ALASKA STATE LEGISLATURE
LEGISLATIVE COUNCIL

DECEMBER 28, 2020
2:00 PM

MEMBERS PRESENT
Senator Gary Stevens, Chair
Representative Louise Stutes, Vice Chair
Senator Tom Begich
Senator John Coghill
Senator Cathy Giessel
Senator Lyman Hoffman
Senator Bert Stedman
Senator Natasha von Imhof
Representative Bryce Edgmon
Representative Neal Foster
Representative DeLena Johnson
Representative Jennifer Johnston
Representative Chuck Kopp
Representative Steve Thompson

MEMBERS ABSENT

OTHER MEMBERS PRESENT
Senator Elvi Gray-Jackson
Senator Jesse Kiehl
Senator Peter Micciche
Representative Kelly Merrick
Representative Matt Claman

AGENDA
APPROVAL OF AGENDA
COMMITTEE BUSINESS
1. Q&A Session with Dr. Anne Zink and Beacon Health & Safety Services
2. COVID Enforcement Policy
3. Safe Floor Session Policy

SPEAKER REGISTER
Jessica Geary, Executive Director, LAA
Megan Wallace, Legal Services Director
Dr. Anne Zink, Chief Medical Officer, HSS
Amanda Johnson, CEO, Beacon

I N D E X

2:00:11 PM

I. CALL TO ORDER

CHAIR STEVENS: Good afternoon, everyone. This is Gary. I'm here in Kodiak. I hope everyone is going to make it to this meeting. I see several of you are online already. Thank you for being with us. I hope you had a great Christmas.

So without further ado, I will call this meeting to order. It is December 28, 2020.

Jessica Geary, if you are there, can you call the roll, please?

MS. GEARY: Good morning, Chair Stevens. I'm not sure if we have a quorum yet. Do you want to wait just another minute, or do you want me to go ahead and call roll?

CHAIR STEVENS: No, you're right. Let's wait and make sure we have a quorum. So we need eight people; right?

MS. GEARY: Correct.

CHAIR STEVENS: Okay. We'll wait till we get eight.

MS. GEARY: Okay. Thank you.

(Pause.)

MS. GEARY: All right, Chair Stevens. I think I can call the roll if you're ready.

CHAIR STEVENS: Okay. I just see neither of the presiding officers are on yet, are they?

MS. GEARY: Senator Giessel is on.

CHAIR STEVENS: Yes. Okay.

MS. GEARY: Let's see. I don't see --

CHAIR STEVENS: Let's wait just for a minute for --

MS. GEARY: Okay.

CHAIR STEVENS: -- the Speaker. It's important that he be here as well.

MS. GEARY: Okay.

(Pause.)

SENATOR BEGICH: Gary, can you hear me?

CHAIR STEVENS: Yes, I can. Who is that?

SENATOR BEGICH: Senator Begich. I just wanted to make sure I wasn't on mute anymore.

CHAIR STEVENS: Nope, we got you. We got you, Senator. Thank you.

REPRESENTATIVE THOMPSON: Yeah. This is Representative Thompson. I didn't hear you call roll or anything.

CHAIR STEVENS: No, we haven't done that yet. We're waiting for a few more people to show up, and we'll call roll in just a minute.

(Pause.)

CHAIR STEVENS: We're just waiting for the Speaker to come on. He's on hold right now and waiting to be put through.

(Pause.)

CHAIR STEVENS: Okay. I think we'd better go ahead. I've called the meeting to order, and we still have a few more people

that are on their way to showing up.

But, Jessica Geary, if you would call the roll, then, please.

2:04:56 PM

MS. GEARY: Okay. Good morning. Senator Begich?

SENATOR BEGICH: Here.

MS. GEARY: Senator Coghill?

SENATOR COGHILL: Here.

MS. GEARY: Senate President Giessel?

SENATOR GIESSEL: Here.

MS. GEARY: Senator Hoffman?

SENATOR HOFFMAN: Here.

MS. GEARY: Senator Stedman?

SENATOR STEDMAN: Here.

MS. GEARY: Senator von Imhof? Senator von Imhof?

Speaker Edgmon?

Representative Foster?

REPRESENTATIVE FOSTER: Here.

MS. GEARY: Representative DeLena Johnson?

REPRESENTATIVE JOHNSON: Here.

MS. GEARY: Representative Johnston?

REPRESENTATIVE JOHNSTON: Here.

MS. GEARY: Representative Kopp?

Representative Thompson?

REPRESENTATIVE THOMPSON: Here.

MS. GEARY: Let's go back up. Speaker Edgmon, are you on?

Senator von Imhof, are you here on?

SENATOR VON IMHOF: I'm here.

MS. GEARY: Okay.

Vice-Chair Stutes?

VICE-CHAIR STUTES: Here.

MS. GEARY: Chair Stevens?

CHAIR STEVENS: Here.

MS. GEARY: And just a brief moment. There's an issue with the Speaker trying to be taken off mute, so --

CHAIR STEVENS: Okay. Sure.

(Pause.)

CHAIR STEVENS: Okay. I think we'd better proceed. We have a lot to do today, and hopefully the others will come online. And as soon as they do, we'll know that they're here.

So, Jessica, you have called the roll, and I believe there were 11 people present; is that right?

MS. GEARY: There are 12 members present.

CHAIR STEVENS: 12 members. Okay. And who was the 12th one?

MS. GEARY: Senator -- you were the 12th one, and Senator von Imhof joined.

CHAIR STEVENS: Okay. Great.

SENATOR GIESSEL: Mr. Chairman? Mr. Chairman?

CHAIR STEVENS: Yes, please. Go ahead.

SENATOR GIESSEL: This is Cathy Giessel. I just got a text from Suzanne Cunningham that Dr. Zink is on hold, and it appears that she also has been muted.

VICE-CHAIR STUTES: Same thing with the Speaker.

CHAIR STEVENS: Okay. And part of that is what happened with the Speaker as well.

Jessica, can you look into that?

MS. GEARY: Absolutely.

SPEAKER EDGMON: Mr. Chairman, this is Representative Edgmon. I'm online after all. Thanks.

CHAIR STEVENS: Oh, thank you, Mr. Speaker. I'm glad you're with us.

So Jessica will show that the Speaker, Representative Edgmon, is with us.

MS. GEARY: Yes, that is correct. So we have 13 members present, and I believe Dr. Zink should be back online and able to participate.

*Representative Kopp was present, but muted.

CHAIR STEVENS: Okay.

DR. ZINK: Yes, I am back. Thank you. Sorry about that.

CHAIR STEVENS: Thank you for being with us, Dr. Zink. I appreciate -- I know you have a very busy schedule, but I appreciate you could find some time for us.

II. APPROVAL OF AGENDA

CHAIR STEVENS: Let's move on to the approval of the agenda. Representative Stutes, can we have a motion, please?

VICE-CHAIR STUTES: Certainly, Mr. Chair.

2:09:53 PM

I move and ask unanimous consent that Legislative Council approve the agenda as presented.

CHAIR STEVENS: Thank you. Are there any objections or changes that anyone cares to make at this time? If not, the agenda is approved as read.

III. COMMITTEE BUSINESS

A. Q&A SESSION WITH DR. ANNE ZINK AND BEACON OCCUPATIONAL HEALTH & SAFETY SERVICES

CHAIR STEVENS: We'll move right on to committee business. And, again, I really appreciate Dr. Anne Zink being with us. We also have Beacon Occupational Health & Safety Services with us.

Just to let you know what happened, I thought that we had had our last Legislative Council meeting for a while, but there's some unfinished business that we really need to deal with brought up by Senator Giessel and Representative Edgmon.

They requested a meeting as a follow-up to our last meeting, and their concern, quite legitimately, is the enforcement policy. And we had a very vague enforcement policy,

leaving it up to individual legislators; but, of course, in the meantime I've had a lot of comments from various staff members, both personal staff as well as legislative staff, as well as members of the Legislature, members of the House and Senate, who have some serious concerns about being in the Senate chamber and the House chamber in a very tight space with people that may not be masked. That's the primary concern.

And so I think it's legitimate that we revisit that enforcement policy, and that's why we've asked Dr. Zink and Beacon to be here to answer any questions.

Who do we have from Beacon with us, Jessica?

MS. GEARY: We have Amanda Johnson. She's the chief operating officer.

CHAIR STEVENS: Thanks so much. Glad you're with us as well, Amanda.

So let's go right into some questions. I know the staff has some questions. And, I guess, to me, Dr. Zink, if I could deliver this question to you, does masking help, or, as we keep hearing from some people, it's a waste of time and doesn't work. So that's a very basic, fundamental question. I'd appreciate your giving us some advice on that.

DR. ZINK: Yes. No, I appreciate that question, sir.

Yes, masking helps to reduce both the transmission of COVID-19 as well as there's some evidence that a mask may help minimize how ill you get, that you may be more likely to be

asymptomatic or mildly symptomatic by you wearing a mask. So it both protects other people in the room and it also helps to protect you.

Early on in this disease we were really trying to understand how it was transmitted and what different mitigation tools that we have, but the large body of evidence for masking has become pretty profound. There's a lot of information on the CDC, and that masks are an important tool to minimize the spread of COVID-19, particularly when people are indoors, and particularly when there's more people, and especially when people have a harder time distancing amongst each other.

CHAIR STEVENS: Thank you, Dr. Zink. So you know our building well. I know you've been in it, and you have seen how crowded it is, how -- the tight spaces, particularly in the House and Senate chamber, where we meet. And this may beyond your purview. If it is, let me know, but would it be your recommendation that we require everyone to wear masks when in the Capitol Building?

DR. ZINK: So that is beyond my purview. I can speak to the science about the different aspects of mitigation, that the safest thing that people can do is work remotely, being able to do teleconference, Zoom, things like that, so that people don't have to actually be in the same space.

But there are some times when we need to be in the same space with others and, as a result, there's a series of

steps that you can to, including minimizing the number of people in the building, minimizing ins and outs, exits and entrances, increasing mask-wearing, washing hands, increasing ventilation. There's a lot of really great guidance on the CDC and others on office space and building spaces, and masking is a tool in a series of other tools that can help to reduce the viral transmission of SARS-CoV-2, the virus that causes COVID.

CHAIR STEVENS: Thank you, Dr. Zink. And I appreciate the position you're in. We want to avoid any questions that you do not feel comfortable answering, but I do appreciate your comments, specifically on masking. And I also want to thank you for your work with our staff, with Jessica Geary and others as we've worked through this process.

So let me ask you -- and maybe there are other questions. Does anybody have a question they'd like to pose to Dr. Zink at this time?

SENATOR GIESSEL: Mr. Chairman, this is Senator Giessel.

CHAIR STEVENS: Yes, Senator Giessel. Please go ahead.

SENATOR GIESSEL: Dr. Zink, some people have asserted that they have already had an infection with COVID-19 and therefore are immune and don't need to take any precautionary measures. Could you speak to immunity that is conferred by infection? And you could even segue into that immunity we believe conferred by vaccine.

DR. ZINK: Yes. Thank you for the question, Senator.

That is an area of a lot of consideration, a lot of discussion. In fact, the CDC call this morning was talking just about immunity as well as reinfection.

We believe that people get a degree of immunity both from natural infection as well as the vaccine. We have a much better understanding of it associated with the vaccine than we do with natural infection simply because people have different responses to natural infection.

We do think that people within that first 90 days of infection have a lower risk of getting COVID-19 again, getting the virus, SARS-CoV-2, that causes COVID-19. As a result, we do not require, you know, testing prior to travel if someone is within that 90 days. If someone has been exposed to someone else that has COVID-19, they do not have to quarantine as long as they're asymptomatic.

There have been cases within that 90 days, but they have been very rare, and that's the reason for that 90-day recommendation. Right now, at 90 days, everyone kind of starts back to square one because the rates of reinfection start to increase at that time. We don't know if the CDC will extend that out or not, but at this time it is that 90-day window. And after that, it's kind of back to square one and we start with reinfections.

We have had reinfections in the state of Alaska and continue to follow those. And it is our recommendation that

people continue to wear masks, continue to distance, continue to do hand hygiene regardless if they have had infection or not, partially after that reinfection component, but then also we don't fully understand the ability for someone to potentially get a small amount of the disease and spread to it others even in that window.

And that's what really then gets into vaccines. Vaccines were studied to look at severe infection of COVID-19. They were not currently -- they were not studied in the previous trials. They are currently undergoing studies to look at the ability to transmit disease.

So at this time we're not changing any of our recommendations based on vaccines as far as mask-wearing, distance, healthcare providers working in the healthcare scenario -- again, it looks to help prevent you from getting seriously ill, but there is still a chance that you may get the virus, be able to have it replicate in your upper airway, and spread it to others even if you've been vaccinated.

We're hoping that the data will show that you have a less likelihood to transmit it, but we don't have that data as of yet and, as a result, are not making any recommendations to change these additional precautions even post-vaccine at this time.

CHAIR STEVENS: Thank you, Dr. Zink. And just as a correlation with that, what about people who say they have

antibodies and they're beyond infecting others. How does that work into this?

DR. ZINK: Yeah. Thank you for that question.

Antibodies are a part of the immune response. They are not the full picture of the immune response. There are very different tests for antibodies, and the antibody tests are the tests that we are more concerned about having false positives, testing positive for a different coronavirus and not for SARS-CoV-2, the one that causes COVID-19.

And so depending on what we call the pretest probability, how much COVID is circulating, as well as the test specifically itself, those antibody tests can be varied, and antibodies wait over time. So someone may test positive for antibodies, you know, let's say, six weeks after an infection, and then those antibodies -- which are more like your short-term memory. They're your short-term immune response -- can wane over time, and other parts of your immune system, called your innate immune response, including your T cells, are more important for long-term immunity.

So at this time we are not recommending antibody testing prior to vaccines. We are not recommending antibody testing as a part of travel or no travel or testing or no testing. There's so much variability on what type of antibody people test for, what type of test that was done, the timing of the test, and that very what we call polymorphic response of the

immune system, the very different types of cell lines that are used in the response that an antibody test doesn't really capture, that we do not see that as a useful tool to understanding the protection that someone may have from either natural infection and/or vaccination.

CHAIR STEVENS: Well, thank you very much for that answer.

Senator Giessel, did you have a follow-up or further questions?

SENATOR GIESSEL: Not at the moment. Thank you so much, Mr. Chairman.

CHAIR STEVENS: Thank you, Madam President.

Anybody else have any questions or comments or thoughts at this time?

REPRESENTATIVE JOHNSON: This is Representative Johnson. I have a question.

CHAIR STEVENS: Yes, Representative Johnson, please go ahead.

REPRESENTATIVE JOHNSON: Would you comment on if someone has tested positive within -- I don't know how long it is, but how long do they continue to have a positive test result? Can it be for months? I mean, are we going to test people that have already had the virus but may not be contagious and they turn out to be positive?

DR. ZINK: Yeah. No, I really appreciate that question.

And, yes, some people can test positive even when

they're no longer thought to be replicating the live virus. It's for this reason that we don't recommend a test for clearance from infection, that we really only recommend using the CDC guidance for clearance based on symptom screening.

And so there are kind of two different criteria that we use for clearance once someone has been infected with COVID-19. One is for most healthy individuals, and that includes three things. That's 10 days from onset of symptoms and symptoms rapidly improving and being fever-free with no fever-reducing medication for 24 hours.

So if someone meets all three of those criteria -- and that's most healthy individuals -- then 10 days after the onset of their infection, they're thought to no longer be actively infectious with COVID-19. And at that point, we don't recommend repeat testing, including pre-procedural or travel testing, because we don't want to take up cases that kind of have these remnant RNA but don't represent actual infectious people. And the reason for that is they were unable to grow out live virus past nine days in healthy individuals.

The exception to that is people who are immunocompromised or immunosuppressed, including those who receive Epidron for being severely ill, and then it goes out to 20 days.

So you can see some countries have just opted to go for the 20-day clearance rather than kind of the nuance between

those. But, again, it's for that reason that we use the clinical-based criteria rather than the test-based criteria to make sure that we're using these tests to really identify actively infectious people and don't recommend regular screening for 90 days after infection.

CHAIR STEVENS: Okay. Thank you.

Representative Johnson, any follow-up?

REPRESENTATIVE JOHNSON: Well, I'm still trying to wrap my head around the -- if you show up and you test positive, but you have a positive test result in the past; right? So you've already had tested positive. And then it's like -- I'm trying to get my mind figured out where -- and the Legislature here is trying to -- unless you have a doctor's note as well; is that correct? Is that what the policy is right now?

DR. ZINK: To say that you don't have -- that you've tested positive?

SENATOR GIESSEL: I guess what I'm trying to clarify is that if someone has a positive test result in the past -- because there's a number of people in the legislature who have positive test results, have had it. If we can show up with a positive test result but yet we test negative, are we still going to -- I mean, a negative -- well, we should test negative because it's been a while ago since the original positive test, but the test -- if we continue to do these repeat tests and have the potential for showing a false positive, how

are we going to deal with that?

DR. ZINK: And that's a --

REPRESENTATIVE JOHNSON: I know, Dr. Zink, that you can't really answer that; it's just something that we're going to have to determine, I think.

DR. ZINK: What we do at the airport testing is we essentially say, "You need to show your proof of a positive test and your letter of clearance from public health or whoever else that you're no longer infectious." And as long as that's within the 90 days, that is counted for like your travel testing, your pre-procedural testing. So it's that letter of clearance plus that PCR test that you were identified as having COVID-19, and you're within that 90 days.

So I'm not sure how you guys want to work it from a legislative perspective, but that is what we have done from a travel and a procedural standpoint to make sure that we're not doing screening testing on people who are very likely to not be infectious.

The caveat to that is if someone is symptomatic. If someone is symptomatic at any point they should get repeat testing.

MS. AMANDA JOHNSON: And, Dr. Zink, this is Amanda with Beacon.

To add on to that question, that is correct. The plan is to not test anyone if they are within that 90 days from

their time of positive test. They would be required to show proof of that medical release or release from public health, as well as that positive test and the date of that positive test.

CHAIR STEVENS: Thank you, Amanda. I was just about to call on you because you are the one who will be figuring out how all this works. So I appreciate you're being with us. So you think -- you have a clear grasp of how this is going to work in the Legislature, in the Capitol Building?

MS. AMANDA JOHNSON: Yes. We're very familiar with the state requirements around travelers, and that, in fact, is what is carrying over to this session. And we will -- we also have a plan in place for, given the length of the session, realizing that some people will move beyond that 90-day post-infection during the session, and therefore we will begin a testing protocol, or they will fold into the testing protocol as usual. And then there's some additional follow-up testing if they were to test positive on a PCR test to do some additional antigen testing to determine if that is a live virus, as Dr. Zink is reviewing. And we are reviewing with epidemiology on that protocol.

CHAIR STEVENS: Thank you, Amanda.

Okay. Any further questions anybody has, thoughts, either questions to Dr. Zink or Amanda from Beacon?

SENATOR GIESSEL: Mr. Chairman, this is Senator Giessel again.

CHAIR STEVENS: Yes?

SENATOR GIESSEL: I wanted to just close the loop. So the question was asked: What about people that have tested positive? Dr. Zink has clearly articulated that 90-day window and a letter of clearance. Could we clarify with Dr. Zink that despite the fact that they are in a 90-day period of time after a positive test, they still need to maintain the masking, social distancing, and hand sanitizing protocols.

Dr. Zink, could you clarify that?

DR. ZINK: Yeah. I appreciate it, Senator.

Yes, that is still our recommendation even within that 90-day period, that people continue to mask, distance, and hand-wash, continue to do those mitigation steps as they are additional important tools moving forward.

SENATOR GIESSEL: Thank you.

CHAIR STEVENS: So thank you. Thank you, Senator Giessel.

So I take from that that there should be nobody in that building who is not wearing a mask. Is that your understanding, Senator Giessel?

SENATOR GIESSEL: That's how I understand it. I wanted Dr. Zink to clarify that.

CHAIR STEVENS: Good. Okay. Thank you.

Did someone else have a question or comment? I may have missed them. It's an opportunity to speak -- I was going to say to hear from the horse's mouth, but that's not a very

appropriate thing to say. But it's an opportunity to hear from the experts on what's going to happen and how it's going to work.

So I guess maybe I would ask Amanda, considering this, if you've tested positive, you're supposed to wear a mask. Are you confident that we can create a safe environment for our staff and our employees and ourselves in that building?

MS. AMANDA JOHNSON: Absolutely. I think that you guys have some strategies in place already with sneeze guards, the mask-wearing, the hand sanitation protocols that we'll have, you know, throughout the facility.

As Dr. Zink mentioned, you know, the best practice right now is certainly, you know, social distancing, which includes remote work as much as possible. Yes, there is business to conduct, and certainly we're working very closely, as Dr. Zink is, with critical infrastructure and having created save environments across the state, working within those critical infrastructures.

So we're certainly confident, with the testing as well as the practices that Dr. Zink mentioned that are part of the program, that we can certainly create a safe environment.

SENATOR BEGICH: Mr. Chairman?

CHAIR STEVENS: Yes, Senator. Go ahead.

SENATOR BEGICH: This is Senator Begich.

CHAIR STEVENS: Senator Begich.

SENATOR BEGICH: Just to follow up on the comment that was just made, so how safe is the environment if people that are in the building refuse to wear a mask? Did you hear my question?

MS. AMANDA JOHNSON: Yes. This is Amanda. I heard your question as related to how safe it could be if folks refused to wear masks, and I believe that maybe later in this session you are going to review a code of conduct protocol which really encourages and, in some regards, is requiring mask-wearing. But I'll refer to Jessica to confirm that.

SENATOR BEGICH: Yeah. Amanda, before you go there -- if I may, Mr. Chairman, follow up?

CHAIR STEVENS: Yes. Please go ahead, Senator Begich.

SENATOR BEGICH: What I'm getting at here is that whether we have a protocol in place or not, some people may refuse to -- you know, elected officials may refuse to acknowledge the protocol. What does that -- what is the impact that that may have on the safety of the environment? That's what I'm getting at. I want to just put the elephant on the -- if you will, the elephant in the room, I want to acknowledge it.

DR. ZINK: This is Dr. Zink, and I can take a stab at it.

I have -- for me, safe versus nonsafe is always a continuum, and it's not a dichotomous one versus the other. Again, the safer you are, the more people are distanced, the more they are in separate places, the more they're meeting telephonically or via Zoom and not in person. Once people are

starting to be in the same building and the same air space together, particularly for prolonged periods of time, there's a series of things that will make an area more likely to have COVID transmission or less likely.

So if someone is symptomatic, if they're not feeling well, they are more likely to be coughing, sneezing, and that helps to spread the particles more readily. If they are not wearing a mask, again that spreads the virus more quickly, particularly in a confined space. The longer they are there, the more people that are there, all of those things kind of add to that, as well as the ventilation.

So it's hard to say if someone is not wearing a mask what percent or what sort of risk that confers. It clearly is more risk, being clearly on the CDC website and others. You know, masks help prevent you from getting and spreading the virus. Masks are an important tool. They are not the only tool. And so it depends on how they are being used in combination with other tools, as well as if that person has been tested recently, if they're symptomatic or if they're not symptomatic, how many other people are in the room, the length of time as well as proximity that you spend with that person.

CHAIR STEVENS: Thank you, Dr. Zink.

Senator Begich, any follow-up there?

SENATOR BEGICH: Yeah, just a -- first, that does predominantly answer my question. And I just want to reiterate

a question that was brought up earlier and just to get a definitive answer again.

There are increasingly -- I'm reading on the web, and I get these notes from people telling me that masking doesn't work, that there's data that proves that it doesn't work. Could you please address that once and for all?

DR. ZINK: Yes. I appreciate the question.

I also get many of the same e-mails, and there is a preponderance of evidence that masking helps to reduce the transmission of SARS-CoV-2, the virus that causes COVID, as well as some evidence that it helps to minimize your chance of getting sick with COVID. That is by far the summary of the evidence to date on this subject. Really, the subject matter experts in this field all really stand behind that.

People pick and choose different parts of the data set -- a Dutch study, when people were already on lockdown. And even there masks showed a little bit of benefit, but it wasn't huge because everyone was in their own houses separately and not getting together because the entire country was on lockdown. So I think it's important to take the studies in consideration of where they're used and how they were used and look at the full study.

There is a ton of information on the CDC as well as other websites, and it is by far the clinical consensus at this time that a mask helps prevent you from getting or spreading the

virus that causes COVID-19.

SENATOR BEGICH: Thank you. Dr. Zink, as our chief medical officer, I take that as the definitive answer, and I appreciate that. Thank you.

CHAIR STEVENS: Thank you, Senator Begich. It could not be more clear that masking is -- the preponderance of evidence is that masking works, it seems, and everything I have read seems to prove that, though you read things occasionally that object to it. But I appreciate your comments on that, Dr. Zink.

Any further questions of Dr. Zink? And, let's see, before we go -- I know there may be some questions that -- Jessica, you had some questions that we had talked about earlier. Do you want to go ahead with what you were concerned about?

MS. GEARY: Chair Stevens, thank you.

My questions are for Dr. Zink. One is: Alaska seems to be on the downward trend as far as case counts go. Do you anticipate the large influx predicted around the nation during the time we convene in mid-January?

DR. ZINK: Thank you for that question.

We did spend some time, actually, with the epi team talking about that just this morning. We do see about 33 percent of the jurisdictions are on an upward swing right now. We, fortunately, are on a downward swing right now, which is fantastic to see.

I think a lot is going to depend on what Alaskans do after the holiday, after travel, and as people are getting together. I would suspect that, like other travel and other gatherings, we would also get a bump with additional cases after the holiday, after people have traveled and moved, but we did not have a huge influx after Thanksgiving. We continued to see a downward trend after that, and so we'll have to see what this holiday season looks like and what happens.

But in general, our team is, I guess, bracing for, kind of end of January, beginning of February, a potential surge in cases, particularly holidays with people being tired, not enough vaccines out yet to really make a big difference in the overall disease process. And we really want to do what we can to keep those cases down and encourage Alaskans to mitigate the disease until we have widespread vaccine available.

MS. GEARY: Thank you.

CHAIR STEVENS: Thank you, Jessica.

Was there a question?

REPRESENTATIVE JOHNSON: Chair Stevens?

CHAIR STEVENS: Yes. Yes, please, go ahead.

REPRESENTATIVE JOHNSON: This is Representative Johnson. Thank you. Representative Johnson here.

I have a question just on the vaccine plan, if there is one for legislators at all, which would potentially protect some of the people in the Legislature. But how long does it

take for those to go into effect, and if there is a plan in place. And then I have another question as well.

CHAIR STEVENS: Thank you. Actually, I might direct that to the President. I know she has sent a letter to officials requesting that. It's always a problem. I know, even at our federal level, Congressmen who have sort of jumped the line and have been criticized heavily about it.

But, Madam President, do you have any thoughts on that before we go maybe to Dr. Zink?

SENATOR GIESSEL: Well, the reason that the Speaker and I sent that letter is because of the critical need for the Legislature to be functional, to pass a budget. That's our one constitutional responsibility. Consequently, we -- the Speaker and I joined together, sent a joint letter to the committee that determines the distribution of the vaccine here in Alaska.

Dr. Zink is aware of that letter, and I'll let her carry this baton forward and answer the rest of the question.

Dr. Zink?

DR. ZINK: Yeah. I appreciate that, Madam President.

And, yes, we did receive your letter and appreciate the feedback. It is a challenging space right now not to have enough vaccine available to everyone who wants it, and I desperately wish that we did. The ACIP, the Advisory Council on Immunization Practices that advises the CDC, did put -- they didn't specifically call out legislators, but they did call out

public health workers and other critical infrastructure workers kind of in the 1c category, which would not be in January or February. It would be a little bit later than that. Exactly when really depends on production and updates. That conversation is still being had with advisory committees.

I would just note that on a federal level, the federal government was able to allocate vaccines for subgroups outside of state allocations. They did this with the federal prisons. They did this with IHS, DOD, VA, as well as a subset of federal legislators and others.

The state allocation is kind of within the state allocation committee, and given the very critical nature of the work you guys do, we're asking the committee on where they're going to weigh in on that. They have not yet weighed in on that. Legislators were not part of 1a, but we're working through the 1b and potentially 1c category.

I would also just state that it probably takes between five to six weeks to really build up the robust immunity that these vaccines provide, which is much longer than things like influenza. So it's important to also take into account that length time in combination with the vaccine itself when thinking about timing for different groups and that immunity that's needed.

CHAIR STEVENS: So, Dr. Zink, if the vaccine were to become available for critical workers, as you say, possibly

legislators, would that be provided to Beacon to do that, those injections?

DR. ZINK: Yeah. Thank you for that question, sir.

So there is a series of different ways that it gets out. We have what we call closed pods, pods that are the point of dispensing, and we have open pods. And there would be a series of different ways that people could access the vaccine.

Sometimes we do -- like in the hospitals, they were closed pods where the hospitals were doing them. For our Tier 3 healthcare workers, which are kind of the next group that's up, some of those are being administered at clinics. Some are registering online for an appointment time and getting vaccinated at like a local pharmacy, to be able to do that. And so I would imagine a similar sort of process, but we can -- we can work with all sorts of people, including people like Beacon, to go ahead and administer that if that comes out. It just will really depend on timing and what works best to action that.

CHAIR STEVENS: And should that happen, Amanda, then, is Beacon ready and authorized to do that?

MS. AMANDA JOHNSON: Yes, we are an authorized provider to receive the vaccine as well as administer it. So if, in fact, that becomes available and we're the mechanism for delivery, we'll partner with the state accordingly.

CHAIR STEVENS: All right. Thank you. Thank you, Amanda.

Further questions anybody has of --

REPRESENTATIVE JOHNSON: Chair Stevens?

CHAIR STEVENS: Yes. Go ahead.

REPRESENTATIVE JOHNSON: I had one more question. I had one more question, Chair Stevens.

CHAIR STEVENS: Representative Johnson, please go ahead.

REPRESENTATIVE JOHNSON: Yeah. So this is for Dr. Zink. And I know that legislators are encouraged to quarantine for two weeks before we go to Juneau, or after we get to Juneau. How important is it for legislators or others that are in the Legislature to minimize travel home on the weekends? Should we encourage -- be encouraging that?

DR. ZINK: Yeah. So this is Dr. Zink. I appreciate that question.

We do see that travel is one of the major accelerators of the spread of COVID-19, and so every time someone gets on a plane or interacts with other people, it is a chance for spread.

It's a little bit hard to know what percent of people on a plane and in travel will be positive and what that exposure will look like. I will tell you that our airport testing had been about 1 percent of the people coming into the airport were testing positive, and then it shot up to almost 6 percent. And it's come down a little bit now, meaning that, you know, somewhere between, you know, one in 10, one in 16, one in 20, depending on the timing of people on the plane were likely

positive with COVID-19 at that time.

We're also seeing similar travel recommendations from the CDC -- actually going into effect today -- which include requirements to get tested prior to travel from the U.K., given this new variant. And the CDC has pretty good recommendations based on a lot of modeling that recommends a test as close as possible to travel, but ideally no more than three days, as well as staying home for seven days after travel and getting a second test somewhere between -- before that seven days, so somewhere between like around day five. Their wording is a little bit different on their website.

So I would encourage legislators to take a look at those, both the international and national travel guidance, and we continue to see travel as an accelerating course within the state. And part of the reason there have been the requirements for testing as well as staying home and not interacting with others, that strict social distancing after travel, is to minimize the spread of COVID-19.

CHAIR STEVENS: All right. Thank you.

I think most legislators -- there might be a few exceptions -- will travel by air to get to Juneau. There's hardly any other way, but some may be able to take a ferry or fly in their own planes.

Do you fly yourself, Dr. Zink?

DR. ZINK: Once upon a time I did fly. I'm not against

flying, but I have flown once since this pandemic started, and that was for my family. And this was in the summer, and I have not flown since, nor do I have any plans to fly anytime soon. I do think that minimizing that risk of flying -- I think people do fly for different reasons. And if you do fly, then having those restrictions before and afterwards can help minimize the chance that you spread it to others during that time, and if you happen to accidentally pick it up before you spread it to others.

So, again, I would just really encourage people to follow the CDC guidance regarding testing, as well as quarantining before and after, to minimize their risk of flying and its transmission.

CHAIR STEVENS: Sure. Thank you, Dr. Zink.

Jessica, did you have some more questions there?

MS. GEARY: Thank you, Chair Stevens. I just have just a couple more questions, and these are mostly questions that I've received and didn't quite know how to answer.

I've seen some fluctuation and maybe some confusion with the 14-day quarantine versus the 10-day quarantine and when those are applicable. Can you explain that, please, Dr. Zink?

DR. ZINK: Yes. Thank you. It is a challenging -- it's been unclear to be able to articulate well, so I appreciate you asking about it.

A couple different things. Quarantine versus

isolation are separate. Isolation is for illness, and so that is when someone is sick, how long they need to be away from others. And it may be "sick" in terms of they're physically sick, or it may be that they're just infectious with the virus but are asymptomatic. And that is that 10 days plus their symptoms resolving, no fever, that I had talked about earlier.

The reason that that is shorter than a quarantine period is a quarantine is more like a question. Am I going to get COVID-19? And it takes a while for the virus to replicate to see if someone actually has it. So the traditional quarantine has been a 14-day period because the incubation period, the time it takes from someone's exposure to the time that they could show disease, is anywhere from two to 14 days.

So people won't -- if, you know, I saw -- you know, if I saw Amanda today, and she was COVID positive, I wouldn't get tested tomorrow because the incubation period is two to 14 days. I need to give it some time for that virus to replicate to see if I truly was positive. Again, it can be anywhere from two to 14 days, but most people start to pick up in their viral shedding around day five to 10, in that time period. And then most people start to become symptomatic, if they're going to become symptomatic, somewhere around day 10. So the traditional quarantine period is 14 days.

The CDC did put out guidance on ways that you could potentially consider shortening that quarantine period with a

test and with closely watching symptoms. The safest thing to do is to still do that full 14 days of quarantine because the incubation period has not changed. That incubation period is still 14 days. They still recommend symptom checking, as well as minimizing your interactions for those full 14 days. But, as mentioned, most people become symptomatic by day 10, and if you do 10 and a test, then you really reduce that chance of having COVID-19 and potentially spreading it to others quite significantly, pretty similar to a full 14-day quarantine without a test.

There is another strategy, which is seven days plus a test, but then it increases your chance of missing cases of COVID-19 anywhere from about one to 10 percent, depending on the modeling of the studies that you look at. On our testing guidance on the DHSS website, it lists out like a chart, including kind of the risk of testing for quarantine at any of those realms.

And these are all different than strict social distancing, which is what we ask people to do after they travel. And, again, that's because they're not a known, confirmed close contact to an exposed COVID-positive patient, but they did something that was higher risk. They traveled during that time and, as a result, asking people to take some extra precautions, including that staying home for seven days and getting tested somewhere between days five and seven. It's all a series of

balancing risk with all of these things that really impact people's lives and trying to use testing to help minimize the length of quarantine.

For most organizations and for communities, they will oftentimes say 10 and a test is probably a very reasonable alternative to the 14-day quarantine. That 10 and a test gets you pretty similar data to a full 14-day quarantine, instead of doing the full 14 days.

MS. GEARY: Thank you for that.

CHAIR STEVENS: Thank you.

SENATOR BEGICH: Mr. Chair?

CHAIR STEVENS: Yeah, Jessica. I think you had another question there?

MS. GEARY: I think Senator Begich might have been trying to ask a question.

CHAIR STEVENS: Okay. I'm sorry. Senator Begich, go ahead.

SENATOR BEGICH: I just wonder if I could just get kind of a preliminary game plan from Dr. Zink.

So, Dr. Zink, if I were planning to fly, say, on the 6th of January down to Juneau, when would I do my prelim test, and would you then want me to test two days after I arrived in Juneau, or when would you want me to do that test while remaining in isolation until, you know, the start of the session?

DR. ZINK: Yeah. So thank you for that question.

We would recommend that you get tested one to three days prior to traveling and as close to travel as possible. So, for example, if you were traveling on the 6th, if you could get tested on the 5th, that would be ideal, if you could get that turnaround time. It depends on your location and if that turnaround can be within that time. So one to three days prior to the 6th.

And then following the CDC guidance, it asks people to stay at home for seven days after travel and getting tested somewhere between days like five to seven. So if you -- I can pull up a calendar here. If you traveled on the 6th, not interacting with other people until the 13th, and getting tested somewhere around the 12th or 13th to make sure that's negative. And then on the 14th on just doing the distancing, masking, hand-washing per normal.

SENATOR BEGICH: I appreciate that. Thank you.

CHAIR STEVENS: Thank you, Senator Begich.

Yes. Who was that?

SENATOR VON IMHOF: Senator Stevens, this is Natasha. Can I ask a question?

CHAIR STEVENS: Yes, please, Senator von Imhof. Go ahead.

SENATOR VON IMHOF: Thank you.

So, Dr. Zink, did you clarify whether the travel is in state versus out of state?

DR. ZINK: Yeah. So I appreciate that question, Senator.

The travel requirements as part of the EUA -- or, excuse me, the health order is people traveling from out of state into state, as well as traveling off the road system. However, we do encourage people who are traveling in general in Alaska to follow the same guidance. The health order does not apply to on-road-to-on-road, but in general we are encouraging people to follow the same guidance if they're flying in-state.

SENATOR VON IMHOF: So, Senator Stevens, can I do a follow-up?

CHAIR STEVENS: Yes, please. Go ahead, Senator.

SENATOR VON IMHOF: Okay. So, Dr. Zink, if a legislator comes down to Juneau, and they leave for the weekend for less than -- I mean, technically for less than 72 hours, let's just say, just to follow -- you know, to really split hairs there. But if a Senator goes home to Anchorage or somewhere, to Fairbanks or on the road system, goes home for the weekend and comes back, are you suggesting that the Senator do not go into the Capitol Building for the full seven days? Is that what you're saying?

DR. ZINK: So it's all kind of a matter of risk/benefit, and so that's where, really, you all have to -- and this is what we had to do with emergency orders as well, to say: How much additional risk is there? There's less risk for 24 hours than there are 72. There's less risk with 72 hours compared to a

week. If you go to a bar and party, there's going to be a lot more risk than if you are at home by yourself. And so finding that risk/benefit for the Legislature is something that you guys are unfortunately challenged with having to figure out.

But the CDC recommendations don't -- they just say travel in general. If someone is traveling by flight, they recommend, again, the testing beforehand, staying home for seven days afterwards, and testing at the end. I'm happy to send those to you if you guys would like to see those travel recommendations.

SENATOR VON IMHOF: No, thank you. I appreciate that.

I think that the Legislature will have to make a decision collectively about travel, I would imagine, Senator Stevens, and knowing that people do need to see their constituents, that there are people that have families outside of Juneau that can't bring their families down, and that we need to have -- we need to do what Dr. Zink stated, which is balance the risk versus the reward.

And I think that if we have with Beacon a robust testing system, as what they're doing in colleges and other locations where you're tested on a frequent basis, on a scheduled basis, I think that ought to pick up, you know, any type of potential exposure, just as long as people are diligent at all times, both on the airplanes, in their home districts, et cetera. But to have people, I think, to stay -- to come to

Juneau and stay in Juneau for three months is unrealistic and personally not mentally healthy.

CHAIR STEVENS: Thank you, Senator. I appreciate your comments. You know, I think you make a good point, that people who stay in Juneau and go to the bars at night are probably taking a greater risk than someone maybe going home and being isolated while they're at home. So certainly that's an issue. Travel is an issue we need to talk about.

I think, more importantly, the main issue -- it seems to me to be masking, but travel is certainly an issue for us to consider. Thank you, Senator.

Any further -- Jessica, I don't think we quite finished the questions you had from your staff and from folks in the building.

MS. GEARY: Yeah. Thank you, Chair Stevens. Just a couple quick questions.

So we had the question about the exposure risk for passing notes, for example, during the floor session. Legislators communicate by having pages pass notes back and forth, and I guess that kind of ties into the exposure risk from touching inanimate objects. So do you have any advice as to -- or data, perhaps, as to how the virus is transmitted on objects such as paper and door handles and other things like that?

DR. ZINK: Yes. I appreciate that question.

So, in general, it lived on surfaces longer if it's hard surfaces -- metal, plastic, things like that. In general, in cool temperatures and things that are not cleaned regularly it also lasts longer on, including multiple days.

It is destroyed very easily by soap and water, as well as with most cleaning detergents, agents, and supplies, and there's a large list of those on both the EPA as well as the CDC website on things that destroy the virus. So with its structure of the outside, it's pretty easily destroyed by those cleaning things.

Initially we were very concerned with what we call fomite transmission, moving the virus from person to person from things like paper. It appears to be that that is less of a concern, definitely not a bureau concern, and that is part of the reason why we still highly recommend things like hand-washing and not touching your face. So people that are passing material back and forth, having stations where people can regularly wash their hands, having hand sanitizer right there so people can wash their hands after touching paper are all tools that can be used to minimize the risk of transmission via fomite, from touching one object to another.

But, in general, it's less of a concern than our initial thoughts when we were very first learning about this virus.

MS. GEARY: Thank you for that.

CHAIR STEVENS: Okay. Thank you.

Anything else anyone has? Jessica, any questions, anymore questions you have from your staff?

MS. GEARY: Chair Stevens, I think most of them have been answered, and some of them are kind of -- I don't think I'll ask some of these.

I just wanted to make a general comment that we have added self-sanitizing surfaces. We've increased the filters in all of our HVAC systems, and we've added HEPA air purifiers to our committee rooms and chambers. And I know those are all recommended by -- and researching a bit on the CDC website. Is there anything else you would recommend?

One other thing I might note is within the chambers we've added plexiglass in between all of the desks. Members will be asked to wear masks, but we do recognize that congregating in a room such as that for a long period of time does carry a bit of risk.

So I guess I was just looking for, you know, suggestions or a rubber stamp or something along those lines, Dr. Zink.

DR. ZINK: Yeah. I appreciate the question.

Unfortunately, no rubber stamp because we aren't approving or disapproving of any plans. But what I would say -- it sounds like you are already looking on the CDC website, and kind of a general framework that we use for

mitigation is thinking administrative, environmental, and then down to personal.

So administrative, being able to do things in separate rooms, online, not having as many people in the same room, entrances and exits being separate, all of those things.

And then environmental includes like airflow filters, increasing the air exchange rate. That's why outside is so much safer than inside. It's about the air exchange. And really using your maintenance people to take a look at that because, depending on what sort of filter is on the air exchange and where the air moves, you want to make sure that that is done thoughtfully and mindfully overall.

And then the personal mitigation. And so that's where masking comes in, hand-washing, distancing, minimizing the number of people in the space, making sure people don't come to work while they're sick, making sure people are truly isolating and quarantining -- so if someone is diagnosed with COVID-19, that they are not coming into the building, that they are truly isolating; and anyone who is a close contact to that person, has been exposed for 15 minutes or more within six feet cumulatively over a 24-hour period, truly does quarantine for that period of time, either 10 days and a test, or that 14-day period and not coming in. So those are other additional things that I would encourage people to take a look at.

There's some pretty good school and business

guidance. I couldn't find any legislative-specific business on the CDC website when I was looking earlier, but the business ones -- I think that many of the same things that you've been mentioning and talking about. And, again, it's kind of like going outside in the cold. The more you can layer these things together, the more protected staff and legislators and others in the building will be.

CHAIR STEVENS: So, Dr. Zink, we have an unusual situation here. I don't know anything quite like it in the state of Alaska, where somewhere under 300 people are coming together into one building from all parts of the state, whether there's low caseloads where they're coming from or high caseloads, from all over the state. Would you be at all surprised to learn that there have been quarantines and isolation during our time in Juneau?

DR. ZINK: So as you kind of bring up in your questioning, numbers are a big factor in this. And the more people you have gathering from more different places, particularly places with a lot of transmission, that's just a higher risk for someone being asymptomatic or mildly symptomatic or pre-symptomatic and accidentally spreading it to others.

I will note that wearing a mask does not change the need to quarantine at this time. So even if, you know, you have two legislators in the same room, if they had been there for an extended period of time together, or they'd been within six feet

for 15 minutes or more, and one of those legislators tests positive for COVID-19, two days prior to their symptom onset or they test positive, anyone they've spent that time with needs to quarantine for either 10 days and a test or that 14-day period, as we had talked about previously.

That's really been the limitation on, for example, schools, is just a lot of kids needing to isolate and quarantine as transmission can occur in those settings. What we do see in schools and other places is that mitigation helps significantly. A lot of those kids don't end up testing positive, but it's not zero. But that quarantine and isolation really helps to prevent the ongoing transmission.

So 300 people from all over the state in close quarters, there's a definitely higher risk than two people meeting on Zoom or 300 people meeting on Zoom. And part of the reason our department, for example, is almost fully online except for, again, the very few things that have to be done in person, such as running the lab itself, where you have to be in person to actually run the machines, things like that.

CHAIR STEVENS: Right. Right. Well, thank you very much, Dr. Zink.

We're about to wrap up here. Any final question anybody has at this time?

REPRESENTATIVE FOSTER: Chair Stevens?

CHAIR STEVENS: Yes. Please go ahead. I'm not sure who

was speaking, but identify yourself.

REPRESENTATIVE FOSTER: Thank you. This is Neal.

Amanda with Beacon, it looks like Curative Labs is currently administering the tests at the Anchorage airport there, and I understand Beacon will be there. I don't know if you're working with Curative or -- and if not, are you setting up your own site there at the airport? And, if so, will it be on the -- I guess which floor and what day will you be setting up?

And then also has the location been determined for when we arrive in Juneau where we get to get our COVID test?

CHAIR STEVENS: Thank you, Representative Foster. That's a really good question because I think many of us will be traveling -- well, almost all of us will be traveling. Well, not all of us. A lot of us are traveling through the Anchorage airport and are coming from places where it's pretty hard to get testing.

So could someone answer Representative Foster's question? Where and when in the Anchorage airport?

MS. AMANDA JOHNSON: Yes. This is Amanda with Beacon, and we are set up in the Anchorage airport. There are two programs currently at the Anchorage airport. There's Capstone that's running the traveler program for the State of Alaska, which they do use Curative. So if you're traveling, you do have that option as a traveler for compliance with the health order that

Dr. Zink had mentioned as it relate to intrastate travel.

In addition, Beacon does have an operation set up at the airport. It is on the ticketing or departure level, the opposite end of the airport from Alaska Airlines ticketing area, which is down Gate A. And at that place, at that location we will have availability of testing. We will have a combination, depending on your timing of coming in, of rapid testing as well as lab-based testing. We use a lab called Color, very similar to Curative as it relates to the program setup and things for resulting. As well as timeliness of results.

And then, again, we have rapid testing in places -- well, and we also have a location in Fairbanks for those traveling through Fairbanks, where Beacon is supporting the State of Alaska with the travel program for the intrastate travel as well as interstate travel. And we also have some availability to support this contract from that location. At that location, we are located at Baggage Claim 2 on the main level of the airport there.

In addition, we will have a location here in Juneau. We'll have a couple locations. We will have a small setup for testing at the capitol for anyone who comes in with their screening and has an immediate need for testing and/or primarily located there for their regular cycle testing.

We are, however, also working with the airport as well at a local hotel to secure space for the cycle testing

and/or your arrival testing for a convenient location so that we minimize the crowd and the activity of testing at the capitol as much as possible for the specific needs of capitol testing, and then have those available options. And we are finalizing that, as well as working specifically with Jessica during that -- for that process, for the location at the capitol. So that should be forthcoming here in the next day or so.

CHAIR STEVENS: So to Representative Foster's question, and then also the answer that was given to Senator Begich, to test one to two days before and then test on the fifth through the seventh day, what you're saying to Representative Foster is, if he can't get a test in Nome, he should get a test, I assume, in the Anchorage airport, and then day five or seven after that. Is that true? Do I have that right?

MS. AMANDA JOHNSON: Yes. If he is unable to test in Nome, for example, he would test at the Anchorage airport prior to his connection, and we do have a protocol in place that individuals will test. If you test the one to three days prior, as Dr. Zink mentioned, which is in line with the health order, then, in fact, we also have a testing protocol in place to test within 24 hours of entry to the capitol and then again that three to four days later, hitting that five-day mark, again, as Dr. Zink has outlined.

And so we do have that testing schedule. We are finalizing that into various categories, which are, you know,

those that are Juneau-based, those that are coming in to Juneau for 90 days, and those that intend to travel throughout the session and maybe leave Juneau multiple times, and what that -- what you should expect from a testing protocol, so to speak. And we're finalizing that as of some conversations late last week, and we'll release that out to everyone with updated frequently-asked-questions here in the next day or so.

CHAIR STEVENS: Well, I appreciate that, Amanda, and you'll be coming with those recommendations.

Representative Foster, is that understandable to you? Does that make sense, that -- can you get tested in Nome, or do you have to get tested in Anchorage?

REPRESENTATIVE FOSTER: Oh, she answered my question perfectly. Thank you.

CHAIR STEVENS: Yes. Okay. Great. Thank you.

So we do need to move on. It's been an hour, and I really appreciate your spending your time with us. But before we do conclude, are there any other questions anyone would like to pose at this time?

SENATOR GIESSEL: Mr. Chairman?

CHAIR STEVENS: Yes?

SENATOR GIESSEL: This is Senator Giessel.

CHAIR STEVENS: Senator Giessel, please go ahead.

SENATOR GIESSEL: Mr. Chairman, I wanted to have Dr. Zink comment on the virus variants that are cropping up. Last week

the news carried a story about a variant of the COVID virus that was occurring in South Africa that appeared to have higher mortality. Today I read about the U.K., which has a variant emerging, and it has cropped up in Canada due to travel, apparently in Quebec and also in British Columbia, folks that had been in the U.K. over the holidays, traveled home, and were carrying the virus.

I just wanted to offer Dr. Zink an opportunity to comment on that.

DR. ZINK: Yes. Thank you, Senator. I appreciate the question.

We do see that this virus continues to change. We have seen variants previously that look like it had become more contagious, however not more lethal, not more likely to cause more deaths from the disease. We are following these variants closely. In fact, the CDC reporting on the U.K. one was extensive this morning, and they do have a website up about it. Both the South Africa as well as the U.K. variant appear to spread more easily, yet, again, don't cause higher rates of disease.

The U.K. variant causes what we call an S-dropout, so one of the testing components, that you lose a little bit of that arm. However, what we see right now is it does not appear to impact the vaccine's effectiveness, so that is being studied, as well as other things like the monoclonal antibodies. It may

affect convalescent plasma, so trying to understand that better.

The federal government did require a test prior to traveling from the U.K. starting today. It rolled out today. And there was messaging from the CDC about, again, using a two-test strategy, a test prior to traveling as well as a test after travel, in combination with staying home as a way to decrease the transmission associated with this virus, given that it's a new, more contagious spread -- a new contagious strain that we're seeing in the U.K. right now.

So we're continuing to follow it closely, and we're internally discussing just about what that looks like in the U.K. And, as you mentioned, it's been seen in Canada. There's a lot of genetic sequencing going on continue U.S. right now. I don't think any of us would be surprised if it was in the U.S. at this time. However, it has not yet been identified, and we are also looking through both our S-dropout cases as well as genetic sequencing to see if it's appeared here in Alaska. At this time we have no evidence that it has.

SENATOR GIESSEL: Thank you, Dr. Zink, for emphasizing masking and constraining our travel.

Thank you, Mr. Chairman.

CHAIR STEVENS: Thank you, Senator Giessel.

SENATOR HOFFMAN: This is Senator Hoffman.

CHAIR STEVENS: Senator Hoffman, please go ahead.

SENATOR HOFFMAN: Yes. Dr. Zink, I'm planning to have my

first shot probably within the next 10 days, and then three weeks after that my second shot. So as the Legislature transitions to getting their virus shots, what, if any, different protocols do they have to follow or that are recommended by the department between -- after the first shot and then after the second shot? Are there different protocols?

DR. ZINK: Thank you for that question, sir.

At this time, no. These vaccines were studied for how significantly they made you ill, not on your ability to spread the disease to others. Some early data out of Moderna suggested they may decrease transmission, and that is being actively studied for both the Pfizer and Moderna vaccines, but at this time we do not have data to say it's time to stop mask-wearing, distancing, minimizing your interactions based on these vaccines at this time.

We're hopeful that more data will come out soon that will show that are you less likely to transmit the disease, but we do not have that as of yet. So at this time no change in recommendations for travel, masking, distancing, or anything like that post-vaccine versus pre-vaccine.

SENATOR HOFFMAN: Thank you.

CHAIR STEVENS: Thank you.

REPRESENTATIVE THOMPSON: I have a question.

CHAIR STEVENS: And who is that?

REPRESENTATIVE THOMPSON: This is Representative Thompson.

CHAIR STEVENS: Representative Thompson? Please go ahead, Representative Thompson.

REPRESENTATIVE THOMPSON: Yeah. I have a question for Beacon. I'm curious. About a month and a half ago my family and I had to travel to Arizona for a family funeral, and upon returning we got tested at the airport. And we quarantined completely out of town, and seven days after we returned, we drove back to the airport and had our second test. We hadn't got the results of the first test yet.

So the next day, which was eight days after our first test, my wife and son got their results that they were negative at that time. And this is eight days after my test, they came back and said, "Sorry, we broke your vial. You need to test again."

Well, we had gone back after seven days. The day before that we did our second test. It took another eight days for me to get -- all three of us to get the results of our second test. I was wondering about the length of time and the length of waiting for these results.

MS. AMANDA JOHNSON: Yes. Thank you for that question, and certainly the clarification.

We have had some challenges throughout this pandemic with some of the resulting and timeliness of that resulting. What has taken place is -- and, Dr. Zink, you can correct me as you wish here. The traveler program, which is what you

experienced at that time for the Fairbanks airport, is a partnership with the State of Alaska, and we are leveraging the virology lab there in Fairbanks using the BTM that that lab produces, as well as using them for resulting.

And so there have been a few times in the series of this program where there's been significant increases in testing, which results in delays of receiving those results from the virology lab.

In addition, there was a batch -- or have been a few batches of the vials that have been compromised, as those are chilled and frozen vials. And they, in the field, break, you know, when they're thawing out that last time in the virology lab. So we have continued to work very closely on that.

What I will advise -- and I'll pause there if Dr. Zink wants to correct me on anything. The real situation there is when the lab gets, you know, an influx of testing, it has a trickle effect on how quickly we're receiving those and resulting those, and then using state resources as much as possible during these times.

So, Dr. Zink, do you want to correct me on anything in that statement and in that experience?

DR. ZINK: I appreciate the question. First of all, you know, I'm really sorry that you had that experience. Turnaround time is essential to try and make sure we identify cases early. There have been some significant challenges, and I think Amanda

pointed out many of those, and I appreciate that.

I would echo her statement that many of those things have been worked out. We encourage people to continue to check their spam box, because it's impressive how many times that's still where they go.

The turnaround time has radically improved, partially because of a lot of effort and time for IC in trying to streamline the process, as well as the fact that as we've had a decrease in cases around the state, as well as increasing testing options, including private options that weren't available, our turnaround time has significantly improved since before.

I think what we'll continue to see is if our cases continue to decline, our turnaround time will stay quick. However, if our cases start to increase again, everything just kind of gets gummed up through the entire system, and things take a lot longer.

So looking at the state turnaround time right now, 1.5 days, facility turnaround time is .7 days, and commercial turnaround time is 1.4 days. that all publicly displayed on our dashboard because that turnaround time is essential to make sure people get notified as quickly as possible to their test results.

REPRESENTATIVE THOMPSON: Thank you very much.

CHAIR STEVENS: Thank you, Representative Thompson.

MS. AMANDA JOHNSON: I'll add to that just for clarification. For this program in supporting the legislative group, we are using a commercial solution. So as Dr. Zink outlined those turnaround times, we are using a commercial solution for this testing support mechanism.

CHAIR STEVENS: Thank you, Amanda, Dr. Zink, and Representative Thompson.

A final question, I think. Representative Stutes.

VICE-CHAIR STUTES: Thank you, Mr. Chair.

And this might be for Jessica. I'm not sure, but I've heard a lot of talk about the protocols for the legislators and their staff. Are there any protocols in place for spouses or family members coming to Juneau?

MS. GEARY: Thank you. Through the Chair, Representative Stutes, the way that the policy was looked at was that anybody covered under the Legislative Council moving and travel policy, which is otherwise known as the relocation policy, does include spouses and dependents. So anybody outside of that would be responsible for paying for their own test or, in the case of right now, they're not allowed in the capitol. But, I mean, to answer your specific question, spouses and dependents would be covered under this protocol.

VICE-CHAIR STUTES: Follow up?

CHAIR STEVENS: Yes, a follow-up, please.

VICE-CHAIR STUTES: Thank you.

So they would be able to be tested through the company we have in place, and then they would be allowed to come into the capitol; is that correct?

MS. GEARY: Through the Chair, Representative Stutes, yes, that is the intent.

VICE-CHAIR STUTES: Thank you.

CHAIR STEVENS: Okay. Well, thank you all for your questions. Thank you, Dr. Zink and Amanda. We certainly have the greatest respect -- I want to thank you on the part of Legislature for what you are doing and treating all people. I know you are an emergency doctor as well, Dr. Zink, and I know that's got to be another taxing part of your job. But I think -- I really want to appreciate -- I really want to express my appreciation for your being with us, for taking the time. And if we have further questions, we will contact you probably through Jessica.

But, again, thank you very much, both Dr. Zink and Amanda, for being here with us today.

DR. ZINK: Thank you so much for the time, sir, and I'm always happy to come back and answer any other questions. I appreciate all that you all are doing.

CHAIR STEVENS: Well, thank you.

B. COVID ENFORCEMENT POLICY

CHAIR STEVENS: Let's move on, then, to the COVID Enforcement Policy. I'd ask Representative Stutes for a motion.

VICE-CHAIR STUTES: Certainly, Mr. Chair.

3:16:17 PM

I move that Legislative Council approve the COVID Enforcement Policy.

CHAIR STEVENS: And I'll object for purposes of discussion and maybe to explain that we have been asked what our rules are, our enforcement. We left them pretty vague, saying it was up to individual legislators. Both the President and the Speaker have pointed out how vague that is and have requested this meeting so we could revisit that enforcement policy.

So we have prepared this COVID Enforcement Policy. We've had a chance to read through it. I've asked both Megan and Jessica to look at it carefully, and I appreciate their efforts here.

You know, it's not their policy; it's really our policy, and so I just ask Jessica and Megan, if you could begin by walking through that document. And it's the COVID Enforcement Policy, and it's very specific. It begins with "A member who refuses."

So, Jessica, could you and Megan take us through the steps of this policy?

MS. GEARY: Thank you, Mr. Chairman. For the record, Jessica Geary, executive director of Legislative Affairs. And I

think I will start out, and then I will let Megan add any comments that she wishes to add.

So as was mentioned, this policy really became necessary because, as we started looking at session beginning January 19th, both bodies are not yet organized, and, really, these protocols will take effect as soon as legislators and staff start arriving in Juneau and undergoing the testing and screening protocol.

So just simply going through these little bullets, the first one is: Any member who refuses to have their temperature taken or answer the health screening questions will be denied entrance to the capitol.

Any member who refuses to wear a face covering will be escorted by the contractor to their individual office, where they shall remain.

Any member who refuses to undergo testing will be reported to the presiding officer and rules chair of their respective body, as well as the LAA executive director for appropriate action, if any.

Any member who screens positive for symptoms will be escorted to the on-site testing location for further screening and testing. A member who tests positive for the virus may not gain access to the capitol until their quarantine period is over, as prescribed by Beacon.

Any member who is identified as a close contact of a

known positive will self-quarantine, as prescribed by Beacon.

It is the intent of Legislative Council that a member quarantining shall be excused from the call of the House under Uniform Rules 15 and 16. In the absence of a presiding officer or a presumptive presiding officer on the first day of the first session of the 32nd Legislature, this policy will be enforced by the sergeant-at-arms and/or legislative security.

Megan, do you have anything to add before it's opened up for questions?

MS. WALLACE: Sorry. I was on mute. For the record, this is Megan Wallace, Legal Services director.

Jessica, I don't have too much to add. I would just emphasize that when these policies need to begin being enforced, we will still be within the 31st Alaska State Legislature. And so, in my opinion, it is appropriate that this group, and the current presiding officers, make policy decisions about how these policies that Legislative Council has already passed will be enforced amongst members as we approach the next session.

CHAIR STEVENS: Thank you, Jessica and Megan.

So keep focused on the idea that this is interim. This is only -- these rules only apply until we have a new President and a Speaker. It is pretty extraordinary, but, you know, we know the fears that many of our employees have, concerns they have, the questioned health conditions that they have that we may not even be aware of, that people are concerned

about what may happen to them and even are considering maybe not working for us if they don't feel safe.

So I'd appreciate any discussion on this to see what anybody has to say. Please go ahead.

SENATOR GIESSEL: Mr. Chairman, this is Senator Giessel.

CHAIR STEVENS: Senator Giessel?

SENATOR GIESSEL: So it might be important, perhaps, to lay a groundwork for everyone on the call to have considered the document entitled In Support of Safe Session and Enforcement Policies. I want to thank Jessica and Megan, who worked on this document.

One of the things that we talked about in our last Legislative Council meeting was the legal issues to placing constraints on legislators. And one of the things that the Speaker and I discussed after that meeting was the fact that we are employers, and as employers we have a responsibility to provide a safe workplace. And that was really the seed that began this document In Support of Safe Session and Enforcement Policies.

So maybe it would be helpful to talk about these before we go into the enforcement part, talk about the why before we get to the how.

CHAIR STEVENS: Sure. That's a good point. We have not -- we don't have that on the agenda, but it fits right in here. It's a two-page document that you have. The title is In

Support of Safe Session and Enforcement Policies, and it goes into great detail.

Maybe, Megan, could you run us through that document?

MS. WALLACE: Certainly. Again, just for the record, Megan Wallace, Legal Services director.

So the document that Senator Giessel just referenced that we're looking at titled In Support of Safe Session and Enforcement Policies -- so what this document does is provide some information that has recently come out or has information that has evolved as we've gone through this pandemic, you know, almost, I think, nine -- almost 10 months at this point.

And so what you're going to see in this document is information from the CDC, and starting in the fourth paragraph there is updated information from the Equal Employment Opportunity Commission, or the EEOC. And so that is information regarding how, from a legal perspective, testing requirements or allowable exceptions work from an employment perspective.

And so the paragraphs that follow there -- and I won't go into any detail unless anyone has any questions, but it just explains that there are serious EEOC, you know, Title VII civil rights issues that have been examined, and we are getting federal guidance from EEOC as well as OSHA and other agencies about how to properly administer and enforce mitigation policies similar to the ones that are before this body, whether it relates to testing requirements or mask requirements.

And it's at least noteworthy to note that many or almost every critical work industry has mitigation procedures that are required because, from an employment and legal standpoint, there are duties that employers have to take some steps to ensure that workers are in a safe environment when they report to work, and that they are at least doing their due diligence in ensuring that they won't be infected at work.

CHAIR STEVENS: Thank you, Megan. A very important document.

It honestly reminds me of when my son went to camp and he was asked if he was allergic to anything. And he said he was allergic to dishwashing, and then he signed his mother's name to it.

So that's one thing that bothers me about it, is that health is not just an out for anybody who doesn't want to wear a mask. Can we assure that this is not just a safe out for people that don't want to follow the rules? And that's a question to you, Megan.

MS. WALLACE: So the rules that apply for these mitigation requirements, whether it's testing or mask-wearing, they aren't necessarily intended -- they're intended to protect all employees, both the mask-wearer and the other people that are employed in the same building, to ensure that everyone stays protected. And if you have, you know, potentially, as I think the health experts just went through -- that those

protections -- if not everyone is participating, the risks to those other employees arguably, from a legal perspective, are infringed upon.

MS. GEARY: And I think I might add to that, if I could. This is Jessica Geary again.

I think perhaps what you're referring to is somebody saying, "Well, I, you know, have this certain religion, so I don't want to wear a mask," or something along those lines. And I think -- you know, I met with Skiff Lobaugh, our human resources manager, earlier, and we talked about the investigating that goes into ADA compliance. He is our ADA compliance coordinator.

And so I think the religious exemption is a little different. We see it at schools. Doctors see it for, you know, avoiding getting their children vaccinated, and that's a very specific form that they would have to sign. And then as far as the ADA, that would be -- they would report something to HR, who would begin an investigation. And so he's working on forms right now which we would provide to the contractors.

So I don't -- it won't be as simple as "I don't want to do this." There will have to be actual reasons behind -- legitimate reasons behind why a certain person does not want to follow the protocols.

CHAIR STEVENS: Okay. Thank you. So it's a serious issue, not to be taken lightly, and it has to be explained and

approved. And then there will have to be discussion to determine if there is an accommodation possible. Okay. Thank you so much.

So we've gone through this In Support of Safe Session and Enforcement Policies. Is there any question on that document before we get back to the document in front of us?

Thank you, Senator Giessel, for bringing this up. Do you have any further thoughts before we go on?

SENATOR GIESSEL: Well, Mr. Chairman, one of the paragraphs in this document that was helpful to me starts out by saying, "Historically, members have been denied access to the floor for failing to be in proper attire, having perceived improper dress as a violation in floor decorum."

One of the things I know this committee has wrestled with, and certainly the Speaker and I have wrestled with, is denying someone access to the floor if they don't have a mask on. But in this scenario that we're living in right now, a mask is part of floor decorum, and so I appreciated that paragraph, Mr. Chairman.

CHAIR STEVENS: Thank you, Senator Giessel. Right on.

REPRESENTATIVE JOHNSON: Mr. Chair, DeLena Johnson. May I speak?

CHAIR STEVENS: Representative Johnson, yes, please go ahead.

REPRESENTATIVE JOHNSON: Well, first of all, when we talk

about masks, I think it's a whole lot different to talk about someone's tie than whether they're wearing a mask. And if we are talking about this as a health issue, that's one thing. But the chambers belong to the Speaker or the President as far as establishing the decorum. What I'm hearing excluded from this discussion is the need and our huge responsibility to make sure that we're not disenfranchising people by not allowing their legislators to vote.

And I think that that's something that -- now, we may be, you know, careful about all of these things. We also may need to help people identify when they are at risk and when they may need to exclude themselves, if necessary. But when we start making exclusions, we have to be very, very, very careful, especially before -- when we're talking about this Legislature making rules for a Legislature that has not yet formed, especially when the driving force probably -- may or may not actually be participating in the future.

So I want to be cognizant that it's the Speaker's chambers, it's the President's chambers, and they will make their rules about their chambers.

CHAIR STEVENS: Oh, absolutely. And so right from the beginning we have talked about how important it is that you realize that we're just dealing with this Legislature, which ends in January when the next Legislature -- the next President and Speaker are elected. So we are in no way telling them what

they have to do, but we are giving them an option and some opportunities and some direction they can choose, should they want to.

So the issue of voting -- that is an important one, and we have talked about that a lot.

Megan, we have talked at one point about if someone was excluded from the floor -- maybe they have COVID and they're in their office or in their home. They could -- we were talking about finding a way to let them vote. Can you talk about that a little bit, maybe letting them be in their office if they refuse to wear a mask and vote from their office? Do you have any thoughts on that?

MS. WALLACE: Sure. Again, for the record, Megan Wallace, Legal Services director.

So, you know, the concept of denying access to the floor is something that should not be taken lightly, but the mask requirement in the midst of a pandemic -- it's difficult -- certainly we don't have any -- you know, this issue has never come up in Alaska.

If this body adopts this enforcement policy or takes this step, it wouldn't be unique amongst legislatures. The U.S. House, for example, has a mask mandate, and you must wear a mask to get on the U.S. House of Representatives floor. I believe that other states have adopted similar requirements. I don't have an active list to give you, but this is a debate that is

being had around the country, and a lot of legislatures are struggling to decide this question that is before you.

And, really, it's a policy decision in terms of whether you recommend to exclude or to not exclude someone based on whether they're wearing a mask. But from my perspective, while it's difficult to predict, there's always a risk that if someone were denied access to the floor, that there would be a legal challenge. But doing my best to assess, you know, risks and whatnot, it's my opinion that the mask requirement would likely stand legal challenge; but just, again, reiterating that it would be a matter of first impression here in Alaska.

SENATOR BEGICH: Mr. Chairman?

CHAIR STEVENS: Thank you, Megan.

Yes, Senator Begich?

SENATOR BEGICH: Yeah. Just a couple comments I want to make in regards to this whole sort of segment of the conversation. First off, right now, if I were to show up on the floor of the Senate without proper clothing and decorum, I could be removed from the chamber, and I would obviously not have the opportunity to vote, whereas under these guidelines, if you were removed from the chamber for not wearing a mask, you actually would still have the opportunity potentially to vote from your own office.

So in that regard, it's actually less restrictive than the current dress code requirements that would ostensibly

keep one from voting their constituents' needs. So right now we're already under a stricter limit.

Second, there is a difference, as Representative Johnson points out, between wearing a mask and wearing a tie. If I don't wear a tie, I'm not likely to either infect or potentially put at risk my fellow legislators. However, if I don't wear a mask, I am more likely to pose that risk. So it seems to me that one is actually of a higher level than the other.

So I just wanted to really lay out what is odd about this conversation. Today, if I showed up in bare feet and no tie and no jacket, I would be asked to leave the chamber. And that, to me, would deny that right to vote, and that is something we have all accepted for literally decades. So the idea that not wearing a mask would somehow create a greater burden than that -- I mean, wearing a mask could create a greater burden than that, I just don't -- I don't see it, and so I'm fully in support of these policies.

CHAIR STEVENS: Thank you, Senator Begich. If you just wore a mask -- I was going to say if you just wore a mask and no clothes, you'd still be ejected.

So somebody else has a comment there. Go ahead.

REPRESENTATIVE JOHNSON: Well, I guess it depends on where you wear the mask, but let's -- I guess my concern -- I go back -- if we're going to follow CDC guidelines and we're going

to talk about excluding travel from our discussion, we're picking and choosing the mask. And, you know, I'm not -- I don't have opinions myself on the mask and a -- where I have a concern about.

I actually have more concern about people traveling home and infecting other communities or picking up infections and bringing them back to the capitol. I think we're more at risk from that than if we keep our Legislature -- I mean, I think discouraging travel, whether we can -- whether we can discourage it or whether we can prohibit it is one thing. But, I mean, this seems like we're picking and choosing CDC guidelines. That's all I want to say.

I think there's numerous things that we have to be very, very careful with. I'm taking this under advisement. We have a new -- we have a new Legislature coming in. Things are changing on a day-to-day basis, and I just clearly wanted to make sure that this doesn't -- I'm going in with an open mind for the Legislature when it convenes, and I think that's important for us to do. This is a three-week --

REPRESENTATIVE EDGMON: Mr. Chairman --

REPRESENTATIVE JOHNSON: This is really three weeks of discussion.

CHAIR STEVENS: Thank you, Representative Johnson.

And is that Senator Begich?

REPRESENTATIVE EDGMON: Mr. Chairman, Representative

Edgmon here.

CHAIR STEVENS: Oh, I'm sorry. Representative Edgmon, please, go ahead.

REPRESENTATIVE EDGMON: I just want to point out that I think the body itself, both the House or the Senate, has the ability to make the decision about removing a member based on decorum reasons. And I don't have the Mason's rule right in front of me, but maybe I can ask Megan to address that, because I remember we came very close to doing that in the House on at least one or two occasions, having a vote, having a rules chairman stand up and make a motion, and then just sort of collectively making that decision, as opposed to the presiding officer having to be the arbitrator on something that -- I completely align myself with Senator Begich's comments. This is bizarre that we're even making these comparisons --

REPRESENTATIVE EDGMON: -- between clothing items and wearing a face mask, for God's sake. But can we get our Leg Legal director to opine on that, please?

CHAIR STEVENS: Sure. Thank you, Mr. Speaker. I appreciate the question.

And, Megan, can you remind us of what needs to take place to remove a member from the floor?

MS. WALLACE: Sure. So what potentially we are talking about is a member to be denied access to the floor before a session has really even been called to order. So potentially if

a member is not wearing a mask, the sergeant-at-arms, you know, would let that member know that they're not permitted to enter the floor until, you know, they have a mask on and they abide by this enforcement policy.

But in terms of general rules for removal of a member from the floor, there are certain sections in Mason's that govern decorum, which starts at Section 120 of Mason's and goes through Section 126. And so -- forgive me. It's been a little while since I've looked through those, and I don't want to keep you paused while I sit here and read through them to make sure that I'm articulating them correctly, but there generally are procedural motions that are going to be available, whether they come from a rules chair or another member, asking permission from the body that the member be asked to leave the chamber, whether it's for decorum or some other rules violation.

CHAIR STEVENS: Okay. Thank you, Megan.

Jessica, one issue, of course, is we do not want to disenfranchise anybody. We want to make sure everyone has a chance to vote. Now, we have talked about allowing people to vote from their office. Is that still an option for us?

MS. GEARY: Chair Stevens, again, for the record, Jessica Geary.

So there are some issues with remote voting. So, yes, technically it can be done. It does require a rule change, and there's a couple different mechanisms in which members could

remote vote. So I think that's a policy decision that hasn't been fully made yet, but the short answer is, yes, it is possible.

CHAIR STEVENS: Okay. Thank you.

So we need to move on. We've got this document, two-page document, In Support of Safe Session and Enforcement Policies. We've gone to that as we were discussing the issue ahead of us, which is enforcement of Legislative Council mitigation policies. Is there anything further anybody has to say about that, In Support of Safe Session and Enforcement Policies?

SENATOR GIESSEL: Mr. Chairman, this is Senator Giessel.

CHAIR STEVENS: Yes, Senator Giessel?

SENATOR GIESSEL: I apologize. This feels like it's beating a dead horse here, but the fact of the matter is, I'm going to go back to our responsibility to provide a safe workplace, and to have legislators disregarding those safe workplace policies creates quite a dilemma for our staff, not only the staff on the floor but the staff in our offices who could have these legislators walking in, unmasked. This is -- we have a dual responsibility here. I fully appreciate the fact that people have a right to come onto the floor, but in this scenario of a pandemic with rather serious illnesses and potential side effects, we have to look at our responsibility as employers and each of us looking after each other.

Thank you, Mr. Chairman.

CHAIR STEVENS: Thank you, Madam President. You're absolutely right. We have an enormous responsibility to our employees. We have to provide them with a safe workplace, and particularly if they are -- some have compromised immune system concerns about their health--then we have to provide -- make sure that they can confidently come to work.

So if there's nothing else on this document that we have been looking at, In Support of Safe Session and Enforcement Policies, let's return to the enforcement of Legislative Council mitigation policies. We have that motion before us. Any comments or questions before we take action on that?

Jessica, can we have a roll call, please?

MS. GEARY: Senator Begich?

SENATOR BEGICH: Yes.

MS. GEARY: Senator Coghill?

Senate President Giessel?

SENATOR GIESSEL: Yes.

MS. GEARY: Senator Hoffman?

SENATOR HOFFMAN: Yes.

MS. GEARY: Senator Stedman?

SENATOR STEDMAN: Yes.

MS. GEARY: Senator von Imhof?

SENATOR VON IMHOF: Yes.

MS. GEARY: Speaker Edgmon?

REPRESENTATIVE EDGMON: Yes.

MS. GEARY: Representative Foster?

REPRESENTATIVE FOSTER: Yes.

MS. GEARY: Representative DeLena Johnson?

REPRESENTATIVE JOHNSON: No.

MS. GEARY: Representative Jennifer Johnston?

REPRESENTATIVE JOHNSTON: Yes.

MS. GEARY: Representative Thompson?

REPRESENTATIVE THOMPSON: Yes.

MS. GEARY: Senator Coghill?

Vice-Chair Stutes?

VICE-CHAIR STUTES: Yes.

MS. GEARY: Chair Stevens?

CHAIR STEVENS: Yes.

MS. GEARY: 11 yeas, one nay.

CHAIR STEVENS: Well, thank you. We have -- by a vote of 11 to one, we have passed the enforcement policy, and I thank you all for that. I know this has not been easy, but, again, I'll remind you that this is just in effect until we have elected a President and a Speaker, but might be of some importance to them as they begin to organize the next session.

C. SAFE FLOOR SESSION POLICY

CHAIR STEVENS: So let's move on to our second issue,

which is the Safe Floor Session Policy.

Representative Stutes, a motion, please?

3:46:25 PM

VICE-CHAIR STUTES: Certainly, Mr. Chair.

I move that Legislative Council approve the Safe Floor Session Policy.

CHAIR STEVENS: Thank you. I'll object for purposes of discussion.

And Jessica or Megan, would you go over that document? It's the Safe Floor Session Policy.

MS. GEARY: Thank you. Again, Jessica Geary, executive director, Legislative Affairs Agency.

This policy is in the spirit of the other policy and allows for the sergeant-at-arms and floor staff to be able to accomplish their duties in the absence of having a permanent presiding officer. So the statement that begins this policy is: Until the election of a permanent presiding officer, the following Safe Session procedures will be carried out by the sergeant-at-arms.

So the first point is that, with the exception of the presiding officer -- the current presiding officer's desk, members will be temporarily assigned the same desk they occupied on the last day of the 31st Legislature. New members will occupy the desk of the previous member from that district.

Members must request permission before approaching

the dais and shall not congregate.

Plexiglass dividers will be sanitized on a regular basis, and brief at-eases will be routinely called for electrostatic disinfection.

Floor staff will not refill water glasses for members. Water will be available for self-service.

A member who stands to be recognized must sit before making remarks. Members must remain seated when giving floor remarks and testimony.

And other than when speaking and voting, a member who wishes to increase social distancing may relocate within their respective chamber.

The last point I'll mention is during this interim period, press may not enter the chamber or the gallery. Floor sessions will be broadcast live throughout the capitol.

And this policy will remain in effect during the first session of the 32nd Legislature until a permanent presiding officer is elected in both houses.

CHAIR STEVENS: Thank you, Jessica.

So again, very clearly, this is only this interim period until we have a President and a Speaker.

As to the issue of the press, I have contacted all of them, not spoken with all of our press, our press corps that normally comes to Juneau, but I've spoken with them and told them the situation that we're considering. They were not all

happy about it. They don't -- they prefer to be on the -- in the gallery rather than watching it on television. But, again, this is only for the interim period, and I think they understood when I talked about -- explained to them how important it is that we respect everyone's safety in terms of health.

Any questions on this Safe Floor Session Policy? Any comments?

SENATOR STEDMAN: This is Senator Stedman.

SENATOR VON IMHOF: Mr. Chair, this is Senator von Imhof.

CHAIR STEVENS: So Senator Stedman and then Senator von Imhof.

SENATOR STEDMAN: Yeah. I'm not so sure on having the speakers on the floors sit versus stand. I don't know what benefit that really is when we -- with all these other protocols that we're going through, if that's not going a little too far.

CHAIR STEVENS: Jessica, can you --

SENATOR GIESSEL: Mr. Chairman?

CHAIR STEVENS: Yes. Go ahead.

SENATOR GIESSEL: This is Senator Giessel. Could I respond to that question?

CHAIR STEVENS: Yes. Yes, please.

SENATOR GIESSEL: We discussed this at our last meeting. The plexiglass barriers don't extend to the ceiling, and even wearing the mask, some particles do extend through, and the size of those particles are such that they travel the farthest. So

it's actually more protective if the person is sitting down. The plexiglass then provides additional -- what should I call it? -- spray protection. I guess that's kind of graphic, but that's the purpose of the sitting-down part ever it.

Thank you, Mr. Chairman.

CHAIR STEVENS: Well, thank you, Madam President. And, actually, the way it works on the Senate floor is you raise your microphone, and you're recognized. You don't even have to stand up. Maybe that could be -- no reason for that, even.

Any further comments?

SENATOR VON IMHOF: Yeah. Senator von Imhof.

REPRESENTATIVE JOHNSTON: Chair Stevens?

CHAIR STEVENS: I'm sorry. We'll go to Senator von Imhof next, and then somebody else spoke up?

REPRESENTATIVE JOHNSTON: Yes. This is Jennifer Johnston. I just wanted to say that --

CHAIR STEVENS: Okay.

REPRESENTATIVE JOHNSTON: -- Representative Kopp has been online, and he's been muted the whole time. And he wanted to make sure that his vote was recorded.

CHAIR STEVENS: Okay. Thank you. I'm very sorry that he's been muted, and did he vote in favor of the last motion?

REPRESENTATIVE JOHNSTON: Yes. Let me get back to you on that.

CHAIR STEVENS: Okay. We'll confirm that and -- yeah.

So let's go to Senator von Imhof at this time.

SENATOR VON IMHOF: Thank you, Chair Stevens.

My question also was the same as Senator Stedman's, is that I feel that sitting while we're speaking is not the best choice. I understand Senator Giessel's explanation, but I would like to offer that we are a body of the public, and if the public is not allowed on the floor, and this whole thing is going to be televised, I think it's important that we stand and we can be recognized, and we can be audible. We are already going to be wearing a mask and muted in that function -- a double-ply mask, I might add, that controls -- Dr. Zink said that earlier. It controls -- if two people are wearing a mask, it controls pretty much a pretty significant transmission of the virus.

And for us to be sitting down I think is not good policy. We need to be available to -- for folks to see us, to hear us, to recognize us. We work for the people. And I think by having a mask, sitting behind plexiglass -- I mean, we are doing pretty much everything that we possibly can. And I think sitting down is not the right call. I just want to state that for the record. Thank you.

CHAIR STEVENS: Thank you, Senator von Imhof. I'd be glad to entertain a motion to amend if anyone cares to make that motion to amend and make it allowed to stand and speak. Is there such a motion?

SENATOR STEDMAN: Mr. Chairman, Senator Stedman. Yeah, I'd like to make a motion that we just remove this sitting option.

CHAIR STEVENS: And that would be: Members must remain seated while giving floor remarks and testimony. Your motion would be to remove that sentence; right?

SENATOR STEDMAN: Seating; correct.

CHAIR STEVENS: Okay. All right. Thank you.

We have an amendment before us. Let's do a roll call on the amendment, unless there is any other debate on that amendment to remain -- or to be able to stand when you speak. Any further debate on that?

MS. WALLACE: Mr. Chair?

CHAIR STEVENS: Yes, please.

MS. WALLACE: This is Megan Wallace, Legal Services director.

In just want to note that the sentence that precedes that says: A member who stands to be recognized must sit before making remarks. So those two sentences likely go together. I would just point out that technicality.

CHAIR STEVENS: Thank you. Thank you for catching that, Megan. You're absolutely right. Those two sentences go together, so the amendment would change those two sentences.

REPRESENTATIVE JOHNSON: Well, Mr. Chair -- Mr. Chair, may I ask -- I'm sorry. May I ask the -- I don't know how -- I

mean, there are numbers of things in here that I don't -- doesn't seem like it follows, but if we don't have a presiding officer -- well, it says "permanent presiding officer," not "temporary presiding officer."

CHAIR STEVENS: Okay. Let's deal -- Representative Johnston, let's --

REPRESENTATIVE JOHNSON: But this has to do with being recognized, which is in that sentence. It says you have to be recognized. By whom are you recognized by?

CHAIR STEVENS: Okay. Let's deal with one of them at a time. But "A member who stands to be recognized" -- well, let's see. So we've taken out the "Must sit before making remarks," and "Members must remain seated when giving floor remarks and testimony." I assume that we'd have to change that -- "A member must stand to be recognized."

Does that make sense, Megan?

MS. WALLACE: Mr. Chair, you could amend those sentences or, to the extent that you want to remove the concept of it being required to sit while you make remarks, you could -- another option would be to delete those two sentences.

CHAIR STEVENS: Yeah, that makes sense.

Senator Stedman, is that the motion you care to make, to delete those two sentences?

SENATOR STEDMAN: Yes, that would be fine.

CHAIR STEVENS: Okay. Thank you.

Any further discussion specifically on this amendment?

Very well. Let's have a roll call on the amendment to remove those two sentences.

MS. GEARY: Senator Begich?

SENATOR BEGICH: Yes.

MS. GEARY: Senator Coghill?

Senate President Giessel?

SENATOR GIESSEL: Pardon me. I had -- I was muted. No.

MS. GEARY: Senator Hoffman?

SENATOR HOFFMAN: Yes.

MS. GEARY: Senator Stedman?

SENATOR STEDMAN: Yes.

MS. GEARY: Senator von Imhof?

SENATOR VON IMHOF: Yes.

MS. GEARY: Speaker Edgmon?

REPRESENTATIVE EDGMON: No.

MS. GEARY: Representative Foster?

REPRESENTATIVE FOSTER: No.

MS. GEARY: Representative DeLena Johnson?

REPRESENTATIVE JOHNSON: Yes.

MS. GEARY: Representative Jennifer Johnston?

REPRESENTATIVE JOHNSTON: No.

MS. GEARY: Representative Kopp? Representative Kopp?

Representative Thompson?

REPRESENTATIVE THOMPSON: No.

MS. GEARY: Vice-Chair Stutes?

VICE-CHAIR STUTES: No.

MS. GEARY: Chair Stevens?

CHAIR STEVENS: Yes.

MS. GEARY: Representative Kopp?

We have six yeas and six nays.

CHAIR STEVENS: So the motion fails. We need eight to pass anything. So let's move on to -- we have that amendment. We've taken care of that. Let's move on to the entire question, then, that is before us, which is Safe Floor Session Policy. Any further discussion on this policy?

Then I will remove my objection and ask for a roll call on the policy.

Jessica, could you call the roll, please?

REPRESENTATIVE JOHNSTON: And just for the record, Representative Kopp is still muted.

MS. GEARY: Thank you. That is what I was trying to figure -- figure that out. I can go ahead and call the roll, though.

CHAIR STEVENS: Thank you.

MS. GEARY: Senator Begich?

SENATOR BEGICH: Yes.

MS. GEARY: Senator Coghill?

Senate President Giessel?

SENATOR GIESSEL: Yes.

MS. GEARY: Senator Hoffman?

SENATOR HOFFMAN: Yes.

MS. GEARY: Senator Stedman?

SENATOR STEDMAN: Yes.

MS. GEARY: Senator von Imhof?

SENATOR VON IMHOF: Yes.

MS. GEARY: Speaker Edgmon?

REPRESENTATIVE EDGMON: Yes.

MS. GEARY: Representative Foster?

REPRESENTATIVE FOSTER: Yes.

MS. GEARY: Representative DeLena Johnson?

REPRESENTATIVE JOHNSON: No.

MS. GEARY: Representative Johnston?

REPRESENTATIVE JOHNSTON: Yes.

MS. GEARY: Representative Kopp?

Representative Thompson?

REPRESENTATIVE THOMPSON: Yes.

MS. GEARY: Vice-Chair Stutes?

VICE-CHAIR STUTES: Yes.

MS. GEARY: Chair Stevens?

CHAIR STEVENS: Yes.

VICE-CHAIR STUTES: Gary, Chuck Kopp is still muted and he wants to vote.

CHAIR STEVENS: Jessica, was Chuck Kopp able to vote?

VICE-CHAIR STUTES: He's still blocked he says.

MS. GEARY: He is still muted. I'm trying to work on that with the LIO moderator. We're not sure what's going on.

CHAIR STEVENS: Okay. Well, I'm sorry about that, but we do have a vote by a vote of 10 to one; right? 11 to one; is that right?

MS. GEARY: 11 to one.

CHAIR STEVENS: Jessica, was that 11 to one?

MS. GEARY: Yes.

REPRESENTATIVE JOHNSTON: And I'm not sure if you can take this by text, but Representative Kopp has voted yes on both.

CHAIR STEVENS: Okay. Thank you.

So by a vote of 11 to one or possibly 12 to one, we have passed this policy.

IV. ADJOURN

CHAIR STEVENS: So, again, I want to thank you all. This has been, I know, a difficult time for us, but I think we've made some major steps forward. And I want to wish you all a very happy new year.

And if there is nothing further to come before us at this time, then we are adjourned at 4:00pm.

4:00:46 PM