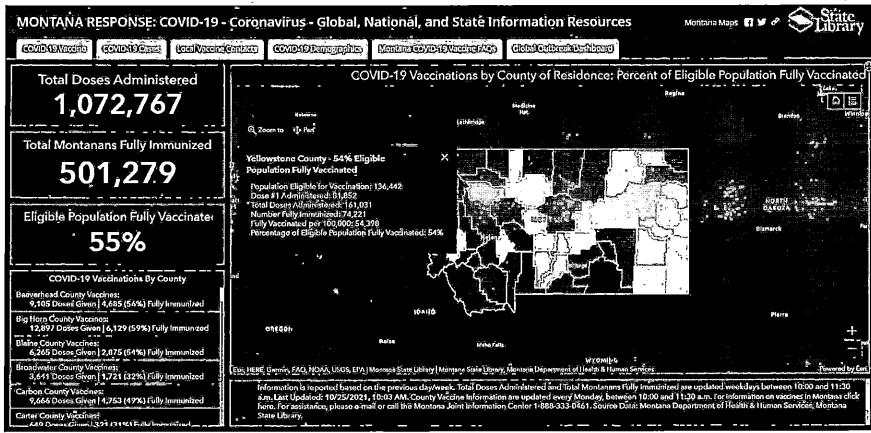


PRIVACY & SECURITY ACCESSIBILITY

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EXHIBIT 15



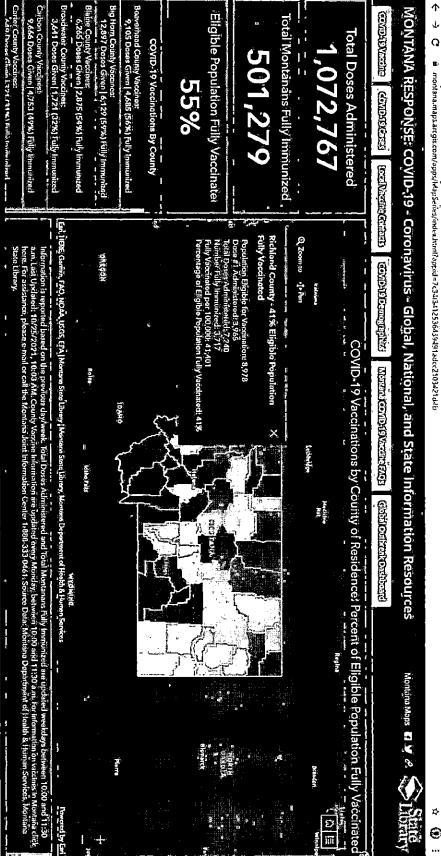


EXHIBIT 16



ABOUT | NEWS AND EVENTS | CONTACT

SEARCH DPHHS

Q

I am looking for

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A-Z Index

FOR IMMEDIATE RELEASE

Date: September 27 2021

Contact: Jon Ebelt, Public Information Officer, DPHHS, (406) 444-0936, (406) 461-3757, jebelt@mt.gov

Chuck Council, Communications Specialist, DPHHS, (406) 444-4391, (406) 461-8367, hcouncil@mt.gov

NEW MONTANA REPORT: UNVACCINATED 5 TIMES MORE LIKELY TO BE HOSPITALIZED AND 3 TIMES MORE LIKELY TO DIE FROM COVID-19

DPHHS officials urge Montanans to get vaccinated

The Department of Public Health and Human Services (DPHHS) <u>released today a new report</u> with Montanaspecific data from the past eight months that illustrates the best tool against serious illness from COVID-19 is to get vaccinated.

The report reviewed data from February to September 2021, and found that 89.5% of the cases, 88.6% of hospitalizations and 83.5% of the deaths were among persons not fully vaccinated, including those not yet eligible for vaccination.

The report also examined a recent eight-week period from July 11 to September 4, 2021, and found that among all cases reported in persons eligible for vaccine, that Montanans who were not fully vaccinated contracted COVID-19 at a rate 4.4 times greater than fully vaccinated persons. And, the COVID-19-associated hospitalization and death rates were 5.1 and 3.3 times greater, respectively, among not fully vaccinated persons as compared with fully vaccinated persons.

 Q_{2}

"The data are overwhelming. The COVID-19 vaccine offers the best protection against infection and at preventing severe illness," said DPHHS Director Adam Meier. "Clinical trials have found that the COVID-19 vaccines are safe and effective at preventing severe COVID-19-related outcomes. If you haven't gotten vaccinated and still have questions, I encourage all eligible Montanans to consult with their healthcare provider or pharmacist."

DPHHS public health experts also noted the impact of COVID-19 disease on younger age groups. Adults aged 18-39 had the highest number of COVID-19 cases compared with other age groups among both the fully vaccinated and unvaccinated. However, adults in this age group who were not fully vaccinated experienced case rates 4.4 times higher than fully vaccinated persons in this age group.

DPHHS data also show a notable age gap between vaccinated and unvaccinated individuals with severe COVID-19 related outcomes, with severe outcomes occurring at younger ages among those not fully vaccinated compared with fully vaccinated individuals. In a recent eight-week period, the median age for COVID-19 hospitalizations was 60 years for not fully vaccinated and the median age among those fully vaccinated was 75 years.

COVID-19 infections among fully vaccinated persons are called "breakthrough" cases. A breakthrough COVID-19 case is defined as a COVID-19 infection which occurred 14 or more days after completing the primary COVID-19 vaccine series. Depending on the specific vaccine administered, completion of series could be one or two doses of vaccine.

It's important that all Montanans take the necessary precautions to protect themselves and their loved ones.

"In addition to encouraging vaccination, DPHHS encourages all Montana residents and visitors to exercise personal responsibility and take precautionary measures to slow the spread of the virus, including wearing a face covering when appropriate, avoiding large crowds, staying home when not feeling well, and washing hands frequently," said DPHHS acting State Medical Officer Dr. Maggie Cook-Shimanek.

For vaccine information, Montanans are encouraged to go to <u>covidvaccine.mt.gov</u>.

Or, Montanans can text their zip code to GETVAX (438829) for the nearest location.

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LANGUAGE ASSISTANCE

EXHIBIT 17



AN ACT PROHIBITING DISCRIMINATION BASED ON A PERSON'S VACCINATION STATUS OR POSSESSION OF AN IMMUNITY PASSPORT; PROVIDING AN EXCEPTION AND AN EXEMPTION; PROVIDING AN APPROPRIATION; AND PROVIDING EFFECTIVE DATES.

WHEREAS, as stated in section 50-16-502, MCA, the Legislature finds that "health care information is personal and sensitive information that if improperly used or released may do significant harm to a patient's interests in privacy and health care or other interests"; and

WHEREAS, the Montana Supreme Court in State v. Nelson, 283 Mont. 231, 941 P.2d 441 (1997), concluded that "medical records fall within the zone of privacy protected by Article II, section 10, of the Montana Constitution" and "are quintessentially private and deserve the utmost constitutional protection".

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Discrimination based on vaccination status or possession of immunity passport prohibited -- definitions. (1) Except as provided in subsection (2), it is an unlawful discriminatory practice for:

- (a) a person or a governmental entity to refuse, withhold from, or deny to a person any local or state services, goods, facilities, advantages, privileges, licensing, educational opportunities, health care access, or employment opportunities based on the person's vaccination status or whether the person has an immunity passport;
- (b) an employer to refuse employment to a person, to bar a person from employment, or to discriminate against a person in compensation or in a term, condition, or privilege of employment based on the person's vaccination status or whether the person has an immunity passport; or
- (c) a public accommodation to exclude, limit, segregate, refuse to serve, or otherwise discriminate against a person based on the person's vaccination status or whether the person has an immunity passport.



67th Legislature HB 702

(2) This section does not apply to vaccination requirements set forth for schools pursuant to Title 20, chapter 5, part 4, or day-care facilities pursuant to Title 52, chapter 2, part 7.

- (3) (a) A person, governmental entity, or an employer does not unlawfully discriminate under this section if they recommend that an employee receive a vaccine.
- (b) A health care facility, as defined in 50-5-101, does not unlawfully discriminate under this section if it complies with both of the following:
- (i) asks an employee to volunteer the employee's vaccination or immunization status for the purpose of determining whether the health care facility should implement reasonable accommodation measures to protect the safety and health of employees, patients, visitors, and other persons from communicable diseases. A health care facility may consider an employee to be nonvaccinated or nonimmune if the employee declines to provide the employee's vaccination or immunization status to the health care facility for purposes of determining whether reasonable accommodation measures should be implemented.
- (ii) implements reasonable accommodation measures for employees, patients, visitors, and other persons who are not vaccinated or not immune to protect the safety and health of employees, patients, visitors, and other persons from communicable diseases.
- (4) An individual may not be required to receive any vaccine whose use is allowed under an emergency use authorization or any vaccine undergoing safety trials.
 - (5) As used in this section, the following definitions apply:
- (a) "Immunity passport" means a document, digital record, or software application indicating that a person is immune to a disease, either through vaccination or infection and recovery.
- (b) "Vaccination status" means an indication of whether a person has received one or more doses of a vaccine.
- Section 2. Exemption. A licensed nursing home, long-term care facility, or assisted living facility is exempt from compliance with [section 1] during any period of time that compliance with [section 1] would result in a violation of regulations or guidance issued by the centers for medicare and medicaid services or the centers for disease control and prevention.



67th Legislature HB 702

Section 3. Appropriation. There is appropriated \$200 from the general fund to the department of labor and industry for the biennium beginning July 1, 2021, for the purposes of:

- (1) notifying local boards of health of the requirements of [section 1] and requiring local boards of health to prominently display notice of the requirements of [section 1] on the home page of their website, if available, for at least 6 months after [the effective date of this act]; and
- (2) requiring the department of public health and human services to prominently display notice of the requirements of [section 1] on the home page of the department's website for at least 6 months after [the effective date of this act].

Section 4. Codification instruction. [Sections 1 and 2] are intended to be codified as an integral part of Title 49, chapter 2, part 3, and the provisions of Title 49, chapter 2, part 3, apply to [sections 1 and 2].

Section 5. Severability. If a part of [this act] is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from the invalid applications.

Section 6. Effective date. (1) Except as provided in subsection (2), [this act] is effective on passage and approval.

(2) [Section 3] is effective July 1, 2021.

- END -



	I hereby certify that the within bill,	
	HB 702, originated in the House.	
	Chief Clerk of the House	
, ·	 	<u></u>
	Speaker of the House	
	Signed this	day
	of	, 2021.
	President of the Senate	
	Signed this	day
	of	, 2021.

HOUSE BILL NO. 702

INTRODUCED BY J. CARLSON, D. SKEES, J. READ, D. LENZ, W. GALT, S. BERGLEE, J. HINKLE, M. NOLAND, V. RICCI, B. TSCHIDA, S. GUNDERSON, M. REGIER, L. SHELDON-GALLOWAY, J. TREBAS, D. BARTEL, C. KNUDSEN, B. USHER, J. PATELIS, S. VINTON, M. HOPKINS, F. FLEMING, J. FULLER, R. KNUDSEN, J. KASSMIER, T. MOORE, B. LER, B. PHALEN, F. NAVE, L. BREWSTER, B. MITCHELL, A. REGIER, S. KERNS, S. GALLOWAY, S. GIST, E. HILL, J. SCHILLINGER, K. SEEKINS-CROWE, M. STROMSWOLD, J. GILLETTE, C. HINKLE, M. BINKLEY, R. MARSHALL

AN ACT PROHIBITING DISCRIMINATION BASED ON A PERSON'S VACCINATION STATUS OR POSSESSION OF AN IMMUNITY PASSPORT; PROVIDING AN EXCEPTION AND AN EXEMPTION; PROVIDING AN APPROPRIATION; AND PROVIDING EFFECTIVE DATES.

EXHIBIT 18

OFFICE OF THE GOVERNOR STATE OF MONTANA

GREG GIANFORTE GOVERNOR



KRISTEN JURAS LT. GOVERNOR

April 28, 2021

The Honorable Wylie Galt Speaker of the House State Capitol Helena, MT 59601

The Honorable Mark Blasdel President of the Senate State Capitol Helena, MT 59601

Dear Speaker Galt and President Blasdel:

"Vaccine passports" undermine individual liberty and threaten personal privacy, tenets Montanans hold dear. No person should be compelled to involuntarily divulge their personal health information as a condition of participating in everyday life, and so-called vaccine passports are one step down a dangerous path that erodes personal privacy. "Vaccine passports" are steeped in discrimination and have no place in our state.

I appreciate the Legislature's work to prohibit "vaccine passports" in Montana with House Bill 702, and I support the sponsor's efforts and intent. However, I believe this measure can be strengthened.

Therefore, in accordance with the power vested in me as Governor by the Constitution and the laws of the State of Montana, I hereby return with amendments House Bill 702: "A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING DISCRIMINATION BASED ON A PERSON'S VACCINATION STATUS OR POSSESSION OF AN IMMUNITY PASSPORT; PROVIDING AN EXCEPTION; PROVIDING AN APPROPRIATION; AND PROVIDING EFFECTIVE DATES."

In line with Executive Order 7-2021, I firmly believe that "vaccine passports," or any documentation related to an individual's vaccination status, are an unwarranted infringement on our liberties.

Many Montanans have deeply held religious reasons for not obtaining a vaccine. Others have health conditions that prohibit them from getting one. Ultimately, the decision to receive a vaccine is voluntary, and Montanans should not face the threat of discrimination rooted in whether they decide to receive a vaccine. Furthermore, employers must not discriminate or take punitive action against employees who opt out of immunizations, but instead should work to provide well established, reasonable accommodations that protect the health and safety of all involved.

Speaker Galt President Blasdel April 28, 2021 Page 2

For these reasons, I am pleased to offer an amendment that strengthens HB 702 and promotes its proper enactment. Specifically, my amendment clarifies that an employer may ask an employee to volunteer their vaccination or immunization status under certain circumstances.

My amendment also makes clear that an employer's implementation of reasonable accommodation measures for persons who are not vaccinated or not immune to protect the safety and health of employees, customers, patients, visitors, and other persons from communicable diseases is not unlawful discrimination.

Additionally, my amendment would ensure that provisions of HB 702 do not put licensed nursing homes, long-term care facilities, or assisted living facilities in violation of regulations or guidance issued by the U.S. Centers for Medicare and Medicaid Services.

This is an important bill that can be reinforced to further protect Montanans, and I respectfully ask for your support of this amendment.

Sincerely

Greg Granfort Governor

Enclosure

cc: Legislative Services Division

Christi Jacobsen, Secretary of State

Amendments to House Bill No. 702 Reference Copy

Requested by the Governor For the (H) Committee of the Whole

Prepared by Todd Everts 04/28/2021, 08:10:50

1. Title, line 10.
Following: "EXCEPTION"
Insert: "AND AN EXEMPTION"

2. Page 2, line 12. Following: "(3)(2)(3)"

Insert: "(a)"

3. Page 2.

Following: line 13

- (i) asks an employee to volunteer the employee's vaccination or immunization status for the purpose of determining whether the health care facility should implement reasonable accommodation measures to protect the safety and health of employees, patients, visitors, and other persons from communicable diseases. A health care facility may consider an employee to be nonvaccinated or nonimmune if the employee declines to provide the employee's vaccination or immunization status to the health care facility for purposes of determining whether reasonable accommodation measures should be implemented.
- (ii) implements reasonable accommodation measures for employees, patients, visitors, and other persons who are not vaccinated or not immune to protect the safety and health of employees, patients, visitors, and other persons from communicable diseases."

4. Page 2.

Following: line 21

Insert: "NEW SECTION. Section 2. Exemption. A licensed nursing home, long-term care facility, or assisted living facility is exempt from compliance with [section 1] during any period of time that compliance with [section 1] would result in a violation of regulations or guidance issued by the centers for medicare and medicaid services or the centers for disease control and prevention."

Renumber: subsequent sections

5. Page 3, line 3.

Strike: "[Section 1] is"

Insert: "[Sections 1 and 2] are"

6. Page 3, line 4.

Strike: "[section 1]"

Insert: "[sections 1 and 2]"

- 1 - HB 702.4.1

7. Page 3, line 12.

Strike: "2" Insert: "3"

- END -

Explanation - Note: Because the page and line numbers referred to in these amendment instructions are required to match the page and line numbers of the official bill version being amended, they will not necessarily match the page and line numbers shown in any related Amendments in Context document.

EXHIBIT 19

OFFICE OF THE GOVERNOR

STATE OF MONTANA

STEVE BULLOCK GOVERNOR



MIKE COONEY Lt. GOVERNOR

TO:

Montanans; all officers and agencies of the State of Montana

FROM:

Governor Steve Bullock

DATE:

March 26, 2020

RE:

Directive Implementing Executive Orders 2-2020 and 3-2020 providing measures to

stay at home and designating certain essential functions

Executive Orders 2-2020 and 3-2020 declare that a state of emergency exists in Montana due to the global outbreak of COVID-19 Novel Coronavirus.

Section 10-3-104(2)(a), MCA, authorizes the Governor, during a state of emergency, to "suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or orders or rules of any state agency if the strict compliance with the provisions of any statute, order, or rule would in any way prevent, hinder, or delay necessary action in coping with the emergency or disaster." Further, it authorizes the Governor to "control ingress and egress to and from an incident or emergency or disaster area, the movement of persons within the area, and the occupancy of premises within the area." Section 10-3-104(2)(c), MCA. Montana's public health laws also authorize the Department of Public Health and Human Services (DPHHS or Department), acting under the Governor's direction, to "issue written orders for correction" of "conditions of public health importance," to "prevent and mitigate conditions of public health importance" through measures including "isolation and quarantine" and "abatement of public health nuisances." Section 50-1-202, MCA. The Department, under the Governor's direction, may also take action to correct public health deficiencies in "buildings or facilities where people congregate." Section 50-1-203, MCA. The Department, under the Governor's direction, is also authorized to impose quarantine and isolation measures to protect public health. Section 50-1-204, MCA. Montana law provides that these authorities will be utilized to respond to an "outbreak of disease," § 10-3-103(4), MCA, and to "limit the transmission of the communicable disease." See, e.g., § 50-1-101(6), MCA.

COVID-19 is a contagion that most frequently spreads person to person. The virus may live on surfaces and remain in the air after someone coughs or sneezes for an unknown period of time, creating a range of opportunities for exposure. Exposure can also happen when a person touches a surface or object that has the live virus on it and then touches one's face. Montana currently faces an emergency statewide, with infections or the imminent threat of infections present across the state. Accordingly, for the preservation of public health and safety throughout the entire State of Montana, to protect those most at-risk, and to avoid overwhelming our health care delivery system, I have determined that additional measures consistent with public health guidance are necessary to slow and stop the spread of COVID-19.

To curtail the spread of the COVID-19 pandemic in Montana, and to protect the health and economic wellbeing of all Montanans, it is necessary immediately to implement measures to ensure social distancing to prevent the spread of disease. Such an approach will reduce the overall number of infections in the state and preserve increasingly scarce health care resources. In consultation with public health experts, health care providers, and emergency management professionals, I have determined that to protect public health and human safety, it is essential to the health, safety, and

welfare of the State of Montana during the ongoing state of emergency that, to the maximum extent possible, individuals stay at home or at their place of residence.

Pandemics are not without precedent in Montana. Neither are the measures necessary to stop the spread of communicable disease and respond to the emergency. During the Spanish Influenza outbreak of 1918, public health authorities closed schools and other public places. These measures can save lives across the United States now. Montana must act now, before its own rate of infection mirrors that of other states. While the times ahead will not be easy, Montanans have always pulled together in times of crisis. This crisis is no different, and will require all Montanans, collectively, to do their individual part to slow the growth of COVID-19 infections and protect their friends, family, and neighbors from this dangerous infection.

In accordance with the authority vested in me under the Constitution, Article VI, Sections 4 and 13, and the laws of the State of Montana, Title 10, Chapter 3 and Title 50, Chapter 1, MCA, and other applicable provisions of the Constitution and Montana Law, I hereby direct the following measures be in place in the State of Montana effective statewide at 12:01 a.m. on March 28, 2020, through April 10, 2020:

I. Stay at Home; Social Distancing Requirements; and Essential Businesses and Operations

• 1. Stay at home or place of residence. With exceptions as outlined below, all individuals currently living within the State of Montana are directed to stay at home or at their place of residence to the greatest extent possible, except as allowed in this Directive. As used in this Directive, homes or residences include hotels, motels, shared rental units, shelters, and similar facilities.

Non-essential social and recreational gatherings of individuals outside of a home or place of residence are prohibited, regardless of size, if a distance of at least six feet between individuals cannot be maintained.

All persons may leave their homes or place of residence only for Essential Activities or to operate Essential Businesses and Operations, all as defined below.

Individuals whose residences are unsafe or become unsafe, such as victims of domestic violence, are permitted and urged to leave their home and stay at a safe alternative location.

• 2. Non-essential business and operations to cease. All businesses and operations in the State, except Essential Businesses and Operations as defined below, are required to cease all activities within the State except Minimum Basic Operations, as defined below. Businesses may also continue operations consisting exclusively of employees or contractors performing activities at their own residences (i.e., working from home).

To the greatest extent feasible, Essential Businesses and Operations shall comply with Social Distancing Requirements as defined in this Directive, including by maintaining six-foot social distancing for both employees and members of the public at all times, including, but not limited to, when any customers are standing in line. Essential Businesses and Operation should also employ, where feasible, telework or other remote working opportunities to limit disease spread.

• <u>3. Prohibited activities</u>. All public and private gatherings of any number of people occurring outside a household or living unit are prohibited, except for the limited purposes permitted by this Directive.

The March 24, 2020 Directive that closes certain businesses to ingress, egress, and occupancy by the public, while expanding delivery and to-go options, remains in effect. However, the portions of that order requiring social distancing (Section 1) and social distancing guidelines for retail businesses (Section 3) are superseded by the requirements in this Directive.

- 4. Prohibited and permitted travel. All travel should be limited to Essential Travel and travel for Essential Activities. People riding on public transit must comply with social distancing to the greatest extent feasible. When individuals need to leave their homes or residences, they should at all times maintain social distancing of at least six feet from any person who is not a member of their immediate household, to the greatest extent possible.
- <u>5. Leaving your home for essential activities is permitted</u>. For purposes of this Directive, individuals may leave their home or residence only to perform any of the following Essential Activities and must ensure a distance of six feet from others not in their household:

<u>For health and safety</u>. To engage in activities or perform tasks essential to their health and safety, or to the health and safety of their family or household members (including, but not limited to, pets), such as, by way of example only and without limitation, seeking emergency services, obtaining medical supplies or medication, or visiting a health care professional.

<u>For necessary supplies and services</u>. To obtain necessary services or supplies for themselves and their family or household members, or to deliver those services or supplies to others, such as, by way of example only and without limitation, groceries and food, household consumer products, supplies they need to work from home, and products necessary to maintain the safety, sanitation, and essential operation of residences.

<u>For outdoor activity</u>. To engage in outdoor activity, provided that individuals comply with social distancing, as defined below, such as, by way of example and without limitation, walking, hiking, running, or biking. Individuals may go to public parks and open outdoor recreation areas, including public lands in Montana provided they remain open to recreation. Montanans are discouraged from outdoor recreation activities that pose enhanced risks of injury or could otherwise stress the ability of local first responders to address the COVID-19 emergency (*e.g.*, backcountry skiing in a manner inconsistent with avalanche recommendations or in closed terrain).

<u>For certain types of work</u>. To perform work providing essential products and services at Essential Businesses or Operations or to otherwise carry out activities specifically permitted in this Directive, including Minimum Basic Operations.

<u>To take care of others</u>. To care for a family member, friend, or pet in another household, and to transport family members, friends, or pets as allowed by this Directive.

• <u>6. Health Care and Public Health Operations</u>. For purposes of this Directive, individuals may leave their residence to work for or obtain services through Health Care and Public Health Operations.

Health Care and Public Health Operations includes, but is not limited to: hospitals; clinics; dental offices; pharmacies; public health entities, including those that compile, model, analyze and communicate public health information; pharmaceutical, pharmacy, medical device and equipment, and biotechnology companies (including operations, research and development, manufacture, and supply chain); organizations collecting blood, platelets, plasma, and other necessary materials; licensed medical cannabis dispensaries and licensed cannabis cultivation centers; reproductive health care providers; eye care centers, including those that sell glasses and contact lenses; home Health Care services providers; mental health and substance use providers; other Health Care facilities and suppliers and providers of any related and/or ancillary Health Care services; and entities that transport and dispose of medical materials and remains.

Specifically included in Health Care and Public Health Operations are manufacturers, technicians, logistics, and warehouse operators and distributors of medical equipment, personal protective equipment (PPE), medical gases, pharmaceuticals, blood and blood products, vaccines, testing materials, laboratory supplies, cleaning, sanitizing, disinfecting or sterilization supplies, and tissue and paper towel products.

Health Care and Public Health Operations also includes veterinary care and all Health Care services provided to animals.

Health Care and Public Health Operations shall be construed broadly to avoid any impacts to the delivery of Health Care, broadly defined. Health Care and Public Health Operations does not include fitness and exercise gyms, spas, salons, barber shops, tattoo parlors, and similar facilities.

7. Human Services Operations. For purposes of this Directive, individuals may leave their residence to work for or obtain services at any Human Services Operations, including any provider funded by DPHHS, or Medicaid, that is providing services to the public and including state-operated, institutional, or community-based settings providing human services to the public.

Human Services Operations includes, but is not limited to: long-term care facilities; residential settings and shelters for adults, seniors, children, and/or people with developmental disabilities, intellectual disabilities, substance use disorders, and/or mental illness; transitional facilities; home-based settings to provide services to individuals with physical, intellectual, and/or developmental disabilities, seniors, adults, and children; field offices that provide and help to determine eligibility for basic needs including food, cash assistance, medical coverage, child care, vocational services, rehabilitation services; developmental centers; adoption agencies; businesses that provide food, shelter, and social services, and other necessities of life for economically disadvantaged individuals, individuals with physical, intellectual, and/or developmental disabilities, or otherwise needy individuals.

Human Services Operations shall be construed broadly to avoid any impacts to the delivery of human services, broadly defined.

• <u>8. Essential Infrastructure</u>. For purposes of this Directive, individuals may leave their residence to provide any services or perform any work necessary to offer, provision, operate, maintain and repair Essential Infrastructure. Essential Infrastructure includes, but is not limited to: food production, distribution, storage, and sale; construction (including, but not limited to, construction required in response to this public health emergency, hospital construction, construction of long-term care facilities, public works construction, and housing construction); building management and maintenance; airport operations; aircraft fueling services; operation and maintenance of utilities, including water, sewer, and gas; electrical (including power generation, distribution, and production of raw materials); distribution centers; oil and biofuel refining; roads, highways, railroads, and public transportation; cybersecurity operations; flood control; operation of dams, locks, ditches, canals, diversions, and levies; solid waste and recycling collection and removal; and internet, video, and telecommunications systems (including the provision of essential global, national, and local infrastructure for computing services, business infrastructure, communications, and web-based services).

Essential Infrastructure shall be construed broadly to avoid any impacts to essential infrastructure, broadly defined.

• <u>9. Governmental Functions</u>. All first responders, emergency management personnel, emergency dispatchers, court personnel, law enforcement and corrections personnel, hazardous materials responders, child protection and child welfare personnel, fire protection personnel, wildland fire fighters, housing and shelter personnel, military, government employees involved in training the above functions, and other government employees are categorically exempt from this Directive. For purposes of this Directive, state government employees are categorically exempt from this Directive. Local governments are permitted to designate which functions and employees are essential and exempt for the purposes of this Directive, apart from those positions and functions named above.

This Directive does not apply to the United States government. Nothing in this Directive shall prohibit any individual from performing or accessing Essential Governmental Functions.

Nothing in this Directive shall be interpreted or applied in a way that interferes with or supersedes tribal sovereignty.

- 10. Businesses covered by this Directive. For the purposes of this Directive, covered businesses include any for-profit, non-profit, or educational entities, regardless of the nature of the service, the function it performs, or its corporate or entity structure.
- 11. Essential Businesses and Operations. For the purposes of this Directive, Essential Businesses and Operations means Health Care and Public Health Operations, Human Services Operations, Essential Governmental Functions, and Essential Infrastructure, and the following: 1

¹ On March 19, 2020, the U.S. Department of Homeland Security, Cybersecurity & Infrastructure Security Agency, issued a *Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response*, available at: https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce. The definition of Essential Businesses and Operations in this Order is meant to encompass the workers identified in that Memorandum.

- a. Stores that sell groceries and medicine. Grocery stores, pharmacies, farm and produce stands, supermarkets, convenience stores, and other establishments engaged in the retail sale of groceries, canned food, dry goods, frozen foods, fresh fruits and vegetables, pet supplies, fresh meats, fish, and poultry, alcoholic and non-alcoholic beverages, and any other household consumer products (such as cleaning and personal care products). This includes stores that sell groceries, medicine, including medication not requiring a medical prescription, and also that sell other non-grocery products, and products necessary to maintaining the safety, sanitation, and essential operation of residences and Essential Businesses and Operations;
- b. Food and beverage production and agriculture. Food and beverage manufacturing, production, processing, and cultivation, including farming, livestock, fishing, baking, and other production agriculture, including cultivation, marketing, production, and wholesale or retail distribution of animals and goods for consumption; licensed medical cannabis dispensaries and licensed cannabis cultivation centers; and businesses that provide food, shelter, and other necessities of life for animals, including veterinary and animal health services, animal shelters, rescues, shelters, kennels, and adoption facilities; businesses that provide equipment, transportation, seed, feed, fertilizer, or other products or services critical to food and livestock production;
- c. <u>Organizations that provide charitable and social services</u>. Businesses and religious and secular nonprofit organizations, including food banks, when providing food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals, individuals who need assistance as a result of this emergency, and people with disabilities;
- d. Media. Newspapers, television, radio, and other media services;
- e. <u>Gas stations and businesses needed for transportation</u>. Gas stations and auto supply, auto repair, and related facilities and bicycle shops and related facilities;
- f. Financial and real estate services and institutions. Banks, consumer lenders, including but not limited, to pawnbrokers, accountants, consumer installment lenders and sales finance lenders, credit unions, appraisers, realtors or others providing real estate services, title companies, financial markets, trading and futures exchanges, affiliates of financial institutions, entities that issue bonds, related financial institutions, and institutions selling financial products;
- g. <u>Hardware and supply stores</u>. Hardware stores and businesses that sell electrical, plumbing, and heating material;
- h. <u>Critical trades</u>. Building and Construction Tradesmen and Tradeswomen, and other trades including but not limited to plumbers, electricians, exterminators, cleaning and janitorial staff for commercial and governmental properties, security staff, operating engineers, HVAC, painting, moving and relocation services, and other service providers who provide services that are necessary to maintaining the safety, sanitation, and essential operation of residences, Essential Activities, and Essential Businesses and Operations;
- i. Mail, post, shipping, logistics, delivery, and pick-up services. Post offices and other businesses that provide shipping and delivery services, and businesses that ship or deliver groceries, food, alcoholic and non-alcoholic beverages, goods or services to end users or through commercial channels;
- j. <u>Educational institutions</u>. Educational institutions—including public and private pre-K-12 schools, colleges, and universities—for purposes of facilitating remote learning, performing critical research, or performing other essential functions

- consistent with prior Directives on school closures and the continued provision of certain services, provided that social distancing of six-feet per person is maintained to the greatest extent possible. This Directive is consistent with and does not amend or supersede the March 24, 2020 Directive closing non-residential public schools through April 10, 2020;
- k. <u>Laundry services</u>. Laundromats, dry cleaners, industrial laundry services, and laundry service providers;
- 1. Restaurants for consumption off-premises. Restaurants and other facilities that prepare and serve food, but only for consumption off-premises, through such means as in-house delivery, third-party delivery, drive-through, curbside pick-up, and carry-out. Schools and other entities that typically provide food services to students or members of the public may continue to do so under this Directive on the condition that the food is provided to students or members of the public on a pick-up and takeaway basis only. Schools and other entities that provide food services under this exemption shall not permit the food to be eaten at the site where it is provided, or at any other gathering site due to the virus's propensity to physically impact surfaces and personal property.
 - This exception is to be interpreted consistent with the restrictions on on-premises dining and beverage businesses, as well as the expanded options for delivery and take out, provided in the March 24, 2020 Directive, Section 2.;
- m. <u>Supplies to work from home</u>. Businesses that sell, manufacture, or supply products needed for people to work from home;
- n. Supplies for Essential Businesses and Operations. Businesses that sell, manufacture, or supply other Essential Businesses and Operations with the support or materials necessary to operate, including computers, audio and video electronics, household appliances; IT and telecommunication equipment; hardware, paint, flat glass; electrical, plumbing and heating material; sanitary equipment; personal hygiene products; food, food additives, ingredients and components; medical and orthopedic equipment; optics and photography equipment; diagnostics, food and beverages, chemicals, soaps and detergent; and firearm and ammunition suppliers and retailers for purposes of safety and security;
- o. <u>Transportation</u>. Airlines, taxis, transportation network providers (such as Uber and Lyft), vehicle rental services, paratransit, and other private, public, and commercial transportation and logistics providers necessary for Essential Activities and other purposes expressly authorized in this Directive;
- p. <u>Home-based care and services</u>. Home-based care for adults, seniors, children, and/or people with developmental disabilities, intellectual disabilities, substance use disorders, and/or mental illness, including caregivers such as nannies who may travel to the child's home to provide care, and other in-home services including meal delivery;
- q. <u>Residential facilities and shelters</u>. Residential facilities and shelters for adults, seniors, children, and/or people with developmental disabilities, intellectual disabilities, substance use disorders, and/or mental illness;
- r. <u>Professional services</u>. Professional services, such as legal services, accounting services, insurance services, information technology services, real estate services (including appraisal and title services);

- s. Manufacture, distribution, and supply chain for critical products and industries. Manufacturing companies, distributors, and supply chain companies producing and supplying essential products and services in and for industries such as pharmaceutical, technology, biotechnology, Health Care, chemicals and sanitization, waste pickup and disposal, agriculture, food and beverage, transportation, energy, steel and steel products, petroleum and fuel, forest products, mining, construction, national defense, communications, as well as products used by other Essential Businesses and Operations.
- t. <u>Critical labor union functions</u>. Labor union essential activities including the administration of health and welfare funds and personnel checking on the wellbeing and safety of members providing services in Essential Businesses and Operations provided that these checks should be done by telephone or remotely where possible.
- u. <u>Hotels and motels</u>. Hotels and motels, to the extent used for lodging and delivery or carry-out food services.
- v. <u>Funeral services</u>. Funeral, mortuary, cremation, burial, cemetery, and related services.
- 12. Social Distancing Requirements for Essential Businesses and Operations. Essential Businesses and Operations and businesses engaged in Minimum Basic Operations must take proactive measures to ensure compliance with Social Distancing Requirements, including where possible:
 - a. <u>Designate six-foot distances</u>. Designating with signage, tape, or by other means six-foot spacing for employees and customers in line to maintain appropriate distance;
 - b. <u>Hand sanitizer and sanitizing products</u>. Having hand sanitizer and sanitizing products readily available for employees and customers;
 - c. <u>Separate operating hours for vulnerable populations</u>. Implementing separate operating hours for elderly and vulnerable customers; and
 - d. Online and remote access. Posting online whether a facility is open and how best to reach the facility and continue services by phone or remotely.
- 13. Minimum Basic Operations. For the purposes of this Directive, Minimum Basic Operations include the following, provided that employees comply with Social Distancing Requirements, to the extent possible, while carrying out such operations:
 - a. The minimum necessary activities to maintain the value of the business's inventory, preserve the condition of the business's physical plant and equipment, ensure security, process payroll and employee benefits, or for related functions.
 - b. The minimum necessary activities to facilitate employees of the business being able to continue to work remotely from their residences.
- <u>14. Essential Travel.</u> For the purposes of this Directive, Essential Travel includes travel for any of the following purposes:
 - a. Any travel related to the provision of or access to Essential Activities, Essential Businesses and Operations, or Minimum Basic Operations.
 - b. Travel to care for elderly, minors, dependents, persons with disabilities, or other vulnerable persons.

- c. Travel to or from educational institutions for purposes of receiving materials for distance learning, for receiving meals, and any other related services.
- d. Travel to return to a place of residence from outside the jurisdiction.
- e. Travel required by law enforcement or court order, including to transport children pursuant to a custody agreement.
- f. Travel required for non-residents to return to their place of residence outside the State. Individuals are strongly encouraged to verify that their transportation out of the State remains available and functional prior to commencing such travel.
- 15. Intent of this Directive. The intent of this Directive is to ensure that the maximum number of people self-isolate in their places of residence to the maximum extent feasible, while enabling essential services to continue, to slow the spread of COVID-19 to the greatest extent possible. These measures are designed to end the epidemic as early as possible, and to protect the well-being of Montanans by returning to the course of business and everyday life as soon as is practicable and safe. When people need to leave their places of residence, whether to perform Essential Activities, or to otherwise facilitate authorized activities necessary for continuity of social and commercial life, they should at all times and as much as reasonably possible comply with Social Distancing Requirements. All provisions of this Directive should be interpreted to effectuate this intent.

II. Directive Is Public Health Order and Enforceable By County Attorney

• This Directive, along with any prior Directive that implements and references the public health authorities of the Department of Public Health and Human Services (DPHHS) provided in Title 50, constitutes a "public health . . . order[]" within the meaning of § 50-1-103(2), MCA, and is enforceable by the Attorney General, DPHHS, a county attorney, or other local authorities under the direction of a county attorney.

III. Local Public Health Agencies to Assist in Administration of this Public Health Order

• Local public health agencies are directed to assist in the administration of this Directive, consistent with § 50-1-202(2)(a), MCA.

IV. Less-Restrictive Local Ordinances Preempted

• This Directive is in effect statewide in Montana. In the interest of uniformity of laws and to prevent the spread of disease, all inconsistent emergency county health ordinances are preempted by this Directive, but only to the extent they are less restrictive. Counties may adopt more restrictive ordinances.

Authorities: Section 10-3-104, MCA; §§ 50-1-103, -202, -203, and -204, MCA; Executive Orders 2-2020 and 3-2020; Montana Constitution, Art. VI, Sections 4 and 13; §§ 10-3-103, -302, and -305, MCA; and all other applicable provisions of state and federal law.

Limitations

- This Directive is effective at 12:01 a.m. on March 28, 2020 through April 10, 2020.
- This Directive shall be implemented consistent with applicable law and subject to the availability of appropriations.
- If any provision of this Directive or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Directive, which can be given effect without the invalid provision or

- application. To achieve this purpose, the provisions of this Directive are declared to be severable.
- This Directive is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the State of Montana, its departments, agencies, or entities, its officers, employees, or agents, or any other person.





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Montana reaches record COVID-19 hospitalizations at 510

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Wednesday while one district moved its middle and high school classes to virtual learning to slow the spread of the respiratory virus among students, few of whom follow the school's mask mandate, officials said.

Montana reported 510 COVID-19 hospitalizations Wednesday, according to state health officials. The previous high of 506 hospitalizations was recorded on Nov. 20, 2020, before any vaccines were available.

The hospitalization surge in Montana comes as most of the United States is seeing encouraging signs: New cases per day in the U.S. have dropped below 100,000 on average for the first time in over two months, and the 1,600 deaths per day is down from more than 2,000 three weeks ago.

Still, health authorities are bracing for another possible surge as cold weather drives more people indoors.

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"The best path forward is for Montanans to talk to their trusted, personal health care provider and get vaccinated," Gov. Greg Gianforte said in a statement. "Though we will not mandate them, the vaccines are safe, they work, and they save lives."

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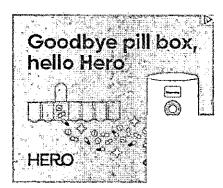
Colin Powell had mixed legacy among some African Americans

BC-The Conversation for October 19, 10am, ADVISORY

Colin Powell: A trailblazing legacy, blotted by Iraq war

During the eight weeks between Aug. 7 and Oct. 1, 83% of the 1,810 people who were hospitalized in Montana and 80% of the 251 people who died were not vaccinated, the state health department said.

Over 495,000 Montana residents, 54% of those eligible, are fully immunized, state



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Tuesday to move 740 middle and high school students to remote learning from Wednesday until Oct. 25, because there are 17 cases of COVID-19 each at Park High School and Sleeping Giant Middle School. Another six staff have COVID-19, according to the school's dashboard.

The county health officer, Lauren Desnick, said Tuesday that the new cases at the schools were associated with well over 100 close contacts and that it was "humanly impossible" for the county's two full-time contact tracers to reach everyone.

And those they reach may not follow quarantine recommendations, she said.

"What we're seeing is somewhere between 25% to 50% of the people we talk to are saying ... 'We'll think about it," Desnick said during Tuesday's school board meeting, the Livingston Enterprise reported.

School board member Dan Vermillion said he visited the middle and high

Trending News Coronavirus pandemic Donald Trump AP Top 25 College Football Poll Abortion muchon or ocuacitic wearing masks,

despite the district's universal mask requirement.

The mask requirement is not easily enforceable, Superintendent Lynne Scalia said Wednesday.

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Due to changes made by the Republicancontrolled 2021 Legislature, local health departments cannot put any healthrelated mandates in place without the approval of elected officials. And any

statewide could lead to the loss of federal pandemic relief funds for infrastructure projects. The state has no pandemic related mandates in place.

Another law was changed earlier this year to say criminal trespassing does not apply to someone who is not wearing a face covering or is not vaccinated to be in a publicly owned place where proof of vaccination or use of facial coverings is required, Scalia said.

Scalia said in order to enforce the district's mask mandate, it would have to suspend students from school and the district doesn't want to do that.

There is nearly 100% compliance with the mask mandate in Livingston's elementary schools, Scalia said, and there are just two cases from grades kindergarten through fifth. Those students will continue in-person learning.

In Missoula County, the school board voted Tuesday to extend the district's

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would allow the district's COVID-19 task force to lift the mandate. The board will have to approve the metrics.

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EDITOR'S PICK TOPICAL ALERT

COVID-19

Montana leads country in COVID cases per 100k

Emily Schabacker Oct 19, 2021



St. Vincent Healthcare and RiverStone are once again holding drive-up COVID testing on North 28th Street.

LARRY MAYER, Billings Gazette



ontana became the state with the highest number of COVID-19 cases per 100,000 peo; the country Tuesday morning. The **New York Times COVID tracker** moved Montana into the top slot as the state hit 97 cases per 100,000 people per day.

Idaho and Wyoming follow with 78 cases and 75 cases per 100,000 people respectively. Alaska, which had been number one over the weekend, has moved down to fourth in the country with 71 cases per 100,000 people.

"We are the hottest spot and Yellowstone County is leading with the number of cases in the state," said Public Health Officer John Felton during a Tuesday meeting of the County Commissioners.

Last year, COVID peaked in Nov. 2020 and worked its way back down to settle at a manageable level during the summer months. During this stable period, the state averaged about 10 cases per 100,000 people per day. That's about 107 cases per day in the state and 16 cases per day in Yellowstone County. In a year, that's about 39,000 cases in the state and about 5,800 cases in Yellowstone County.

"This looks a lot like influenza, but influenza goes back to zero. We haven't hit a zero point for COVID," Felton said.

In Yellowstone County, October case numbers have exceeded that of September. And the seven day average of new cases in the county has far exceeded that of the Nov. 2020 peak. The same is true for Missoula County.

In 20 months, 383 Yellowstone County residents have died from COVID-19. In the entire pandemic, September 2021 saw the highest number of deaths from COVID-19, Felton said.

Other respiratory viruses are starting to circulate as well with only 25% of symptomatic testers showing a positive test for COVID. Other viruses include rhinovirus and respiratory syncytial virus (RSV) that is common in children during winter months.

An unusual uptick in RSV cases was recorded over the summer in Montana. Usually, the virus doesn't start circulating until December. A co-infection of COVID-19 and RSV is possible and could potentially overwhelm an immune system.

During the 2020-2021 school year, about 9% of COVID cases were in school-aged kids, Felton said. This school year, about 20% of cases are in school-aged kids.

About two-thirds of COVID cases are in people aged 20 to 59 years old. This population makes up the adult workforce in Yellowstone County and is not sufficiently vaccinated to minimize the spread, Felton added.

Kelly Gardner, RN with RiverStone Health and Unified Health Command, added that four to seven employees work on COVID-19 data entry every day for public health and nine case investigators work on hundreds of cases per day. In Yellowstone County alone, about 72 hours per day is devoted to COVID-19.

Gardner said that as of 10:15 a.m. on Oct. 19, the time spent on COVID-19 in public health was equivalent to 25 years worth of work.

On Tuesday morning, about 13,500 people in Yellowstone County were removed from the workforce due to COVID-19. Of those, 2,691 people were in isolation and about 11,000 were close contacts expected to quarantine until they receive a negative COVID test.

On top of that, massive numbers of resignations are coming in from health care and education sectors, mostly due to to frustration and burnout, Gardner said.

"That's a huge loss of years of investment in those sectors," Gardner said. "All these hours are spent on COVID and huge economic impacts are being felt in the county ... we continue to set records we do not want to set."

As of Tuesday morning, Billings Clinic had 75 COVID positive inpatients with 32 in the intensive care unit and 23 on ventilators. Of those, 61 are unvaccinated.

St. Vincent Healthcare had 63 COVID positive patients with 10 in the ICU and 10 intubated. Out of the COVID inpatients, 52 were unvaccinated.

At the commissioner meeting, Dr. David Graham, infectious disease doctor with St. Vincent Healthcare, encouraged all to get a third dose or booster shot when it is approved by the FDA.

Third doses are available for those who have received the Pfizer vaccine and are immunocompromised and 65 years old and older. Adults 50 to 64 years with underlying medical conditions should also receive a third shot if they have received the Pfizer vaccine.

Those who received Pfizer and are 18 to 64 years old in essential worker positions may get a booster, as their risk of exposure to COVID-19 is increased.

Moderna recipients can receive a booster if they have a moderately to severely compromised immune system.

Later this week, the FDA will make recommendations for J&J recipients in regards to booster shots.

Emily Schabacker

Health Reporter

Health reporter at the Billings Gazette



joelkrautternlo@midrivers.com

From: Blewett School of Law Career Development <notifications@law-umt.12twenty.com>

Sent: Wednesday, August 4, 2021 4:10 PM

To: Joel Krautter

Subject: UMT : Associate Attorney - Netzer Law Office, P.C. Job Posting Approved



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Katy Stack, JD, MS

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