STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS

OCCUPATIONAL SAFETY & HEALTH STANDARDS BOARD

COVID-19 PREVENTION SUBCOMMITTEE MEETING

In the Matter of:)
)
July 20, 2021 OSH)
COVID-19 Prevention)
Subcommittee Meeting)
_____)

TELECONFERENCE

PLEASE NOTE: In accordance with Executive Order N-29-20, and Executive Order N-33-20, the Subcommittee Meeting will be conducted via teleconference

TUESDAY, JULY 20, 2021

10:00 A.M.

Reported by:
E. Hicks

APPEARANCES

SUBCOMMITEE MEMBERS:

Chris Laszcz-Davis, Subcommittee Chair and Management Representative on the Board
Nola Kennedy, Public Member on the Board and Liaison for the Subcommittee to the Division
Laura Stock, Occupational Safety Representative on the Board

BOARD STAFF PRESENT AT OSHSB OFFICE IN SACRAMENTO:

Christina Shupe, Executive Officer
Michael Manieri, Principal Safety Engineer
Autumn Gonzalez, Chief Counsel
Sarah Money, Executive Assistant
Michael Nelmida, Sr. Safety Engineer
Jennifer Bailey, Sr. Safety Engineer

BOARD STAFF ATTENDING VIA TELECONFERENCE AND/OR WEBEX:
Lara Paskins, Staff Services Manager
Amalia Neidhardt, Sr. Safety Engineer, Spanish Interpreter

IT:

John Gotcher
John Roensch
Brian Monroe
Rey Ursery
Maya Morsi

ALSO PRESENT:

Eric Berg, Deputy Chief of Health, Cal/OSHA
Dr. Jim Seward, Cal/OSHA Medical Unit

PUBLIC COMMENT:

Helen Cleary, Phylmar Regulatory Roundtable
Bruce Wick, Housing Contractors of California
Anne Katten, California Rural Legal Assistance Foundation
Shelley Trost, Self
Saskia Kim, California Nurses Association
Bethany Miner, Small Business Owner
Tiffany Noia, Self

PUBLIC COMMENT:

Rob Moutrie, California Chamber of Commerce
Maggie Robbins, Worksafe
Kevin Riley, UCLA Labor Occupational Safety and Health Program
Brad Bargmeyer, Self
Pam Ragland, Association of Autistic, ADHD and Special Needs Kids

I N D E X

PROCEEDINGS

JULY 20, 2021 10:02 a.m.

CHAIR LASZCZ-DAVIS: Good morning. This subcommittee meeting of the Occupational Safety and Health Standards Board is now called to order. I am Chris Laszcz-Davis, Subcommittee Chair and Management Representative on the Board, and the other Board Members present today for this subcommittee are Ms. Nola Kennedy, Public Member on the Board and liaison for this subcommittee to the Division and Ms. Laura Stock, Occupational Safety Representative on the Board.

Also present from our staff for today's meeting are Mr. Michael Manieri, Principal Safety Engineer; Ms. Autumn Gonzalez, Legal Counsel; Ms. Sarah Money, Executive Assistant; and Mr. Michael Nelmida and Ms. Jennifer Bailey, Senior Safety Engineers, who are providing technical support.

Supporting the meeting remotely are Ms. Lara Paskins, Staff Services Manager and Ms. Amalia Neidhardt, Senior Safety Engineer, who is providing support to Ms. Kennedy and providing translation services for our commenters who are native Spanish speakers.

Via teleconference we are joined today by Dr. Jim Seward, Cal/OSHA Medical Unit; and Mr. Eric Berg, Deputy Chief of Health, representing the Division of Occupational Safety and Health.

Today's agenda and other materials related to today's proceedings are posted on the OSHSB website.

In accordance with Executive Orders N-29-20 and N-33-20, today's subcommittee meeting is being conducted via teleconference,

with an optional video component.

This meeting is also being live broadcast via video and audio stream in both English and Spanish. Links to these non-interactive live broadcasts can be accessed via the "what's new" section at the top of the main page of the OSHSB website.

We have limited capability for managing participation during the public comment period, so we're asking everyone who is not speaking to place their phones on mute and wait to unmute until they are called to speak. Those who are unable to do so will be removed from the meeting to avoid disrupting the proceedings.

As reflected on the agenda today's meeting consists of two parts. First, we will hold a business meeting for the subcommittee to conduct its business. During the business meeting there will be an opportunity funding subcommittee to receive public comments. These comments are to be confined to revised COVID-19 Emergency Temporary Standard, or ETS, recently adopted by the Board.

Please be aware that the committee is capping the public comment period to 30 minutes. And each speaker during the public comment period will be given two minutes to address the committee.

You are also invited to submit your comments in writing to the committee at oshsb@dir.ca.gov. Please be sure to specify that your written comments are for the COVID-19 Prevention ETS Subcommittee so that they are directed accordingly by the Board staff.

During the public comment period please listen for your name and an invitation to speak before addressing the committee. And please

remember to mute your phone or computer after commenting.

OSHSB staff can be contacted by email at oshsb@dir.ca.gov or via phone at 916-274-5721 to be placed in the comment queue. If you experience a busy signal or are routed to voicemail please hang up and try again.

After the business meeting has concluded we will conduct the second part of our meeting, which consists of subcommittee consideration and deliberation as needed.

For our commenters who are native Spanish speakers, we are working with Ms. Amalia Neidhardt to provide translation of their statements into English for the committee. At this time Ms. Neidhardt will provide instructions to the Spanish-speaking commenters so they are aware of the public comment process for today's meeting. Amalia?

MS. NEIDHARDT: [READS THE FOLLOWING IN SPANISH] Public Comment Instructions.

" Good morning, and thank you for participating in today's Occupational Safety and Health Standards Board COVID-19 Prevention Subcommittee Meeting. Board Members present are Ms. Chris Laszcz-Davis, Subcommittee Chair and Management Representative on the Board, Ms. Nola Kennedy, Public Member on the Board and liaison to the Division for this subcommittee; and Ms. Laura Stock, Occupational Safety Representative on the Board.

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opportunity for the subcommittee to receive public comments. These comments are to be confined to the revised COVID-19 Emergency Temporary Standard, or ETS, recently adopted by the Board. Please be aware that the committee is capping the public comment period to 30 minutes and each speaker during the public comment period will be given 2 minutes to address the committee. You are also invited to submit your comments in writing to the committee at oshsb@dir.ca.gov. Please be sure to specify that your written comments are for the COVID-19 Prevention ETS Subcommittee so that they are directed accordingly by the Board staff.

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"Please listen for your name to be called for comment. When it is your turn to address the committee, please be sure to unmute yourself if you’re using WebEx or dial *6 on your phone to unmute yourself if you’re using the teleconference line. Please be sure to speak slowly and clearly when addressing the committee and please remember to mute your phone or computer after commenting. If you have not provided a written statement, please allow natural breaks after every two sentences, so that we may follow each statement with an English translation."

CHAIR LASZCZ-DAVIS: Thank you.

Well, that now brings us to the business portion of the meeting. Let’s start with Ms. Kennedy, who will provide the subcommittee with the Subcommittee Liaison Briefing. Nola.

BOARD MEMBER KENNEDY: Good morning. It's been a week since our last subcommittee meeting, so not too much has happened. And in the intervening week we had a full Board meeting also during that time.

But I did meet with the Division once since then, and basically we just decided we would continue to focus for this meeting on the discussion of metrics, and that's really it. And saying that, I'd actually like to ask Amalia Neidhardt at this point to share what she has discovered over the last week.

MS. NEIDHARDT: Thanks, Nola.

Yes esteemed members of the COVID-19 Prevention Subcommittee at the July 13th COVID Prevention Subcommittee meeting members of the subcommittee expressed interest in learning about COVID-19 related metrics and/or indicators the states might be using to respond to COVID-19. We are fortunate to have received feedback from a handful of states, but I first want to thank Amber Rose, Fed OSHA representative and Cora Gherga, Cal/OSHA Assistant Chief for their assistance with this project.

Several OSHA state plans were contacted. However, due to the limited time available to conduct this study only a handful of states were able to reply to our urgent query. This briefing will highlight the preliminary findings on this ongoing analysis. And I'm going to be a little bit detailed, because every state gave me a lot of information, so I probably won't do justice to them.

So first one, Oregon OSHA. Oregon OSHA has a permanent standard, but because of the Governor's Executive Order face coverings and physical distancing requirements have been lifted. The decision was based on either reaching a 70 percent vaccination rate or simply the date June 30th.

In alignment with their executive order, Oregon OSHA adopted a temporary amendment set to expire on December 20th, 2021, that will ensure that those particular provisions not be enforced. The rest of the rule is still in effect.

The next step will be to initiate permanent rulemaking, so that those amendments become permanent. There is presently a

mechanism in place to ensure that the notification process still takes place. That is that workers be notified of a COVID-positive case in their workplace.

Oregon OSHA is working jointly with the Oregon Health Authority and the Governor on a permanent regulation to make the amendments permanent, but also to keep in place the mechanism for ensuring that workers are notified of a COVID-positive case in their workplace.

Oregon is holding monthly meetings with stakeholders to determine which provisions to stop enforcing next.

North Carolina OSHA: North Carolina OSHA has been using metrics from the North Carolina Department of Health and Human Services throughout the pandemic. North Carolina is operating under executive orders issued by their Governor. The current COVID restrictions are under Executive Order 220 and Executive Order 215. The metrics for decision-making are included in those orders and can be somewhat fluid depending upon the vaccination rate.

They note the following, and I quote, "Whereas if the state's COVID-19 case rate increases, if the state's vaccination rates slows, or if a new evidence arises regarding the risk of COVID-19 and its variants it may be necessary to re-evaluate whether additional restrictions are necessary to reduce the risk of death and serious illness from COVID-19."

North Carolina OSHA has adopted the federal ETS for healthcare verbatim and it starts to go into effect on July 21st, 2021. They have not adopted any emergency standards to date other than this

one. And they have been using current standards and their general duty clause in conjunction with CDC guidelines during the COVID period.

Next, Washington DOSH, the State of Washington's health emergency has not been removed. However, some restrictions were lifted on June 30th. The decision was based on either reaching a 70 percent vaccination rate or simply the date, June 30th.

Washington DOSH is in the process of initiating rulemaking in response to state legislative mandates and the Fed OSHA's ETS. Regarding their state's legislative mandates, Senate Bill 5115 is a special piece of legislation. Washington DOSH will be working on an emergency rule that will implement epidemiological thresholds following CDC mitigation strategies for moderate to significant transmission levels, like mandating that any employer with more than 50 employees within 24 hours of confirming that 10 or more of their employees have tested positive report the positive tests to the Department.

Illinois OSHA. Illinois OSHA has continuously reviewed metrics provided by the Illinois Department of Public Health throughout the pandemic. The Illinois Department of Public Health has a comprehensive COVID-19 site and Illinois is currently in Phase 5 of the Restore Illinois Plan.

Illinois OSHA has observed trends in COVID-19 related to employee complaints and employer-reported hospitalizations and fatalities. Illinois OSHA is a state and local government only state plan, with jurisdiction limited to public sector employers. However, they do maintain a close relationship with their federal OSHA partner.

Michigan OSHA. Michigan's original COVID rules covered all centers, but the Governor and the State Department of Health Services has since lifted restrictions. The new Emergency Temporary COVID Standard applies only to certain healthcare settings in alignment with federal regulations. MIOSHA can cite non-healthcare employers under the general duty clause and existing MIOSHA standards.

Nevada OSHA, no indicators or metrics at this time. Nevada is currently following the ETS identical to the language from Fed OSHA and their governor's directives and declarations, such as recommendations studying indoor public spaces, fully vaccinated people should continue to wear a mask.

Virginia OSHA, Virginia has been in the middle of several rulemaking efforts including proposed amendments to its final permanent standard on COVID-19 in a new rulemaking on heat illness prevention.

Regarding a specific metrics related to COVID-19, the briefing package on the ETS submitted by their department to the Board contain a section on their findings that the virus presented a grave danger to employees. The briefing package on this final permanent standard was drafted when Virginia and the country had just barely passed the worst of the pandemic and vaccines were still not widely available in case hospitalizations and death rates were at or near the highest point. The briefing package on the current proposed amendments to their final permanent standard explains that the Department is recommending changing their focus from the very high,

high, medium, and lower risk at (indiscernible) level approach, to one that focuses on mitigation strategies. Directed at protecting employees who are unvaccinated, not fully vaccinated, or otherwise at risk from the grave danger presented by SARS-CoV-2 virus and its variants, in the COVID-19 disease.

The most recent proposed amendments rely on the following metrics: vaccine availability, vaccination rates for adults, including the fact that there remains a certain substantial percentage of the population that has indicated an intention to not get vaccinated, lack of vaccines for children, increasing prevalence of the more contagious Delta variant of the virus in the U.S. and Virginia.

The general consensus in the scientific community is that if the Delta variant becomes the dominant strain, pockets of potentially severe outbreaks in the unvaccinated populations are likely to continue throughout the summer and particularly this fall as children and young adults go back to school, college and the temperatures decline, resulting in people being indoors more.

At this point the Virginia OSHA program considers COVID-19 to be a hazard that will remain serious and life threatening to unvaccinated workers for the remainder of 2021. And possibly into 2022 or even beyond, depending on vaccination rates and the potential for additional variants to develop.

Because there remains a substantial percentage of the world population that aren't vaccinated, which can serve as virus pools for more serious variants to develop. And because this virus particularly has

no respect for borders it seems reasonable to conclude that COVID-19 will be something we will continue to have to deal with on a regular basis.

New Jersey OSHA. New Jersey announced that the lifting of their restrictions was due to having achieved across the state their COVID-19 benchmark. Including achieving a vaccination rate of 70 percent of their adult population as of June 18th, and significant decreases in new COVID cases, decreases in number of hospitalizations, hot spot positivity rates, and rates of transmission. However social distancing, masking and other safety measures are still required in high-risk areas such as healthcare settings, public transportation, shopping centers, and correctional facilities, and homeless shelters.

John, if you could please share with all of them the spreadsheet that I have, the data?

So the information referenced in this briefing can be requested via email at oshsb@dir.ca.gov. And again due to the -- yes please send an email, because due to the fast pace that we used to gather this data the spreadsheet had to be prepared at the last minute.

And that's it for me, sorry.

CHAIR LASZCZ-DAVIS: Yeah. Thank you for that, Amalia.

At this point what I'd like to do -- Eric and any other report from the Division before we move on.

MR. BERG: Okay, thank you. The Cal/OSHA Medical Unit will speak. The Cal/OSHA Medical Unit is staffed with medical doctors with expertise in occupational medicine and expertise in occupational health.

And Dr. Seward will now discuss certain metrics related to the transmission of COVID-19 in California workplaces that may be useful in discussions about the COVID-19 Emergency Temporary Standard. Thank you.

Dr. Seward, would you like to speak now?

DR. SEWARD: Thanks, Eric, yes. Good morning everybody.

I'd like to acknowledge at the outset of these comments that my colleague Dr. Paul Papanek researched these issues and prepared these thoughts for you. But he's unfortunately unable to be here today, so I'm standing in for him and had a chance to review his thoughts and add some of my own.

So what I'd like to do is briefly discuss with you six different metrics for which the data is currently being collected by the State of California, or in one case by one private entity. And I'd like to go over the pros and cons of the use of each of those metrics. And they are just to give you a quick overview: the daily rate of verified new COVID-19 cases; the percentage of the working-age population that is vaccinated; the number of reported workplace outbreaks; the R Effective Value, which I'll explain in more detail; and then finally Workers' Compensation data, so those are the six.

So as you are all probably aware from looking from time to time on the state dashboard there is a daily rate of verified new COVID-19 cases that is published. This is relatively current data, so that's one of the strong points of it is that it really reflects the almost real-time rate of cases that are confirmed by PCR or physician-confirmed. And so

indirectly this may be a reasonable surrogate for workplace transmission assuming that workplaces reflects the community as a whole.

The cons in this is that these cases may not, the captured cases may not reflect asymptomatic spread in those cases that don't come to public health attention.

The current rate in California is about 7 verified new cases per 100,000 population per day. And that has approximately doubled in the last 2 weeks. And the reason for that is probably the spreading of the Delta variant, possibly coupled with the relaxation of masking requirements and other projections, which had been in place beforehand.

So a second potential metric is the percentage of the working-age population that has been vaccinated. The pros of this is that very high numbers should correlate with reduced risk of transmission. The cons are that the community vaccination rates may not reflect what's happening in any given workforce. And so there could well be pockets in which there's a higher level of risk.

We also, especially given the Delta variant really don't have a good sense for what herd immunity, what level the vaccination results in herd immunity. Currently about 66 percent of Californians in the age bracket 18 to 49 are immunized. And it's a lot higher, about 80 percent, for those in the age 50 to 64 who've had at least one dose.

A third possible metric is the number of reported workplace outbreaks as compiled under AB 685. As I'm sure most people on the call recognize that employers are required to present -- to report to the local health authorities outbreaks of three cases or more in a two-week period

in the workplace among people who are not household co-members.

And so the pro of this particular metric would be that it is at least occupationally based and that high numbers would certainly indicate ongoing occupational risks. The cons are that it's questionable to what degree this reporting is actually happening. The reporting happens or is close to local –- I mean, county health departments and then is subsequently filtered up to the state, so there is a significant lag time. And so it's likely that many of these outbreaks do not reach the state's data coffers, as it were.

Most current data from the California Department of Public Health indicates that there was in April about 477 outbreaks and in May about 219 outbreaks. I don't believe the June data is out yet in reflecting the delay in this data.

So a fourth potential metric would be the rate of positive COVID-19 tests, preferably those done by a Polymerase Chain Reaction, the PCR tests. And again, this would be a relatively quickly collected measure, so relatively real time. That's a positive.

And the cons are that these tests are oftentimes not done for symptoms, but rather because people need a negative test for administrative reasons and so there's a sort of a dilution factor. And trends in why people decide to get tested may well affect the sensitivity and specificity of this metric for your purposes.

At current time about 4.1 percent have tested positive and this rate has increased from 2.3 percent about 8 or 9 days ago, so there's been a significant uptick recently.

Okay onto the next, the fifth metric I wanted to discuss with you, and that is the R-value, the effective R-rate. So this is a calculated value that reflects the degree to which are the number of transmissions that any given case has on average. So an R of 1 means each new case of COVID-19 generates 1 new COVID case. So an R less than 1 means that the pandemic is receding. And R greater than 1 means that it is probably increasing. And as a calculated rate there's a fair amount of uncertainty in the precise number, which is a limitation.

And the current rate is about 1.29, which is an upward trend over the last few weeks. Again, because most likely of the Delta variant.

Then the final metric I wanted to lay out for you was the use of data from the California Workers' Compensation Institute. And this is Workers' Compensation claims that are compiled by the CWCI. A pro of this, is that this source of data is probably the most comprehensive standard of Workers' Compensation data in California, but it's still only a partial collection of all of the cases.

The cons are that there is significant delay in this. Some cases are not reported immediately, some are put on delay (indiscernible) and therefore are not submitted. And probably the major issue is that many Workers' Comp cases are not reported by the ill individual, so there can be a very severe problem with underreporting with this particular metric. But it might be helpful for trending.

So that's all. Let me just add, what those data are for three recent months. In April there were 1,239 claims, May 741, June 612.

So with that I'd be happy to answer any questions that the

group may have.

CHAIR LASZCZ-DAVIS: Yeah, thank you very much for that, Dr. Seward.

Open for questions, Laura?

BOARD MEMBER STOCK: Yeah, thank you so much. That was really, really helpful. I appreciate all of that information.

So I have a question about the work place outbreak data, and this has come up before, but it seems clear that what is really needed and what is going to be most useful for targeting prevention efforts is specific worksite data. In other words, I know that employers report to local health departments, but all that we're seeing on the websites of CDPH is industry data.

So I think it would be really useful for this committee to be able to have access to worksite data reports. And I don't whether you can answer this, not being at CDPH, but I wonder whether you could comment on that, what you know about that. And then I'm just also thinking that it would be good to specifically request from CDPH that a report on worksite specific data be provided. So do you have any comments on that Dr. Seward?

DR. SEWARD: Well first, thanks, Laura. I appreciate your comment and your question.

I believe under AB 685 that that information is available, at least to the County Health Department. Whether it is rolled up at the state level I'm not sure and so I really can't answer that part of the question. But at least it already exists, which is a major step forward. It

would not require a -- all of these measures I'm talking about are really passive surveillance, which means that the systems are set up and the data goes to some degree automatically to the recipient. And presumably an extension of that by collecting worksites, rolling up worksite specific data would be possible with not a huge, additional investment.

But again I have to put the caution out there that I haven't directly been involved in the collection of this data, so I'm not sure what the CDPH folks would say about that.

BOARD MEMBER STOCK: Thank you. Also I'm wondering whether we could specifically request CDPH to provide that data to the committee, perhaps at our next meeting. Does anybody have any comments on that?

MS. SHUPE: Laura, can I ask -- because generally worksite specific data is used for enforcement action, so what -- can you help clarify how that worksite specific data will be used for the regulation?

BOARD MEMBER STOCK: It gives us more specific information about what kinds of facilities are experiencing outbreaks. And industry information is very, very broad and it doesn't really allow us to target. You know, it is true that it's really important for enforcement information as you mentioned. But I think given that our purpose is to really get the closest possible picture of what's happening in the workplace, I think getting that more specific data would be really, really helpful. And it does sound as if it's available and could be provided.

MS. SHUPE: And so I just want to make sure that when that

request is forwarded we're really clear about what it is we're hoping to achieve here. So what I'm hearing from you is that the kinds of facilities, that's what you are interested in, because that again is not necessarily workspace worksite-specific?

BOARD MEMBER STOCK: Yeah, what I think I am interested in is worksite-specific data to the extent that that can be made available. I know that there's been examples. I've seen L.A. County, for example, has collected that and made that available on the website, at least in the past. I haven't looked recently, but I know that some people that we've worked with have captured and used that where it was really reported in terms of the specific worksites. So I think that's an example of where it was deemed useful for the public to be able to know that, and for people who are trying to monitor trends and be able to know where enforcement again would be needed, and where problems are occurring.

So it just feels like since we're talking about metrics here we're trying to get the most complete picture that can help us know how to proceed. And since I know that –- and since according to what Dr. Seward has reported that data is available. It feels like a very important piece of the picture.

MS. SHUPE: Okay great, thank you.

BOARD MEMBER STOCK: Thank you.

CHAIR LASZCZ-DAVIS: And Laura, do bring that up as we move into committee deliberations later on as a request, okay. Any other comments, questions? Nola?

BOARD MEMBER KENNEDY: Yeah, as we continue this

discussion I do want to say that it will be important, Laura, for us to figure out exactly how we might use the data you're asking for, for rulemaking. And not just necessarily for interest in seeing where things are happening. We have sort of limited bandwidth. And so if it's useful for using as deciding when we're going to tighten up restrictions or loosen restrictions then I would like to have that clarified as to what you're thinking.

BOARD MEMBER STOCK: Yeah, I mean we can think more about this. And then I think as we hear from the public we'll be interested to have them weigh in as well. But as I said I think we've decided as a committee to delve, dig deep into metrics to truly, to really be able to get the biggest and most complete picture that we possibly can of what's going on in workplaces.

So in general I believe that that information is very useful for that effort in both understanding where problems are occurring and how we might characterize it once we get more detailed information about the kinds of places where outbreaks are occurring. And I think that's going to be useful information, as well as all of the metrics that we just heard about in terms of being able to get the most complete picture of what's happening in the workplace.

CHAIR LASZCZ-DAVIS: You know, all I'm going to suggest is at this point let's just explore the possibility of securing that kind of data. We're not really sure what's available and what the landscape looks like, so it's an initial request for exploration as to what's available and our access to it. So if we can leave it at that for the moment I think we're

good.

Any other comments on Dr. Seward's presentation, Eric's and Dr. Seward's presentation? Because we'll have another opportunity to talk about this later as well.

Well thank you very much Dr. Seward, that really was very informative. It certainly set some, if you will, benchmarks for us that I think will be useful as we move forward.

DR. SEWARD: Thank you.

CHAIR LASZCZ-DAVIS: And with that what I'd like to do now is open this up to the public comment period.

MS. SHUPE: Chris?

CHAIR LASZCZ-DAVIS: Yes?

MS. SHUPE: I'm so sorry and I hate to interrupt, but we had a technical issue earlier with Amalia's spreadsheet that she wanted to share. And I believe John has that up and ready to put on the screen for now.

And I just want to reiterate for all of our stakeholders who are participating, a lot of this data is coming in very fast and on very short notice prior to the meetings. And we have a choice, we can either release it ahead of the meeting and not discuss it for three weeks. Or we can present it to you today when the data comes in late at night the night before. And we have made the decision to go ahead and get you this information as quickly as possible. And then to make it available to you by request you can email oshsb@dir.ca.gov and we will go ahead and get that spreadsheet out to you.

And then keep in mind that the subcommittee meetings are separate from the Board meetings. And so often in Board meetings we bring an item up, we resolve it and we move on. The subcommittee process is an ongoing discussion. So this data that's coming up, you'll see it today, you'll have an opportunity to look at it, and then it will also be available for discussion at the next subcommittee meeting. Thank you.

CHAIR LASZCZ-DAVIS: Thank you very much for that, Christina.

And so with that let's move on to the public comment period. We will now proceed with the public comment period. Anyone who wishes to address the committee regarding the revised COVID-19 Emergency Temporary Standard, or ETS recently adopted by the Board is invited to comment. Once again please listen for your name and an invitation to speak before addressing the committee. When it is your turn to address the committee please be sure to unmute yourself if you're using WebEx or dial *6 on your phone to unmute yourself if you're using the teleconference line. Please be sure to speak slowly and clearly when addressing the committee. And -please remember to mute your phone or computer after commenting.

Mr. Gotcher, do we have any commenters in the queue?

MR. GOTCHER: Our first commenters are Helen Cleary, Bruce Wick and Anne Katten, with first Helen Cleary from the Phylmar Regulatory Roundtable.

MS. CLEARY: Good morning, thank you. I'm Helen Cleary, I'm

the Director of PRR, a member-led occupational safety and health forum. I thank you for holding another meeting and for the updates that are offered today.

The insight and perspective shared by Dr. Seward was very helpful, so thank you for that. It's clear that each data set has pros and cons, but we should definitely continue to analyze and consider each data set because I think it will tell a larger story. We'd like to take a closer look at it as we review the data that's currently available through the CHHS Open Data program, which (indiscernible) will be doing.

On that note I just want to point out that unlike other data sets, for example the cases' deaths and tests or the hospitalization data sets. The outbreak data is the only data that's not broken down by date that's available on the site. It's currently cumulative and it's industry-specific, but it doesn't include any time frames. We think that knowing the industries associated with the outbreaks is very beneficial, but without some sort of date we are unable to see the trends. Reviewing the total numbers doesn't give a full perspective or indication of what is taking place.

We've been communicating with the CHHS Open Data team and requested this information. They actually responded this morning and said they're unable to provide it because there are other requests in the queue and they have limited resources, which we understand. But we do encourage the subcommittee to request this information, so we can see that entire story.

Eric Berg shared information from a data set on outbreaks

for the dates of June 28 through July 6 at the last subcommittee meeting, which was great. So it is possible to clear the data by date or some sort of time window.

Also, regarding outbreaks it's important to remember that a workplace outbreak is not a direct indication of failure of the employer's COVID-19 prevention plan. The definition of an outbreak is three or more cases and it does not consider the total number of exposed employees. When PRR voiced concerns about this definition prior and after the ETS became effective, I believe it was at the advisory committee meetings in December. And I think it was Chief Parker who explained that the reason for the low trigger of three was to prevent spread, and we understood that. It was not to find fault or reason to target and blame the employer.

Knowing the industry trends are helpful in determining similarities across work environments. And it also gives insight on the types of facilities as Ms. Stock discussed a few moments ago. Those similarities are why following industry-specific guidance was so effective last year. So that's one way to utilize the information on outbreaks and having the dates will help that analysis, so we encourage kind of diving into those time windows with that information.

Finally, regarding the benchmarking --

MR. GOTCHER: Thirty seconds.

MS. CLEARY: -- information that Amalia Neidhardt shared, well done. Personally I know this information is very difficult to track and I understand it keeps coming and changing, so we look forward to

following that progress. Thank you for doing that work.

I wanted to add that because of limitations of the temporary rulemaking process Oregon OSHA's ETS, their temporary standard expired. I think that it was in May that it expired. And that was the reason that it became permanent. In meetings that I have attended in the past Oregon OSHA has stated to stakeholders that they intend to repeal that permanent standard when they can.

MR. GOTCHER: Three minutes.

MS. CLEARY: So thank you for your time today and we look forward to more discussions. And work closely to follow all the trends that are happening in California. Thank you.

MR. GOTCHER: Our next commenter is Bruce Wick from the Housing Contractors of California.

MR. WICK: Thank you, thanks for the time. I appreciate all the info. I have two comments about the outbreak data, which is important and very valuable data and I think being underutilized.

First is in the outbreak data it is broken down by 250 different segments of industry. It wouldn't take someone that long to sort that out and tell us not only what's happening, but the trending could be available, because it is evidently reported month by month. But it does show like healthcare is 44 percent of all outbreaks, 52 percent of all cases. So healthcare is a big part of it, but there is 15 different subsets in the healthcare industry. So that information could be mined and presented on a monthly basis and trended and I think would really help us.

But I will also inform as of Friday there was a published appellate decision from San Diego, Case Number D-as-in-David 078415, the Voice of San Diego, wanting specific site information. And the appellate court denied that information agreeing with the County of San Diego whose Public Health Officer said, "A problem that you have with it is disclosing," this is the county's –-

MR. GOTCHER: Thirty seconds.

MR. WICK: -- Dr. Wooten –- " -- disclosing the exact name and address of an outbreak location would have a chilling effect on the public's willingness to cooperate with contact tracing efforts." So I think we're going to have a real hard time trying to access any specific information. But there's hugely more information to mine and to trend out of the outbreak data that is proposed that is already posted.

So I hope we do that for our next meeting, and someone would keep that up. I think that would be very helpful information. Thank you.

MR. GOTCHER: Our next commenters are Anne Katten, Shelley Trost and Saskia Kim, with next Anne Katten from the CRLA Foundation.

MS. KATTEN: Hi, good morning. This is Anne Katten. Can you hear me?

MR. GOTCHER: Yes. We can.

MS. KATTEN: Oh great. Okay, didn't see the light.

Thank you very much for all your continued work and I appreciate the updated information on our metrics and outbreaks. And

just wanted to remind you that we really, really also need to get any outbreak data from employer-provided housing and transportation, this is really critical.

I also think having the data supplied as specifically as possible is really important. If you can't provide it by worksite yet, at least by county level and industry would be really helpful, but I think worksite would be very important.

Given the resurgence in infection levels we feel it is time to eliminate the self-attestation of vaccination as an option, because it is not ensuring that unvaccinated workers are masking. We also think that it is really time to retighten the ETS to require masking indoors for both vaccinated and the unvaccinated as was initially proposed.

And for the worker, for employer-provided housing to reinstitute the physical distancing in bedrooms, because you can't wear a mask 24/7, obviously, in housing. And just that will reduce the density in housing of potential infection.

MR. GOTCHER: Thirty seconds.

MS. KATTEN: And this is also important in transport. And in housing and transportation even when workers are all vaccinated we think this is really needed now. Thank you.

MR. GOTCHER: Our next commenter is Shelley Trost.

MS. TROST: Hi, I'm here today on my behalf and on behalf of thousands of people in California to ask that you stop the forced control mask-wearing of employees that have chosen not to get the COVID shots. As well as the K through 12 school-aged children from forced mask

wearing.

Over the last six months the way people feel in the workplace that have chosen not to get the shot is passive-aggressive. And people that are not infected with COVID-19 should not be caused to wear mask barriers, it's discrimination.

The new decision of your organization on June 15th has caused increased division in our state and in the workplace. Much like the tuberculosis test if you would like to ask people to be tested for COVID then request it at the employer's discretion and the employer's expense. If the test is negative, case closed.

The shot is not a legal vaccine. It was not tested and tried through the proper vaccine channels. It is like the flu shot and the pneumonia shot, the COVID shot is a choice. Those that choose not to get the shot should be left alone. Asking people if they have been given a shot is in violation of the HIPAA law and human rights are being violated on so many levels with this.

The whole point of others getting the vaccine is that it's considered safe now, correct?

And children, they are not the population that got the disease over the past 18 months. Recovering for them –-

MR. GOTCHER: Thirty seconds.

MS. TROST: -- is as the flu. They should not be forced to wear the unhealthy confining masks at school all day, not to mention the shot is killing children as well as adults.

Masks should be banned in society effective immediately

and shots should continue to be a choice. HIPAA and human rights should stop being violated. Thank you for your time and thank you for hearing me.

MR. GOTCHER: Our next commenters are Saskia Kim, Bethany Miner and Tiffany Noia, with next Saskia Kim from the California Nurses Association.

MS. KIM: Thank you, good morning. This is Saskia Kim of the California Nurses Association. I just wanted to briefly comment on the use of Workers' Compensation data, which has been discussed both today and in previous meetings. Our nurses have had experience with the Workers' Compensation system and so I just wanted to pass along a few thoughts.

I want to first say at the outset that my comments are related to more general issues with Workers' Comp, they aren't COVID-specific. But our members do report significant issues with access to Workers' Compensation issues, both with the system itself getting coverage, and even problems with their employers directly. We've had instances when employers have told nurses that their injury was not sufficiently work-related. And as a result the nurse does not file a Workers' Compensation claim. So we have significant concerns about any reliance on data being -- potentially an underreporting of injuries.

Also, employers have told nurses to use their own paid sick leave and other time instead of using Workers' Compensation. And in fact we had a bill last year where the hospitals admitted they're doing this. Actually, during a Senate Labor Committee hearing we had a letter

from one of our hospitals that told our employees to use their available sick time or PTO rather than Workers' Compensation.

And so data from Workers' Compensation carriers, or DWC doesn't accurately capture the many instances where nurses do not file reports or claims, because the system is either so burdensome to navigate, or there is a fear of retaliation, or they're not even just aware that they can file as well.

So I wanted to pass along long those kind of real-world experiences from our nurses for your consideration. Thank you.

MR. GOTCHER: Our next commenter is Bethany Miner.

MS. MINER: Good morning. I wanted to thank all of you for everything that you've been doing through this incredible pandemic. I did want to encourage you guys to have more of a roundtable discussion. I know that there was talk of doing more of a roundtable discussion at some point and I hope that you consider that in the future.

And also I wanted to talk about the Work Comp data. I am a small business owner. We've got over 400 employees. And while we did have employees test positive there was nobody who tested positive who actually got COVID-19 in the workplace. So I do have concern over the data that you're looking at and how it's interpreted.

So hopefully you guys have access to the SB 1159 data. So that required employers to report to the Work Comp company any positive case, but it did not actually have anything to do whether it was considered a Work Comp case. So it was strictly a positive test, but that could have been an employee who had exposure from their home or from

some other place other than work. It was just simply a positive test.

Also with the outbreak, again that's three or more employees. That has nothing to do whether or not they got COVID in the workplace. So I do have a little bit of concern over the information that you're getting and what the assumptions are about that information. I wish that there was a better way --

MR. GOTCHER: Thirty seconds.

MS. MINER: -- for you guys to understand whether somebody actually got COVID in the workplace or whether it was a community situation or home or someone's taking a vacation and getting COVID. So I'd be happy to discuss that further. And thank you for your time

MR. GOTCHER: Our next commenters are Tiffany Noia, Robert Moutrie and Maggie Robbins, with next Tiffany Noia.

MS. NOIA: Hello, I'm going to be discussing a case that was filed on July 19th, 2021, in the United States District Court for the Northern District of Alabama, America's Frontline Doctors, et al. are the plaintiffs versus Xavier Becerra, Secretary of the U.S. Department of Health and Human Services.

And the plaintiffs' motions were a preliminary injunction. The plaintiffs move under Rule 65 for a preliminary injunction against defendants enjoining themselves from continuing to authorize the emergency use of the so-called Pfizer-BioNTech COVID-19 Vaccine, Moderna COVID-19 vaccine, and the Johnson and Johnson COVID-19 vaccine pursuant to their respective EUAS. And granting full Food and

Drug Administration FDA approval of the vaccines for the under-18 age category for those regardless of age who have been infected with SARS-CoV-2 prior to vaccination.

And until such time as the defendants have complied with their obligation to create and maintain the requisite conditions of authorization under Section 546 of the Food, Drugs and Cosmetics Act, 21 U.S.C. § 360bbb voluntary informed consent. A summary of --

MR. GOTCHER: Thirty seconds.

MS. NOIA: -- of facts the unlawful vaccine emergency use authorizations, there is no emergency and there is also -- number two, there is no fact, serious or life-threatening disease or conditions. The vaccines do not diagnose, treat --

MR. GOTCHER: Three minutes.

MS. NOIA: -- or prevent SARS-CoV-2 or COVID-19. And thank you for your time.

MR. GOTCHER: Our next commenter is Robert Moutrie from the California Chamber of Commerce.

MR. MOUTRIE: Good morning everybody, hopefully you can hear me okay. Thank you for the data today. First of course it was really helpful. I've made notes on it, but in two minutes I'm going to skip them. My comments are to looking forward to the subcommittee and what I think is coming.

Three points there, first I do think that I would ask that we, looking forward, set a date sometime next month perhaps to really allow time for input on different next steps, right? And this goes to a comment

I think Laura asked about, "How will the ETS wind down? Or procedurally what does that look like?" I think was asked last meeting. Maybe not you, Laura, apologies if not.

But I think that if we are looking at readoption potentially in a couple of months and then a time period for drafting and work and then the potential expiration and if there is a next step, kind of what will that be in 2022? And I think we need a discussion weighing those pros and cons. Obviously some options would include IIPP changes, ATD standard changes, a permanent reg with neither COVID or novel pathogens. I think a weighing of those with pros and cons, with some time to allow stakeholders to gather input beforehand would be appreciated as a meeting.

The only other point I'll briefly add is our metrics. I think we should keep in mind their use. We spend a long time discussing what would be helpful. I think we should also keep in mind that the metrics use, in my mind and depending on drafting, is not going to be putting a percent trigger into some text. It's pieces of background data for the Board to look at when considering readoption decisions in a couple of months or next text. So I don't think that we need to come to a perfect sense of this is the ideal metric. But I think more --

MR. GOTCHER: Thirty seconds.

MR. MOUTRIE: -- kind of what range of variables we think would give us certain feelings of safety or feelings of comparative ease. And I just want to shape the discussion with that thought because I think it hasn't been mentioned recently.

MR. MOUTRIE: Was that my time call? I couldn't hear someone in the background.

MR. GOTCHER: Oh yeah, that was 30 seconds. You still have probably 10, 15 seconds.

MR. MOUTRIE: Okay. On the last point I would say as for industry data and worksite specific data I question a little bit, and I think this discussion was raised by Christina, but how that would fit into drafting. Unless the Board is considering it zip code by zip code text I have some -- or a business-specific regulation, which I think has legal concerns, I have some question about how that would be used.

And that's my time, thank you for listening.

MR. GOTCHER: Our next commenters are Maggie Robbins, Kevin Riley and Brad Bargmeyer, with next Maggie Robbins from Worksafe.

MS. ROBBINS: Hi guys, thank you for taking my comments. I just want to talk about one point and that is this discussion of getting the worksite outbreak data. I am in 100 percent support that it is not intended to shame employers, that is not the goal in getting it. It is to help us understand the state of the pandemic at this moment.

In the same way the test positivity data has weaknesses and the same way that we know, for example, that many people don't even have symptoms who have COVID, so therefore a symptoms check isn't totally reliable either. There's all sorts of data points out there that are useful, so it's useful to know who's got symptoms, it's useful to know the test positivity rate. And this, to me, outbreak data is a useful data point.

I do understand that there's a need to probably control messaging about it in order to say this is not about the employer caused this, this is about COVID cases showing up in a worksite, which could have been spread. That's the point of having it because we've had a number of worksites that have reported dozens and hundreds of cases, right? So we do know worksite spread occurs.

But yes, it doesn't mean that every outbreak was due primarily to worksite spread. It's messy data in that way, but it's a useful indicator of where we are in terms of the pandemic.

I wonder if everybody here has actually even looked at the spreadsheets of what CDPH currently provides. They break it out by industry down and using any ICS codes, down into the sub-industries. And I happen to be looking at this moment at their June 28th data, it's current through June 28th. And just in the last 30 days they're reporting 5,436 new cases in outbreaks in a total of 381 outbreaks; that's just in the last 30 days.

So this is just to illustrate the state has a lot of data they are getting from the counties, which at a minimum they could report at the county level.

MR. GOTCHER: Thirty seconds.

MS. ROBBINS: So we can understand, for example, is the situation in meatpacking better now in Fresno County than it was a few months ago? Is the situation in the warehouses in the Inland Empire or in L.A. County or in Sacramento better than it was, or is it getting worse? It's just another data point to tell us where the pandemic is going. And

having it more geographically located is really important to understand that.

MR. GOTCHER: Two minutes, thirty seconds.

MS. ROBBINS: The statewide aggregate data is sort of useful. But if we could have it more down to more exact locations, at a minimum county level but really more exact locations, it's to help us understand where the pandemic is headed and where the focus to prevent new spread needs to happen. Thank you very much.

MR. GOTCHER: Our next commenter is Kevin Riley from the UCLA Labor Occupational Health and Safety Program.

MR. RILEY: Hi, good morning everyone. Thank you for having this forum and for giving an opportunity to speak. I want to build on this discussion about the value of worksite outbreak data. And specifically I thought I could share a little bit about what we've been doing here in Los Angeles, given that our L.A. County Department of Public Health has been making this information available.

Our Department has been putting out on a website, they've been putting out worksites in L.A. County where there are cases of employees who've been confirmed, tested positive with COVID. And they're keeping this data -- I think the data goes back to at least July, I think it might go back to even earlier months in the pandemic –- and it's maintained in real time. So on any given day you can go in and see where the county is listing what they consider to be active outbreaks where they are investigating cases.

Our program at UCLA has been kind of taking captures of

that data over the last year, in part because we've been really interested in this question about where there have been case clusters and what different industries and sectors. So I have been working with some graduate students, we've been kind of doing some rough coding of this data based on industry and sector. And we've actually been able to create sort of some time series over the last year, really looking at as cases have gone up what sectors do we see the largest: the largest number of worksites with outbreaks and the largest number of employees who have been impacted.

And I'd be happy to share some of this. We have been kind of keeping some documentation on our website for folks who might be interested to see our own analysis of this data. But in addition to things like seeing massive clusters of impacts and things in healthcare or corrections --

MR. GOTCHER: Thirty seconds.

MR. RILEY: -- we've been able to track the outbreaks here in manufacturing and warehouse and wholesale. And even now with the numbers are really low we're just starting to see some increases and the county reporting some additional worksites with outbreaks in sectors like restaurants and bars, so some of these public-facing sectors. So it does bring some real value in being able to kind of track where cases are happening.

The health department has used that data to shape targeted education and outreach to different medical areas--

MR. GOTCHER: Three minutes.

MR. RILEY: -- different sectors, to shape enforcement activities, and sort of inspection activities as well.

So I think that L.A. County data does serve as a really valuable model. And I think having that data more widely available across the state to look at variations in sort of sectors and time series, I think all of that would be really helpful at the state level as well as OSHA continues to do your work in terms of enforcement. So thanks.

MR. GOTCHER: Our next commenter is Brad Bargmeyer who has no affiliation. And if you dialed into the WebEx you will need to press *6 to unmute yourself.

MR. BARGMEYER: Okay, oh I didn't know. Can you hear me now?

MR. GOTCHER: We can hear you.

MS. SHUPE: Yes, we can hear you.

MR. BARGMEYER: So my name is Brad Bargmeyer. I'm a certified safety professional, but I'm not here on behalf of an organization today. What I am is a participant in the Novavax Phase 3 trial. And I wanted to raise a comment about the section 3205 (b)(9), which has the definition of who is fully vaccinated for purposes of workplace rules.

One, the way the regulation is written right now is it leaves those of us in Phase 3 trials kind of in limbo. The Phase 3 Novavax published its "New England Journal of Medicine" on June 30th and the results were good enough that the CDC has issued us official cards now that we are fully vaccinated. However, the workplace rules say that we

are not. And so we're kind of in this place where some employers we're going to be under pressure to get a different vaccine even though we have one that scientifically works just fine. And this is happening in the UK also where they are wrestling with making sure that people who are participants in the Phase 3 trial are not disadvantaged.

And I knew that in December when we started the Phase 3 trials we didn't think about this, we didn't have rules for the workplace for vaccinated versus not, the situation has changed. But what I would ask is that you add a little bullet point so that Phase 3 trial participants can be considered fully vaccinated so that we can stay in the study. Because if we go get a different vaccine, first of all we're not sure how safe it is right now, but it means that we have to drop out of the study if we get something else.

And so the CDC, it looks like they are satisfied that it's safe and works just as well as one of the other ones, so we would ask that --

MR. GOTCHER: Thirty seconds.

MR. BARGMEYER: -- ask that you update the regulation, so that we can stay in the studies and continue on.

I do think that some of these other vaccines will help with that vaccine hesitancy, because they are not mRNA vaccines, but we need to stay in the study and finish out the two years of the study to be sure. So thank you very much for the opportunity.

MR. GOTCHER: And there are no further commenters in our queue at this time.

CHAIR LASZCZ-DAVIS: Thank you very much for all of your

comments.

What I'd like to do at this point is move this over to something I'll call "Subcommittee Considerations." Do any of the members of our subcommittee have further items that they would like to discuss or discuss any of the presentations today? Laura?

BOARD MEMBER STOCK: Yeah, a couple of things. So I just want to make one comment on the issue of community spread and wanting to be sure that we tease that information out, that's been discussed a couple of times.

And I just want to share my view on this is that what the ETS is doing is addressing risk in the workplace. If somebody comes into a workplace with COVID, a worker or the public who has COVID and got it in the community the minute that person comes into the workplace people in that workplace are exposed. So a lot of the provisions in the ETS are relating to minimize the opportunity for people who are exposed to a case.

It's less critical where that case came from. And recognizing, in fact, that high community spread means that more people are going to be coming into a workplace with COVID, but that's not the critical issue. The critical issue is that when there is a COVID case in the workplace no matter where it has originated, it then becomes a potential risk for other workers in that workplace. I just wanted to make that comment.

But I did want to mention a couple of other issues that I'm hoping we can talk about. One is, and this is a question I have for Eric, and we can pull that -- I know, Nola, you had some comments too so

maybe you can answer my question now or after Nola speaks. I'd like to hear more about the impact on the ETS now that we are seeing communities step forward to recommend in many cases or mandate indoor masking, such as happened in L.A. County. So we are seeing now where that mask rule was rolled back. There's a lot of people who're thinking that it needs to be reinstated.

So I'd like to get some clarification on when a county or a local public health department or county public health department mandates requirements that are now going beyond what is required in the ETS, the implication of that both in enforcement and monitoring of that. So I have that question.

And then two other points, I think it's really urgent that we take a look at vaccine verification considering what Anne Katten said about the issue of self-attestation. Because I think many of the reasons that people are trying to recommend universal masking is precisely, because people can't tell for sure who is vaccinated and who isn't, which really raises the importance of having vaccine verification.

And another issue that I'd like to put on an agenda is the impact of the Delta variant on a lot of the issues that we've discussed. For example, at least there's anecdotal –- I've been reading that there is now more evidence that there can be breakthrough infections among vaccinated people. As well as we've seen examples of where vaccinated people who are infected then have been able to infect other vaccinated people. So it is an issue that is relevant to the revision that was recently passed by the Board that no longer requires quarantining for vaccinated

people. And I'd like to look at that as well.

So those are sort of three points I have, and one particular question about public health mandates that go beyond the ETS. So I don't know whether we want to get Eric's response or hear from Nola.

CHAIR LASZCZ-DAVIS: You know what I'd like to do -- forgive me if I'm jumping in here, forgive me Eric, forgive me Laura -- what I'd like to do at this point is to focus on the presentations that we've had so far on metrics. And we'll get to those points, Laura and Eric, as we talk about future subcommittee agenda items. So we kind of jumped the gun here, so bear with me here on this one.

I'd like to just start off by saying that well Nola if you have a comment to make about the metrics why don't you go ahead and do that. And then I've got a couple of thoughts I'd like to say, just so that we stay focused on metrics.

BOARD MEMBER KENNEDY: Yeah, I just wanted to mention that in a meeting that I had with DOSH, and representatives from CDPH were there, basically we were speaking to a woman who was dealing with how the state benchmarked their decisions to release the restrictions or remove restrictions. And sort of the comment she made was, "Keep it simple. If you're choosing to look at metrics you can go down a rabbit hole really quickly." And she didn't say that she necessarily felt that -- I guess she felt that you were never going to get all the information you wanted. And if you had to come up with something it was best to keep it simple.

And then outside of that another comment I wanted to make

was I am appreciative of this exploration of metrics. And I think we need to explore them as much as possible, mostly so that we feel comfortable with the amount of information that is available and what is available. But I think taking the advice to avoid going down a rabbit hole is probably good advice.

CHAIR LASZCZ-DAVIS: Yes, thank you for that, Nola.

I wonder if I could just share a thought or two. By the way I do want to thank the Division and the Standards Board staff for the incredible work. I mean, everybody pivoting on a dime, so thank you very much for the presentations today.

I want to address just a real quick comment by one of the people during the public comment period about desire for a round table. If you recall I think we shared that in fact, it would be the Division would be holding an advisory committee exercise and process. That is not within the purview of the subcommittee, but what we will try to do is at least open this up to comments for each of the metrics. And I think we can do that and I think we need to stay with that.

In terms of the metrics I think we need to provide, have an opportunity even now, to have the people who participated in this all to provide us the pros and cons of metrics. And the pros and cons we've heard from Dr. Seward, and we've heard from Amalia, we've heard from others. Are there any others who feel they need to provide some input to the strengths, the pros, the cons of the metrics that we've discussed today before we begin to summarize what we've had today?

MS. SHUPE: Chris, with your leave before we open this up I'd

like to just address some practical process matters for the stakeholders who wish to respond to your request. The subcommittee consideration portion of today's meeting is really an opportunity for members to engage in open and robust discussion. And I'm saying this not just for the subcommittee's edification, but also for our participants who are watching today.

So stakeholders who at this time have substantive information to contribute to Chris's request can use the raise-your-hand function in WebEx to request to speak. If you are participating via teleconference you can press *3 to raise your hand.

I just want to note for everybody that this is not a public comment session. We are still in subcommittee consideration. And so staff or committee members will call on stakeholders who are then invited to participate. If you're not called on to address the committee at this time please remain muted.

And know that if you have additional information to share with the committee and you haven't been able to do that during today's public comment session or you're not called on you can still share that information by emailing it to oshsb@dir.ca.gov. Or you can provide your comments during the public comment portion of any of our future meetings.

And again, I'll just remind everybody that it's an ongoing discussion so if you feel unprepared today please remember what Chris said at our last meeting, we're building this plane as we fly it. So know that this is an ongoing process, but she does want to go ahead and open

this up. So if you have something you'd like to share with the subcommittee on the metrics specifically go ahead and use the raise-your-hand function.

CHAIR LASZCZ-DAVIS: And I wonder if I might just say one more thing -- and thank you for the clarification, Christina. Again, we struggled with how we could engage with participants on this all short of an advisory committee process. And we're going to try this today and see how it works.

We seek your input, substantive comments on any of the metrics discussed or others that we may have not discussed. But what I don't think would bring great value are comments like, "I support this or I don't support that." So give us the benefit of your knowledge on what you've heard today. So thank you.

MS. SHUPE: And so the first person that we have with additional information will be Bethany Miner. Bethany, if you could unmute. Okay. I'm not seeing Bethany unmute. Oh, there she is.

MS. MINER: Okay, sorry about that. I just wanted to comment on something that Laura just said about the workplace outbreaks and how it really doesn't matter whether it was in the workplace or not, because if they were in the workplace then they have the potential to spread.

I do want to clarify that when employers were following all of the ETS standards there was a lot of times where that employee was not in the workplace. So we were keeping up on making sure that anybody who was sick did not come into the workplace and then they

weren't actually in the workplace.

So I still think that that Work Comp data lends to some concerns, because the assumption is that the employee was in the workplace and potentially spreading the virus, but they may not have been. So they could have been out for a week. They were sick, then they called. They never came into the workplace, so they didn't spread it. So I just wanted to share that that I do think there is some concerns about the data. And it truly wasn't accurate on who was spreading the virus in the workplace.

CHAIR LASZCZ-DAVIS: Thank you for that. Next.

MS. SHUPE: So we also have a raised hand from Rob Moutrie with Cal Chamber.

MR. MOUTRIE: Thank you for the opportunity. I won't reiterate all of the comments.

Two points that were raised, I think, I know something the Governor looked to in opening, and it was not discussed, was the capacity of the healthcare infrastructure. And obviously that's somewhat of a lagging indicator, but I think as we're looking at that move that's something we should consider.

The second thing that was left out in today's discussion for each of these pieces of data is verbally we tend to say, "This week or this month this happened." But from what I remember of statistics we really need to look at over-time data, charts, graphs that show the changes in the last couple of weeks or changes upward. And it's obviously hard to do in a verbal format, but I think it's something that we should keep in

mind as we progress.

The last piece is I think we should pick a time window when these are the most relevant. I mean we can talk about them now, but in my mind again I think they are, “These are the most relevant in October,” when we’re looking at readoption or those kind of choices, right? And knowing when we're going to look at them is I think, and what we will be then is I think another part of the discussion that hasn't been made. Thank you.

CHAIR LASZCZ-DAVIS: Thanks, Rob.

Next speaker.

MS. SHUPE: So we have a raised hand from call-in user No. 22, who is participating via teleconference. At this time I’m not sure who that speaker is. So call-in user 22 you've raised your hand. You can press *6 to unmute.

MS. RAGLAND: This is Pam. I'm not sure if I’m No. 22 or not. Can you hear me?

MS. SHUPE: Is this Anne Katten?

MS. RAGLAND: No, no. Actually, this is Pam Ragland. I have an association for autistic and special needs kids. I just wanted to make a comment about the metrics. And as you guys go through this metrics assess, I implemented metrics for Fortune 100 companies.

I think what's really important is looking at the leading and the lagging indicators, but really asking the question is this truly a leading or lagging indicator? For example, a lot of the metrics that I am hearing you guys talk about are based on the assumption that there is

asymptomatic spread. But that (indiscernible). Can you hear me?

MS. SHUPE: Pam we've lost you.

MS. RAGLAND: Oh, I'm sorry. Can you hear me?

MS. SHUPE: We can hear you now.

MS. RAGLAND: Okay, it just gave me some weird message about my raised-hand status, sorry about that.

So what I was saying is that there is no proof of asymptomatic spread. There's actually been studies on this. So I think we're making some assumptions with the metrics and then the assumption rolls up into something else is that's measured, etcetera, etcetera. So I'll send kind of a detailed email about this with some links so that you guys can consider some of these points.

But I just wanted to point out I think it's important with each of the metrics to really ask what are the variables in that metric and what are the assumptions that are being made about it. Because sometimes then if the assumption is incorrect it's going to give us information that's not actually useful.

MS. SHUPE: And, Pam, can you please -- I'm sorry, can you please repeat your full name and affiliation for us?

MS. RAGLAND: Yes, this is Pam Ragland, it's R-a-g-l-a-n-d. And I have the Association of Autistic, ADHD and Special Needs Kids. But I just also happen to have this experience of implementing metrics in Fortune 100 companies, so I thought I'd share it.

MS. SHUPE: Thank you.

MS. RAGLAND: Uh-huh, yeah. Thanks guys.

CHAIR LASZCZ-DAVIS: Any other speakers in the queue?

MS. SHUPE: So we don't have any other raised hands at this time.

CHAIR LASZCZ-DAVIS: I don't know whether to say whether that was a successful round table or not.

MS. SHUPE: Oh, Ms. Ragland, can you please mute your phone? Thank you.

CHAIR LASZCZ-DAVIS: All right. Thank you very much for that Christina. All the technological challenges we have in moving through this.

Well that brings us now to since -- and we'll have to think a bit more about how we can have these discussions so that in fact it brings more value to the informed substantive end of whatever topic we're discussing during this meeting. So that was our first try, so bear with us.

You know, as I think about it I wonder if I might just share a couple of thoughts. We certainly had some excellent presentations on metrics. I'm mindful of Nola's comments that we can't make it too complicated. I'm mindful of the fact that metrics in all cases do inform a process, moving forward.

So at this point and time we're exploring what's available and the strengths and the vulnerabilities associated with each. It's not to suggest that the whole repertoire of metrics that we've discussed will in fact begin to inform us as to steps forward or processes we embrace in the future.

We talked about, and correct me if I'm wrong you guys, but we did talk about the fact that there was some value in mining and presenting on a monthly basis outbreak data by industry, trending by industry, (indiscernible) the data.

Dr. Seward presented six different metrics. That would be value-added to have those reported out on a monthly basis. In terms of trending are we going up, down, remaining the same?

We had Helen Cleary bring up the issue of another metric that ought to be considered, hospitalizations and deaths perhaps tied by industry.

Amalia presented a very nice rundown on state benchmarking data. And granted this was very preliminary, but hopefully we can have a more robust view of data as she makes further contact and has discussions with them.

Anne Katten suggested that we not lose sight of the housing and transportation as we move forward.

And I know (indiscernible) at the last meeting we did talk about the value of Cal/OSHA complaints, compliance and enforcement data.

And Rob Moutrie did suggest, and I think rightfully, that we need to look at this over a period of time, not month by month but over some finite period of time so we have some sense of trending.

So at the end of the day we have had a number of metrics presented. Both Laura and Nola, you tell me does it seem that we need to have our meeting bear down on metrics again? We're not done today,

summarizing. What do you think?

BOARD MEMBER KENNEDY: I'll start. I think we should continue the conversation about metrics, especially as we learn more and sort of see if there is any refinement to the metrics that are available.

But I also think we should decide another direction to move forward on, looking back at our original five topics and either adjusting that list or picking another one to maybe focus on so that we can keep a conversation moving forward.

We'd like to have, I think, a good conversation on all of these topics by the time we get to fall and we're considering readoption. So with that said, I don't know which one to focus on.

Back to metrics, I did write down in my notes. I think it would be helpful if we could, in our moving forward on metrics try to identify which of these imperfect metrics -- and they all seem to have advantages and disadvantages and don't really tell us exactly what's going on in the workplace –- but which of them tracks mostly with what we see as risk in the workplace. And maybe by the time we come to a readoption we can look at what's happening with that metric and help make decisions.

As far as the other topics, the ones we've considered before that have been brought up have been vaccine verification, what does the end game look like, and all of these have come up again today. Some people have phrased it as what are the next steps?

We have a few weeks until our next meeting, so I think it might be nice to have someone present on the process just to remind

everybody -- or maybe to remind everybody when the next readoption will occur. And the difference between -- I don't think whether it could be certified. Or for (indiscernible) permanent rulemaking standard or certification completion. Is that what it's called, Christina? What is it called?

MS. SHUPE: It's compliance.

BOARD MEMBER KENNEDY: Compliance, yes.

MS. SHUPE: And that would occur after your second readoption.

BOARD MEMBER KENNEDY: Yeah, so I think --

MS. SHUPE: I need to clarify, that's only if the standard is going to become permanent.

BOARD MEMBER KENNEDY: Right. I've heard people ask about the process, so maybe just a quick overview of that process might be helpful. We can do it now if you want to or we can do it at the next meeting, I don't think it matters.

Anybody else have anything to say? I feel like I'm rambling.

CHAIR LASZCZ-DAVIS: And you know what? As I hear you though, Nola, what I'm hearing you saying -- and correct me if I'm wrong -- is that yes we need another robust discussion on metrics. That we certainly need to begin with consider another topic that we identified as a priority topic. And we can certainly do that for the next meeting. I know we can't take it all in one meeting or even the next meeting.

The one thing that I would ask you guys to consider is the fact that we're talking about metrics, because metrics will inform us as to

the next steps. It will inform us as to the requirements within the ETS, whether or not we need to hold to them or loosen them or restrict them. So the metrics discussion does have value. It will lead into the process, it will lead us into the process discussion very nicely.

But I think we need as a handle on what's available, what's useful, and what we we'll hang our hats on quite frankly. So I think we've got another round on this. And I would ask all those who presented today to provide some trending data for the next meeting.

I know, Nola, you've asked for a review of the process, because I know people are curious as to where we go from here. And, Christina, if you can do that now or you can do it at the next meeting.

MS. SHUPE: So I can actually address I think quite a few of those questions right now, because a lot of this information is posted on our website. So for those that are interested you can go to our website and click on the link for emergencies. And you'll see our two emergency regulations, one which was the wildfire ETS which is now a permanent standard. And you'll also see a link for our COVID-19 prevention. That specific page will show you our adoption dates, our expiration dates.

So you'll see that the current version of the ETS is set for expiration on January 14th. That is prior to the Board's regularly scheduled January meeting. So that means that the Board in order to consider this at a regular meeting would need to readopt at their December meeting at the latest. Otherwise we would need a special meeting again and we would have to be able to justify the reason for that.

I'd also like to point out that along with that list of emergency regulations we have a link to our emergency rulemaking process flow chart. And this is a handy little Visio flow chart that we pulled together a couple of years ago that explains the rulemaking process. It outlines that we have the original adoption, the first readoption, the second readoption and then a certificate of compliance which would make the rulemaking permanent.

We've talked in the past about what would it take to repeal the current ETS. And I'll reiterate that we've discussed that with OAL. And the cleanest way to do that is using the Board's readoption. That however takes away those 90 days of that readoption, for the ETS.

We heard a commenter today say that Oregon is looking at -- they've adopted a permanent standard, but they're looking at repealing that. I have to say that I think that would be a bit more complicated for us than it is for Oregon. And that's something that we'll go ahead and have our counsel look into, but keep in mind that California has the Administrative Procedures Act. We need to work within that legal structure. And so while it's useful to benchmark with other states, we have a structure that's very different from theirs.

Are there any questions about process at this time that I can answer? Laura, yeah?

BOARD MEMBER STOCK: Yeah, thank you, Christina. So a couple things, so if I'm understanding correctly if we -- so I understand about that adoption, that next adoption is our opportunity at that point as you say either to repeal or to readopt. Is that correct?

MS. SHUPE: Correct.

BOARD MEMBER STOCK: And so I have two questions, but let me ask the first one and then go to the second one. If we were to readopt it at that point what happens then? Is that akin to making it permanent? Or it's just then we have another period of time with another readoption? Does it start the clock ticking again?

MS. SHUPE: So your second readoption, so let's assume that we let this ETS run until the December meeting. And then at the December meeting the Board uses your second readoption to make modifications. That would then start a new clock, it would start a 90-day clock.

BOARD MEMBER STOCK: And what would happen? And then after that 90 days then what happens?

MS. SHUPE: So after that 90 days if the Board has a certificate of -- I'm sorry, compliance?

MR. MANIERI: Compliance, yes.

MS. SHUPE: -- compliance. If we have our Certificate of Compliance -- I always want to say certificate of completion –- if we have our Certificate of Compliance adopted, that is a permanent rulemaking.

So you'll recall we did this with the firefighter ETS. We went ahead and we adopted our original. We had our first readoption, we had our second readoption, and then the Board adopted a Certificate of Compliance, which is now the permanent standard.

BOARD MEMBER STOCK: So in other words if in December or some point in the fall we readopt it with some changes that would be our

opportunity to make some changes?

MS. SHUPE: Uh-huh.

BOARD MEMBER STOCK: And then basically that's essentially a new –- it becomes almost a permanent regulation, so I guess the question that I'm having –-

MS. SHUPE: No, no. And I'm sorry, Laura, let me be clear. The second readoption it is not a permanent regulation. The second readoption is still an emergency regulation, so it has a 90-day clock on it.

BOARD MEMBER STOCK: Okay. So let's say that we made some changes, strengthening or loosening some aspects of it in December. So then we have 90 days. At the end of 90 days we would have to either –- it would expire or have to be made permanent. Those are the two choices available to us.

MS. SHUPE: That's correct.

BOARD MEMBER STOCK: And if it were going to be made permanent it would have to be made permanent in the form that we passed it in December. It's not like we would have an opportunity to say, "Well now new things have happened. We want it to be permanent, but look like this." Whatever we pass in December that would be the version that in 90 days would become permanent if we chose for it to.

MS. SHUPE: No, no.

So I want to keep everybody in mind of the workload that's involved here, because it is significant.

So we really say "no changes" between this version and that version, because of the workload required. When we submit a Certificate

of Compliance, when we submit a standard that is permanent, we have to provide all of the documentation that we would for any other rulemaking. And so significant changes during that time technically possible, feasible. We're all familiar with the difference between possible and feasible, yeah.

BOARD MEMBER STOCK: Yeah, so -- Yeah, go ahead, Chris.

CHAIR LASZCZ-DAVIS: Can I suggest something? You know what it is, Christina, is very adept at understanding the process. The rest of us are trying to learn and get refreshed each time. Why don't we come up with a very simple, clear -- for us at any rate, Christina -- explanation as to the process. You have all the terminology. The rest of us are trying to understand some of this. So maybe if we just have a very simple graphic -- red light, green light. And these are the options we have -- that will incorporate some of the discussions about permanent standard versus extension of the ETS.

If that sounds reasonable to you, Christina, I think it might be helpful for all of us so we're not asking you to repeat those six times over. Does that sound acceptable?

MS. SHUPE: Sure. What we can do actually is Sarah Money can go ahead and send all of the committee members the link to the flow chart. That's posted on our website that we provided when we went through this for the firefighter ETS, or for the Wildfire Smoke ETS.

And for those that are listening who are not committee members this Visio document is available on our website and it's located on the Emergencies page and it's just right below the two emergency

regulations. (Indiscernible) right now.

BOARD MEMBER STOCK: Okay, thank you. And I want to just ask my other question. So it sounds like we'll get more details and visuals to help us understand our opportunities going forward.

So it seems like another thing we might be considering as we're having conversations in the next couple of months, because it seems like making changes is it triggers all sorts of deadlines. So when we think about some issues, vaccine verification for example that we're going to be discussing hopefully in the near future, we might also be considering with guidance from the Division about what kinds of issues that are being raised can be addressed through modification or clarifications within the FAQs. So there may be some opportunities to address issues that come up without having to formally change or adopt new provisions.

So I'm just thinking that that may be something that will be helpful as we go forward to discuss specific issues that are coming up, to think about it in that context. Because it does feel like even if we all said, "Oh we need to change this or that," we now understand that to change the regulation is using our final opportunity to do that. And so we need to be very judicious and thoughtful about when we do that.

So I just want to make that comment that as we go through issues -- and I know after we talk about the process I do want to come back to your question, Christina, about our next agenda items. But relative to the process just to be able to think about the ways to address issues that come up that might be outside of the regulatory arena,

specifically through the FAQ or our policies and procedures.

CHAIR LASZCZ-DAVIS: That will be real helpful, Laura, if Christina could help walk us through that.

Okay, Nola?

BOARD MEMBER KENNEDY: I was just going to also remind everybody that that process is separate than the department of a permanent standard, which we've been talking about as well. So it's just that's a long process, we've been through it before. But we do have another opportunity for a permanent infectious disease standard separate from the ETS.

CHAIR LASZCZ-DAVIS: Right. Right.

I know Rob Moutrie has had his hand up a couple of times. Rob, are you just dying to share something in this conversation that would help us here? (No audible response.) I can't hear you.

MR. MOUTRIE: Just a clarification. I believe that the emergency regulation, previously when readopted extended for 210 days. I think that might be the case the second time. I'm glad to go back and research it and get in touch with you, Christina, if we are past that and now it's only 90. That was the only point. Thank you.

MS. SHUPE: Yeah, our understanding is that it's at 90 days. However, Rob, if you have find information to the contrary I'd be more than pleased to receive it.

CHAIR LASZCZ-DAVIS: Thank you, Rob.

BOARD MEMBER STOCK: So, Chris, would now be the time to just go back to your original question that Nola commented on in terms

of future, where we want to go from here?

CHAIR LASZCZ-DAVIS: Yeah, this is what I have on the agenda for the next subcommittee meeting on August 13th. We'll continue the discussion on metrics trending, we'll get some clarity on the process. I think it would be helpful to not only those of us on the subcommittee but to participants as well.

And then I think we need to identify at least one more topic we could begin to explore, so what should that be?

BOARD MEMBER STOCK: So yeah, a couple of things I just wanted to suggest. One, on the metrics end, I just want to raise again that there are several new metrics that I am hoping that we can get. One as I mentioned earlier, was more specific worksite information.

And the second is I think you were reminding us that one of the metrics that we talked about was Cal/OSHA complaints and enforcement. And I may be forgetting, but I think we haven't had that presentation about how that may have changed over the last couple of months.

So I guess I wanted to flag that those were two metrics that we could get more information. I don't know if Eric you wanted to weigh in on that, on the metrics

MR. BERG: Yeah, I can make a request for that data for the future meeting.

BOARD MEMBER STOCK: Thank you. Because that was one of the items that was noted, that you noted again, Chris.

So on I guess a couple of suggestions for other topics. One is

the vaccine verification issue, to kind of get more information on how -- I don't know to the extent this information is available, but we can ask people to comment on it in terms of how that is working and what are some concerns.

And I guess related to that is the information that I would like to see -- I don't know who the best source of this information is. And maybe one of the medical professionals that we've already called upon and would help with this, is getting a better understanding of the impact of the Delta variant on what we know about vaccine breakthroughs and the ability of vaccinated people to infect other vaccinated people, which we've been hearing about anecdotally.

Which it does raise important questions for us to consider about the approach our ETS currently takes relative to universal masking as well as quarantining. So I'd like to see if we could get some more information about the Delta variant impact on the decisions that were made, because I think that is some new information or changes.

And then the last thing -- and this may be a quick report that maybe either could be done now or we could ask the Division to report -- I just want to bring again that issue I mentioned earlier. That it would be really helpful to understand more about the impact of stronger public health, county or local public health ordinances such as the one in L.A. County, that are now requiring indoor masking. Which goes beyond, for everyone regardless of vaccination status, which is now going beyond the ETS requirements.

And so maybe that's just a quick Division report that either

maybe you can answer that now, Eric, or in the future to give you a little bit more of a heads-up of like what the implication of that is for the enforcement of the ETS and who is monitoring that.

MR. BERG: I can answer about the local health departments and their face-covering requirements that are more stringent then the Cal/OSHA regulation or the title 8 regulation.

So 3205 has its specific face-covering requirements, which also incorporates any face covering orders from CDPH. So there are several industries that CDPH mandates that face coverings be used everywhere indoors in specific industries.

But as far as like the Los Angeles or other local health departments we do not enforce those, 3205 does not incorporate those. Employers are still required to follow those under the county, but title 8, 3205 does not incorporate those.

BOARD MEMBER STOCK: So those would be enforced by the local or county public health officers or departments?

MR. BERG: Yeah, yeah however the county enforces those would be the mechanism.

MS. SHUPE: Chris, you're muted.

CHAIR LASZCZ-DAVIS: Maybe I should stay muted. But, Laura, I was just going to ask does that respond to your question?

BOARD MEMBER STOCK: Yeah, yeah thank you. That does and I think it'll be something that we're seeing now. I know I live in Alameda County and sort of daily there is new information about counties who are considering or already recommending and may go

beyond recommendations to reinstate mask mandates regardless of vaccination status indoors. So I think that's something that we would need -- it will be interesting –- that we need to consider as we discuss potential changes to the ETS and the impact on that.

CHAIR LASZCZ-DAVIS: I think it's important just to remind everybody that we are not the final arbiters on the standard ETS or permanent. And in fact, what information we gather and summarize is really in hopes of bringing value and additional information to the Standards Board and the Division. So I think we just need to remind ourselves that that is our role.

As I hear what we've discussed today, and I thank everybody for their patience with the process, that we've learned quite a bit today that we didn't moving into this meeting.

We've talked about metrics and that was a good discussion. We had a request for the next meeting to consider metrics that really deal with the worksites specifically, Cal/OSHA complaints and enforcements.

We did ask for further clarification on the process, so we knew what we could do, what we couldn't do and what decisions were appropriate at which point of the continuum.

And then Laura did ask that, as additional topics came up, that if we have the time at the next meeting to have somebody deal with the issue of vaccine verification, and even more specifically the impact of the Delta variant.

Did I capture what transpired today and what we're going to

do at the next meeting?

MS. SHUPE: Chris, if you don't mind I'd like to just remind again the subcommittee -- and Laura thank you for tying some of your previous comments to actions related to the regulations -- I really want to help everybody focus in on the limited resources available to you and the limited time available to you.

And so when you're requesting additional information tie it to a regulation. Tie it to the regulation, tie it to something specific, what is the outcome? What do you hope to see from this? And so that way the work that is being done by the Division on your behalf, which they have not received additional funding for, the work that is being done by staff on your behalf is really focused and useful.

CHAIR LASZCZ-DAVIS: And thank you for that clarification, Christina. No, thank you for the reminder and I'm sure it won't be the last time you give us that reminder either, so thank you.

With that then what I'd like to do is bring this meeting to a close. The next --

BOARD MEMBER STOCK: Nola's got her hand up. Chris, Nola's got her hand up.

CHAIR LASZCZ-DAVIS: Nola? Nola, I didn't mean to forget you in this process. Go ahead.

BOARD MEMBER KENNEDY: Yeah, I was just going to follow on to what Christina just said. I think what we've talked about today is a pretty full slate of a big wish list, so I will work with the people at the Division. I think probably we will end up identifying, which of these is

going to be most approachable over the next few weeks and focus on that. I don't think we will come back to the August 13th meeting answering all the questions.

BOARD MEMBER STOCK: Yeah, and I just want to jump in to appreciate what you said, Christina. And I very much understand the workload. And thank you, Nola, for that comment. I think that's kind of understood that at these meetings we're kind of laying out, as you asked Chris, what are the issues that we want to look at.

And then we appreciate your help, Nola, working with the Division to turn that into a reasonable workload, what actually can be provided within what kind of timeframe, so I just want to second the appreciation of workload and being sure that we are being considerate of that.

CHAIR LASZCZ-DAVIS: Sounds good. Any other thoughts or comments before we begin to close? Imagine, we're moving into the close here now folks.

The next subcommittee meeting is scheduled for August the 13th, 2021, via teleconference and video conference. Please visit our website and join our mailing list to receive the latest updates.

We thank you for your attendance today. There being no further business to attend to this meeting is adjourned. And thank you for joining us.

(The Subcommittee Meeting adjourned at 11:57 p.m.)

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CERTIFICATE OF REPORTER

I do hereby certify that the testimony in the foregoing hearing was taken at the time and place therein stated; that the testimony of said witnesses were reported by me, a certified electronic court reporter and a disinterested person, and was under my supervision thereafter transcribed into typewriting.

And I further certify that I am not of counsel or attorney for either or any of the parties to said hearing nor in any way interested in the outcome of the cause named in said caption.

IN WITNESS WHEREOF, I have hereunto set my hand this 14th day of September, 2021.

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IN WITNESS WHEREOF, I have hereunto set my hand this 14th day of September, 2021.

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Myra Severtson
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