



# Lifespan

*Delivering health with care.*

March 25, 2022

Paula Pullano  
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## Government Relations

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David A. Balasco, Esq.  
Vice President

RE: 216-RICR-20-15-7 Proposed Rule

Dear Paula:

Lifespan appreciates the opportunity to comment on the Department of Health's ("DOH") proposed rule 216-RICR-20-15-7 on community health concerning SARS-CoV-2 vaccines, the flu and the use of medical grade N95 masks at certain prevalence rates (the "Proposed Rule"). Lifespan considers the safety and welfare of its employees and patients to be paramount, which is why Lifespan, through its own policy and before any statewide mandate, implemented a mandatory vaccine requirement for staff at all our facilities, both in clinical and non-clinical settings.

DOH's Proposed Rule (and current Emergency Rule 216-RICR-20-15-9) (hereinafter the "Emergency Rule") requires that healthcare workers be boosted or must wear an N95 mask at a specific prevalence rate. Lifespan believes that the DOH should adopt the Centers for Medicare and Medicaid Services ("CMS") Mandate, a policy that can carry forward through the end of both the State and Federal PHE rather than adopting a new regulation.<sup>1</sup> More specifically, Lifespan has concerns with the overall policy as well as the operational triggers and mechanisms to comply. In addition, our concern extends to the recently promulgated DOH Emergency Rule since it is almost identical to the Proposed Rule. Unlike the prior pandemic-related emergency rules concerning COVID-19 and vaccines promulgated by the DOH, Lifespan had no prior input before this Emergency Rule went into effect on March 11, 2022. This means that commentators to the Proposed Rule are now in the unenviable position of operating under and complying with a rule to which they must simultaneously comment.

Lifespan is also currently governed, and is in compliance with, the CMS' vaccine mandate ("Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination" (86

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<sup>1</sup> For all the reasons detailed in these comments, Lifespan also believes that the Emergency Rule should be immediately replaced by the prior DOH emergency regulation.

Fed. Reg. 61555 (November 5, 2021)) (the “CMS Mandate”). The CMS Mandate requires that all healthcare facility workers be fully vaccinated, meaning individuals have completed their primary vaccination series, which is two weeks after a person has received their dose of a single dose vaccine, or two weeks after the second dose of a two-dose vaccine. Moreover, the CMS Mandate requires that all healthcare facilities have policies and procedures in place for ensuring staff are fully vaccinated, providing exemptions<sup>2</sup>, and tracking staff vaccinations.<sup>3</sup> Phase 2 requires that all staff must be fully vaccinated (as defined *supra*).<sup>4</sup> The Phase 1 initial dose deadline being January 27, 2022, with the Phase 2 second dose deadline of February 28, 2022. In contrast, the Proposed Rule (and Emergency Rule) mandates booster doses by defining “Up to date” to mean a person who has “received all recommended doses of a COVID-19 vaccine, **including any booster dose(s), when eligible.**” (emphasis added). In fact, said language is unclear and also appears to necessitate multiple boosters through the use of the plural “dose(s)”.

Such a mandate will impact our workforce by lessening our ability to recruit and retain staff for critical care positions. We would be remiss if we fail to mention the severe workforce shortage that we continue to face. While we encourage every employee to receive a booster (if eligible), Lifespan has grave concerns about the effect this Proposed Rule (and Emergency Rule) will have on our current and possible future workforce. Lifespan has over 2,000 positions that we are working to fill with over 500 of those being frontline nurses. We lose frontline staff to either burn-out or third-party contract staffing companies that in turn charge us premium rates for us to fill critical staffing needs. This not only results in severe budgetary strains from paying exponentially more to staffing companies and cancelling elective surgeries but also causes the closure of beds (over 100) because of lack of staff. Lifespan’s focus has been (and will be into the foreseeable future) workforce development through recruiting and retention efforts. To that end, Lifespan is confident that the CMS Mandate coupled with our masking strategy is the most effective means to protect our employees and patients.

Lifespan disagrees that the N95 masking alternative in the Proposed Rule (and Existing Rule) is the proper alternative to a booster. Rather, Lifespan also employs a robust masking policy based on our risk assessment for both surgical masks and N95 respirators not because it is mandated but because it is best for our employees and patients. Adherence to an N95-only standard, which the Proposed Rule (and Emergency Rule) requires does not take into account either the lack of need based on a work setting of the employee or the rigid (and properly performed) fitting

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<sup>2</sup> CMS requires facilities to allow for exemptions to staff with (as a reasonable accommodation for a disability or a sincerely held religious belief, observance, or practice and for medical reasons. Providers and suppliers should establish exceptions as a part of its policies and procedures and in alignment with Federal law. CMS believes that exemptions could be appropriate in certain limited circumstances, but no exemption should be provided to any staff for whom it is not legally required or who requests an exemption solely to evade vaccination.

<sup>3</sup> This vaccination requirement applies to eligible staff working at CMS-certified facilities that participate in the Medicare and Medicaid programs, regardless of clinical responsibility or patient contact. The requirement includes all current staff as well as any new staff who provide any care, treatment, or other services for the facility and/or its patients. This includes facility employees, licensed practitioners, students, trainees, and volunteers. Additionally, this also includes individuals who provide care, treatment, or other services for the facility and/or its patients under contract or other arrangements.

<sup>4</sup> Except for those who have been granted exemptions from the COVID-19 vaccine or for those staff for whom the COVID19 vaccination must be temporarily delayed, as recommended by the CDC.

standard for an N95 (e.g., the growth of facial hair causes N95 fitting issues). Lifespan utilized proper masking standards before the pandemic, through the pandemic and will continue to do so when pandemic. Our masking policy is the product of the risk assessment, data analysis and patient safety reviews. Our masking assessment tool includes: (1) RIDOH data of new cases per 100,000 hospitalizations (for a sustained upwards or downward trends); (2) Lifespan internal data on current hospitalizations with transmissible COVID; (3) Lifespan internal data on staff testing and positivity rate; (4) Lifespan review of exposures, followed by cycle threshold and repeat testing; (5) Lifespan case review of potential hospital acquired COVID cases; and (6) Lifespan case review of all staff positive COVID cases. In comparison, the Proposed Rule (and existing Emergency Rule) utilizes a prevalence rate greater than fifty (50) cases per one hundred thousand (100,000) people per week. Reliance on only this prevalence rate will not capture data points on factors that must also be considered to adjust for such things as ascertainment bias due to the prevalence of home test kits, closing of testing sites, and/or those asymptomatic cases or minimal symptom cases that people will choose not to test. Accordingly, we must maintain the flexibility in our masking policy that is founded on our robust data paradigm.

As we have detailed above, allowing healthcare facilities to continue the current vaccine mandate, especially with new employees, is critical to system stability. In addition, the CMS Mandate also allows a healthcare facility to implement a masking policy that is specific to the specialized care of the facility as well as employee and patient-based protections. While we do not assert that every healthcare facility needs to follow Lifespan's assessment analysis, Rhode Islanders are better protected if facilities maintain this level of flexibility (especially should new variants arise) with DOH approving individual facility (or even industry-based) masking criteria.

Finally, the penalties for violations of the Proposed Rule not only run contrary to the CMS Mandate but also affect the livelihood of an employee (i.e., their professional license) as well as the license of the healthcare facility to operate. Under the Proposed Rule, a hospital may be faced with having to terminate large portions of its workforce or cease to operate (through a loss of license), however, the practical effect of the former will be the same as the latter. The penalty under the CMS Mandate is termination from the Medicare/Medicaid program only after providing opportunities to correct and come into compliance. A similar penalty could be enacted by the State with the Medicaid Program.

We again appreciate the opportunity to comment, and, as always, Lifespan stands ready to work with the DOH on new proposed regulations that protect employees and patients as well as healthcare providers.

Sincerely,



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March 25, 2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Rhode Island Department of Health, Room 410  
3 Capitol Hill  
Providence, RI 02908

Dear Ms. Pullano:

The Rhode Island Health Center Association (RIHCA) and our members submit the following comments in response to the Rhode Island Department of Health's proposed regulations *Immunization, Testing, and Health Screening for Health Care Workers* (216-RICR-20-15-7).

RIHCA's members include:

- Blackstone Valley Community Health Care Inc
- Block Island Medical Center
- Comprehensive Community Action Program
- East Bay Community Action Program
- Providence Community Health Centers
- The Providence Center
- Thundermist Health Center
- Tri-County Community Action Agency
- WellOne Primary Medical & Dental Care
- Wood River Health Services

Together these health centers provide services for approximately 180,000 Rhode Islanders and employ over 1,800 full-time health care professionals.

**1. RIDOH's proposed definition of "up to date" on COVID-19 vaccination status conflicts with the federal CMS-3415-IFC Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule (IFR)**

**216-RICR-20-15-7, 7.4 Definitions**

14. "Up to date" means a person has received all recommended doses of a COVID-19 vaccine, including any booster dose(s), when eligible.

In November 2021, CMS published the IFR. As of January 13, 2022, the CMS vaccine mandate went into effect in all states, DC, and territories. The IFR applies to federally qualified health centers (FQHCs) and requires all staff to be vaccinated against COVID-19.

**CMS-3415-IFC** defines "vaccinated" as:

"The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single dose vaccine, or the administration of all required doses of a multi-dose vaccine."

**Recommendations/Request for Relief:**

We strongly recommend 216-RICR-20-15-7 align with CMS-3415-IFC regulations and define "up-to-date" in the same way CMS defines "vaccinated."

**2. 216-RICR-20-15-7 N95 masking requirements a) do not consider OSHA respiratory fit testing standards required in health care facilities, b) fail to provide alternative masking options, c)**

**3. lack specificity regarding to whom and when masking is mandated and d) do not address N95 mask supplies**

**216-RICR-20-15-7, 7.6.1 Immunization and Testing Requirements,**

B. In accordance with the guidelines set forth in § 7.3(B) of this Part, with respect to SARS-CoV-2 (COVID-19) vaccination, a health care worker shall:

2. Wear a medical grade N95 mask at each health care facility ... during a period in which the COVID-19 prevalence rate in the State is greater than or equal to fifty (50) cases per one hundred thousand (100,000) people per week, as reported by the Department.

a) According to CDC guidance, "N95 respirators used in occupational settings must be in accordance with OSHA standards." OSHA fit testing requires health centers employees to receive medical clearance to undergo fit testing prior to respiratory fit testing. Implementation of the regulations seven days after promulgation does not provide sufficient time for fit testing all affected employees.

b) **216-RICR-20-15-7** fails to address options for alternative masks if a health care worker fails medical clearance to undergo fit testing or fails fit respiratory testing.

c) The proposed regulations are too broad in defining "health care worker" and who is required to wear an N95 mask: (emphasis added)  
**216-RICR-20-15-7, 7.4.7 "Health care worker"** means any person who is temporarily or permanently employed by a health care facility, or who serves as a volunteer in a health care facility, or any person who is compensated by a third (3rd) party that has an agreement with the health care facility to provide staffing services, and has or may have direct contact with a patient in that health care facility. This may include, but not be limited to, a physician, physician assistant, nurse, nursing assistant, therapist, technician, clinician, behavioral analyst, social worker, occupational, physical or speech therapist, phlebotomist, emergency medical service personnel, dental personnel, pharmacist, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility; other health care providers, including those who have privileges at, but are not employed by, the health care facility; and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted from person to person. This term shall not apply to a patient's family member or friend who visits or otherwise assists in the care of that patient in a health care facility.

The regulation's broad definition includes staff who are not directly involved in patient care. In contrast, the masking requirements related to flu exemption and vaccination are different and mandate a mask only for direct patient contact or when in a patient care area:

**216-RICR-20-15-7, 7.8 Medical Exemption and Influenza Vaccination Refusal**

A. Any health care worker may refuse the annual seasonal influenza vaccination requirements ... provided, however, that he or she who so refuses shall be required during any declared period in which flu is widespread to wear a procedure mask or higher-grade mask (e.g., KN95 or N95) during each direct patient contact or while in a patient care area in the performance of his or her duties at any health care facility. For health care workers licensed by RIDOH, compliance with this provision is part his or her professional licensing obligations.

The N95 option for employees who are not "up to date" for COVID-19 does not include any patient contact-specific language. Nor does the regulation address when during the day the N95 can be removed by staff (examples: eating, drinking, meeting attendance, etc.).

- d) Health centers will need a substantial supply of N95 masks to comply with this regulation. It is not clear if current supplies are sufficient.

**Recommendation/Request for Relief:**

RIDOH should amend the proposed rules to include language that allows for alternative options when N95s cannot be worn by staff due to fit issues. The CDC's *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic* suggests several options including a well-fitting facemask.

RIDOH should clarify that masks need only be worn during each patient contact or while in a patient care area.

**General Request for Relief in Implementation Timeframes:**

Should 216-RICR-20-15-7 be promulgated without amendment, seven days is an insufficient period to implement. We request an implementation timeframe of 30 days to allow health centers to:

- 1) reconcile employees' booster status
- 2) enable employees who wish to meet RIDOH's up-to-date vaccination status to receive their boosters
- 3) complete fit testing for all the additional employees who will need N95 masks

We also want to ensure RIDOH is aware that the reversal of a COVID-19 vaccination mandate for health care workers puts health centers at a disadvantage in recruiting and retaining staff. Private practices that are not subject to the CMS requirements are not required to comply with vaccination or mask mandates. Health centers have lost and will continue to lose staff to health care practices where they are not required to be vaccinated nor wear a mask. This is especially true for oral health services as few private dental practices participate in Medicaid and therefore do not have to comply with CMS rules. For many people, the health centers are the only locations where they can receive oral health services. The health centers face further reductions in capacity if these regulations are promulgated as written. We ask RIDOH to be mindful of the unintended consequences of lifting the mandate that all health care workers and health care providers be vaccinated.

RIDOH has a responsibility to ensure the well-being and health of all Rhode Islanders. We advocate for the continuance of the COVID-19 vaccination mandate for health care workers. Vaccination requirements for health care workers help keep patients and employees safe.

Sincerely,

*Elena S. Nicoletta*

Elena Nicoletta  
President & CEO



Re: Proposed Revisions to 216-RICR-20-15-7 (Immunization, Testing, and Screening for Health Care Workers)

March 13, 2022

Dear Members of the Regulatory Review Team:

We are writing to oppose the proposed revisions to the regulations overseeing the safety of the healthcare workforce. The new regulations would shift Covid-19 immunization of healthcare workers from mandatory to optional. Downgrading Covid into the same employee health strategy as Influenza is a flawed concept that increases the chances of patient and staff harm.

**We urge RIDOH to maintain the Covid-19 vaccination requirement.** Healthcare workers have an obligation to do no harm. We likewise have an obligation to protect those we care for from harm when they access our facilities.

Employee health regulations regarding infectious diseases fall into two broad categories: Preventable infections that can harm the employee (e.g. Hepatitis B), and preventable infections in a healthcare worker that can harm a patient (e.g. a staff member with rubella who inadvertently exposes pregnant women). This latter category is tempered by the **likelihood** of such an infection occurring in the community (TB may be very uncommon locally, while Covid-19 is not), and the **consequences** were the infection to be transmitted to a patient or colleague. We do not permit employees with unproven rubella immunity to work with pregnant women. Nor do we allow employees with unproven varicella immunity to work with newborns. Both are vaccine preventable diseases.

Even with early diagnosis and oral antivirals, the rates of complications and death from Covid-19 infections remain 2 – 4 times higher than Influenza. Medical complications are significantly higher among patients at increased risk including those with chronic diseases, pregnancy, and increased age - those people most likely to be accessing healthcare. Patients deserve a safe clinical space to access healthcare.

Reversing course on the vaccine will cause further distrust of the healthcare system. It also opens the door to faux discussions about other now mandated healthcare worker vaccines. Should we now allow medical professionals to opt out of MMR and Varicella vaccines so long as they promise to wear a mask during an outbreak? *Primum non nocere*. Non-maleficence is at the heart of medical ethics as well as healthcare system regulation. The vaccine mandate for healthcare workers promotes the greater good of the public's health.

Without the vaccine mandate, the burden of tracking employee vaccine status and then policing mask compliance would fall upon the employer. Our employee health staff already faces major time constraints with the annual N-95 fit-testing process. With over 600 employees, our community health center would face a significant burden and need to hire additional nurses to accommodate this new administrative burden.

We strongly encourage keeping the Covid-19 vaccine mandate for all healthcare workers.

Sincerely,

  
Andrew Saal, MD MPH  
Chief Medical Officer

  
Wendy Chicoine, MSN RN PHNA  
AVP of Clinical Operations

  
Lisa Magiera, RN  
Employee Health and Infection  
Control Nurse

## **Testimony re RI Department of Health Proposed Rules and Regulations 216-RICR-20-15-7**

Attention: Paula Pullano, Center for Health Systems Policy and Regulation

Respectfully Submitted on behalf of the Rhode Island Occupational Therapy Association (RIOTA)

By Janet L. Rivard Michaud OT/L RIOTA Advocacy and Legislation Chairperson

The following is a summary of Testimony provided at the Public hearing on March 8, 2022

Thank you for the opportunity to provide input to the proposed regulation 216-RICR-20-15-7 regarding Immunization, Testing and Health Screening for Health Care Workers.

The Rhode Island Occupational Therapy Association (hereafter RIOTA) recognizes the goal of these proposed regulations to encode requirements for COVID 19 vaccines along with other prior required immunizations on an ongoing basis.

As an organization we support public health initiatives, but also recognize that there are a minority of individuals who for a variety of medical or other reasons may make the difficult choice to not pursue vaccination. We applaud the RI Dept of Health in its new effort to make a pathway for these individuals to continue to offer their talented professional services to Rhode Islanders with the addition of an option to mask if not vaccinated for COVID -19, similar to the option for the influenza vaccine. (section 7.6.1 B)

In reviewing the proposed regulations, we would like to offer a number of areas that could benefit from further clarification. Our questions for consideration include the following:

- The proposed regulations refer to health care facilities. Are individuals in private practice such as a single office that is not a licensed health care facility bound by these new added guidelines as they were with the original mandate?
- The definition of “up to date” references the current CDC guidelines including any recommended booster shots. Does this mean that health care workers with 2 shots but not the booster will be required to mask? (currently this is not the practice in the community and would affect a substantially larger part of the workforce)
- Masking for COVID 19 (unlike the influenza requirement of a procedure mask) indicates that an N95 level mask must be worn when COVID 19 is widespread.  
Does this mean that no masking is required when COVID 19 is not widespread regardless of vaccination status?  
During widespread COVID, does this mean that those up to date with vaccines will not have to mask while those who are not will?  
Currently facilities handle masking differently ie N95 if seeing a COVID + client and other wise a level 2 procedure mask (or higher) for those with medical exemptions.  
Does this mean that unvaccinated individuals such as those with medical exemptions will now be subject to the higher and much more uncomfortable N95 level of mask and with all clients?
- For those with medical exemptions currently required to mask, will this transition to only during periods of widespread COVID -19 as implied for unvaccinated individuals in the proposed regulation? (again section 7.6.1B 2)

- The definition of widespread for COVID-19 seems quite low at 50/100,000. We wonder how often masking will be required at this threshold.  
By history with influenza, masking has been virtually every season and often for long durations. RIOTA recognizes the important role in prevention that masking offers for COVID 19. Combining masking mandates for both COVID-19 and Influenza at possibly low thresholds for both, there is potential for health care workers to be nearly perpetually masked with one or the other. While there is some reasonableness to this, we do recognize the toll it will continue to take on an already exhausted and taxed health care workforce.
- There was no mention of testing requirements for COVID 19. Currently, this is required for those with medical exemptions. The role and frequency of testing needs to be clarified as well as to whom it applies. Since everyone, whether vaccinated or not has the potential to get and transmit COVID-19, this becomes a complicated question similar to masking guidelines.
- There is little mention of how medical exemptions will be handled going forward. For those in this situation it would be helpful to have further clarification.
- During the original mandate, individual health care facilities were allowed to develop their own policies in relation to COVID-19, their acceptance of exemptions and how to manage anyone unvaccinated. While the RI DOH offered guidelines there is substantial difference in policies. As these proposed rules and regulations become clarified and eventually approved, do the DOH rules and regs supercede individual facilities? With multiple approaches, there is certainly some potential for flexibility, but it also is a limiting factor for health care worker mobility. For instance, the Providence Journal ran an article indicating that the major health care organizations stated they would not alter their policies to allow unvaccinated workers to return. The RI DOH regulations proposed would help those who are unable or uncomfortable in getting the vaccine to return to work, but if there is no employer who will accept them this becomes less helpful and Rhode Islanders' access to health care could be affected.
- Lastly, there is little mention of projections for the future. COVID 19 remains a frightening public health threat especially as new variants arise. While we all hope that it will decline, should there be another severe wave, will those individuals allowed to return to work with masking then be subject to loss of their employment again?

Thank you for your time and consideration of these questions and for the opportunity to share them originally at the public hearing. RIOTA looks forward to learning more about these proposed rules and regulations.

Should you require any clarification of the comments above, please do not hesitate to contact me.  
Sincerely,

Janet L Rivard Michaud OT/L, RIOTA Advocacy and Legislation Chairperson  
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**Rhode Island Partnership  
for Home Care**

*Advancing quality healthcare at home*

March 7, 2022

**VIA EMAIL:** james.mcdonald@health.ri.gov

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Office of the Interim Director  
Department of Health  
State of Rhode Island  
3 Capitol Hill, Room 401  
Providence, RI 02903

**Re: Proposed Revisions to 216-RICR-20-15-7**

Dear Interim Director McDonald,

On February 24, 2022, your department informed the public of its intent to promulgate amendments to 216-RICR-20-15-7. These proposed revisions will require licensed healthcare workers and employees of licensed healthcare facilities to comply with vaccination requirements for SARS-CoV-2, more commonly referred to as "COVID-19" and its subsequent variants, and seasonal influenza, more commonly referred to as "the flu". Per my letter to your predecessor on January 11, 2022, adding mandates to an already stressed setting of healthcare service delivery will have dire consequences. Rhode Island is experiencing the highest waitlists on record for vulnerable, homebound patients in need of home care services and supports. Providers no longer have the available frontline workforce to deliver care to patients on waitlists. Many providers continue to discharge existing patients due to lack of available workforce. Every provider has scaled down their respective operations. One licensed home care provider has closed permanently at the beginning of this year and our industry anticipates that more providers will cease operations permanently in the near-term.

While our industry philosophically supports these proposed regulations in concept, many within our workforce are responding contrarily. Thus, we are not able to hire and retain operational and direct care professionals and paraprofessionals to meet the demands of Rhode Island's patients requiring healthcare services in their homes. According to your department's last published figures on September 13, 2021, 12.4% of home care's workforce waited until the mandate to consider becoming vaccinated, find employment in more friendly neighboring states or leave healthcare altogether. Another mandate poses an equal threat when home care is at its most vulnerable. I would advise that the department heed caution when implementing any future mandates.

Based on the proposed amendments to this regulation, my association offers the following comments and poses the following questions:

- 1) **Page 3, 216-RICR-20-15-7.4(A)(6):** While home care, home nursing care and hospice providers are defined as a "*health care facility*" per G.L. § 23-17-2(9), personnel generally do not deliver healthcare services in a facility and interact with a limited number of patients or clients over the course of a shift. Unlike congregate facility-based care settings (e.g. skilled nursing facilities, hospital facilities, assisted

living facilities, adult day care facilities), the care delivery model is 1:1 in the personal home of a patient or client. Thus, what was demonstrated throughout the COVID-19 public health emergency is that home care was the safest healthcare setting in long-term care with significantly less COVID-19 viral transmissions than all other healthcare facilities in operation during that time period. Given the extremely low transmission risk and the heightened workforce shortage experienced by the home care industry, will the department consider exempting home care, home nursing care and hospice providers from these proposed amendments? If not, please share with our industry as to what Rhode Island data demonstrates the necessity to include those licensed as home care, home nursing care or hospice providers?

- 2) **Page 3, 216-RICR-20-15-7.4(A)(7):** Operational staff within a home care, home nursing care or hospice provider generally have limited, if at all, contact with clinical and paraprofessional staff delivering healthcare services in patients' and clients' homes. Because of electronic medical records (EMR), electronic visit verification (EVV) and employee payroll direct deposit, direct care staff do not need to regularly visit the office. Given that there is no transmission risk from operational staff to direct care professionals and paraprofessionals, will the department consider exempting operational staff of home care, home nursing care and hospice providers from these proposed amendments? If not, please share with our industry as to what Rhode Island data demonstrates the necessity to include the operational staff of licensed home care, home nursing care and hospice providers.
- 3) **Page 3, 216-RICR-20-15-7.4(A)(9):** Under what authority does the Director of the department, as defined in G.L. § 42-6-9, supersede the authority of the Governor, as defined in G.L. § 30-15-9(e)(16) to determine a "*declaration of widespread flu*" without an executive order by the Governor declaring an emergency?
- 4) **Page 3, 216-RICR-20-15-7.4(A)(14):** The definition of "*up to date*" is vague as it relates to a schedule of vaccination against COVID-19. Does the department intend to review and revise this definition to include such a schedule or defer to a federal authority that has a greater capacity to provide healthcare workers with said schedule? In addition, the department does not identify natural immunity following diagnosis and recovery of the original COVID-19 virus or its subsequent variants. Does the department intend to review and revise this definition to include a timeline of post-recovery natural immunity or defer to a federal authority that has a greater capacity to provide healthcare workers with said timeline?
- 5) **Page 6, 216-RICR-20-15-7.5(I):** How does the department anticipate that providers will have the resources to freely distribute "*medical masks or higher-grade masks (e.g. N95)*"? Does the department intend to adequately supply or maintain distribution through the state's emergency stockpile of said masks for financially-distressed and under-reimbursed healthcare providers, such as, but not limited to home care, home nursing care and hospice providers?
- 6) **Page 10, 216-RICR-20-15-7.6(B)(1)-(2):** By the use of the word "*or*" at the end of "(1)", is the department conceding that it maliciously, capriciously and inappropriately enacted emergency regulations 216-RICR-20-15-8 in full effect and enforced on October 1, 2021 and subsequently retracting and repealing its mandate imposed upon healthcare workers and employees of healthcare facilities as previously defined? Does "(2)" allow for the cease of required mask wearing when infection rates are below the prevalence marker as prescribed in this proposed subsection? Does this subsection allow for healthcare workers and employees of healthcare facilities that are not vaccinated at all or are not fully-vaccinated to return to work or seek employment with a healthcare facility regardless of the employee's intent to seek full-vaccination?
- 7) **Page 11, 216-RICR-20-15-7.7(B)-(C) and Page 12, 216-RICR-20-15-7.8(A):** The department has significantly greater regulatory authority to enact such a rule through initial licensure and renewal for professionals and paraprofessionals than to shift the administrative burden and subsequently threaten to impose enforcement action to licensed healthcare providers' administrators and their staff. Does the

department intend to review and revise this proposed rule to reclaim responsibility through the licensure process than impose further burden and penalties onto providers as prescribed under **Page 14-15, 216-RICR-20-15-7.9** *et al.*

Furthermore, there are paraprofessionals utilized through the Medicaid Program as “*personal care attendants*” (PCAs) and “*individual providers*” (IPs). These individuals are operating under a similar scope of healthcare practice as licensed nursing assistants (CNAs) in the same setting as home care providers. While not under the licensing authority of the department, these unsupervised individuals do not have access to the state’s emergency stockpile for masks and other personal protective equipment (PPE). How will the department address the risk of transmission on vulnerable, immunocompromised, homebound clients within this state-sanctioned healthcare workforce? Will the department request that the Executive Office of Health and Human Services (EOHHS) promulgate similar regulations to impose on PCAs and IPs in order to best protect the health and safety of the aforementioned vulnerable, immunocompromised, homebound client population against transmission of COVID-19 and the flu?

Please provide me with a response to my questions ahead of finalizing these proposed amendments. The members of my association, as experts of our industry within the healthcare sector, offer their willingness to meet with you and discuss these questions and comments further in hopes of improvements to these regulations over the current proposal as offered by the department.

Sincerely,

*Nicholas Oliver*

Nicholas Oliver, MPA, CAE  
Executive Director

cc: Kim Ahern, Esq., Office of the Governor  
Womazetta Jones, Secretary, Executive Office of Health and Human Services  
Robert Goldberg, Esq., Rhode Island Partnership for Home Care



ROBERT W. SELTZER  
CHIEF OF DEPARTMENT

## SMITHFIELD FIRE DEPARTMENT

*"To Help People"*  
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March 15, 2022

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[Paula.Pullano@health.ri.gov](mailto:Paula.Pullano@health.ri.gov)

Dear Ms. Pullano,

I am writing regarding the Smithfield Fire Department's position on rule titled Immunization, Testing, and Health Screening for Health Care Workers, 216-RICR-20-15-7. Specifically, we request that you include EMT, EMT-Cardiac and Paramedic in the rule. Further, we request that COVID vaccination be required for the aforementioned.

Our reasoning is twofold. First, as was attested to during the Omicron variant, those individuals not vaccinated who became ill from the Omicron variant had more serious complications and were more susceptible to hospitalization compared to those individuals that were vaccinated. Second, under RIGL 45-19-1, municipalities are responsible for all expenses during illness, which, said law includes the COVID virus.

If we allow one of our medical responders to work without vaccination, that person becomes a liability. Knowingly allowing an unvaccinated member to have contact with the public and knowing he/she is at a higher risk of significant medical issues due to being unvaccinated, puts our Town in a liable situation when we know he/she could be one of the people that could end up hospitalized or worse case, become a fatality from an exposure. Based on the history of the Omicron variant, an unvaccinated individual could certainly end up in a bad place. I am sure that our town knowingly allowing he/she to work in the field unvaccinated could lead to quite a neglect or civil suit if he/she became permanently disabled.

Be aware that our members respond to schools, nursing homes, urgent cares, doctor's offices, retail stores, municipal buildings, industrial buildings, private residences, elderly housing, private rental housing, and any other type of facility in a typical suburban community. The level of exposure to any disease is high as we are well aware. It is a health hazard to let unvaccinated men and women of our department become exposed in these environments.

---

*"We will be the most effective and proactive emergency service and disaster mitigation organization to make Smithfield the safest community to live, work and play."*

The other matter regarding unvaccinated members of our department is the liability they put on the Town of Smithfield if one should become COVID positive resulting in a lost work-time illness. Once one of our members has a confirmed case, their work status changes to an on-the-job illness, which places them under RIGL 45-19-1 status. This law requires tax-free continued salary, continued full benefits and all expenses related to the illness absorbed by the Town. In addition, we have to fill the vacant position created by the illness with overtime.

If the illness results in permanent disability, the Town now has to place the member on a 66 2/3% pension and cover all related expenses going forward. This is very costly to the town. If the disability should be so unfortunate that a member's life is lost, this could result in a civil claim against the Town for allowing the deceased to work and be exposed to the COVID virus while unvaccinated.

I ask that you take this into consideration and strongly encourage mandatory COVID vaccination for EMS workers.

For your information I have included a copy of RIGL 45-19-1 with this memo.

Thank you for your consideration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Robert W. Seltzer", with a long, sweeping horizontal line extending to the right.

Robert W. Seltzer  
Chief of Department

# **Title 45**

## **Towns and Cities**

### **Chapter 19**

#### **Relief of Injured and Deceased Fire Fighters and Police Officers**

##### **R.I. Gen. Laws § 45-19-1**

###### **§ 45-19-1. Salary payment during line of duty illness or injury.**

(a) Whenever any police officer of the Rhode Island airport corporation or whenever any police officer, firefighter, crash rescue crewperson, fire marshal, chief deputy fire marshal, or deputy fire marshal of any city, town, fire district, or the state of Rhode Island is wholly or partially incapacitated by reason of injuries received or sickness contracted in the performance of his or her duties or due to their rendering of emergency assistance within the physical boundaries of the state of Rhode Island at any occurrence involving the protection or rescue of human life which necessitates that they respond in a professional capacity when they would normally be considered by their employer to be officially off-duty, the respective city, town, fire district, state of Rhode Island, or Rhode Island airport corporation by which the police officer, firefighter, crash rescue crewperson, fire marshal, chief deputy fire marshal, or deputy fire marshal, is employed, shall, during the period of the incapacity, pay the police officer, firefighter, crash rescue crewperson, fire marshal, chief deputy fire marshal, or deputy fire marshal, the salary or wage and benefits to which the police officer, firefighter, crash rescue crewperson, fire marshal, chief deputy fire marshal, or deputy fire marshal, would be entitled had he or she not been incapacitated, and shall pay the medical, surgical, dental, optical, or other attendance, or treatment, nurses, and hospital services, medicines, crutches, and apparatus for the necessary period, except that if any city, town, fire district, the state of Rhode Island, or Rhode Island airport corporation provides the police officer, firefighter, crash rescue crewperson, fire marshal, chief deputy fire marshal, or deputy fire marshal, with insurance coverage for the related treatment, services, or equipment, then the city, town, fire district, the state of Rhode Island, or Rhode Island airport corporation is only obligated to pay the difference between the maximum amount allowable under the insurance coverage and the actual cost of the treatment, service, or equipment. In addition, the cities, towns, fire districts, the state of Rhode Island, or Rhode Island airport corporation shall pay all similar expenses incurred by a member who has been placed on a disability pension and suffers a recurrence of the injury or illness that dictated his or her disability retirement, subject to the provisions of subsection (j) herein.

(b) As used in this section, "police officer" means and includes any chief or other member of the police department of any city or town regularly employed at a fixed salary or wage and any deputy sheriff, member of the fugitive task force, or capitol police officer, permanent environmental police officer or criminal investigator of the department of environmental management, or airport police officer.

(c) As used in this section, "firefighter" means and includes any chief or other member of the fire department or rescue personnel of any city, town, or fire district, and any person employed as a member of the fire department of the town of North Smithfield, or fire department or district in any city or town.

(d) As used in this section, "crash rescue crewperson" means and includes any chief or other member of the emergency crash rescue section, division of airports, or department of transportation of the state of Rhode Island regularly employed at a fixed salary or wage.

(e) As used in this section, "fire marshal," "chief deputy fire marshal," and "deputy fire marshal" mean and

include the fire marshal, chief deputy fire marshal, and deputy fire marshals regularly employed by the state of Rhode Island pursuant to the provisions of chapter 28.2 of title 23.

(f) Any person employed by the state of Rhode Island, except for sworn employees of the Rhode Island state police, who is otherwise entitled to the benefits of chapter 19 of this title shall be subject to the provisions of chapters 29 — 38 of title 28 for all case management procedures and dispute resolution for all benefits.

(g) In order to receive the benefits provided for under this section, a police officer or firefighter must prove to his or her employer that he or she had reasonable grounds to believe that there was an emergency that required an immediate need for their assistance for the protection or rescue of human life.

(h) Any claims to the benefits provided for under this section resulting from the rendering of emergency assistance in the state of Rhode Island at any occurrence involving the protection or rescue of human life while off-duty, shall first require those covered by this section to submit a sworn declaration to their employer attesting to the date, time, place, and nature of the event involving the protection or rescue of human life causing the professional assistance to be rendered and the cause and nature of any injuries sustained in the protection or rescue of human life. Sworn declarations shall also be required from any available witness to the alleged emergency involving the protection or rescue of human life.

(i) All declarations required under this section shall contain the following language:

"Under penalty of perjury, I declare and affirm that I have examined this declaration, including any accompanying schedules and statements, and that all statements contained herein are true and correct."

(j) Any person, not employed by the state of Rhode Island, receiving injured on-duty benefits pursuant to this section, and subject to the jurisdiction of the state retirement board for accidental retirement disability, for an injury occurring on or after July 1, 2011, shall apply for an accidental disability retirement allowance from the state retirement board not later than the later of eighteen (18) months after the date of the person's injury that resulted in the person's injured-on-duty status or sixty (60) days from the date on which the treating physician certifies that the person has reached maximum medical improvement. Nothing herein shall be construed to limit or alter any and all rights of the parties with respect to independent medical examination or otherwise, as set forth in the applicable collective bargaining agreement. Notwithstanding the forgoing, any person receiving injured-on-duty benefits as the result of a static and incapacitating injury whose permanent nature is readily obvious and ascertainable shall be required to apply for an accidental disability retirement allowance within sixty (60) days from the date on which the treating physician certifies that the person's injury is permanent, or sixty (60) days from the date on which the determination of permanency is made in accordance with the independent medical examination procedures as set forth in the applicable collective bargaining agreement.

(1) If a person with injured-on-duty status fails to apply for an accidental disability retirement allowance from the state retirement board within the time frame set forth above, that person's injured on duty payment shall terminate. Further, any person suffering a static and incapacitating injury as set forth in subsection (j) above and who fails to apply for an accidental disability benefit allowance as set forth in subsection (j) shall have his or her injured-on-duty payment terminated.

(2) A person who so applies shall continue to receive injured-on-duty payments, and the right to continue to receive IOD payments of a person who so applies shall terminate in the event of a final ruling of the workers compensation court allowing accidental disability benefits. Nothing herein shall be construed to limit or alter any and all rights of the parties with respect to independent medical examination or otherwise, as set forth in the applicable collective bargaining agreement.

(k) Any person employed by the state of Rhode Island who is currently receiving injured-on-duty benefits or any person employed by the state of Rhode Island who in the future is entitled to injured-on-duty benefits pursuant to this chapter, and subject to the jurisdiction of the state retirement board for accidental retirement disability, shall apply for an accidental disability retirement allowance from the state retirement board not later than sixty (60) days from the date on which a treating physician or an independent medical examiner certifies that the

person has reached maximum medical improvement, and in any event not later than eighteen (18) months after the date of the person's injury that resulted in the person being on injured-on-duty. Nothing herein shall be construed to limit or alter any and all rights of the parties with respect to independent medical examination or otherwise, as set forth in the applicable collective bargaining agreement. Notwithstanding the forgoing, any person receiving injured on duty benefits as the result of a static and incapacitating injury whose permanent nature is readily obvious and ascertainable shall be required to apply for an accidental disability retirement allowance within sixty (60) days from the date on which a treating physician or an independent medical examiner certifies that the person's injury is permanent, or sixty (60) days from the date on which such determination of permanency is made in accordance with the independent medical examination procedures as set forth in the applicable collective bargaining agreement.

(1) If a person employed by the state of Rhode Island with injured-on-duty status fails to apply for an accidental disability retirement allowance from the state retirement board within the time frame set forth in subsection (k) above, that person's injured-on-duty payment shall terminate. Further, any person employed by the state of Rhode Island suffering a static and incapacitating injury as set forth in subsection (k) above and who fails to apply for an accidental disability benefit allowance as set forth in subsection (k) shall have his or her injured on duty payment terminated.

(2) A person employed by the state of Rhode Island who so applies shall continue to receive injured on duty payments, and the right to continue to receive injured on-duty payments of a person who so applies shall terminate upon final adjudication by the state retirement board approving or denying either ordinary or accidental disability payments and, notwithstanding § 45-31.2-9, this termination of injured-on-duty benefits shall not be stayed.

(3) (i) Notwithstanding any other provision of law, all persons employed by the state of Rhode Island entitled to benefits under this section who were injured prior to July 1, 2019, and who have been receiving injured-on-duty benefits pursuant to this section for a period of eighteen (18) months or longer as of July 1, 2019, shall have up to ninety (90) days from July 1, 2019, to apply for an accidental disability retirement benefit allowance. Any person employed by the state of Rhode Island receiving injured-on-duty benefits for a period less than eighteen (18) months as of July 1, 2019, shall apply for an accidental disability retirement benefit allowance within eighteen (18) months of the date of injury that resulted in the person receiving injured-on-duty pay; provided however, said person shall have a minimum of ninety (90) days to apply.

Applications for disability retirement received by the state retirement board by any person employed by the State of Rhode Island receiving injured-on-duty payments that shall be deemed untimely pursuant to § 36-10-14(b) shall have ninety (90) days from July 1, 2019, to apply for an accidental disability retirement benefit allowance. Failure to apply for an accidental disability retirement benefit allowance within the timeframe set forth herein shall result in the termination of injured-on-duty benefits.

(ii) Any person employed by the state of Rhode Island receiving injured-on-duty payments who has been issued a final adjudication of the state retirement board on an application for an ordinary or accidental disability benefit, either approving or denying the application, shall have his or her injured-on-duty payments terminated.

(4) If awarded an accidental disability pension, any person employed by the state of Rhode Island covered under this section shall receive benefits consistent with § 36-10-15.

#### History of Section.

P.L. 1944, ch. 1479, §§ 1, 2; P.L. 1944, ch. 1479, §§ 1-3; P.L. 1952, ch. 2915, § 1; G.L. 1956, § 45-19-1; P.L. 1960, ch. 126, § 1; P.L. 1972, ch. 212, § 1; P.L. 1973, ch. 245, § 1; P.L. 1975, ch. 154, § 1; P.L. 1976, ch. 167, § 1; P.L. 1984, ch. 333, § 1; P.L. 1986, ch. 371, § 1; P.L. 1987, ch. 527, § 1; P.L. 1988, ch. 64, § 1; P.L. 1988, ch. 329, § 1; P.L. 1990, ch. 419, § 1; P.L. 2001, ch. 77, art. 29, § 6; P.L. 2002, ch. 65, art. 14, § 2; P.L. 2007, ch. 243, § 1; P.L. 2007, ch. 284, § 1; P.L. 2007, ch. 329, § 1; P.L. 2007, ch. 497, § 3; P.L. 2007, ch. 519, § 3; P.L. 2011, ch. 151, art. 12, § 7; P.L. 2012, ch. 324, § 6; P.L. 2013, ch. 445, § 8; P.L. 2013, ch. 475, § 8; P.L. 2019, ch. 88, art. 3, § 12.



## Infection Control Professionals of Southern New England

Lauren Gareau, MPH  
Rules and Regulations Coordinator  
Center for Health Systems Policy and Regulations  
Rhode Island Department of Health, Room 410  
3 Capitol Hill Providence, RI 02908-5097  
[Lauren.Gareau@health.ri.gov](mailto:Lauren.Gareau@health.ri.gov)

03/23/22

Dear Ms. Gareau,

Infection Control Professionals of Southern New England (ICPSNE, Inc.) is a local organization of over 50 Infection Preventionists, many of whom are experts in their field as demonstrated by certification from the Certification Board of Infection Control and Epidemiology, Inc. (CBIC) and/or Fellowship with the Association for Professionals in Infection Control and Epidemiology (FAPIC).

The mission of ICPSNE is to promote wellness and prevent illness within the community by advancing healthcare epidemiology through education, collaboration, and practice. **Our vision is to be an expert influential voice for the prevention and control of infections and improved outcomes in Rhode Island and southern New England.** Most of us are currently employed in hospitals and long-term care facilities. We have faithfully served throughout the global health crisis as leaders in pandemic response at our individual facilities.

**In accordance with our vision, we submit these comments regarding proposed changes to 216-RICR-20-15-7 regulation Immunization, Testing, and Health Screening for Health Care Workers.**

We are strong supporters of vaccination, and we believe all healthcare workers should be up to date with vaccination for communicable diseases, subject to medical exemption. Healthcare workers have both the responsibility and privilege to care for our community's most vulnerable people. We have a moral and ethical responsibility to First Do No Harm with vaccinations that are scientifically proven to prevent the spread of illness.

COVID vaccine is safe.  
COVID vaccine is effective.  
COVID vaccine is FDA approved.  
COVID vaccine booster is recommended by CDC.

COVID is deadly with a high rate of transmission. More citizens of RI have died in the past 12 months from COVID than any other contagious illness. **The course of action seems clear: the regulation should be updated to require healthcare workers to be up to date with COVID vaccine series.**

Respectfully,

ICPSNE Board  
On behalf of the ICPSNE membership



Lauren Gareau, MPH  
Rules and Regulations Coordinator  
Center for Health Systems Policy and Regulations  
Rhode Island Department of Health, Room 410  
3 Capitol Hill Providence, RI 02908-5097  
Lauren.Gareau@health.ri.gov

03/25/2022

Dear Ms. Gareau,

My name is Robin Neale, and I am a certified Infection Preventionist and a Fellow of the Association for Professionals in Infection Control and Epidemiology. I have worked in healthcare for 40 years. I am writing both as a citizen and as a representative of Care New England.

We support the proposed regulation requiring healthcare workers to either keep up to date with COVID vaccination or wear high level personal protective equipment (N95) to minimize risk of spread of COVID to vulnerable patients and other healthcare workers.

Healthcare workers have been required to be immunized against diseases for decades, and multiple doses are commonly necessary. This is not new territory. Mandated measles, mumps, rubella, diphtheria, chicken pox, and pertussis vaccines all require multiple doses. Influenza vaccine requires annual immunization due to changes in circulating strains. A whooping cough booster dose is mandated for adult healthcare workers due to waning immunity over time.

Thankfully, we have two FDA approved COVID vaccines that have undergone the most intense safety monitoring in U.S. history. We now know that the powerful benefits of these vaccines greatly outweigh their low potential for harm. Multiple studies have proven that COVID vaccine reduces the risk of infection, severe illness, and death, and in doing so, helps limit the spread of this illness to others. It's also clear that these effects are best sustained by a third vaccination dose and that our understanding of the optimal path for prolonged immunity is still evolving. This is why a regulation that requires staying "up to date" with recommended COVID vaccine is so critical to our ongoing healthcare response to this pandemic.

The people of RI need to know that the state is working with its healthcare facilities to make sure they are all doing everything they can to maintain a healthy workforce in preparation for any upcoming surge, and that we are doing everything we can to ensure healthcare workers do not unwittingly spread the virus to co-workers or vulnerable patients. Up to date vaccination remains our single most important tool in achieving these goals and we support its ongoing mandate in this state. For workers who are not able to maintain up to date vaccination, use of the N95 mask in the workplace is our next best tool and we support its use as an alternate option for those few individuals at this time.

Thank you,

A handwritten signature in black ink that reads "Robin Neale".

Robin Neale MT(ASCP)SM, CIC, FAPIC, CPHQ  
Vice President Quality and Clinical Effectiveness  
Care New England Health System



(401) 227-3669



4 Richmond Square  
Providence, RI 02906



[www.carenewengland.org](http://www.carenewengland.org)



March 25, 2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Rhode Island Department of Health  
Three Capitol Hill, Room 410  
Providence, RI 02908

Dear Ms. Pullano:

We are writing to express concerns regarding the regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7).

We believe changes to COVID-19 vaccination requirements for health care workers are premature. In fact, the prevalence rate of COVID-19 in Rhode Island has increased since these proposed regulations were released. Thundermist Health Center cares for underserved communities and patients with complex medical needs. We must ensure patients with compromised immune systems and our youngest patients who cannot be vaccinated are able to safely access care in our state. Changes to vaccination requirements threaten health care access for our most vulnerable Rhode Islanders.

We must recognize the many sacrifices our health care workforce has made during this pandemic. Last summer, nearly two dozen Thundermist employees chose to leave their jobs over the vaccine mandate. Some of these employees had decades of experience and had served their communities with dedication and courage. Even more of our employees made the sacrifice to get the vaccine despite their deep personal concerns. Making premature changes to the regulation only a bit more than six months later will cause undue harm on a workforce that is already burnt-out and feeling defeated.

Requiring N95 masks for employees who are not up to date on their COVID-19 vaccine series is an inappropriate use of a life-saving resources. We do not know what the future holds for this virus and our state. Using N95 masks in this way depletes a resource that could be critical to response next winter. Also, in an environment where everyone is already wearing a high-quality mask, making un-boosted individuals wear an N95 will not significantly decrease COVID transmission. This measure does not add any safety to the environment.

In addition, the proposed regulation makes no allowance for employees to remove the N95 masks in non-patient areas. We request your consideration of this change. Wearing an N95 mask for long periods of time is very difficult and could further exacerbate record-breaking workforce shortages. Providing employees an option to wear a surgical mask in non-patient areas would provide some relief.

Finally, these regulations do not apply to licensed health care providers and staff who are employed in private practices. This puts Thundermist and other community health centers at a severe disadvantage during a workforce crisis. Employees and potential employees will be able to work at another practice without the burden of wearing an N95. This is especially true in dental because many private practices do not accept Medicare or Medicaid and therefore do not require employees to be vaccinated. These discrepancies threaten the health care safety net for Rhode Island's underserved communities by creating additional workforce shortages for community health centers.

We appreciate your consideration of our concerns and request.

Sincerely,

Jeanne LaChance  
President/CEO

David Bourassa, MD  
Chief Medical Officer

Matthew Roman, LICSW  
Chief of Behavioral Health and Innovation

Eric Prosseda, DMD  
Chief Dental Officer

Karen Mazzola, MSN, RN, NEA-BC  
Chief of Clinical Operations

Corrine Hill, MSW, MBA  
Chief Administrative Officer

## Being a Nurse

Being a nurse is risky. It is a physical job, and it takes a toll on all aspects of your health. As a nurse we incur huge personal risk such as stress, sleep loss, social and familial disruptions, depression, anxiety, GI disorders related to missing meals, starving, and binging, dehydration, musculoskeletal injuries, needlestick injuries, exposure to HIV/AIDS, hepatitis, gangrene, flesh eating bacteria, harmful medications, higher risk of depending on unhealthy coping strategies, verbal and sometimes physical violence and abuse from patients, and that's just the beginning. There is also the dangers that short staffing puts on our patients and our license.

It's no secret that nurses have been at the center of dealing with this pandemic, putting in the long hours, pouring ourselves into healing others. But this has been going on for almost three years now. It is hard, but we know what we must do, and it has become part of the daily routine all in a day's work to care for covid positive or possible covid positive patients; just as we care for possible HIV positive or hepatitis positive patients since day one on the job using standard precautions. Being a nurse is risky, but it can also be so amazing. Why else would any of us stick around through a three-year pandemic where we are facing a global staffing crisis and the healthcare system is burning down around us? Why have I been fighting to get my job back for almost five months? A job that was awful on its best day. Most days I hadn't eaten in 10+ hours, barely had a drink, came home with a throbbing headache, but I kept going. On all the days I woke up and didn't want to face it anymore, I still did. All through 2020 and right up until October 1<sup>st</sup>, 2021, at 24 years old I was doing what most people would never have the guts to do. I was doing the job that no one wanted to have—a healthcare worker during a global pandemic.

So, I guess at this point I just want to know why. Why is it not safe yet for me to go back to work and keep doing the job that I had done since the beginning of the pandemic. Why is it not safe yet for me to care for people of this community when over 90% of Rhode Island is vaccinated with at least one dose. Why is it not safe yet when the indoor mask mandate was dropped for businesses and most schools? Does that mean covid is no longer that much of a risk? Does that mean it is safe for me to be in a room with one patient while I am wearing a N95 mask and getting tested weekly? I want to know why is it more acceptable for a covid positive nurse to work, than an unvaccinated covid negative nurse? Why can kids be in a classroom together with no masks, and many without vaccines, while I am unable to work using PPE? I'm not eating lunch with these patients, I'm not laying in bed with them, I'm not coughing in their face, I am providing care and leaving the room; just as a restaurant worker is providing a service to you when they make your sandwich after touching their phone, wearing no mask, and no known vaccine status. Why can concerts and sporting events continue as thousands if not hundreds of thousands gather to spectate? But I cannot work. Covid is no longer a phenomenon. The vaccine has been available for fourteen months. We have access to plenty of masks, disinfectant, and testing.

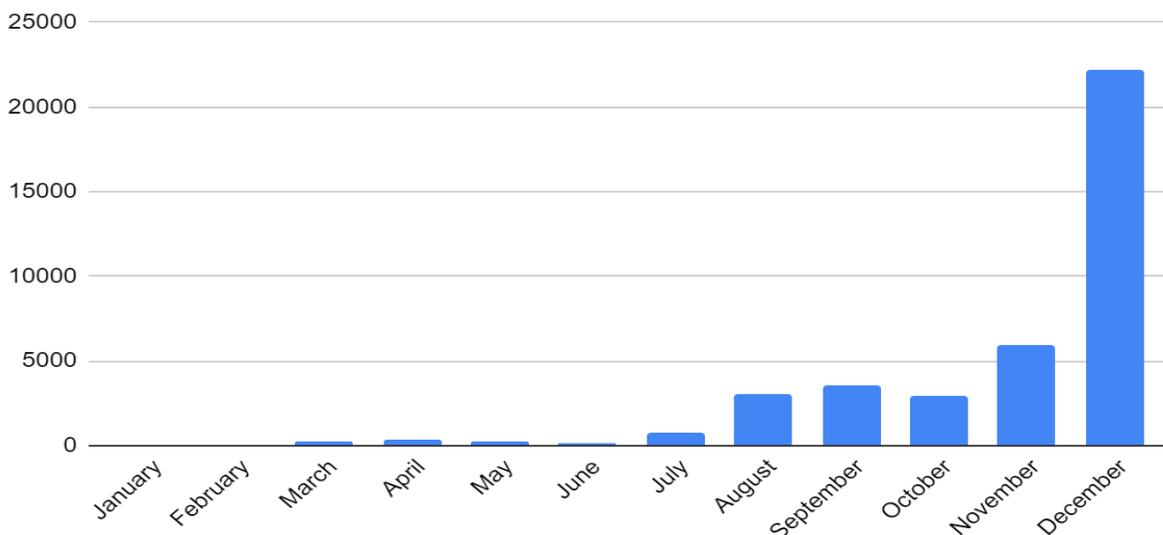
If this is about patient safety, it should be known that patients were never safe at the hospital. According to the WHO these are the top dangers of patient safety, and this is just the tip of the iceberg:

- **The occurrence of adverse events due to unsafe care is likely one of the 10 leading causes of death and disability in the world.**
- In high-income countries, it is estimated that one in every 10 patients is harmed while receiving hospital care.
- **Each year, 134 million adverse events occur in hospitals in low- and middle-income countries due to unsafe care, resulting in 2.6 million deaths.**

- **Medication errors are a leading cause of injury and avoidable harm in health care systems:** globally, the cost associated with medication errors has been estimated at US\$ 42 billion annually.
- **Health care-associated infections occur in 7 and 10 out of every 100 hospitalized patients in high-income countries** and low- and middle-income countries respectively.
- **Unsafe surgical care procedures cause complications in up to 25% of patients. Almost 7 million surgical patients suffer significant complications annually, 1 million of whom die during or immediately following surgery.**
- Unsafe injections practices in health care settings can transmit infections, including HIV and hepatitis B and C, and pose direct danger to patients and health care workers; they account for a burden of harm estimated at 9.2 million years of life lost to disability and death worldwide.
- Diagnostic errors occur in about 5% of adults in outpatient care settings, more than half of which have the potential to cause severe harm. Most people will suffer a diagnostic error in their lifetime.
- Unsafe transfusion practices expose patients to the risk of adverse transfusion reactions and the transmission of infections. Data on adverse transfusion reactions from a group of 21 countries show an average incidence of 8.7 serious reactions per 100 000 distributed blood components.
- **Sepsis Affecting an estimated 31 million people worldwide and causing over 5 million deaths per year.**
- Venous thromboembolism (blood clots) is one of the most common and preventable causes of patient harm, contributing to one third of the complications attributed to hospitalization. Annually, **there are an estimated 3.9 million cases in high-income countries and 6 million cases in low- and middle-income countries.**

Below are some graphs that I made directly from information on the RIDOH covid google document spreadsheet. Some of it may be shocking, but it is the reality.

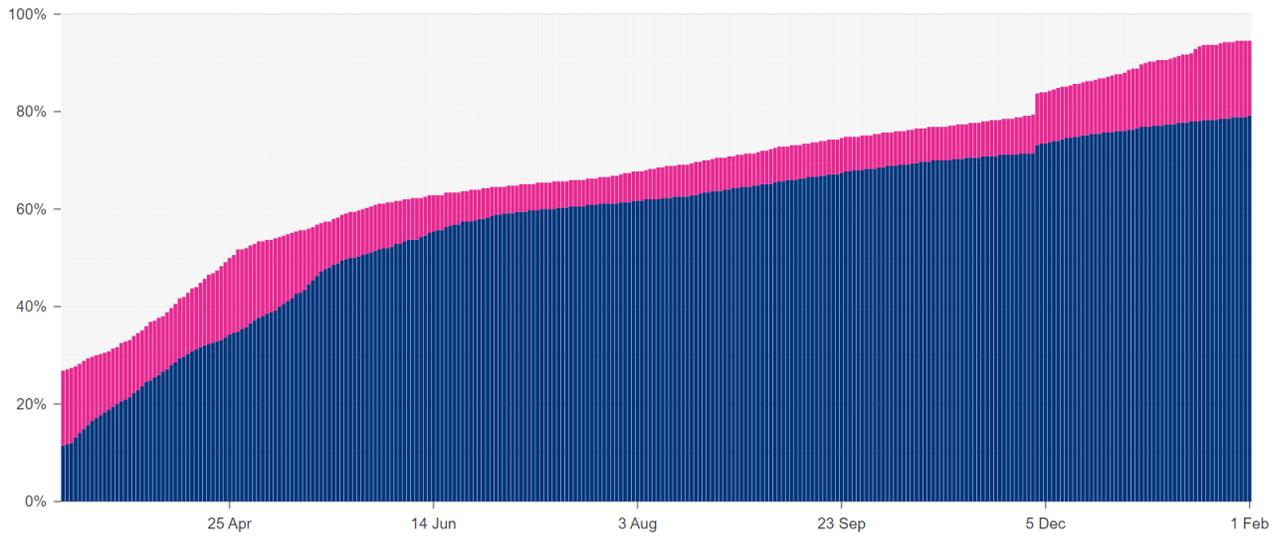
Covid-19 Breakthrough cases in RI 2021



Blue = Fully vaccinated

Pink= Partially vaccinated

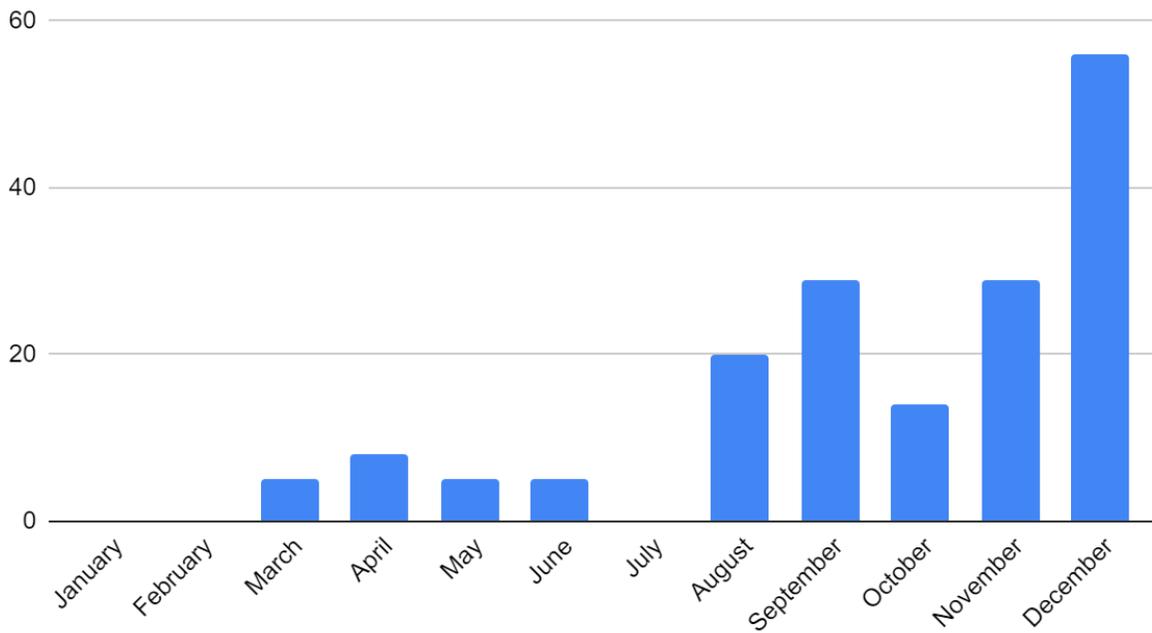
Vaccination % of RI Population



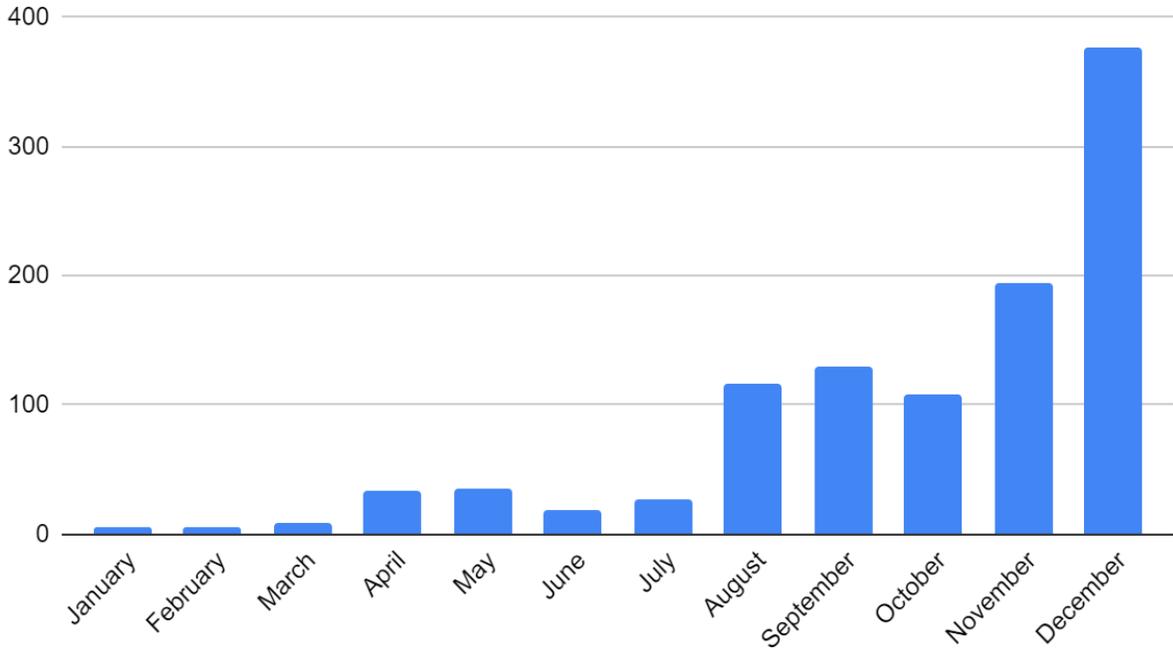
926,458 fully vaccinated = 93.8% of RI

384,506 Boosted = 36.4% of RI

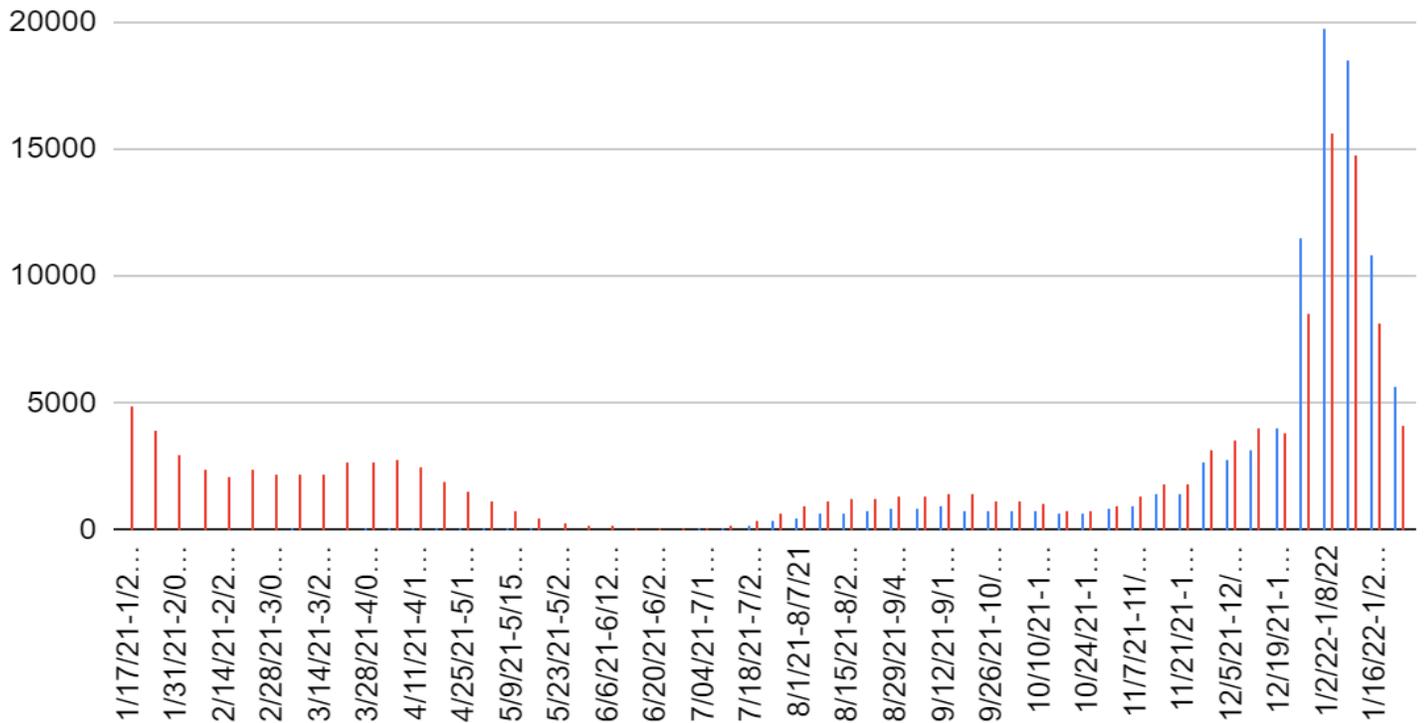
Breakthrough Deaths 2021



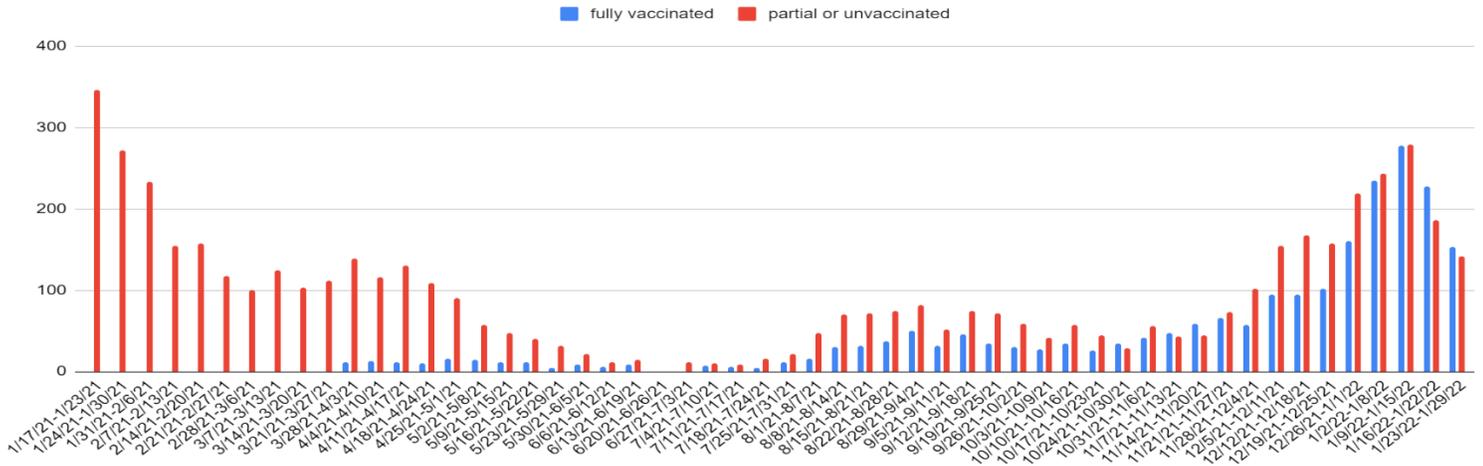
# Breakthrough Hospitalizations 2021



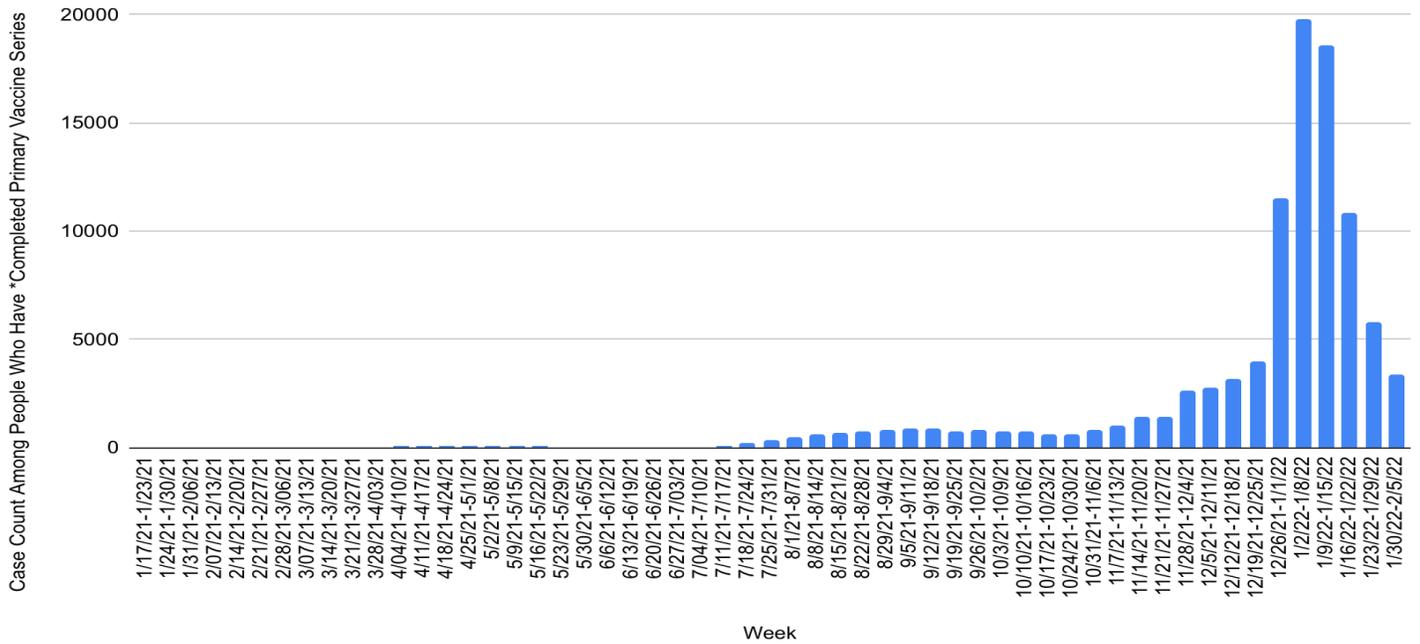
■ Fully Vaccinated Case count
 ■ Partial/Unvaccinated Case count



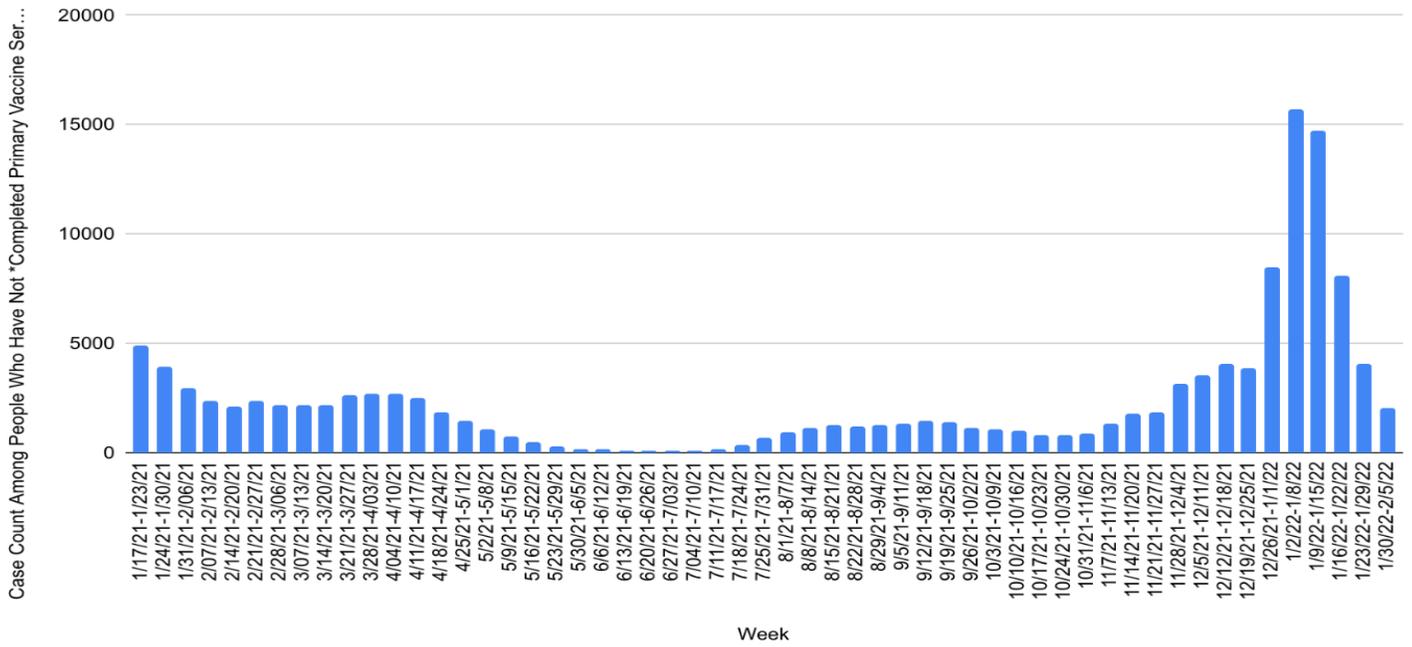
### covid 19 Hospitalizations 2021



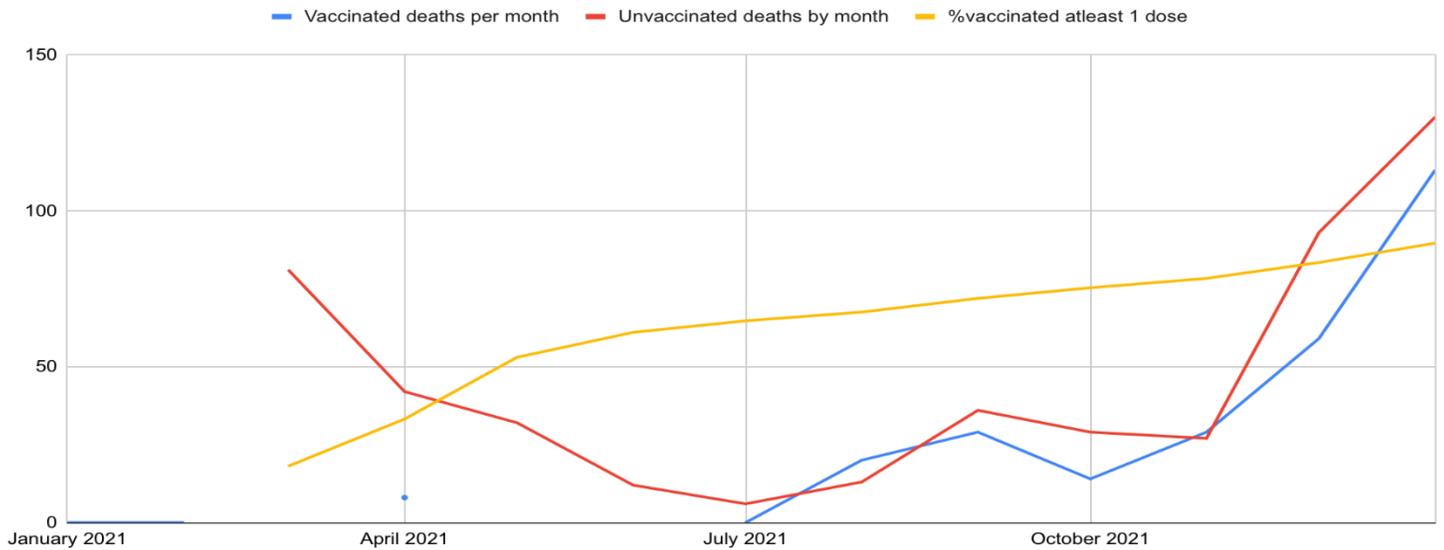
### Case Count Among People Who Have \*Completed Primary Vaccine Series vs. Week



### Case Count Among People Who Have Not \*Completed Primary Vaccine Ser...



### Vaccinated deaths per month, Unvaccinated deaths by month and %vaccinated at least 1 dose



In conclusion I think these graphs and the data speaks for itself. I don't know what argument can be made at this point to keep the healthcare worker vaccine mandate in place, it is not benefiting anyone at this time. I am not anti-vaccine, I am not trying to make people believe the vaccine does not have positive effects on cases and deaths, I am simply trying to understand why, with all the data, treatments, PPE, and experience, can we not allow healthcare professionals to return to work under guidelines consisting of testing/masking/PPE. One month ago Omicron cases were higher than ever, case counts making record high numbers, and now one month later

we have dropped the mask mandate. Are we prepared for the cases to rise again? Are the hospitals not overwhelmed anymore? People are going on with there life going to restaurants, bars, gyms, events, and mingling with those who are unvaccinated, whether they know it or not they are putting themselves at risk. Just like everything else in life and in nursing it is AT YOUR OWN RISK. The narrative of blaming someone else when you catch covid because you failed to protect yourself around others needs to end.



## Sources

"Patient Safety". *Who.Int*, 2022, <https://www.who.int/news-room/fact-sheets/detail/patient-safety>.



March 25, 2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

RE: **Oppose** Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of the Rhode Island Assisted Living Association (RIALA) to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. We are a not-for-profit trade association representing the interests of assisted living communities across the state serving over 5,000 seniors and people with disabilities.

We **strongly oppose** the proposed amendments to these regulations for numerous reasons that I will outline further; one of the most notable changes is to include assisted living residences in the definition of “health care facility.”

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide “board and care”. This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already required to comply with these regulations; this existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of “health care facilities” does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The regulations should not be extended to all other assisted living residences that do not have a limited health services license. Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities' budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

We have attached an issue overview of the impact to our industry for your review.

If you have any further questions, please feel free to contact me at 401-435-8888 or [dbodah@riala.org](mailto:dbodah@riala.org). I appreciate the opportunity to provide this input. Thank you for your consideration of this important issue.

Sincerely,

A handwritten signature in black ink that reads "David M. Bodah". The signature is written in a cursive style with a large, looped initial "D".

David M. Bodah, MBA, CFRE, CAE  
Executive Director

Enclosure

## ISSUE BRIEF

1. Expanding the definition of “health care facility” to include assisted living residences, adult day programs:
  - a. Assisted living residences are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu) and COVID-19 and have a screening for Tuberculosis (TB), for staff in the future. Now, however, is not the time for such a mandate. COVID-19 severely impacted all facets of the assisted living residences, particularly in terms of retention and recruitment. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to keep or hire employees is made any more difficult. We ask that the state provide analysis of potential impacts of this mandate first. Specifically:
    - i. 1) Will it cause current AL professionals to leave the field and be detrimental to recruitment, thus impacting the ability of these companies to provide optimal staffing?
    - ii. 2) Will it create a financial barrier for those considering the field, who will need to first receive these vaccinations.
  - b. It’s important to note that many individuals who choose this profession are new this country and have not received many of these vaccinations while attending U.S. schools.
  - c. The assisted living model in Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes.
  - d. As the DOH notes, less than 24% of all ALs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to have additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residences, which elect NOT to provide LHS services.
2. Requiring health care facilities to track vaccination status of its health care workers; and
  - a. Assisted living residences are not nursing homes. ALRs have tracked the status of covid-19 vaccinations under the emergency period but requiring the tracking of additional vaccinations will take staff away from providing care to its residents.
  - b. Furthermore, the vaccine tracking requirements are in response to a novel global pandemic, RIDOH is proposing the tracking of non-covid 19 vaccinations, which have never been mandated nor tracked by assisted living residences.
  - c. RIDOH has not clarified whether this tracking will have an end date or if it a lifetime requirement.
3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).
  - a. There is no language in the proposed regulations citing the duration of time for this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration.
  - b. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.

March 16, 2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of The Lighthouse at Lincoln to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. The Lighthouse is located in Lincoln, RI and we are a 64 apartment all memory care assisted living community. Our community is just one of 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We oppose the proposed amendments to these regulations for numerous reasons that I will outline further; One of the most notable changes is to include assisted living residences in the definition of “health care facility.”

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide “board and care”. This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already required to comply with these regulations; This existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of “health care facilities” does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The

regulations should not be extended to all other assisted living residences that do not have a limited health services license.

Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities' budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

We have attached an issue overview of the impact to our industry for your review.

If you have any further questions, please feel free to contact me at 401-333-4600. I appreciate the opportunity to provide this input.

Sincerely,

A handwritten signature in black ink, appearing to read 'LD', followed by a long horizontal flourish.

Lynn Dombroski, MS, LNHA, ALRA  
Executive Director

1. Expanding the definition of "health care facility" to include assisted living residences, adult day care programs, and stations;
  - a. Assisted living residences are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu) and COVID-19 and have a screening for Tuberculosis (TB), for staff in the future. Now, however, is not the time for such a mandate. COVID-19 severely impacted all facets of the assisted living residences, particularly in terms of retention and recruitment. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to keep or hire employees is made any more difficult. We ask that the state provide analysis of potential impacts of this mandate first. Specifically:
    - i. 1) Will it cause current AL professionals to leave the field and be detrimental to recruitment, thus impacting the ability of these companies to provide optimal staffing?
    - ii. 2) Will it create a financial barrier for those considering the field, who will need to first receive these vaccinations.
  - b. It's important to note that many individuals who choose this profession are new this country and have not received many of these vaccinations while attending U.S. schools.
  - c. The assisted living model in Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes.
  - d. As the DOH notes, less than 24% of all ALs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to have additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residences, which elect NOT to provide LHS services.
2. Requiring health care facilities to track vaccination status of its health care workers; and
  - a. Assisted living residences are not nursing homes. ALRs have tracked the status of covid-19 vaccinations under the emergency period but requiring the tracking of additional vaccinations will take staff away from providing care to its residents.
  - b. Furthermore, the vaccine tracking requirements are in response to a novel global pandemic, RIDOH is proposing the tracking of non-covid 19 vaccinations, which have never been mandated nor tracked by assisted living residences.
  - c. RIDOH has not clarified whether this tracking will have an end date or if it a lifetime requirement.
3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).
  - a. There is no language in the proposed regulations citing the duration of time for this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration.
  - b. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.



AT WATERMAN LAKE

March 21, 2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers  
(216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of The Village at Waterman Lake to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. We are responsible for over 300 senior housing units here in Greenville RI. Our community is just one of 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We oppose the proposed amendments to these regulations for numerous reasons that I will outline further; One of the most notable changes is to include assisted living residences in the definition of "health care facility."

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide "board and care". This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences (not the Village at Waterman Lake) do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already required to comply with these regulations; This existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of "health care facilities" does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The regulations should not be extended to all other assisted living residences that do not have a limited health services license.

Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities' budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

We have attached an issue overview of the impact to our industry for your review.

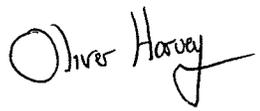
715 Putnam Pike, Greenville RI 02828 401-949-1333 Fax 401-949-1493 [www.villageretirement.com](http://www.villageretirement.com)

C A T E R E D R E T I R E M E N T L I V I N G

If you have any further questions, please feel free to contact me at 401-949-1333 or [oharvey@villageretirement.com](mailto:oharvey@villageretirement.com). I appreciate the opportunity to provide this input.

Sincerely,

Sincerely,

A handwritten signature in black ink that reads "Oliver Harvey". The signature is written in a cursive style with a large, looped "O" and a long, sweeping tail on the "y".

Oliver Harvey  
Chief Operating Officer  
Village at Waterman Lake

1. Expanding the definition of "health care facility" to include assisted living residences, adult day care programs, and stations;
  - a. Assisted living residences are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu) and COVID-19 and have a screening for Tuberculosis (TB), for staff in the future. Now, however, is not the time for such a mandate. COVID-19 severely impacted all facets of the assisted living residences, particularly in terms of retention and recruitment. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to keep or hire employees is made any more difficult. We ask that the state provide analysis of potential impacts of this mandate first. Specifically:
    - i. 1) Will it cause current AL professionals to leave the field and be detrimental to recruitment, thus impacting the ability of these companies to provide optimal staffing?
    - ii. 2) Will it create a financial barrier for those considering the field, who will need to first receive these vaccinations.
  - b. It's important to note that many individuals who choose this profession are new this country and have not received many of these vaccinations while attending U.S. schools.
  - c. The assisted living model in Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes.
  - d. As the DOH notes, less than 24% of all ALs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to have additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residences, which elect NOT to provide LHS services.
2. Requiring health care facilities to track vaccination status of its health care workers; and
  - a. Assisted living residences are not nursing homes. ALRs have tracked the status of covid-19 vaccinations under the emergency period but requiring the tracking of additional vaccinations will take staff away from providing care to its residents.
  - b. Furthermore, the vaccine tracking requirements are in response to a novel global pandemic, RIDOH is proposing the tracking of non-covid 19 vaccinations, which have never been mandated nor tracked by assisted living residences.
  - c. RIDOH has not clarified whether this tracking will have an end date or if it a lifetime requirement.
3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).
  - a. There is no language in the proposed regulations citing the duration of time for this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration.
  - b. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.



March 18, 2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of Charlesgate Senior Living Center to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. Charlesgate Senior Living Center is a community located in the state capital Providence, Rhode Island. At the present time, we are licensed for 60 bed/residents in a HUD building. Our community is just one of 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We oppose the proposed amendments to these regulations for numerous reasons that I will outline further; One of the most notable changes is to include assisted living residences in the definition of "health care facility."

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide "board and care". This distinction has been the standard for a very long time, and it has been accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state

agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of license, these communities are already required to comply with these regulations; This existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of "health care facilities" does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The regulations should not be extended to all other assisted living residences that do not have a limited health services license.

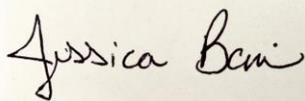
Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities' budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

We have attached an issue overview of the impact toward our industry for your review.

If you have any further questions, please feel free to contact me at (401) 453-9325 or Jbonin@Charlesgateapts.net. I appreciate the opportunity to provide this input.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Bonin". The signature is written in dark ink on a light-colored, slightly textured background.

Jessica Bonin, LPN

Wellness Director

1. Expanding the definition of “health care facility” to include assisted living residences, adult day care programs, and stations;
  - a. Assisted living residencies are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu) and COVID-19 and have a screening for Tuberculosis (TB), for staff in the future. Now, however, is not the time for such a mandate. COVID-19 severely impacted all facets of the assisted living residences, particularly in terms of retention and recruitment. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to keep or hire employees is made any more difficult. We ask that the state provide analysis of potential impacts of this mandate first. Specifically:
    - i. 1) Will it cause current AL professionals to leave the field and be detrimental to recruitment, thus impacting the ability of these companies to provide optimal staffing?
    - ii. 2) Will it create a financial barrier for those considering the field who will need to first receive these vaccinations?
  - b. It’s important to note that many individuals who choose this profession are new this country and have not received many of these vaccinations while attending U.S. schools.
  - c. The assisted living model in Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes.
  - d. As the DOH notes, less than 24% of all ALs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to have additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residencies, which elect NOT to provide LHS services.
2. Requiring health care facilities to track vaccination status of its health care workers; and
  - a. Assisted living residencies are not nursing homes. ALRs have tracked the status of covid-19 vaccinations under the emergency period but requiring the tracking of additional vaccinations will take staff away from providing care to its residents.
  - b. Furthermore, the vaccine tracking requirements are in response to a novel global pandemic, RIDOH is proposing the tracking of non-covid 19 vaccinations, which have never been mandated nor tracked by assisted living residencies.
  - c. RIDOH has not clarified whether this tracking will have an end date or if it is a lifetime requirement.
3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).
  - a. There is no language in the proposed regulations citing the duration of time for this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration.
  - b. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.



Angela P. Cabral  
Administrator  
180 Franklin Street  
Bristol, RI 02809  
401-396-8976  
acabral@ebcdc.org

March 23, 2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

RE: **Oppose** Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of Franklin Court Assisted Living to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. We are a traditional assisted living with the majority of our residents on the Medicaid Waiver program. We currently serve 92 residents in Bristol, RI. Our community is just one of 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We strongly oppose the proposed amendments to these regulations for numerous reasons that I will outline further; one of the most notable changes is to include assisted living residences in the definition of "health care facility."

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide "board and care". This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already required to comply with these regulations; this existing setup for immunization requirements based on license type and services provided is understandable.

required to comply with these regulations; this existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of "health care facilities" does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The regulations should not be extended to all other assisted living residences that do not have a limited health services license.

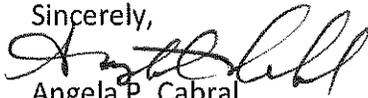
Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities' budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

We have attached an issue overview of the impact to our industry for your review.

If you have any further questions, please feel free to contact me at 401-253-3679 ext. 1202 or ACabral@ebcdc.org. I appreciate the opportunity to provide this input.

Sincerely,



Angela P. Cabral  
Administrator

1. Expanding the definition of “health care facility” to include assisted living residences, adult day care programs, and stations;
  - a. Assisted living residencies are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu) and COVID-19 and have a screening for Tuberculosis (TB), for staff in the future. Now, however, is not the time for such a mandate. COVID-19 severely impacted all facets of the assisted living residencies, particularly in terms of retention and recruitment. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to keep or hire employees is made any more difficult. We ask that the state provide analysis of potential impacts of this mandate first. Specifically:
    - i. 1) Will it cause current AL professionals to leave the field and be detrimental to recruitment, thus impacting the ability of these companies to provide optimal staffing?
    - ii. 2) Will it create a financial barrier for those considering the field, who will need to first receive these vaccinations.
  - b. It’s important to note that many individuals who choose this profession are new this country and have not received many of these vaccinations while attending U.S. schools.
  - c. The assisted living model in Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes.
  - d. As the DOH notes, less than 24% of all ALs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to have additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residencies, which elect NOT to provide LHS services.
2. Requiring health care facilities to track vaccination status of its health care workers; and
  - a. Assisted living residencies are not nursing homes. ALRs have tracked the status of covid-19 vaccinations under the emergency period but requiring the tracking of additional vaccinations will take staff away from providing care to its residents.
  - b. Furthermore, the vaccine tracking requirements are in response to a novel global pandemic, RIDOH is proposing the tracking of non-covid 19 vaccinations, which have never been mandated nor tracked by assisted living residencies.
  - c. RIDOH has not clarified whether this tracking will have an end date or if it a lifetime requirement.
3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).
  - a. There is no language in the proposed regulations citing the duration of time for this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration.
  - b. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.



March 16, 2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of Capitol Ridge at Providence to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. Capitol Ridge at Providence is an assisted living located on Smith Street in Providence, in the Elmhurst neighborhood, servicing over 130 residents. Our community is just one of 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We oppose the proposed amendments to these regulations for numerous reasons that I will outline further; One of the most notable changes is to include assisted living residences in the definition of "health care facility."

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide "board and care". This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. This change would impact ALR mission and the residents' sense of independence most of all. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already required to comply with these regulations; This existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of “health care facilities” does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The regulations should not be extended to all other assisted living residences that do not have a limited health services license.

Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities’ budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

We have attached an issue overview of the impact to our industry for your review.

If you have any further questions, please feel free to contact me at 401-521-0090 or [jlukin@benchmarkquality.com](mailto:jlukin@benchmarkquality.com). I appreciate the opportunity to provide this input.

Sincerely,

Joanne Lukin RN  
Resident Care Director

1. Expanding the definition of “health care facility” to include assisted living residences, adult day care programs, and stations;
  - a. Assisted living residencies are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu) and COVID-19 and have a screening for Tuberculosis (TB), for staff in the future. Now, however, is not the time for such a mandate. COVID-19 severely impacted all facets of the assisted living residencies, particularly in terms of retention and recruitment. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to keep or hire employees is made any more difficult. We ask that the state provide analysis of potential impacts of this mandate first. Specifically:
    - i. 1) Will it cause current AL professionals to leave the field and be detrimental to recruitment, thus impacting the ability of these companies to provide optimal staffing?
    - ii. 2) Will it create a financial barrier for those considering the field, who will need to first receive these vaccinations.
  - b. It’s important to note that many individuals who choose this profession are new this country and have not received many of these vaccinations while attending U.S. schools.
  - c. The assisted living model in Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes.
  - d. As the DOH notes, less than 24% of all ALs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to have additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residencies, which elect NOT to provide LHS services.
2. Requiring health care facilities to track vaccination status of its health care workers; and
  - a. Assisted living residencies are not nursing homes. ALRs have tracked the status of covid-19 vaccinations under the emergency period but requiring the tracking of additional vaccinations will take staff away from providing care to its residents.
  - b. Furthermore, the vaccine tracking requirements are in response to a novel global pandemic, RIDOH is proposing the tracking of non-covid 19 vaccinations, which have never been mandated nor tracked by assisted living residencies.
  - c. RIDOH has not clarified whether this tracking will have an end date or if it a lifetime requirement.
3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).
  - a. There is no language in the proposed regulations citing the duration of time for this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration.
  - b. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.

**WINGATE RESIDENCES**  
ON BLACKSTONE BOULEVARD

March 21, 2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

**RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)**

Dear Ms. Pullano,

I am writing to you on behalf of Wingate Residences on Blackstone Boulevard to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. Wingate Healthcare, a long-standing family provider in healthcare for decades, owns and operates two locations in Providence Rhode Island. Wingate Residences on Blackstone Boulevard and Wingate Residences on the East Side, both communities are committed to providing exceptional senior care from Independent, Assisted Living and memory care. Our community is just one of 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We oppose the proposed amendments to these regulations for numerous reasons that I will outline further; One of the most notable changes is to include assisted living residences in the definition of "health care facility."

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide "board and care". This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already

# WINGATE RESIDENCES

ON BLACKSTONE BOULEVARD

required to comply with these regulations; This existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of “health care facilities” does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The regulations should not be extended to all other assisted living residences that do not have a limited health services license.

Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities’ budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

We have attached an issue overview of the impact to our industry for your review.

If you have any further questions, please feel free to contact me at 401-273-6565 or [rcosta@wingatehealthcare.com](mailto:rcosta@wingatehealthcare.com). I appreciate the opportunity to provide this input.

Sincerely,



Roberto Costa,  
Executive Director

1. Expanding the definition of “health care facility” to include assisted living residences, adult day care programs, and stations;
  - a. Assisted living residencies are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu) and COVID-19 and have a screening for Tuberculosis (TB), for staff in the future. Now, however, is not the time for such a mandate. COVID-19 severely impacted all facets of the assisted living residencies, particularly in terms of retention and recruitment. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to keep or hire employees is made any more difficult. We ask that the state provide analysis of potential impacts of this mandate first. Specifically:
    - i. 1) Will it cause current AL professionals to leave the field and be detrimental to recruitment, thus impacting the ability of these companies to provide optimal staffing?
    - ii. 2) Will it create a financial barrier for those considering the field, who will need to first receive these vaccinations.
  - b. It’s important to note that many individuals who choose this profession are new this country and have not received many of these vaccinations while attending U.S. schools.
  - c. The assisted living model in Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes.
  - d. As the DOH notes, less than 24% of all ALs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to have additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residencies, which elect NOT to provide LHS services.
2. Requiring health care facilities to track vaccination status of its health care workers; and
  - a. Assisted living residencies are not nursing homes. ALRs have tracked the status of covid-19 vaccinations under the emergency period but requiring the tracking of additional vaccinations will take staff away from providing care to its residents.
  - b. Furthermore, the vaccine tracking requirements are in response to a novel global pandemic, RIDOH is proposing the tracking of non-covid 19 vaccinations, which have never been mandated nor tracked by assisted living residencies.
  - c. RIDOH has not clarified whether this tracking will have an end date or if it a lifetime requirement.
3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).
  - a. There is no language in the proposed regulations citing the duration of time for this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration.
  - b. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.



Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of [Evergreen Assisted Living - Woonsocket] to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. [Evergreen Assisted Living is a small community in Woonsocket that serves 26 Residents]. Our community is just one of 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We oppose the proposed amendments to these regulations for numerous reasons that I will outline further; One of the most notable changes is to include assisted living residences in the definition of "health care facility."

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide "board and care". This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already required to comply with these regulations; This existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of "health care facilities" does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The regulations should not be extended to all other assisted living residences that do not have a limited health services license.

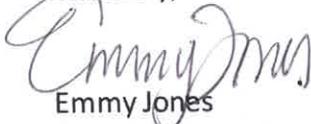
Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities' budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

We have attached an issue overview of the impact to our industry for your review.

If you have any further questions, please feel free to contact me at 401-765-1019 or [ejones@commuitycareri.org](mailto:ejones@commuitycareri.org). I appreciate the opportunity to provide this input.

Sincerely,

A handwritten signature in cursive script that reads "Emmy Jones".

Emmy Jones  
Administrator

1. Expanding the definition of “health care facility” to include assisted living residences, adult day care programs, and stations;
  - a. Assisted living residences are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu) and COVID-19 and have a screening for Tuberculosis (TB), for staff in the future. Now, however, is not the time for such a mandate. COVID-19 severely impacted all facets of the assisted living residences, particularly in terms of retention and recruitment. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to keep or hire employees is made any more difficult. We ask that the state provide analysis of potential impacts of this mandate first. Specifically:
    - i. 1) Will it cause current AL professionals to leave the field and be detrimental to recruitment, thus impacting the ability of these companies to provide optimal staffing?
    - ii. 2) Will it create a financial barrier for those considering the field, who will need to first receive these vaccinations.
  - b. It’s important to note that many individuals who choose this profession are new to this country and have not received many of these vaccinations while attending U.S. schools.
  - c. The assisted living model in Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes.
  - d. As the DOH notes, less than 24% of all ALs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to have additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residences, which elect NOT to provide LHS services.
2. Requiring health care facilities to track vaccination status of its health care workers; and
  - a. Assisted living residences are not nursing homes. ALRs have tracked the status of covid-19 vaccinations under the emergency period but requiring the tracking of additional vaccinations will take staff away from providing care to its residents.
  - b. Furthermore, the vaccine tracking requirements are in response to a novel global pandemic, RIDOH is proposing the tracking of non-covid 19 vaccinations, which have never been mandated nor tracked by assisted living residences.
  - c. RIDOH has not clarified whether this tracking will have an end date or if it a lifetime requirement.
3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).
  - a. There is no language in the proposed regulations citing the duration of time for this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration.
  - b. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.



*Providing quality accommodations for over 40 years.*

March 7, 2022

To whom it may concern,

I am writing to provide testimony and public comment on the Proposed Amendment to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7). The amendment proposes to include assisted living residences in the definition of "health care facility." Assisted living residences are not health care facilities and their inclusion in this definition is inapplicable. Charlesgate Senior Living Center is a base level provider of assisted living services to 60 residents. Assisted living services have historically been provided under a social model of care, and not a medical model. Charlesgate, along with many assisted living programs in the state, does not have a limited health services license. Those assisted living facilities who possess that license are already required to comply with these regulations per that license. However, those facilities not designated as "limited health facilities" do not provide any manner of skilled care, and therefore should not be designated as health care facilities.

The existing setup for immunization requirements based on license type should continue. Including all assisted living residences in the definition of "health care facilities" does not reflect the reality of the industry and will create confusion in the future. The regulations should not be extended to all other assisted living residences that do not have a limited health services license.

Further, the time period of three (3) months is not sufficient time to comply with these new regulations if assisted living residences are included over our objection.

Thank you for your consideration.

Sincerely,

Lauren Yabut LICSW  
Charlesgate Senior Living Center  
670 North Main Street  
Providence, RI 02904

Apartment Living  
(401) 453-9300

Affordable Assisted Living  
(401) 453-9317

Skilled Nursing Center  
(401) 861-5858

1 0 0 R a n d a l l S t r e e t , P r o v i d e n c e R I , 0 2 9 0 4

[www.charlesgate.net](http://www.charlesgate.net)



EOE





3/22/2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of Atria Senior Living to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. Atria Senior living has 4 communities in R.I. and has over 500 residents. Our communities consist of four of the 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We oppose the proposed amendments to these regulations for numerous reasons that I will outline further; One of the most notable changes is to include assisted living residences in the definition of "health care facility."

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide "board and care". This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already required to comply with these regulations; This existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of "health care facilities" does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The



regulations should not be extended to all other assisted living residences that do not have a limited health services license.

Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities' budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

We have attached an issue overview of the impact to our industry for your review.

If you have any further questions, please feel free to contact me at 1-(860)-319-1732 or [Stephen.squatrito@atriaseniorliving.com](mailto:Stephen.squatrito@atriaseniorliving.com). I appreciate the opportunity to provide this input.

Sincerely,

Steve Squatrito  
Regional Vice President  
Atria Senior Living

1. Expanding the definition of "health care facility" to include assisted living residences, adult day care programs, and stations;
  - a. Assisted living residencies are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu) and COVID-19 and have a screening for Tuberculosis (TB), for staff in the future. Now, however, is not the time for such a mandate. COVID-19 severely impacted all facets of the assisted living residencies, particularly in terms of retention and recruitment. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to keep or hire employees is made any more difficult. We ask that the state provide analysis of potential impacts of this mandate first. Specifically:
    - i. 1) Will it cause current AL professionals to leave the field and be detrimental to recruitment, thus impacting the ability of these companies to provide optimal staffing?
    - ii. 2) Will it create a financial barrier for those considering the field, who will need to first receive these vaccinations.
  - b. It's important to note that many individuals who choose this profession are new this country and have not received many of these vaccinations while attending U.S. schools.
  - c. The assisted living model in Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes.
  - d. As the DOH notes, less than 24% of all ALs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to have additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residencies, which elect NOT to provide LHS services.
2. Requiring health care facilities to track vaccination status of its health care workers; and
  - a. Assisted living residencies are not nursing homes. ALRs have tracked the status of covid-19 vaccinations under the emergency period but requiring the tracking of additional vaccinations will take staff away from providing care to its residents.
  - b. Furthermore, the vaccine tracking requirements are in response to a novel global pandemic, RIDOH is proposing the tracking of non-covid 19 vaccinations, which have never been mandated nor tracked by assisted living residencies.
  - c. RIDOH has not clarified whether this tracking will have an end date or if it a lifetime requirement.
3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).
  - a. There is no language in the proposed regulations citing the duration of time for this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration.
  - b. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.



59 PLEASANT STREET • WEST WARWICK, RI 02893 • 401-615-2888 • FAX: 401-615-2880

March 18 2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

Spr

RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of **Spring Villa Memory Care** to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. Spring Villa is an Assisted Living that has 62 residents ranging from Alzheimers, Dementia and Cognitive issues. We are mainly a medicare/medicaid facility with limited funds. Since we have limited funds we prefer to focus on the residents instead of testing.

. Our community is just one of 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We oppose the proposed amendments to these regulations for numerous reasons that I will outline further; One of the most notable changes is to include assisted living residences in the definition of "health care facility."

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide “board and care”. This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already required to comply with these regulations; This existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of “health care facilities” does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The regulations should not be extended to all other assisted living residences that do not have a limited health services license.

Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities’ budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

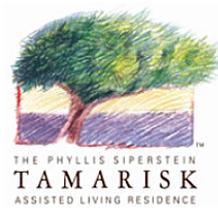
We have attached an issue overview of the impact to our industry for your review.

If you have any further questions, please feel free to contact me at Claudia Turner, Administrator my is claudiaspringvilla@yahoo.com. I appreciate the opportunity to provide this input.

Sincerely,

Claudia Turner]  
Administrator





3/17/2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of Tamarisk Assisted Living Residence to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. We are an assisted living residence located in Warwick, RI licensed for 81 residents. Our community is just one of 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We oppose the proposed amendments to these regulations for numerous reasons that I will outline further; One of the most notable changes is to include assisted living residences in the definition of “health care facility.”

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide “board and care”. This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already required to comply with these regulations; This existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of “health care facilities” does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The regulations should not be extended to all other assisted living residences that do not have a limited health services license.

Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities' budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

We have attached an issue overview of the impact to our industry for your review.

If you have any further questions, please feel free to contact me at 401-732-0037 or robertas@tamariskri.org. I appreciate the opportunity to provide this input.

Sincerely,

A handwritten signature in black ink, appearing to read "Roberta Ragge". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Roberta Ragge, MS ALA  
Executive Director

1. Expanding the definition of “health care facility” to include assisted living residences, adult day care programs, and stations;
  - a. Assisted living residencies are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu) and COVID-19 and have a screening for Tuberculosis (TB), for staff in the future. Now, however, is not the time for such a mandate. COVID-19 severely impacted all facets of the assisted living residencies, particularly in terms of retention and recruitment. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to keep or hire employees is made any more difficult. We ask that the state provide analysis of potential impacts of this mandate first. Specifically:
    - i. 1) Will it cause current AL professionals to leave the field and be detrimental to recruitment, thus impacting the ability of these companies to provide optimal staffing?
    - ii. 2) Will it create a financial barrier for those considering the field, who will need to first receive these vaccinations.
  - b. It’s important to note that many individuals who choose this profession are new this country and have not received many of these vaccinations while attending U.S. schools.
  - c. The assisted living model in Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes.
  - d. As the DOH notes, less than 24% of all ALs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to have additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residencies, which elect NOT to provide LHS services.
2. Requiring health care facilities to track vaccination status of its health care workers; and
  - a. Assisted living residencies are not nursing homes. ALRs have tracked the status of covid-19 vaccinations under the emergency period but requiring the tracking of additional vaccinations will take staff away from providing care to its residents.
  - b. Furthermore, the vaccine tracking requirements are in response to a novel global pandemic, RIDOH is proposing the tracking of non-covid 19 vaccinations, which have never been mandated nor tracked by assisted living residencies.
  - c. RIDOH has not clarified whether this tracking will have an end date or if it a lifetime requirement.
3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).
  - a. There is no language in the proposed regulations citing the duration of time for this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration.
  - b. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.



EAST GREENWICH

March 17, 2022

Paula Pullano

Center for Health Systems Policy and Regulation

Department of Health

3 Capitol Hill, Room 410

Providence, RI 02908

RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of The Seasons in East Greenwich to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. Our community located in the heart of East Greenwich has been in business for the past 20 years as a non-profit. Our community is just one of 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We oppose the proposed amendments to these regulations for numerous reasons that I will outline further; One of the most notable changes is to include assisted living residences in the definition of "health care facility."

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide "board and care". This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already required to comply with these regulations; This existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of "health care facilities" does not reflect the reality of the industry currently and will create a great deal of confusion if

1. Expanding the definition of "health care facility" to include assisted living residences, adult day care programs, and stations;
  - a. Assisted living residencies are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu) and COVID-19 and have a screening for Tuberculosis (TB), for staff in the future. Now, however, is not the time for such a mandate. COVID-19 severely impacted all facets of the assisted living residencies, particularly in terms of retention and recruitment. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to keep or hire employees is made any more difficult. We ask that the state provide analysis of potential impacts of this mandate first. Specifically:
    - i. 1) Will it cause current AL professionals to leave the field and be detrimental to recruitment, thus impacting the ability of these companies to provide optimal staffing?
    - ii. 2) Will it create a financial barrier for those considering the field, who will need to first receive these vaccinations.
  - b. It's important to note that many individuals who choose this profession are new this country and have not received many of these vaccinations while attending U.S. schools.
  - c. The assisted living model in Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes.
  - d. As the DOH notes, less than 24% of all ALs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to have additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residencies, which elect NOT to provide LHS services.
2. Requiring health care facilities to track vaccination status of its health care workers; and
  - a. Assisted living residencies are not nursing homes. ALRs have tracked the status of covid-19 vaccinations under the emergency period but requiring the tracking of additional vaccinations will take staff away from providing care to its residents.
  - b. Furthermore, the vaccine tracking requirements are in response to a novel global pandemic, RIDOH is proposing the tracking of non-covid 19 vaccinations, which have never been mandated nor tracked by assisted living residencies.
  - c. RIDOH has not clarified whether this tracking will have an end date or if it a lifetime requirement.
3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).
  - a. There is no language in the proposed regulations citing the duration of time for this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration.
  - b. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.

enacted. The regulations should not be extended to all other assisted living residences that do not have a limited health services license.

Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities' budgets and staff retention/recruitment. I have previously worked at a community that took on the limited health service license and meeting additional requirements for immunization after staff has been working was extremely challenging and nearly impossible. With communities already struggling to take care of residents with the staff, they are able to retain and recruit how would this be feasible. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability. Regulations like this one cause do harm to communities, residents, and their families.

We have attached an issue overview of the impact to our industry for your review.

If you have any further questions, please feel free to contact me at 401-884-9099 or [hcorriveau@theseasons.org](mailto:hcorriveau@theseasons.org). I appreciate the opportunity to provide this input.

Sincerely,

A handwritten signature in black ink, appearing to read 'Haigouhi Corriveau', written in a cursive style.

Haigouhi Corriveau

The Seasons East Greenwich



March 25, 2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of Ethan Place to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. Ethan Place Assisted Living is a non-profit facility that serves thirty clients in the Warwick and employs 24 staff. Our community is just one of 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We oppose the proposed amendments to these regulations for numerous reasons that I will outline further; one of the most notable changes is to include assisted living residences in the definition of “health care facility.”

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide “board and care”. This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already required to comply with these regulations. This existing setup for immunization requirements based on license type and services provided is understandable.



Including all assisted living residences in the definition of “health care facilities” does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The regulations should not be extended to all other assisted living residences that do not have a limited health services license.

Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities’ budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

If you have any further questions, please feel free to contact me at 401.413.6281 or [rick.baccus@ethanplaceri.com](mailto:rick.baccus@ethanplaceri.com). I appreciate the opportunity to provide this input.

Sincerely,

  
Rick Baccus  
Administrator



3/25/22

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

Dear Ms. Pullano,

I am writing to you on behalf of Commonwealth House Assisted Living to discuss the impact that the proposed amendments to the regulations for Immunization, Testing, and Health Screening for Health Care Workers will have on our Rhode Island communities. Commonwealth House is a small, residential style Assisted Living Care Home with 10 beds. Our community is just one of 64 licensed assisted living communities across the state serving over 4,500 seniors and people with disabilities. Each community is a 24 hour/7-day operation.

We oppose the proposed amendments to these regulations for numerous reasons that I will outline further; One of the most notable changes is to include assisted living residences in the definition of "health care facility."

Assisted living residences are not health care facilities and their inclusion in this definition is inaccurate. Assisted living residences are not nursing homes and do not, in the great majority of cases, provide health care. They provide "board and care". This distinction has been the standard for a very long time, and it accepted by our assisted living communities, our staff, our residents, and the community at large. It has also been confirmed many times, verbally and in writing by our colleagues at the Department of Health – as well as other state agencies and elected officials. The attempt to fold assisted living communities into this broad category of health care facilities is seemingly random and inapplicable.

Some assisted living residences do provide limited health services to residents, and as such, hold a limited health services license. Per this level of licensure, these communities are already required to comply with these regulations; This existing setup for immunization requirements based on license type and services provided is understandable.

Including all assisted living residences in the definition of “health care facilities” does not reflect the reality of the industry currently and will create a great deal of confusion if enacted. The regulations should not be extended to all other assisted living residences that do not have a limited health services license.

Furthermore, these proposed regulations come with new vaccination, testing, and tracking requirements that will create many logistical and financial issues for assisted living residences.

If, over our strenuous objections, these changes are implemented as proposed, the timeframe of three (3) months is insufficient to comply with these new regulations. They will have a negative impact on our communities’ budgets and staff retention/recruitment. At a time when rising labor shortages and operational costs continue to jeopardize our communities, the last thing we all want is to affect the quality of care we provide to our residents or force communities to consider their viability.

We have attached an issue overview of the impact to our industry for your review.

If you have any further questions, please feel free to contact me at 401-298-6986 or [mandi@commonwealthouserri.com](mailto:mandi@commonwealthouserri.com). I appreciate the opportunity to provide this input.

Sincerely,



Mandi Willoughby

Owner, Administrator

Commonwealth House Assisted Living

655 Commonwealth Ave

Warwick, RI 02886

1. Expanding the definition of “health care facility” to include assisted living residences, adult day care programs, and stations;
  - a. Assisted living residencies are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu) and COVID-19 and have a screening for Tuberculosis (TB), for staff in the future. Now, however, is not the time for such a mandate. COVID-19 severely impacted all facets of the assisted living residencies, particularly in terms of retention and recruitment. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to keep or hire employees is made any more difficult. We ask that the state provide analysis of potential impacts of this mandate first. Specifically:
    - i. 1) Will it cause current AL professionals to leave the field and be detrimental to recruitment, thus impacting the ability of these companies to provide optimal staffing?
    - ii. 2) Will it create a financial barrier for those considering the field, who will need to first receive these vaccinations.
  - b. It’s important to note that many individuals who choose this profession are new this country and have not received many of these vaccinations while attending U.S. schools.
  - c. The assisted living model in Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes.
  - d. As the DOH notes, less than 24% of all ALs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to have additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residencies, which elect NOT to provide LHS services.
2. Requiring health care facilities to track vaccination status of its health care workers; and
  - a. Assisted living residencies are not nursing homes. ALRs have tracked the status of covid-19 vaccinations under the emergency period but requiring the tracking of additional vaccinations will take staff away from providing care to its residents.
  - b. Furthermore, the vaccine tracking requirements are in response to a novel global pandemic, RIDOH is proposing the tracking of non-covid 19 vaccinations, which have never been mandated nor tracked by assisted living residencies.
  - c. RIDOH has not clarified whether this tracking will have an end date or if it a lifetime requirement.
3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).
  - a. There is no language in the proposed regulations citing the duration of time for this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration.
  - b. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.



Via Email: Paula.Pullano@health.ri.gov

March 24, 2022

Paula Pullano  
Center for Health Systems Policy and Regulation  
Department of Health  
3 Capitol Hill, Room 410  
Providence, RI 02908

RE: Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7)

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Dear Ms. Pullano,

We hereby submit the following comments concerning the Proposed Amendments to the Regulations for Immunization, Testing, and Health Screening for Health Care Workers (216-RICR-20-15-7), that the Rhode Island Department of Health (RIDOH) proposed on or about February 24, 2022. In addition to this letter, Benchmark Senior Living provided oral testimony about the proposed amendments at the public hearing on March 8, 2022.

We offer the following comments and concerns for your consideration:

1. Expanding the definition of “health care facility” to include assisted living residences adult day care programs, and stations;

Assisted living residencies (ALRs) are not opposed to exploring the additional vaccine requirements of Measles, Mumps and Rubella (MMR), Varicella, Tetanus, Diphtheria and Pertussis (TDAP), Hepatitis B, Influenza (Flu), COVID-19 and a screening of Tuberculosis (TB) for staff in the future. Now, however, is not the time for such a mandate because as you are aware, COVID-19 severely impacted all facets of assisted living residencies, particularly in terms of retention and recruitment of staff. While communities have made incremental progress coming out of the covid-19 pandemic in recent months such progress will be jeopardized if our ability to retain or hire employees is hindered by the proposed regulatory amendments. We respectfully ask that the state provide analysis of potential impacts of this mandate first. Specifically:

- i. Will it cause current ALR professionals to leave the field and be detrimental to recruitment, thus impacting the ability of ALRs to provide optimal staffing?
- ii. Will it create a financial barrier for those considering the field, who will need to first receive these vaccinations?

It’s important to note that many individuals who choose this profession are new this country and have not received many of these vaccinations while attending U.S. schools. Additionally, the assisted living model in

*Connecting to what matters*

201 Jones Road, Suite 300 West | Waltham MA 02451  
BenchmarkSeniorLiving.com 781.489.7100

Paula Pullano  
March 24, 2022  
Page 2 of 2

Rhode Island is based on a social model and not a health care setting. Our facilities do not have 24/7 nurse staffing or doctors on staff and are not equal to nursing homes. Finally, as RIDOH noted in text discussing the proposed amendments, less than 24% of all ARLs in Rhode Island provide limited health services, which require all staff that come in contact with a resident to these additional vaccinations so it would be an unfair requirement to impose this requirement to the majority of assisted living residencies, which elect NOT to provide LHS services.

2. Requiring health care facilities to track vaccination status of its health care workers;

As you are aware, assisted living residencies are not nursing homes and during the global pandemic, ALRs tracked the status of covid-19 vaccinations. However, requiring the tracking of 9-10 additional vaccinations will take staff away from providing vital care to Rhode Island residents in ALRs and it something that has never been required of ALRs previously. Finally, RIDOH has not clarified whether the proposed vaccine tracking will have an end date or if it is a lifetime requirement for all ALRs in Rhode Island.

3. Requiring all health care workers to be up-to-date with a COVID-19 vaccine or, if not up to date, wear an N95 mask when the COVID-19 transmission rate is substantial (50 cases per 100,000 per week).

The proposed regulation does not cite the duration of this requirement as this was imposed on providers on an emergency basis so clarifying language would be needed to determine the duration. Second, there is no language to address if N95 masks are not available or if there is a supply chain issue.

We trust that RIDOH will closely consider these comments and suggestions as the proposed amendments undergo further review.

Sincerely,



Marcela Molina, Esq.  
Corporate Counsel

cc: Thomas Grape, Chief Executive Officer  
Linda Silveira, Executive Director  
Brian Danaher, VP and Deputy General Counsel

Hello Paula et al,

Please see below for my comments regarding the updates to "Immunization, Testing and Health Screening for Health Care Workers" in RI:

1. I am disappointed to see no mention of post-infection immunity as an acceptable alternative (exemption) to vaccination for COVID-19, in this proposed regulation. The evidence is very clear at this point that, as we would expect, post-infection immunity is superior to vaccine-induced. To not include any mention of lab evidence of immunity as an alternative to vaccination for COVID-19 seems shortsighted. (Note: This is already allowed for in the case of measles, mumps, rubella, varicella and hep B).
2. I support healthcare workers having the ability to choose whether or not they receive novel vaccines, particularly due to the lack of long-term safety or efficacy data in these instances. Therefore, I believe the option to opt-out of the COVID vaccine should be clearly stated and included here, as it is for the flu vaccine.
3. It appears that if there is either a flu outbreak, or COVID levels get above a certain threshold, then healthcare workers need to be vaccinated, or wear a mask at work. Based on the current vaccines' inability to prevent infection and spread, this doesn't quite make sense. Wouldn't it be more logical to have everyone test and/or wear a mask in the case of an outbreak, regardless of vaccination status?

Thank you for your work on this matter and taking these comments into consideration.

I will not be able to join live tomorrow to speak/comment, but I would appreciate these comments being shared with the relevant parties.

Best,  
Bridget Casey, ND

Dr. Bridget Casey, ND  
Naturopathic Physician & Founder  
[Rhode Island Natural Medicine, LLC \[rinaturalmedicine.com\]](http://rinaturalmedicine.com)

Dear Ms. Pullano,

I am commenting re: the proposed changes to rule 216-RICR-20-15-7, *Immunization, Testing, and Health Screening for Health Care Workers*, and recommending a change in its language to include licensed massage therapists and their offices under its purview.

Last year I worked with Anna Tomasulo as part of RIDOH's outreach to community partners promoting COVID-19 resources and guidance. As a licensed massage therapist of 20+ years, a longtime community organizer within the state's massage community, and a former therapeutic massage program faculty member at CCRI, I vigorously promoted RIDOH's messaging on COVID-19 vaccination and mask wearing to the state's therapeutic massage community. It is upon these outreach experiences that I base my recommendations below on amending the proposed changes to rule 216-RICR-20-15-7.

While the great majority of licensed massage therapists are vaccinated against COVID-19, my outreach last year to those massage therapists who refused to get vaccinated convinced me that this latter group will largely not wear a N95 mask when the COVID-19 transmission rate is substantial--unless RIDOH specifically requires them to do so.

Massage therapists and their private offices are not currently included within 216-RICR-20-15-7, and I believe that is an oversight. While we are largely not employed in healthcare facilities where COVID-19 transmission is highest, the hands-on nature of our work puts us in very close contact with our patients.

For example, when I give a neck massage to a patient suffering from a chronic migraines, I may be positioned inches from their head. It is my view therefore that unvaccinated and unmasked massage therapists treating their patients during a period of substantial COVID-19 transmission could pose an unacceptable health hazard, one that a change in this proposed ruling might easily remedy.

I therefore recommend the following amendments to the proposed changes in rule 216-RICR-20-15-7:

1. Expand the definition of "health care worker" to include all RIDOH-licensed healthcare providers;
2. Remove in section 7.5 (A)(3) the exemption of this rule of private practitioner's offices and group practices (as most Rhode Island licensed massage therapists work in private or group practices).

Thank you for considering this.

Sincerely,

Karlo Berger, LMT  
RI Massage License MT02256  
236 4th St.  
Providence, RI 02906

Dear Ms. Pullano:

I was not able to participate on the zoom for healthcare workers on March 8. However, my stance is very strong on this topic.....

Unvaccinated healthcare workers should return to work and be compensated for their time loss! It's the least the state can do! The vaccinated workers that remain working continue to contract covid. Obviously, that defeats the narrative that the vaccine is to protect the public/patients. If one can contract the virus, one can transmit it. Furthermore, if the mask is mandated, it should be mandated to EVERYONE that can transmit the virus; Vaccinated and unvaccinated. This should of never happened. It's a shame! Our hospitals are short staffed, and this could of been prevented by not letting go of some dedicated, high-skilled workers. It's a disgrace what the state did to these "heroes" from two years ago; mandate them to put something in their bodies that does not work or loose their livelihoods.

Let's stop playing political games and do what is right; what will really help the public.... well-staffed healthcare facilities.

And let's not forget the real science.... Antibodies! Many have the antibodies, not from the so-called vaccine, but from contracting covid. Let's not disregard this important part of the science.

I urge the health depart, PLEASE, allow these individuals to return to work and stop all the mandates!!

Sincerely,

Marlice Alves

I am against all mandates against healthcare workers. They are heroes now and was heroes at the beginning of the pandemic. We worked tirelessly for 60 plus hours a week while being Unvaccinated with proper PPE so we should be able to work and make a living. Thanks Paul Rianna Jr

My name is Anthony DeLuca. I was an EMT in Rhode Island for 18 years until I was fired due to Govenors mandate. The new regulation need to allow those who lost there jobs due to the Mandate to return to work. This can be done by unstead of proof of vaccination those who were fired should be able to provide past positive pcr test or Tdetect positive test for Covid. I refer you to Dr.Bostoms testimony. As you know he is an experienced trained Epidemiologist. Also a religious exemtion should be alloed for all USA citizens who made previous documented requests to their Employer. I will be awaiting your response thank you.

Anthony DeLuca



I am writing to ask why the health department has not called the unvaccinated workers back to work. This makes no sense at all seeing the vaccinated can get and spread this covid virus. The shortage of workers are causing undue stress to the workers that remain. Also to allow workers to go to work WITH the virus makes even less sense other than they can't afford to lose any more workers. Many of these fired employees have already have had covid and recovered. This is causing financial problems for these families that were once touted as Heros. This is a shame and should not be.

Thank you for your consideration on this matter.

Karen Andrews

I am a registered nurse. My family and I have been negatively affected by the covid mandate. I am currently working in MA due to this, in a job that I have poor work-life balance while having multiple children with mental health issues and a husband who has been having health issues as well. I would not have left my position of 5.5 years with Care New England if it were not for the mandate. My position still has not been filled. In the past, both as a nursing student in RI, and as a working RN in RI, have had times when I CHOSE to not get a particular vaccine...I was not fired, fined, or anything of the sort! It was documented that I was waiving the particular vaccine and that was it! Other vaccines, such as varicella, which I didn't have documented proof of having the disease, I was able to get a titer to prove immunity....I have documented immunity to covid 8 months after infection...why is a titer not available considering this? Why is natural immunity not even discussed? Why is it that this mandate is so strict and narrow minded especially considering the fact that the vaccine is not a sure thing?! I ask on behalf of myself and many others, to please rethink this mandate and allow us to return to our jobs!

Sent from my iPhone

Hello, throughout this pandemic I have worked tirelessly as an RN. Long days and nights. I was distraught when I had to the vaccine, but I caved and got the J and J once, the day before I was going to get fired. thankfully it's out of my system now and I never have to go through that mental hardship again. It made me unfortunately have to go back on anti depressants, not only for what it did to me emotionally, being forced to choose between my morals and my mortgage, but for fear some person in an office without kids was going to force my child to get it to go to public school. Since more and more facts and data have come about regarding the efficacy of vaccine and masks im SO READY to not work short staffed anymore I know personally about 5 nurses( amongst many many others) and 7 CNAs ready to work when you let them and I need them. We are allowed to choose whether we get the flu shot since this will become a yearly requirement we should have the option as well. The Covid nonsense needs to stop. The media and Covid briefings need to stop. We need to move on from this and that starts with normalcy! The more we stop talking about it in every aspect of like the sooner we can move on!!! So I'm BEGGING you please let the healthcare workers get back to work. We've all had covid, we're not afraid of it. Stop making our choices for us. Please.

Sincerely,  
A burnt out RN

Dear Ms. Pullano: please confirm receipt of my written testimony. Thank you,

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I oppose the rule changes recently proposed by the RI Department of Health (RIDOH). In reading between the lines, it is apparent that they are a blatant power grab, even as state health officials hail it as a major step towards returning our state to normal.

Technically, the recommended provisions would amend *R.I. Gen. Laws Chapter 23-17 and § 23-17.7.1* to make permanent new regulations for the Immunization, Testing, and Health Screening of healthcare workers. The stated purpose is to add or revise definitions for healthcare workers and facilities; redefine periods for which the flu is considered “widespread”; define what “up to date” means; require health care workers to be up to date with COVID-19 vaccines or wear a medical grade N95 mask; require health care facilities to document COVID-19 immunization status of its health care workers; and replace the existing violation and enforcement section.

**However, by reading between the lines, the proposed RIDOH rules contain two stunning components:**

***First, the RIDOH is tacitly admitting that its healthcare worker vaccine mandate was a complete failure.*** Rhode Island’s healthcare system, tens of thousands of patients, as well as thousands of vital workers, like Dr. Stephen Skoly, are suffering economic and medical danger because of the self-imposed healthcare worker shortage vaccine mandate blunder.

Now, the RIDOH is trying to salvage its tarnished reputation by changing a regulation that never should have been promulgated in the first place. As Dr. Skoly’s federal lawsuit brought to light, it should always have been a viable option for the un-vaccinated to wear N95 masks instead. Not only do vaccines not stop the spread of the virus, but the mask option clearly obviates the need for any kind of mandate in the first-place, which resulted in the exit of thousands of front-line responders from our workforce and the onset of incalculable economic hardship upon those families.

Now, facing a likely court loss over its irrational and unconstitutional vaccine mandate, health officials are scrambling to save face by finally suggesting this alternative masking course.

***Second, and more importantly, under the theory of never letting a crisis go to waste, the RIDOH is now seeking to expand its power and authority over future***

*public health issues* ... and its doing so by trying to make it seem like they're easing control. Don't be fooled.

In ostensibly putting forth these amended regulations to establish new standards for future communicable disease responses involving healthcare workers ... the RIDOH is inexplicably seeking to double-down on many of its prior major mistakes in responding to the COVID-19 pandemic.

What most people don't realize is that the current healthcare worker vaccine mandate was a temporary "emergency" measure that will soon expire ... unless these new rules are approved and implemented.

As part of this new package of rule changes, this vaccine mandate will become permanent ... albeit under certain conditions and with specified exemptions. Make no mistake, COVID-19 vaccines will become a permanent fixture in Rhode Island law; but the danger is that its proposed conditions and exemptions could be eliminated at the future whim of the "director" of the RIDOH.

Speaking of the director, one of the rule changes redefines the director position to include his/her designee. Why should some unknown, unvetted, and unelected bureaucrat be arbitrarily granted such power?

In what is clearly an overt infringement on our personal medical privacy, the new rules also mandate that healthcare employers collect proof of the COVID-19 vaccine status of each of their employees and be prepared to report such information to the government, without the employee's consent.

The new rules also seem to place even greater reliance on CDC recommendations – automatically adopting national one-size-fits-all policies, thus eliminating independent and critical-thinking about special circumstances that might exist in our state. Sadly, as we all know now, the CDC is hopelessly incompetent and corrupt.

The proposed rule changes also increase RIDOH's unilateral power by expanding the definitions of what constitutes a healthcare facility and a healthcare worker ... more institutions and people to rule over.

The new rules would further grant the "director" unlimited power to declare when a flu is "widespread" ... thus potentially triggering new and oppressive RIDOH mandates.

“Up to date” is redefined as not just receiving the primary doses of COVID-19 vaccines, but also “all recommended boosters”.

The new rules would also result in new costs for healthcare facilities via an unfunded mandate that requires “an adequate supply of medical masks or higher-grade N95 masks” be provided at no charge to all healthcare workers.

And perhaps most ominously, the new rules would eliminate the clearly specified fine and procedure for healthcare workers who violate the provisions ... and replace it with the threat of unspecified “administrative action” by RIDOH, opening the door to arbitrary, extreme, and political persecution – as with Dr. Skoly.

There is only one clearly positive component to these proposed new rules ... allowing for the refusal of the annual flu vaccine with written notice – for any reason – and without the requirement to explain why a medical or religious exemption should be granted.

In conclusion, our state would be better off if nothing along these lines were to be done ... and allow all related RIDOH rules and Executive Orders to simply expire in their due course.

Rhode Islanders should not support these new proposed rules ... rules that will grant more power to the government healthcare issues and rules will lead to less medical freedom for healthcare workers.

**Mike Stenhouse, CEO**

**401-429-6115**

**[RIFreedom.org](http://RIFreedom.org) [[rifreedom.org](http://rifreedom.org)]**



Comment By: **Stephanie McGehearty**

On: **02/28/2022**

Comment: **I am writing in favor of changing the healthcare workers vaccine mandate. The vaccine does not stop transmission or contraction of the virus, therefore an individual is not protecting anyone else by choosing to have this vaccine. There should be NO vaccine requirements for healthcare workers, firefighters, teachers or police officers. Let's get these individuals back to work in the professions they excel at taking care of and protecting the citizens of Rhode Island.**

Comment By: **Stephanie Black**

On: **02/28/2022**

Comment: **The wording of this bill needs to be clarified. "Not up to date" is misleading- it needs to be defined as NOT vaccinated OR not boosted...**

Comment By: **Derek Zisk**

On: **02/28/2022**

Comment: **It is imperative to let health care workers go back to work. The SCOTUS Ruled that health care workers must have their fundamental rights to both religious and medical exemption from vaccine requirements. You took that right away from the heroes that risked their lives on the front lines of the pandemic from the start and then you took away their rights to receive unemployment. Additionally, the health care facilities in our state are now a mess. People cannot get the care that they need because of the staffing shortages. It is time to STOP this NOW! Let these valuable health care workers go back to work vaccine or no vaccine, it doesn't make a difference as you can still catch and spread covid either way!!!!!!**

Comment By: **Kayla Amaral**

On: **02/28/2022**

Comment: **I fully support dropping the vaccine mandate for health care workers. Hospitals across the state have experienced significant shortages leading to lack of staffing and adequate care for patients! Patients are suffering and dying at the expense of this mandate! It's completely disgusting that the state would allow this to happen all while encouraging vaccinated COVID POSITIVE employees to report to work!!! As a patient, I would much rather receive appropriate and timely care from an unvaccinated covid negative staff then a vaccinated covid positive staff member who could transmit the virus to me! Drop this mandate and let our health care workers get back to work after you dragged them all through the mud and left them high and dry with no income for 5-6 months as a thanks for putting their lives on the line the first 2 years of the pandemic without hesitation!**

Comment By: **Christie Sherrill**

On: **02/28/2022**

Comment: **All individuals who are not vaccinated should be allowed to seek employment in the Healthcare field again. Rhode islanders deserve better staffing and better care for their loved ones. Firing all these people has put significant strain on facilities, hospitals and clinics. Stop vaccine mandates in Healthcare! Peoples lives and livelihoods depend on it.**

Comment By: **Mark Blakley**

On: **02/28/2022**

Comment: **Cops & Fire fighters, nurses & Military are the heart of this country. PLAIN & SIMPLE!! NO one can control someone else's body. You want to get this poison then fine but**

**NO one has the RIGHT to make someone else. We all have medical issues, & this poison can do more damage than good. We All have our Religious Rights. All this should be RESPECTED. More people that have taken this poison are the ones who have caught it & have given it to others. We will never get this poison. Thank God our jobs will never FORCE their employees. They RESPECT OUR RIGHTS. Get those who lost their jobs GET BACK TO WORK & SUPPORT THEIR FAMILIES. ENOUGH IS ENOUGH.**

Comment By: **Dennis Dubee**

On: **02/28/2022**

Comment: **I support this change**

Comment By: **Stacey Cloutier**

On: **02/28/2022**

Comment: **Drop the vaccine mandate so I can go back to work!**

Comment By: **K J**

On: **02/28/2022**

Comment: **They should be ashamed of themselves. Allow those front line workers to work! Governor needs to admit to his mistake and apologize.**

Comment By: **Jared Sanchez**

On: **02/28/2022**

Comment: **As a medical student in Rhode Island, my comment speaks to the intersection of R.I.'s hospitals and graduate degree programs. Through my many communications with Lifespan & Care New England (CNE), both organizations maintain that all medical personnel is subject to the new policy that emerged from RIDOH on August 18th, 2021. While I recognize the corporate interests here with salaried employees, I worry that other students enrolled in degree training programs, with financial investment into their education within our State, are not protected from discrimination in their respective learning environments. This violates §16-38-2(a)'s requirement for secured compliance from the administrative head of a university or college. My school's administrator has claimed no stake in this conflict and backhandedly suggested I pursue other professions despite my devotion to biomedicine and clear statements affirming my life's pursuit. RIDOH's novel policy also provides unprecedented and unforeseen consequences, manifest as continuous understaffing and canceled elective procedures despite the many trained and healthy personnel recently removed from the workforce. Rhode Island is one of six states that allows healthcare-providing companies to outright ignore/reject/terminate employees based on religious practice. Writing to my legislators and representatives is my only option as a dedicated student whose medical training will indefinitely halt in April 2022 after completing six years in my degree program. As a resident of Rhode Island, I am disheartened to learn that our great State will no longer offer basic protections for religious minorities. For instance, routine testing of all healthcare providers for infectious agents, irrespective of biomedical condition, remains the standard among our neighboring states (CT unfortunately, our Department of Health exclusively chose which groups of R.I. workers may continue to test (positive in many cases during the Omicron surges) and retain employment in our hospitals; swiftly terminating an estimated 8% of the State's healthcare providers before October 1st, 2021. The hospital systems purport to be bound by the August 18th, 2021 RIDOH policy, highlighting their risk of losing RIDOH's accreditation. My school, whose Health Services department endorses my medical capacity to serve our community and continue my degree program, will not pursue the matter despite the University's \$125 million promised investment into a**

unified academic health system with both Lifespan & CNE. Chiefly, I fear that my elected officials are bound to RIDOH's rapidly procured August 18th policy without feedback accounting for the unforeseen consequences of said policy in healthcare and learning facilities. I have hope that my words offer further insight into the political conflict that jeopardizes students enrolled in Rhode Island's prestigious professional degree programs. Discussion amongst our elected officials regarding religious discrimination in the context of a statewide policy enacted six months ago is necessary considering its implications in education, healthcare, and other public services. Thank you for your time and service to the people of Rhode Island.

Comment By: **Larry Gillheeney**

On: **02/28/2022**

Comment: **I oppose this new rule because there should be no permanent vaccine mandates for Covid. The vaccines do not prevent the spread of COVID, this is widely recognized now. As we learned more about the virus, it is okay to make policy changes based on new knowledge.**

Comment By: **Carolyn Coulson**

On: **02/28/2022**

Comment: **I have reviewed the proposed changes to the Health Care Workers mandates. It is unsustainable and unfair to force health care workers to be vaccinated. In addition, there is no provision for having antibodies to the Covid-19 virus. The line about "50 of 100,000 cases" can be way too flexible. In the past, it has been a health care employee's CHOICE to vaccinate or wear a mask and get weekly testing at NO COST to themselves. This whole "mandate must obey" is getting real old real fast and you (the great global "you" federal and State) are hemorrhaging great and loyal employees to be replaced by not so well trained or dedicated workers. I like most of the language and I like that there is wiggle room for employers to drop requirements based on their experience and judgment. Also, making it feasible to refuse vaccination WITHOUT reason is EVERYONES right, about time you started recognizing our rights as health care workers and providers. Thank you**

Comment By: **Peter Smith**

On: **02/28/2022**

Comment: **Awful. Please allow them to work. They were good enough to do so before we knew what Covid would do. This is not how you treat Frontline workers.**

Comment By: **Stacy Emanuel**

On: **02/28/2022**

Comment: **In my opinion there is no reason to not add the COVID vaccine to the list of requirements for health care workers. They are required to have many other vaccines to little fanfare and no one opposes those requirements. With a parent in a memory unit of an assisted living facility, my mom doesn't have the ability to decide who cares for her in her residence. By allowing health care workers to potentially be unvaccinated against COVID (or any diseases that are mitigated through vaccines) you are risking the lives of the general population and those like my mother who are elderly and more susceptible to the ravages of this disease. The Moderna and Pfizer vaccines have been in use for 15+ months with much success and infinitesimal side effects for the greater population who has taken them. The COVID vaccine should be required to be enrolled in school for children ages 5+ and for all health care workers.**

Comment By: **Sarah C**

On: **02/28/2022**

Comment: **LET THEM WORK!** You need to call every last one of them up, apologize and reinstate them with no lapse in their seniority, pay grade, retirement and job title, status. The union should be ashamed. Sarah C

Comment By: **Nadine L**

On: **02/28/2022**

Comment: **Please take away the mandate for Healthcare workers. Ease allow those people who have lost their jobs back to work.**

Comment By: **Lauren Roth**

On: **02/28/2022**

Comment: **Healthcare workers once touted as "heroes" who were unfairly fired from their jobs should be rehired. No consideration for natural immunity was given, which is unscientific and unjust. Not to mention, there are heaps of data that show that unvaccinated people do not spread covid at any higher rate, or carry a higher viral load than the vaccinated. Here is one such study. <https://www.ucdavis.edu/health/covid-19/news/viral-loads-similar-between-vaccinated-and-unvaccinated-people>. Unvaccinated workers should actually be apologized to and welcomed back with open arms and without any unfair restrictions or additional rules.**

Comment By: **Jeff Nauges**

On: **02/28/2022**

Comment: **This matter should be referred to the legislature as my understanding is that any RIDOH Rules and related Compliance Orders fall outside the RI General Statutes and the rule of law and can't be brought to the state courts for consideration. I'm concerned that the DOH has been granted authority that is unchecked by other government branches and that the legislature never intended to give this broad authority.**

Comment By: **Donna Smith**

On: **02/28/2022**

Comment: **Please end the vaccine mandate for medical workers in RI so our strong, dedicated and experienced doctors, nurses, etc... can get back to their passion and commitment of taking care of patients. After all, they worked through the pandemic even before a vaccine was available and we owe them a debt of gratitude. Thank you**

Comment By: **Rae-Ann Lawrence**

On: **02/28/2022**

Comment: **As a Healthcare worker I would like to remind everyone that every immunization we have ever been required to receive was required before being hired. Also, we were able to have titers done to see if we were already immune to these diseases before having to receive the immunization. With C19, there is a way to tell if someone has antibodies, but no one is interested in this information. We are not required to receive the flu shot and we have never had to fill out a religious or medical exemption for the flu. We only needed to sign declination form and wear a mask during flu season and only when in direct patient care. Those with the C19 vaccine can spread covid just as well as those who are not vaccinated. The vaccine only helps the person receiving it from increased symptoms. Healthcare staffing in RI has been a problem for may years now. Please do not make it worse. Let people choose for themselves what is right for their body. Medicine is not black and white and what works for some may not**

**work for others. Please take this into consideration. If covid POSITIVE vaccinated staff are able to work then covid negative unvaccinated should most certainly be able work work. Please stop this madness and let people get back to work.**

Comment By: **HOWARD BROWN**

On: **02/28/2022**

Comment: **Vaccine mandates must be revoked at this time, they are counter-productive and no longer have a data justification. Further, this website will not accept iphone submission safari or chrome browser Thank you.**

Comment By: **Maggie Mason**

On: **02/28/2022**

Comment: **Proposed rule is discriminating. All wear masks or no one wears masks.**

Comment display to public is **disabled** and not yet reviewed

Comment By: **Leslie Greene**

On: **02/28/2022**

Comment: **Please discontinue Covid vaccine requirements for health care workers. Thank you.**

Comment By: **Elizabeth Plumer**

On: **02/28/2022**

Comment: **I have heard the argument that covid-19 vaccination should not be required of healthcare workers because the virus is/will become endemic. This shows a misunderstanding of the term, "endemic." Although an infectious disease may become "endemic," this does not mean that it becomes less harmful or deadly to those at risk. Children have always been required to be vaccinated against common transmissible illness (e.g., measles, mumps, rubella, etc. that may have dire/deadly consequences) in order to attend public school. This requirement extends to most colleges as well where students may live in close contact with one another. There is no reason why the same logic - vaccination to minimize known potentially dangerous infectious disease transmission - should not also apply to Healthcare professionals. Presumably, a healthcare professional enters that profession in order to help others. Vaccination should be the general rule, with an exception for any mandate for healthcare professionals who have a valid medical or religious reason not to be vaccinated.**

Comment By: **Jane Arnold**

On: **02/28/2022**

Comment: **This easing would make a joke of any kind of job requirement--it says, "Oh, just refuse and hold on and they'll give up." For years, vaccinations of one kind or another have been required for various kinds of jobs, especially in health care. It's one of the conditions of the job. I know there's a shortage. I know that easing that shortage properly will be long, hard, and expensive--like aggressive recruitment, better training, better working conditions, higher pay. But no, let's take the easy way out and say, "Oh, we didn't really mean it when we told you to do something that would protect the people you work with and for." As a teacher, I got sick of people saying, "Well, if you don't like it, then get another job." So I say the same thing now to health care workers. Get vaccinated or get out.**

Comment By: **Shannon Mauro**

On: **02/28/2022**

Comment: **I urge you to drop the vaccine mandate. I'm not a Health Care Worker, but stand in solidarity with them. Each and every Health Care Worker was on the front lines from day 1 of this pandemic, helping their patients fight for their lives, while risking their own. They should never have been shunned or punished. Also, I sincerely hope that if myself or a family member end up in the hospital in the near future - the Health Care Workers taking care of us are masked regardless of their vaccination status.**

Comment By: **Frontline Nurse**

On: **02/27/2022**

Comment: **This needs to stop!! There is a nursing shortage and this bullshit is pushing us to get out of the profession we love. You forced vaccines that are more harmful than useful. I know people personally one who died from the vaccine completely healthy no health issues! A ton more who know have health issues ranging from strokes to heart issues. The vaccines clearly don't work if you can get it and spread it even though you had the vaccine and booster there is an issue! Our bodies are designed to fight diseases and natural immunity which most healthcare workers have is 100 times better than a vaccine that kills. Everyone that pushed developed this vaccine needs to take responsibility for all the adverse side effects and deaths because you knew it was happening and still pushed the vaccine. What ever happened to if your sick stay the hell home. The tests are not accurate! I worked during the pandemic and hospital put COVID as a diagnosis so they could get more money in reimbursement. It is amazing that NO one died of cancer, heart attacks, stroke, flu, anything in the past 2 years except COVID. You should all be ashamed and horrified about what is happening in healthcare for the mighty dollar! Frontline workers making peanuts while ceo make millions and bonuses. Last time I look we have a constitution and we all have a right to deny treatment we do not feel is appropriate for us! Mandating a deadly vaccine to the people who are suppose to take care of you, what happens when they all go down ! You have NO to take care of people!**

Comment By: **Anna Sousa**

On: **02/27/2022**

Comment: **Good Day, I am writing to urge you to drop the Covid 19 vaccine mandates for all RI healthcare workers. Medical procedures are not one size fits all and everyone should have the ability to choose what is right for them without being afraid of losing their job. We have a medical staffing shortage in RI that is only made worse by forcing these mandates on workers. Further-more we now know that the vaccinated have still gotten covid after receiving their vaccine(s) and they still can pass on the virus just as much as an unvaccinated person. The Covid vaccine is not always safe and effective for everyone. The VAERS data base has reported countless Covid vaccine injuries as well as some deaths. Also, the vaccines that are available are still only authorized as emergency use, which makes mandates unconstitutional and goes against the principals of the Nuremburg code.**

Comment By: **Gil Fagnant**

On: **02/27/2022**

Comment: **As a health care worker, a concerned RI citizen and a voter I fully support the rollback of the vaccine and testing mandate and allowing full restoration of seniority and pay to the health care workers that were fired because of the unjust mandates. No one should be forced to take anything that has not been fully tested and studied long term. The health care system has been devastated by these rules and mandates. Roll back all mandates and reinstate our workers.**

Comment By: **Kristen Verducci**

On: **02/27/2022**

Comment: **Please stop the vaccine mandate. I am a school nurse and have been unable to work as of Oct 1st because of the vaccine mandate. I have natural immunity and am willing to be tested weekly and wear an N95. I want to be able to work again in a job that I absolutely love. Please reconsider and stop this mandate. Thank you, Kristen Verducci**

Comment By: **Carol Silvia**

On: **02/27/2022**

Comment: **Please help our healthcare workers get back to work. The system is suffering. Our families and friends are in need of good healthcare. These workers were on the frontlines before there even was a vaccine and they were good enough to take care of our loved ones putting their own lives at risk, so why punish them now. I stand behind their decision 100%. I'm a vaccinated RN and I have no problem working side by side with an unvaccinated RN. We always practice universal precautions..**

Comment By: **Cheryl Ellingwood**

On: **02/27/2022**

Comment: **Drop the vaccine mandate**

Comment By: **Lisa Oneil**

On: **02/27/2022**

Comment: **Please drop all vaccine mandates for everyone including healthcare workers. We'd like to get back to work in Rhode Island! Most of us were on the front lines in the beginning and that's where we do our best work. We want to work!**

Comment By: **Cindy Powers**

On: **02/27/2022**

Comment: **It should be up to the individual whether they want to take the Covid vaccination or not. At this point in time, we know that the vaccines are not what we had hoped they would be. People are still contracting C19 even with and including the third booster shot. As long as there are precautions an individual can take, such as masking properly, hand washing, distancing, and available Covid treatments (Ivermectin HCQ, and other natural remedies) the rule to mandate should be lifted for good. No one should be ostracized and told not to show up for their RI healthcare position for making the personal decision not to take this particular vaccine.**

Comment By: **DeLuca Juliann**

On: **02/27/2022**

Comment: **I am against mandates..USA has always stand for Freedom to choose. This is why people have left their home countries and moved to The USA.**

Comment By: **Anthony DeLuca**

On: **02/27/2022**

Comment: **I am a healthcare worker who was fired for getting the MRNA vaccine. I let the Governor's office and my Employer (Medtech Ambulance) know that it violated my conscience to take this vaccine. I had already ben infected in January of 2021 while care for patents and testing people via nasal swabs while at work at Medtech Ambulance. My**

girlfriend who at the time was caring for her terminally ill Father who had Stage 4 Cancer; (who herself struggled with Alcohol and drugs.) lost her battle with addiction 1 day after I told her I tested positive. She left behind her daughter now 6 years old who also lost her father to addiction a few years prior. I have been in the medical field in RI for over 18 years. When the mandate came out I struggled with the decision of getting an illegal vaccine card to keep my job. I turned to alcohol to cope with the stress of having to inject my body with aborted fetal cells....i was nearly arrested after a night of drinking. My Employer did not recognize my religious exemption i submitted to them. And i was fired on October 2nd and to this day I have not received my unemployment benefits. Nothing the state will do will give me back what I have lost I will deal with this pain I have the rest of my life. End the mandates now. You have known from the beginning they are unconstitutional. The Advice I got from the Governor Dan McKee's office was go get a lawyer. So that's what I did. End the State of Emergency Immediately! You are acting like tyrants. Thank you. Anthony Phillip DeLuca II

Comment By: **Brian Yaghoobian**

On: **02/27/2022**

Comment: **Health care workers should be able to wear mask in lieu of covid vaccine. Also pay them full back pay benefits and interest**

Comment By: **Jason Perona**

On: **02/27/2022**

Comment: **I believe that health care workers should have the choice to be vaccinated or wear a mask and that their decision should not affect their employment status.**

Comment By: **Elizabeth Hughes**

On: **02/27/2022**

Comment: **Drop mandate.**

Comment By: **Theresa Palazzo**

On: **02/27/2022**

Comment: **As a nurse who worked the entire pandemic in the emergency department in RI and also carried my child during part of this time, I fully support ending the vaccine mandate for healthcare workers and everyone in the state of RI. Theresa Palazzo RN, BSN**

Comment By: **Greg R**

On: **02/27/2022**

Comment: **I am ashamed how disrespectful the leaders of the state and its hospitals have treated these healthcare workers. This mandate should have never happened in the first place. To force people to choose between their livelihoods and beliefs and doing so by taking away the freedom of choice for medical decisions is unjust. They were heroes when this pandemic began and then simply made villains as soon as this vaccine mandate came into place. Furthermore, the quality care and readiness in our hospitals is grossly understaffed and insufficient. Hospitals cannot even do elective surgeries! People are going to Boston and Connecticut instead staying in their own state. We need our trained and professional healthcare workers back to work. Enough of the politics, the solution is now becoming worse than the original problem. People need quality healthcare. CDC has even stated that natural immunity is more effective than the vaccine. Omicron showed us that the vaccinated will still contract the virus. It is clear a mandate is no longer needed because it is contradictory in its nature at this time. Natural immunity, for those that who have had COVID, and use of masks**

**in the workplace setting when deemed needed is enough to mitigate the risks. The lunacy to let vaccinated workers that are COVID positive work and expose patients and fire healthy non vaccinated staff is baffling. Let these men and women back to work! Families are suffering in many ways because of this burden. End it now.**

**Comment By: Elizabeth Plumer**

**On: 02/27/2022**

**Comment: There are two simple reasons to continue the mandate for healthcare workers unless they have valid medical or religious objections that kept them from receiving other vaccinations (e.g., flu, chicken pox, measles, etc.): (1) Children under five, as well as immunocompromised individuals and nursing home patients, cannot be vaccinated. Hospital workers need to be vaccinated to protect these vulnerable populations; and (2) Without an adequate means to confirm that each unvaccinated healthcare worker does, in fact, wear a medical grade mask (N95) the entire time they are in their workplace, there is no guarantee that this mask compromise will keep vulnerable individuals safe. My grandson is too young to be vaccinated. The mother of a close friend is undergoing chemotherapy. The son of another friend has recently undergone a stem cell transplant and is immunocompromised. To require healthcare workers to be vaccinated is a small price to pay for the health of those who are vulnerable.**

**Comment By: Nicole Gianetis**

**On: 02/27/2022**

**Comment: I am in favor of removing the vaccine mandate for healthcare workers. These healthcare workers worked through the worst part of the pandemic and then lost jobs due to not wanting to get an experimental vaccination. They should be able to work.**

**Comment By: Richard Pavao**

**On: 02/27/2022**

**Comment: Healthcare workers deserve to be back doing what they do best. They have sacrificed so much during the pandemic to only be fired for not wanting to take the vaccine.**

**Comment By: Timothy Dubee**

**On: 02/26/2022**

**Comment: I support this change**

**Comment By: Sherri Andrews**

**On: 02/26/2022**

**Comment: Drop the vaccine mandate for healthcare workers! Let them do their job! It should be their choice!**

**Comment By: Sherry Cucca**

**On: 02/26/2022**

**Comment: Please pass this bill and return Healthcare workers back to work without getting the experimental gene therapy!**

**Comment By: Joanne Wingert**

**On: 02/26/2022**

**Comment: My name is Joanne Wingert, I am a registered nurse who has worked at Newport Hospital for almost 40 years. I have worked in almost every department within the hospital, most recently as a psychiatric nurse until I was released, as my religious exemption for the COVID vaccine was denied. I loved my job, was very good at it, and had a great rapport with patients, coworkers, and physicians. I worked 18 months at the height of the pandemic, and was also called in daily to help with staffing shortages at that time. During that 18 months, I followed all safety protocols. As COVID incidences began to decrease, the Governor issued a vaccine mandate. Due to this action, the nursing shortage has worsened to the point where now they're allowing COVID-positive nurses to care for patients, simply because they were vaccinated. Please revoke this mandate, so nurses like me can return to the jobs and community we love and care for. Respectfully, Joanne Wingert R.N B.C .**

**Comment By: Susan Sanborn**

**On: 02/26/2022**

**Comment: I support this change in policy because it means nurses, doctors, and other health care workers can finally return to work. It also means that the staffing shortage in our hospitals, clinics, and nursing homes will finally start to be addressed. Please honor our healthcare heroes and allow them to return to the frontlines without violating their own healthcare decisions and support this change! thank you!**

**Comment By: Hayley Rogers**

**On: 02/26/2022**

**Comment: I got my nursing license at age 21. And as a mother of 3. Nursing school was by far my biggest accomplishment. I excelled in my career, and LIVED for my residents as well as their well-being. When it came down to getting vaccinated or losing my job, I chose to lose my job. I knew this would take a financial toll on myself & my family. I had just bought a house, and a new truck. So I was drowning in bills. But, when it all came down to it. The question I asked myself was.. "Are you comfortable getting this vaccine.. Would you force your CHILD to get this vaccine. Would you want your child to say yes just because their job was on the line". The answer to all 3 of those was NO. If you are not comfortable with something, you say "NO". We were all taught that as children. So I chose to lose my job, and find other sources of income to keep my family afloat. The past few months have been hard. But I wouldn't have changed my decision based off of those struggles. I feel as though with every other thing you put into your body, we as individuals should be entitled to a choice. Giving health care professionals the option to return back to work unvaccinated, even under certain restrictions will allow those who loved their jobs, loved their patients/residents, the chance to return back to their hard worked AND earned careers. Nurses never backed down pre-vaccine, we understood the risks we were taking working with COVID. We were "heroes" next thing the "unemployed". Nurses eat, sleep, and breath helping and caring for people. Endless hours, shift pick-ups, lock ins. We form bonds with the people we have saved, and cared for. I think it is safe to say, healthcare professionals put their lives, as well as mental and physical health on the line. We should be able to make our own choices for our bodies, and STILL be able to do what we love.**

**Comment By: Evelina Shippee**

**On: 02/26/2022**

**Comment: Please drop the vaccine mandate. So many wants to go back to work and continue to help people. Thank you.**

Comment By: **Susan Bergan**

On: **02/26/2022**

Comment: **I strongly support allowing unvaccinated health care workers to return to work. They have been grossly mistreated and disrespected. We are told to follow the science. The science has stated that this vaccine does not prevent transmissibility or contracting the virus. It lessens the severity of the virus for the vaccinated individual. Being vaccinated does not protect patients or co workers. These health care workers , prior to any vaccine, were front line when this pandemic came about. While other professions were allowed to stay home in the safety of their homes and collect .They went to work every day to care for patients. They risked their own health taking care of others. As of Oct 1st they were terminated for exhibiting their right to medical freedom. Their livelihood was taken from them and they were made ineligible for unemployment. There is no sensible reason why these people cannot work. They were treated very unjustly. Its a disgrace.**

Comment By: **Peter Larlham**

On: **02/26/2022**

Comment: **please drop the vaccine mandate. let health care workers get back to work to help our hospitals and our elderly.**

Comment By: **Suzanne Larlham**

On: **02/26/2022**

Comment: **please drop the vaccine mandate. folks are suffering due to the health care worker shortage, please listen and seriously reconsider this mandate. its not constitutional, not fair, families are losing income, please DROP the mandate.**

Comment By: **Doreen Oliver**

On: **02/26/2022**

Comment: **Please drop the COVID 19 vaccine mandate. Give all employees in healthcare or any other place of employment the option to choose for themselves if they want to wear a N95 mask while working or if they want to get the vaccine. Thank you.**

Comment By: **Rebecca Morrison**

On: **02/26/2022**

Comment: **The time to end the vaccine mandate is now. It has been shown that it does not stop transmission of the virus in both vaccinated and unvaccinated persons. The numbers have reduced. The CDC is lessening the mask recommendations. This state has actually allowed COVID+ employees to continue to work, solely because they have received this mandated shot. The same shot that has not been proven to reduce risk of transmissibility, all the while able-bodied healthcare staff have been tossed to the wayside for opting out of this forced shot. Most all healthcare professionals are trained in infection prevention and nothing in the guidance provided by the CDC, NIH, NIAID, RIDOH, or any other governing body has been any different than what we as healthcare providers have always done in the daily care of our patients.**

Comment By: **Brenda Adamo**

On: **02/26/2022**

Comment: **I am in support that the VACCINE MANDATE- especially for health-care workers - be dropped. Studies, both in the area of science and medicine, that reveal the dangers of these vaccines in regards to adverse events and resulting deaths are fast increasing.**

Numbers in both the VAERS reporting system and the recently adopted V-SAFE reporting system for deaths and adverse events are now well over a million and a half. Studies that have proven that the vaccine does NOT prevent contracting the virus, does NOT stop the vaccinated person from spreading the virus, does NOT prevent hospitalization, and does NOT prevent death. The vaccine has NOT been studied for long term effects, and is still "experimental" in nature. To mandate such a product is unsafe and unconstitutional. Our hospitals are in desperate need of staff. There is also much more I could add pertaining to medications that have been proven to treat the virus successfully. The VACCINE MANDATE should be dropped for all - especially now for our health-care workers.

Comment By: **Deborah Mitchell**

On: **02/26/2022**

Comment: **I agree with repealing the vaccine mandate for healthcare workers because Healthcare Workers were forced to work long hours while risking their health, but then they were punished for not getting the vaccine. We need more healthcare workers, not less. I believe that the vaccine mandate is unconstitutional.**

Comment By: **John Roger**

On: **02/26/2022**

Comment: **Workers should not have to get a vaccine that does not stop the spread or stop people from Getting in id rather have nurse that have freedom of choice then a nurse that believes in no choice**

Comment By: **Karen Beauchemin**

On: **02/26/2022**

Comment: **I would urge you to drop the vaccine mandate for healthcare workers. Stop penalizing these people who saved us at the height of the pandemic. They weren't vaccinated then and they shouldn't be force to do so now. Data shows the vaccinated are spreading the virus so stop the bias against these needed people who have dedicated their lives to helping others.**

Comment By: **Kelly Rodgers**

On: **02/26/2022**

Comment: **This mandate MUST change. Our three year old son was scheduled for surgery on March 1 to fix a condition that could eventually cause him permanent neurological damage. The surgery was cancelled (with no rescheduled date) because all "non-emergent" surgeries are cancelled through mid-March. RI hospitals are such a mess that the doctors are not even willing to commit to another surgery date. Not only are you going to lose amazing surgeons who are unable to do their jobs, you are causing harm to thousands of people who cannot have the surgeries they need to alleviate their pain. This is absolutely unacceptable. Fix the mistakes that were made. The least you could do is to allow essential workers, who were wrongfully terminated, to return.**

Comment By: **ALAN LAFLAMME**

On: **02/26/2022**

Comment: **It has been shown that vaccines do NOT prevent the transmission of the virus. Drop the mandate, NOW!**

Comment By: **Kyle Lapati**

On: **02/26/2022**

Comment: **I urge you to drop the vaccine mandate and help our health care facilities with their staffing shortages and these workers return to work.**

Comment By: **Cassandra Lapati**

On: **02/26/2022**

Comment: **I am urging you to drop the vaccine mandate. Our health care facilities need the return of these highly qualified workers. Thank you.**

Comment By: **Esteban Gomez**

On: **02/26/2022**

Comment: **I urge you to please consider the many that are not able to financially provide for their loved ones due to the vaccine mandate. Please lift this unnecessary vaccine mandate. Thank you.**

Comment By: **Patricia Pouliot**

On: **02/26/2022**

Comment: **this is long overdue. the firing of the health care workers should have never taken place. the decision was not based on science. the alternative of continued masking and or testing would have been a better business choice.**

Comment By: **Carol Kenahan**

On: **02/26/2022**

Comment: **Health care workers should have a choice not to receive the vaccine. If they are not vaccinated they should wear an N 95 mask. I am a retired Nursing Home Administrator.**

Comment By: **Sharon Thiel**

On: **02/26/2022**

Comment: **Please drop the vaccine mandate and allow for masking in times of high risk instead, both for health care workers and general population attendance to places such as Providence Performing Arts Center, The Gamm, Trinity, et al. There is solid scientific support for the approach. Thank you!**

Comment By: **Annie Reynolds**

On: **02/26/2022**

Comment: **Drop this mandate now! You are ruining our health care system!**

Comment By: **Chris Brindamour**

On: **02/26/2022**

Comment: **These mandates should never have been imposed and should be removed immediately!**

Comment By: **krystal ryan**

On: **02/26/2022**

**Comment: As a healthcare worker who was fired from this mandate, I 100% fully support dropping this mandate. I am eagerly waiting to go back to work. I fully support the mask precautions. Please drop this mandate so our hospital shortages will be fixed.**

**Comment By: K Fredericksen**

**On: 02/26/2022**

**Comment: Please stop this unfair mandate and allow nurses and first responders to return to the jobs they were forced out of. No nurse is trying to undermine the health and safety of their charges. From the start of this pandemic the "hero" nurses did their jobs and worked right through without proper equipment to protect themselves while so many got paid to stay home. Body autonomy is paramount to nursing process and should also apply to the person working. Nurses and first responders need to be able to return to the jobs they unfairly lost and be valued as the heroes they have been**

**Comment By: Kim Derita**

**On: 02/26/2022**

**Comment: These Dr's and nurses worked at the height of the pandemic with no vaccine. How strange that after it is nearly over you would terminate them for a choice that should be theirs. Now the same people who were heroes you have vilified. So horrific**

**Comment By: Dena Pilla**

**On: 02/26/2022**

**Comment: Hi My name is Dena Pilla. I am the mother of a 20 year old who became a CNA part of her curriculum in her high school. She started off making 17 an hour. She was on track for Nursing. Because covid 19 she was quarantined from us her family because she worked in a nursing home and tested several times. It was very depressing and isolating for her and us as well as her friends trying to protect everyone around. Since she has spiraled into a depression and has anxiety. She is getting help and better. She is no longer in college and not working as a CNA. She works making 13 an hour. She will not take the vaccines. She saw her friend who was 19 have a seizure upon her 2nd vaccine at CVS. Her friends grandmother went paralyzed for 3 months. Her cousins and My cousin now have ongoing vicious rashes. We know are from the vaccine. Personally We thought the vaccines would protect our elders so we go them. My husband and I had covid before the vaccines in November. We masked we sprayed lysol but somehow got it. Our immune systems fought our 10 day battle. Since then, I have seen family and friends boosted AND get covid. Boostered friend relatives have died. Bolstered family have gotten Kidney issues and shingles. I was initially upset with my daughter but fast forward, it was always her decision. I stand by her. I am an Esthetician, many clients of mine work as Nurses, Dr's, dieticians Xray techs in RI hospitals and Mass. I have asked current reports through this pandemic. I know what information was being misinterpreted and wildly polarized and disgraceful misleading. We lost Nurses Dr's CNAs etc because of a vaccine that ONLY protects oneself but really only meant as an emergency vaccine for 65 and older. Now we all know the adverse affects some reported on VAERS bc people dont know its related to the vaccines nor understand how to report . This is despicable! What is even more horrific is my client who works in RI hospitals 2 vaccines got Covid during Christmas. She was extremely sick. Day 5 she was begged to go back to work and be with sick patients. You have fired healthy people for not wanting to take these vaccines that worked so hard to become professionals. Their passion has been ripped from them. Their livelihood has been compromised. My daughters dreams have been shattered and doesn't know what to do in life. She was meant to be a nurse. We saw it in her younger years in school always helping the sick child walking them yo the nurses office. Putting bandaid on her friends. She is a natural caregiver. I have been praying that this ridiculous**

**mandate gets terminated. How does being vaccinated help anyone more than being unvaccinated. The whole world just got it Christmas time unaccounted and vaccinated and sadly in both have died. My 5 year old has been tested 14 times and never had it. He Finally gets unmasked and can live normal. Let's move forward and get our freedom of choice back. After all our immune systems work. Thank you**

**Comment By: Cheryl Lafond**

**On: 02/26/2022**

**Comment: Drop the Vaccine mandates and put policy back into place prior to Covid-19. Allow for medical and religious exemptions.**

**Comment By: Janice Schmitz**

**On: 02/26/2022**

**Comment: To whom it may concern, I am writing to ask that you accept the proposal to allow healthcare workers to return to work if they are not up to date with the covid vaccine if they are wearing a N95 mask. Most HCW are happy to wear a mask if required, if it means they can return to work in the state of RI. This will help to alleviate the shortage of HCW in the state and allow HCW to have the autonomy they desire. Additionally, it is safer to have an unvaccinated, or not up-to-date, employee treating patients with a N95 mask, than it is to have a covid positive employee treating patients. Ultimately, I would like to see the religious exemption, which allows for religious freedom guaranteed by the US Constitution, reinstated with the HCW mandates, however, I feel masking is a fair first step to getting RI healthcare workers back to work, and addressing the severe shortage of HCW in the state of RI that is putting patients at risk everyday. Thank you.**

**Comment By: Wendy Fachon**

**On: 02/26/2022**

**Comment: Please support the proposal that allows health care workers personal choice to decline the SARS-CoV-2 injection. Due to the experimental nature of the injection and the potential risk of suffering a temporary or long-term debilitating adverse reaction to the injection (<https://openvaers.com/index.php>), health workers should have a choice. Nurses can assess the risks, perhaps better than anyone, given their intensive oversight of patient care. Requiring the wearing of a medical grade N95 mask, when the prevalence rate is substantial (as defined in this proposal), should be required for ALL health workers in contact with patients, regardless of vaccination status. Data indicates vaccinated workers can still experience a recurrence of SARS-CoV-2 (variants) and can still carry spike proteins to others.**

**Comment By: Amanda Michaud RN**

**On: 02/26/2022**

**Comment: The Healthcare worker Covid-19 vaccine mandate must end and healthcare staffing shortages must be addressed as a matter of public safety. We must rebuild our healthcare system from the ground up, starting with the healthcare workers who were wrongfully terminated upon abiding by standards of informed consent. Also,travel contracts are dangerous, burden local economies and are unfair to the people deserving higher wages for the skilled work performed in the areas in which they reside and pay taxes.**

**Comment By: Anne Hird**

**On: 02/26/2022**

**Comment: I am adamantly opposed to lifting the covid vaccine requirement for health care workers. I have a family member who is a patient at Eleanor Slater Hospital, where Governor McKee allowed unvaccinated and covid-positive employees to continue working. Since then, patients testing positive have been confined to their rooms. The hospital has also pushed the blame off on visitors, banning them from seeing family members for weeks at a time. Solitary confinement and lockdowns are prison tactics and have no place in hospitals and other residential health care centers. Employees who lack the compassion and awareness of how their refusal to get vaccinated negatively impacts patients have no right to work in health care settings. Additionally, the rationales these employees proved for not getting vaccinated most often stem from disinformation spread on social media, NOT medical research, again calling into question their fitness for working in the health care field. Lifting the covid vaccine requirement for health care workers amounts to rewarding those employees who have shown the blatant disregard for the patients. If necessary, fill the staff shortage with vaccinated National Guard members instead and provide hiring bonuses for new employees as a longer term solution.**

**Comment By: Freedom Rings**

**On: 02/26/2022**

**Comment: I believe the only right decision is to allow the unvaccinated healthcare workers return back to the hospitals full force. A massive problem has been created because of all the firings, places went from fully staffed to completely understaffed, workers doing so much involuntary overtime they've been burned out. The most important thing is regulations changed to allow vaccinated workers who tested POSITIVE to go back to work because of the staffing issue. In my eyes the fact that places were willing to let those workers work but not the unvaccinated worker is plain right ludicrous. Let these workers go back to work. We have been doing this since 2020 it's going to be another "flu" where it is t going to go away we have to life the rest of life this way so let the people go back to a more normal life. You are supposed to be FOR THE PEOPLE, taking hard workers jobs away from them, not allowing them to make decisions for themselves. One should never be given an ultimatum especially one like this. So please open your hearts and minds and let the unvaccinated go back to work, stop this weekly testing if by chance an unvaccinated person is still working. What you do for one you do for all on the basis of testing weekly. Our country fought for freedom and got it in 1776, let us keep it that way. The people have spoken it is time to go back to normal life and to lift all these regulations. Thank you for reading and listening I hope you listen to the people as that is the job of our government.**

**Comment By: Amy K**

**On: 02/26/2022**

**Comment: The Covid vaccine mandate for healthcare workers should be struck down immediately. It is very clear that none of the current vaccines prevent transmission, and in a lot of cases, don't prevent severe infection or hospitalization. Fully vaccinated individuals are still getting Covid and spreading it. It should be treated like the yearly flu vaccine, an option for medical employees. Covid is reaching an endemic phase and should be treated as such. Further, with respect to the requirement of all unvaccinated employees being compelled to wear an N95 mask at all times should this new proposal pass, I fully disagree with this. As a healthcare worker who does not work in patient care and does not have any direct patient contact, we should not have to wear N95 masks. That is completely unnecessary, and masking employees should be made appropriate to the level of exposure to patients or lack thereof.**

Comment By: **Clare Jerome**

On: **02/26/2022**

Comment: **Drop the mandate immediately. It is anti-scientific, unethical, and an affront to liberty for all Americans.**

Comment By: **Tom Pontikes**

On: **02/26/2022**

Comment: **It is extremely important to clearly define "Widespread" and not leave it up to a subjective decision by the Director. Additionally, we should leave it the individual to decide how they want to protect themselves. It should not be mandated.**

Comment By: **Rhonda Holston**

On: **02/26/2022**

Comment: **I'm in agreement to get rid of this vaccine mandate. The vaccine does NOT prevent the spread of Covid. Healthcare workers wear the proper PPE to protect themselves and their patients. I have seen many awful side effects from this vaccine and we do not know the long term side effects. It should be a personal choice.**

Comment By: **Christine Gosselin**

On: **02/26/2022**

Comment: **Governor McKee I am a Healthcare worker who has been in thr business over 30 yrs. I lost my job for refusing to be vaxxed personal and medical reasons unfortunately RI does not honor medical or religious exemptions. I have been denied unemployment . Your administration has caused my family hardship! Its sickening to see that state workers were paid 3000 to entire them to get the job and now getting another 3000 for working during the pandemic?!!! Disgusting! I was once considered a hero at the start of the pandemic, working daily with the same mask, not enough PPE for staff, that was ok though, Then to be punished for not taking a vaccine that I don t believe in, having developed heart i@ues after having covid. We the unvaccinated Healthcare workers are owed an apology and we should be entitled to compensation as our livelihoods were taken away as the cost of political tyranny!!**

Comment By: **Rebecca Berry**

On: **02/26/2022**

Comment: **All current studies state that nurse staffing levels are directly related to patient outcomes, not vaccination rates. We must reinstate all staff immediately to meet the healthcare needs of Rhode Island. Vaccines protect those that receive them. Those that are vaccinated can still be infected with and spread COVID-19 so why are we treating the unvaccinated differently. I have not found any research that supports this practice. I support this proposed rule but we should require all healthcare workers to wear masks at high transmission rates not just the unvaccinated.**

Comment By: **Noreen Abrahams**

On: **02/25/2022**

Comment: **I would urge you to drop the vaccine mandate for health care workers. The loss of these jobs has put an extreme burden on the health care of our citizens here in RI. Allow the health care workers to return to work, using the skills that they have been trained to use. They worked very hard during these past two years and it is has been a disservice to dismiss them from their employment.**

Comment By: **George Goff**

On: **02/25/2022**

Comment: **Please drop the vaccine mandate so RI health workers can relieve the shortage. Thank you. Sincerely, George Goff, North Kingstown**

Comment By: **Mary Burt**

On: **02/25/2022**

Comment: **Drop the vaccine mandate. Drop all mandates.**

Comment By: **Jennifer P**

On: **02/25/2022**

Comment: **DROP THE MANDATE**

Comment By: **Kristen Wotherspoon**

On: **02/25/2022**

Comment: **I feel that this proposed rule only makes sense and should have been in place at the beginning. I lost my job due to the vaccine mandate. I worked through Covid like so many others. It was not fair how we all were treated. No one should be forced to get the vaccine. We should have been able to be tested weekly and wear a mask during our shifts.**

Comment By: **Mary Teixeira**

On: **02/25/2022**

Comment: **This change should have been instituted a long time ago. People should not have lost their chance at their livelihood because of vaccine mandates, but sadly many did. Covid 19 itself showed the folly of this mandate. The Omicron variant proved without a doubt that healthcare workers who had had 2 courses of the Covid 19 vaccine as well as the booster could still not only contract the disease, but spread it as well. So while we were preventing unvaccinated people in the healthcare field from making a living, many of whom had medical or religious reasons for not getting the vaccine, the vaccinated (who were considered "safe") were doing what we feared unvaccinated medical professionals would. Quite ironic, isn't it? These people should have always been allowed to continue their livelihood in the medical field with the option of regular Covid testing and KN95 masking while on the job, in lieu of vaccinations. They are equally as safe to work with patients as vaccinated healthcare workers. It is time that this wrong is finally righted.**

Comment By: **Morgan Wotherspoon**

On: **02/25/2022**

Comment: **Please drop this mandate. My wife loved her job and did it very well. She didn't want to leave but was nervous about side affects and already had natural immunity which has proven to be more effective to the newer variants. She will gladly wear the mask when necessary or get weekly testing. Thank you.**

Comment By: **Richard Loe**

On: **02/25/2022**

Comment: **I support all healthcare workers back to work**

Comment By: **Seychelle Ricard**

On: **02/25/2022**

Comment: **It's time to allow health care workers to do their jobs without being forced to receive a vaccine that may be detrimental to their personal health. While the masking/vaccination mandates still don't hold water (remember, just because one is vaccinated doesn't mean one can't transmit disease), at least removing the draconian vaccine mandate lifts one layer of the insanity.**

Comment By: **Joseph Bedard**

On: **02/25/2022**

Comment: **Please pass this needed regulation**

Comment By: **Janet Hawkins**

On: **02/25/2022**

Comment: **I support softening the regulations for requiring healthcare workers to have covid 19 vaccines. Wearing N95 masks during outbreaks is fine with me.**

Comment By: **Janet Hawkins**

On: **02/25/2022**

Comment: **I support softening the mandate for covid 19 vaccine for health care workers. Masks instead of vaccines is good with me. Janet Hawkins RN**

Comment By: **Gregory Dubee**

On: **02/25/2022**

Comment: **I support this change**

Comment By: **Gerald Ferreira**

On: **02/25/2022**

Comment: **As a worker who lost his job due to being a victim of the federal vaccine madate, I implore you to stop the vaccine mandate. I and several other coworkers have had covid and survived. This virus has been blown out of proportion. The state reports how many have tested positive and have unfortunately died, but no statistics have ever been released about how many have contracted covid without being vaccinated and survived.**

Comment By: **Ariel Twomey**

On: **02/25/2022**

Comment: **Please end the vaccine mandate for healthcare workers!**

Comment By: **Mark Wurser**

On: **02/25/2022**

Comment: **I am writing to support the changes to the RI Dept of Health's Covid vaccination policy; ending the requirement for healthcare workers to be vaccinated. The CDC, executives from Pfizer, and Dr. Fauci have all confirmed that the vaccine no longer provides protection against Covid and does not decrease the transmission rate. Additionally, the pandemic has passed and we have moved into an endemic phase with viable treatment options. Therefore, unvaccinated healthcare workers pose no greater risk to patients than vaccinated workers**

**and should be allowed to return to work and reduce the burden on our healthcare system and provide for themselves and their families. Thank you Mark Wurster**

Comment By: **Elvira Lebron**

On: **02/25/2022**

Comment: **I urge you to find it within your hearts to please allow some flexibility for those unvaccinated healthcare workers. As I was one of those that worked thru the start of the pandemic risking myself and my children to care for those in need. I'm willing to wear my N95 as I was willing before I got fired for not being vaccinated. I'm very passionate about caring for patients and it saddens me I'm no longer able to bring a smile to at least someone's face that needed some care and love simply because of my sincere religious belief against the vaccine. Thank you for taking the time to hear me out. God bless you all**

Comment By: **Gwen Maccarone**

On: **02/25/2022**

Comment: **It's time to drop the vaccine mandate on health care workers, healthcare workers deserve a choice. The same options like the flu shot should apply, during high transmission times, they would wear a N95 mask. It was ok during the peak of COVID..**

Comment By: **Adam Zannini**

On: **02/25/2022**

Comment: **Get rid of this stupid mandate. Get people back to work!**

Comment By: **Ana Palma**

On: **02/25/2022**

Comment: **Drop vaccine mandate. You have taken away great medical people that we need.**

Comment By: **Jill Peterson**

On: **02/25/2022**

Comment: **I support unvaccinated Healthcare workers to return to work!**

Comment By: **Leanne Matullo**

On: **02/25/2022**

Comment: **Please drop the vaccine mandate and allow healthcare workers to return to work. We know that a vaccine doesn't stop transmission, and we also know that there is a serious shortage of healthcare workers.**

Comment By: **Jason Richer**

On: **02/25/2022**

Comment: **I and the CDC do not agree with this. <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html> HC workers who have natural immunity should not be in masks. There is zero science to back this. There is however contrary evidence to back the natural immunity stance. NO MASKS UNLESS ONE IS EXHIBITING SYMPTOMS. The time has come to drop all these mandates across the board. Unless sick with symptoms, no one should be in masks. ESPECIALLY KIDS! Kids weren't even catching it until they started giving them the shots. Not one healthy person 25 or under has died from this bioweapon in Rhode Island. Kids are not a vector nor are they at risk. It makes zero sense to mask kids.**

**ZERO!** The only reason is that money is tied to them in the form of ESSER III funds. Unless you have a different reason I and many like me are not aware of. You know something we don't? [https://apnews.com/article/coronavirus-pandemic-science-health-centers-for-disease-control-and-prevention-87d7bdc811ba6521e32017072d5ea180?utm\\_source=Twitter&utm\\_campaign=SocialFlow&utm\\_medium=AP](https://apnews.com/article/coronavirus-pandemic-science-health-centers-for-disease-control-and-prevention-87d7bdc811ba6521e32017072d5ea180?utm_source=Twitter&utm_campaign=SocialFlow&utm_medium=AP) Please do all you can to end this stupid situation. This BILL does not go far enough. **REMOVE ALL COVID MANDATES FOR EVERYONE NOW!!!!** We parents associated with [BondsForTheWin.com](https://BondsForTheWin.com) are coming for everyone masking our kids and we are very effective. Check out the site. The time has come....

Comment By: **Sally Smith**

On: **02/25/2022**

Comment: **This regulation should have never been necessary! We worked throughout the pandemic with no vaccine.... our job should not be dependent on a shot that has been proven not to work. Let people go back to work and get back to normal!**

Comment By: **Marie Potter**

On: **02/25/2022**

Comment: **The vaccine does not prevent transmission at this time. It only protects the person from severe disease. Anyone can transmit it at anytime. We are jumping the gun with a mandate for a virus that keeps changing. One variant could put us all back to square one. It seems unrealistic and unsustainable. Giving this more time would build people's confidence in the vaccine. Especially when we don't know how many boosters we would need or if it would be yearly.**

Comment By: **Marina Ferrucci**

On: **02/25/2022**

Comment: **Drop the mandates on health care workers immediately!!!**

Comment By: **cheryl taylor**

On: **02/25/2022**

Comment: **The nursing shortage was made worse by the mandate that was put in place requiring healthcare workers to be immunized. This caused the firing of extremely competent nurses because they chose not to get the COVID Vaccine. Staffing levels are low and the staff that are currently working have become very frustrated and burnt out. This situation will impact patient care and outcomes negatively. I believe the band on nurses who chose not to be vaccinated needs to be reversed. The nurses and healthcare staff worked very hard to get us through the first wave of COVID when there was no vaccine available. These health care workers went from being hero's to losing their jobs. This was so unfair. The hospitals have the proper equipment needed to protect patients as well as unvaccinated staff. No mandate for other professional in the state or for restaurant/entertainment workers which was not fair either. Hospitals are currently paying extremely high rates for traveling staff who have no loyalty to the hospital that they are working for here in RI. I would like to see the band on covid immunizations lifted for healthcare workers in RI. Let the RI healthcare workers get back to work here in RI.**

Comment By: **Ana St.George**

On: **02/25/2022**

**Comment: I support The heathcare workers to go back to work my daughter lost her job with some orthers health care workers I support a 110 percent we need them back to work where they belong I support i support**

**Comment By: C L**

**On: 02/25/2022**

**Comment: This change would be impractical because it is a revolving cost to have to keep up with everchanging virus. This should be catergorized with similarity to influenza (flu) making it optional instead of mandatory. For influenza we are supposed to wear surgical mask all the time if you do not get your annual flu shots. If mandating the covid 19 vaccine, this will lead to continued exodus of healthcare workers to neighbor states which have not imposed vaccine mandates on Healthcare workers and already more competitve labor markets such as any healthcare workers who are considering to move to Rhode Island and this proposed mandate would deter them to seek other options to move to other states in this labor market. The effects it has had on business and access should be considered. Also considering covid 19's rapid mutation rate we can expect the virus to persistently evolve annually as categorized similar to influenza.**

**Comment By: Michael Colasante**

**On: 02/25/2022**

**Comment: Health care workers should be able to return to work. They are sorely needed and worked faithfully through Covid before there even was a vaccine.**

**Comment By: Corey Allen**

**On: 02/25/2022**

**Comment: I support unvaccinated health care workers back to work. Immediately. Immediately. immediately.**

**Comment By: Natasha Tavares**

**On: 02/25/2022**

**Comment: drop the mandate**

**Comment By: Mary Prefontaine**

**On: 02/25/2022**

**Comment: I firmly believe that the SARS 2-Covid 19 vaccine mandate needs to end now. Our first responders bravely worked day in and day out during the height of the pandemic, without regards for their own lives. Many stayed away from their families for fear of harming them. They provided passionate care for many covid positive patients, selflessly. Many nurses would go into these patients' rooms to facilitate communication with their loved ones and also stayed with them at the end, so that they would not die alone. For a long time these nurses had very little PPEs and were forced to wear the same surgical mask for weeks. Now we have a much better understanding of this disease and know how to prevent and treat it. A large number of these healthcare workers also have natural immunity, therefore the vaccine mandate is not needed. These brave first responders need to return to their jobs and tend to the great needs of Rhode Island community.**

Comment By: **Kelsey St. George**

On: **02/25/2022**

Comment: **I SUPPORT UNVACCINATED HEALTHCARE WORKERS GOING BACK TO WORK!**

Comment By: **Keri Collette**

On: **02/25/2022**

Comment: **I am hopeful that this will truly come to be the new regulations. The COVID vaccine should not be mandated, but instead people should get to decide that if they do not want the vaccine they can wear a N95 mask instead. If this can be true for the flu why not for COVID? It is known that the COVID vaccine has not prevented people from spreading or contracting the virus. We need to get our healthcare system back up and running and helping our community in need. To do that we need to get our healthcare workers back to work. They should not be penalized for not receiving a vaccine for their own personal reasons. I myself am a RN. I was 7 months pregnant when the mandate went into place. I did not feel it was safe for me or my unborn baby to get the vaccine. I was beyond stressed and my MD took me out of work because of that. I just returned to work after my maternity leave this past Tuesday. Last Friday I went and received my Johnson & Johnson vaccine. I still feel that it is not safe and I still did not want it. But I needed to get back to work and support my family. I sat in a little room in Stop & Shop to get the vaccine and as they were injecting me I cried. I cried because I lost my freedom to decide what I feel is safe for my body. I cried because I needed to get back to my job to support my family and had no other choice. I cried because I felt totally violated. As I then sat out in front of the pharmacy for 15 minutes I continued to cry because for the first time in my life I did not feel free in the United States of America. I am a proud American. I love this country and everything that it stands for. Never in my wildest dreams could I ever imagine that I would lose my freedom to work and provide for my family unless I was forced to be injected with a chemical, against my will, that I felt was not safe. It is too late for me to have the opportunity to not get vaccinated, but I hope that by this passing it will save someone else the pain that I had to go through. Thank you for taking the time to listen to me.**

Comment By: **Ana Roque**

On: **02/25/2022**

Comment: **Governor McKee and RIDOH are all tyrants for firing healthcare workers for refusing to do a medical procedure!!! Once these healthcare workers get their livelihoods back you should see that each and everyone of them are compensated from the last day that you took their livelihood til the day they start working again. And the ones responsible for firing them should all be prosecuted!!**

Comment By: **Anne Brown**

On: **02/25/2022**

Comment: **The mandate should be dropped and let people go back to work. The nursing shortage is something that has been ongoing since before the pandemic, and was exacerbated by the pandemic and the mandate. Organizations are spending insane amounts of money for travelers, and that is not financially sustainable. Not only should the mandate be dropped, but organizations should NOT be allowed to make their own policy requiring boosters. Any organizations that try that should be HEAVILY FINED! Boosters are not going to be sustainable- people are going to get tired of getting shots all the time!**

Comment By: **Kathy Cola**

On: **02/25/2022**

Comment: **Please end the mandate! I worked through Covid for months when all my patients were positive prior to a vaccine and I never contracted it. Prior to the mandate I was tested twice a week and never tested positive. I greatly miss my patients and would love to return!**

Comment By: **Dina Southwell**

On: **02/25/2022**

Comment: **It is unconscionable to mandate this unproven, minimally tested vaccine. We lost a record number of health care workers because of RIDOH's and hospital leadership's mismanagement and erroneous data. Somewhere you got the brilliant notion (said sarcastically) to hire COVID positive HCWs rather than healthy unvaccinated HCWs. History will prove your decision to be obscenely wrong. Which side of history do you wish to be on? In Southwell v McKee, James McDonald inadvertently showed the weakness in RIDOH's data sets. More will be revealed in the discovery phase yet to come.**

Comment By: **Alyssa T**

On: **02/25/2022**

Comment: **Drop the vaccine mandate! Everyone should have a choice as to what to put into their own bodies and their work, their own livelihood should not be jeopardized! Thousands of good workers were let go due to the mandate, which left vaccinated workers short-staffed and overworked.**

Comment By: **Charles Wilson**

On: **02/25/2022**

Comment: **Please drop the Vaccine mandate**

Comment By: **Kerrie Escobar**

On: **02/25/2022**

Comment: **I am writing to voice my support in allowing unvaccinated healthcare employees return to work. We were able to maintain a safe environment for the first almost two years of the pandemic. We were able to wear masks, employ good handwashing and social distance as much as our work space allowed. There are thousands of well qualified, educated and hard working, Rhode Island healthcare workers that want and need to get back to the work they love. Each and every person from doctors, nurses, and other allied health professionals to environmental service, food service and everyone in between. Its time to let us get back to work.**

Comment By: **Laurie Beauregard**

On: **02/25/2022**

Comment: **As a credentialed healthcare professional with a degree (4 years of college and internship) and 20 years of experience in diagnostic imaging, I am beyond shocked that this was ever an issue. I'm cautiously optimistic that this may be leading to a great outcome for all of us that had worked so hard and risked our lives through the initial stages of the pandemic, only to be discarded and fired from our positions when it became "convenient" to do so in order to push the non-FDA approved vaccine. I would never risk the health of my patients nor would my fellow healthcare workers! It has been proven that vaccinated or unvaccinated can both spread this virus and antibodies are a real and proven factor-most of**

**us already “got that”! Our right to work in our careers of service to our community must be restored as a basic American right! Thank you for your time and consideration.**

**Comment By: Jolanta Porada**

**On: 02/25/2022**

**Comment: Please drop covid vaccine mandate. It is unconstitutional and I strongly believe that it should everyone's choice, not the mandate especially that the vaccine does not protect vaccinated from getting sick with the virus. Our health care workers were our heroes when the pandemic started, taking care of the patients on the front line. They need to be recognized and appreciated for their hard work and dedication, not penalize for not complying with the mandate that brings more harm than benefits.**

**Comment By: MIGUEL ROCA**

**On: 02/25/2022**

**Comment: Mandating the covid 19 vaccine has caused an exodus of healthcare workers to neighbor states which have not imposed vaccine mandates on Healthcare workers and already more competitive labor markets. The effect it has had on businesses and access to providers should be considered. Also considering covid19's rapid mutation rate we can expect the virus to persistently evolve annually. It would be impractical and a revolving cost to have to keep up with an ever-changing virus. This should be categorized with similarity to influenza making it optional.**

**Comment By: Karen Ferris**

**On: 02/25/2022**

**Comment: Please consider allowing healthcare workers return to work. These are men and women who love what they do. They need to get back doing what they love and supporting their families and caring for their patients**

**Comment By: Adele Renzulli**

**On: 02/25/2022**

**Comment: I definitely accept this change in policy. We need to address the severe staffing shortages and burnout in out Health Care facilities. Let's work towards unity and not division.**

**Comment By: John Laliberte**

**On: 02/25/2022**

**Comment: Please drop the vaccine mandate so I can get back to work so I can start providing for my family again. I never wanted to leave the hospital I worked at for seven years. I loved what I did there and loved my coworkers. I even worked a double shift on the day they forced me to leave (terminated) for my sincerely held religious beliefs. Unemployment keeps denying me any funds. I keep applying for jobs with no responses. Telling your children not to worry everyday is getting really tough.**

**Comment By: Mary Greene**

**On: 02/25/2022**

**Comment: Governor McKee, Please drop the vaccine mandate and let people decide their future. This is freedom. Never have we in this country had a vaccine mandate. You really need to do away with this now. People in this state need to get back to work and children**

**need to go to school without these experimental vaccines. Thank you. Mary Greene Wakefield, RI**

**Comment By: Kristy Brown**

**On: 02/25/2022**

**Comment: Please drop this mandate and let us work again.**

**Comment By: Rosa Aguiar**

**On: 02/25/2022**

**Comment: This is a step on the right direction but, the covid shot should be in the same category as the flu shot since the science has shown that both shots do NOT prevent virus transmission. In addition, titers should be accepted as an adequate form of immunity the same way hepB, measles, mumps and rubella titers are accepted.**

**Comment By: Danielle Lambert**

**On: 02/25/2022**

**Comment: The mandate should not stay as it is covid should be treated like the flu with masking requirements if vaccine not recieved**

**Comment By: Steve Canter**

**On: 02/25/2022**

**Comment: Drop the vaccine mandate immediately. Our healthcare system needs their committed professionals back at work. The vaccines have not stopped the spread of the virus for 4+ months at this point.**

**Comment By: Kim Henault**

**On: 02/25/2022**

**Comment: Please end this healthcare worker mandate and let the dedicated men and women get back to doing what they love and do best. Caring for others . Too many have wrongly lost their jobs for believing in the Freedom of Choice. My body my choice.**

**Comment By: Pam B**

**On: 02/25/2022**

**Comment: While I have not been directly impacted by these mandates with regards to a loss of a job within my household, we have certainly been impacted by the shortage of medical staff. During the peak of covid in January my husband arrived at the Rhode Island Hospital emergency room to be told there was a 10-hour wait. When you are as sick as he was with covid the prospect of sitting in a crowded waiting room with a mask over your face is nearly impossible. He ended up leaving, and thankfully was able to be seen at South County Hospital immediately. Our son has had lingering effects after his covid experience that are limiting his return to his normal life before he was sick. We have been told that we will have to wait a month to see a doctor, or a month for a necessary test. Did you know that there is only one pediatric stress test administrator in the state of Rhode Island? My heart breaks for people who had to give up a career that they gave their heart and soul to, because of a mandate to accept an experimental treatment which has now been proven to be barely effective and has caused great harm to others. I find it amazing that our governing bodies would feel that they know what is best for someone's health, that they would know even better than an actual healthcare worker. These people are on the front lines and see what is**

**going on and know more than most of us do. It's such a disgrace that not only were they ignored but that they were punished. And the people of Rhode Island were punished along with them because we no longer had their expertise and care when we needed at most. It is time to end these mandates and let us get back to living our lives.**

Comment By: **JOHN PARFITT**

On: **02/25/2022**

Comment: **I am asking you to please drop the vaccine mandate. Thank You**

Comment By: **William Whalley**

On: **02/25/2022**

Comment: **its about time. He must be coming up for election this year.**

Comment By: **Rosa PINEDA**

On: **02/25/2022**

Comment: **Please drop off the mandate!**

Comment By: **Sara Money**

On: **02/25/2022**

Comment: **Please get rid of the mandates so the wonderful people of RI can get back to work. Thank you very much.**

Comment By: **Nicole Riley**

On: **02/25/2022**

Comment: **As a healthcare worker I fully support this update to the mandate! Healthcare workers are highly trained in infection control! Allowing healthcare workers to go back to work being unvaccinated and following proper PPE protocols should have been allowed from the start! Please update this regulation and let our healthcare workers get back to work!!!! Masking works to prevent the spread and natural immunity is a thing! Please I urge you to change this and allowing masking when transmission is high as an alternative to vaccination! Healthcare workers should be allowed bodily autonomy and I know that my fellow healthcare workers take patient care and PPE seriously. We never want to harm our patients. We follow all protocols to keep our patients, coworkers and ourselves safe. Not to mention at a time when everyone was hiding in their houses our healthcare workers were risking their lives to save others and asked no questions they did there jobs with improper PPE and were repaid by being fired. Please let our healthcare workers go back to work. The new proposal of wearing an N95 when transmission is substantial will help to fill holes in our workforce allowing many to go back to work.**

Comment By: **Deborah Mitchell**

On: **02/25/2022**

Comment: **I don't feel it's fair to insist on Covid vaccines for healthcare workers. They worked diligently during the pandemic before vaccines became available, exposing themselves to the virus in order to care for us. They deserve to have the right to choose whether or not to get vaccinated, as we all do.**

Comment By: **Angela S.**

On: **02/25/2022**

Comment: **Please drop the vaccine mandate now.**

Comment By: **Deborah Mitchell**

On: **02/25/2022**

Comment: **As a lifelong Rler, I support the immediate end of ALL mandates associated with Covid-19. The government's predictably totalitarian response to the pandemic, with one draconian mandate after another, has hurt more people than it's helped, especially frontline workers like those in the healthcare field, on whom we depend so much. Firing first responders, doctors, nurses, and medical technicians who refuse to be injected with an EXPERIMENTAL drug (let's not call them vaccines; vaccines prevent transmission and infection and these do neither) is not the answer and hurts ALL Rlers. We're supposed to be a free people, with autonomy over our own bodies. END ALL MANDATES TODAY.**

Comment By: **Debra Cardullo**

On: **02/25/2022**

Comment: **I believe the lifting of the current mandate is long overdue. It makes no sense when vaccinated health care workers can still contract covid, go to work, and infect patients. I am a retired respiratory therapist and was allowed to forego flu shots (which make me very ill) as long as I followed masking rules in the case of illness. We need our experienced health care workers back who have lost jobs because of these mandates. Shabby treatment for those who were once hailed as heroes. At this point they have natural immunity, the mandates make NO SENSE.**

Comment By: **Gail Parmentier**

On: **02/25/2022**

Comment: **This vaccine mandate should be rolled back. While I believe in vaccines and their efficacy, I also believe being vaccinated should be an individual choice. I believe we should be allowed to file an exemption form if we do not wish to get this vaccine.**

Comment By: **Helen Bahry**

On: **02/25/2022**

Comment: **Please stop the vaccination mandates!**

Comment By: **Shanna Bahry**

On: **02/25/2022**

Comment: **Yes, please stop the unethical vaccination mandate in our state and let healthcare workers come back to work!**

Comment By: **David Phillips**

On: **02/25/2022**

Comment: **The reason why the hospitals got backed up is because a ton of people got fired when they would not get the vaccine. The same people who cared for sick people over the past 2 years. I am beside myself on the logic here. What were you thinking?! Reverse this foolish mandate for our healthcare workers, and the rest of us. This should not be mandated by any Government, including the State of Rhode Island**

Comment By: **Todd Kenyon**

On: **02/25/2022**

Comment: **Vaccine mandates are unconstitutional, unjustified, and violate good public health policy. Time to abolish these permanently.**

Comment By: **Cara Popovich**

On: **02/25/2022**

Comment: **To whom it may concern, I am a Rhode Island resident, and I believe it is in everyone's best interest and imperative that the vaccine mandates be dropped!**

Comment By: **Doug McCusker**

On: **02/25/2022**

Comment: **The "vaccine" isn't and is more likely to do harm than to 'protect' either the one that gets it or others around them. Mask (FACE DIAPERS) are also USELESS and won't stop a virus from infecting a wearer or others nearby. This State and its corrupt, tyrannical government needs to END THIS NONSENSE, get with the program that the CHINA BIO-WEAPON is here to stay, recommend that folks get TREATED WITH IVERMECTIN (scientifically proven to WORK), stay clean, if sick then stay home, and begin to resurrect our partially-destroyed lives by INSANE MANDATES and STUPID, INEFFECTIVE 'rules and regulations'. I served 20-years to PROTECT AMERICAN FREEDOMS and not stand by to watch TYRANTS MANDATE INSANE STUPIDITY upon Rhode Islanders.**

Comment By: **Normand Provost**

On: **02/25/2022**

Comment: **I support this proposal which is the sensible and responsible thing to do!**

Comment By: **keith mason**

On: **02/25/2022**

Comment: **I urge you to drop the vaccine mandate. Thank you, Keith**

Comment By: **Sheila Clarkin**

On: **02/25/2022**

Comment: **Stop the mandates and tyranny! Give financial compensation to all your illegally harmed in October through unwarranted termination.**

Comment By: **Frank Capaldi**

On: **02/25/2022**

Comment: **Bring back ALL healthcare/essential workers that were terminated because of the tyrannical vaccine mandate!!!**

Comment By: **John Brehany**

On: **02/25/2022**

Comment: **Please move forward with this proposal and end the COVID vaccine requirement for healthcare workers.**

Comment By: **Stephanie Mattera**

On: **02/25/2022**

Comment: **The vaccines do not prevent infection or transmission. Therefore, everyone should have to mask during an outbreak. Unvaccinated healthcare workers pose no greater threat to the public than the vaccinated. The vaccines “may” protect the individual from hospitalization. However, even that has not been proven. Seeing as so many vaccinated healthcare workers are out with Covid, it seems the vaccines are not the “miracle” cure they were purported to be. Early treatment is key for Covid. Let’s bring back our healthcare workers! It seems that the mandates have caused a triple loss. Patients lost qualified healthcare workers. Hospitals lost staff and good employees lost their jobs. It seems all of this was for nothing!**

Comment By: **Marlice Alves**

On: **02/25/2022**

Comment: **I agree that unvaccinated healthcare workers should return to work AND be compensated for their time loss! It’s the least the state can do! The vaccinated workers that remain working continue to contract covid. Obviously, that defeats the narrative that the vaccine is to protect the patients. If one can contract the virus, one can transmit it. Furthermore, if the mask is mandated, it should be mandated to EVERYONE that can transmit the virus; Vaccinated and unvaccinated. This should of never happened. It’s a shame! Our hospitals are short staffed, and this could of been preventive by not letting go of some dedicated, high-skilled workers. It’s a disgrace what the state did to these “heroes” from two years ago; mandate them to put something in their bodies that does not work or loose their livelihoods. Let’s stop playing political games!! agree that unvaccinated healthcare workers should return to work AND be compensated for their time loss! It’s the least the state can do! The vaccinated workers that remain working continue to contract covid. Obviously, that defeats the narrative that the vaccine is to protect the patients. If one can contract the virus, one can transmit it. Furthermore, if the mask is mandated, it should be mandated to EVERYONE that can transmit the virus; Vaccinated and unvaccinated. This should of never happened. It’s a shame! Our hospitals are short staffed, and this could of been preventive by not letting go of some dedicated, high-skilled workers. It’s a disgrace what the state did to these “heroes” from two years ago; mandate them to put something in their bodies that does not work or loose their livelihoods. Let’s stop playing political games!**

Comment By: **Risa Atkinson**

On: **02/25/2022**

Comment: **The article states that dept. spokesperson Joseph Wendelken says "roughly 94% of Rhode Island's health care workforce is vaccinated." What about the remaining 6%? If we receive care from a health care worker in a facility , we have the right to expect protection from a potentially lethal virus. Because of an emergency splenectomy 2 years ago, I have a compromised immune system. I am fully vaccinated. In just the first year following, I had five infections serious enough to require antibiotics. I cannot risk contracting COVID because some health care workers are refusing to be vaccinated, when as a former health care worker myself, I had to provide proof of immunity against several diseases as a condition of employment. If you cannot understand how important this vaccine is, then you should not be working in health care.**

Comment By: **Shawna Swift**

On: **02/25/2022**

Comment: **As a licensed healthcare provider and clinical social worker, I strongly support the easing of vaccine mandates in RI. As is with the flu, unvaccinated workers are required to**

wear N95 masks when transmission is high and this is a reasonable accommodation when covid transmission rates are high as well. Let those of us, who want to help the public but who are also unvaccinated, get back to work and support our communities. We worked tirelessly throughout the pandemic without a vaccine available and we are ready to continue providing support to those in need. I fully support the easing of the healthcare vaccine mandate.

Comment By: **Michaela Evans**

On: **02/25/2022**

Comment: **During the pandemic, healthcare workers were heroes. Now they have been thrown aside if they chose not to get the vax, which is no more than a flu shot. It is absolutely disgusting what this state has done and voters will remember this fall at the poles. Look at the RIDOH covid data tracker and you'll see more vaccinated people getting covid than unvaccinated, but let's keep them from working in our understaffed medical facilities. Real smart RI!!!! Time to change this ridiculous rule and get these people back to work.**

Comment By: **Susan Swain**

On: **02/25/2022**

Comment: **Why the insistence on treating non-vaccinated employees different from fully vaccinated ones when the evidence shows that both can transmit the virus? This is clearly being done to ostracize and punish an employee who chooses not to take the vaccine. Why is there no recognition of disease acquired immunity as being superior to disease naive, vaccinated people (per CDC's own data, no less)? RIDOH has been promulgating unscientific rules by requiring vaccination of all HCW, and while this is a step in the right direction to return some portion of the badly needed workforce, it is far from following the current evidence that should allow for full employment and/or reinstatement of terminated employees, without restriction or additional, unnecessary, theatrical burdens of wearing an N95.**

Comment By: **Mike C**

On: **02/25/2022**

Comment: **With a HUGE shortage of nurses you should ABSOLUTELY do this, many nurses are getting hurt and burned out by understaffed units, this is something that would have a immediate impact, and more importantly save lives**

Comment By: **T. L.**

On: **02/25/2022**

Comment: **My Comment to Regulation 216-RICR-20-15-7: All fired health care workers, firefighters and any person that lost their job over the pandemic mandates should get their jobs and careers back immediately. I work in a position where they did not fire us and we caused no risk and no harm to our patients. The firing mandate was unnecessary and non-scientific. It was ignorant and wrong. I have worked with ill people my whole career; I don't fear them, and they don't fear me. It was a HUGE error on Rhode Island and needs to be corrected. Rhode Island needs to get back to work. The overstepping of privacy and personal health choices in this proposed regulation is wrong. The government must stay out of personal and private choices. I know of 3 families that left RI and two more leaving. I know 7 families that pulled their children from public schools and 2 more pulling them out for school year 22-23. This legislature and regulation system must respect others and their livelihood and not use coercion and mandates. Rhode Islanders will be voting in November and they are not happy with this administration and legislative body as well as RIDE and RIDOH.**

Comment By: **Jessica Leblanc**

On: **02/25/2022**

Comment: **Healthcare workers who have natural immunity should #1 get their jobs back & #2 be treated the same as those who had 2 vaccines...especially since we now know the vaccine effectiveness wanes over time & those with natural immunity have better protection**

Comment By: **M A**

On: **02/25/2022**

Comment: **Any HCW that was unjustly fired over this mandate should absolutely be able to return without vaccination! There has been numerous workers that are vaccinated and boosted that have recently contracted COVID, proving the vaccine does not prevent infection. Vaccinated people have also infected others with covid, proving it also does not stop transmission to others. If the vaccine does not stop the person from getting the infection or spreading the infection, why should it be mandatory? At that point, it is just to "protect" the person from "severe symptoms" or hospitalization. This mandate is not about public safety. It's awful what has been done to health care workers who worked through a pandemic, with no vaccine and subpar PPE, just to be fired over personal choice! Reverse the mandate and guarantee these people jobs for any RI medical facility of their choosing, if they haven't already moved on to alternate work/different state.**

Comment By: **Lois Scofield**

On: **02/25/2022**

Comment: **Healthcare workers should never have been let go and it is time to hire back them with compensation.**

Comment By: **David Scofield**

On: **02/25/2022**

Comment: **Let the unvaccinated go back to work!**

Comment By: **Adam Lisker**

On: **02/25/2022**

Comment: **Healthcare workers need their jobs back. They were on the front lines in this pandemic and now they're pushed aside. This is not right on many levels.**

Comment By: **Kate McGovern**

On: **02/25/2022**

Comment: **I strongly urge you not to remove the requirement for health care workers to be vaccinated against COVID-19. The vaccine should continue to be treated as a condition of employment, just as other standard immunizations. I am 67 years old, and even though I am fully vaccinated and boosted, I want my health care providers to be vaccinated. More importantly: This is not just for the safety of health care workers, their families, and their patients. The state has the responsibility to treat this vaccine as part of standard preventive care through immunization. For a series of bizarre reasons, the most significant tool to stop this pandemic has been considered controversial and optional. State health officials know it to be safe and effective, and you have the responsibility to require it for health care workers and for school children.**

Comment By: **Brianna Pari**

On: **02/25/2022**

Comment: **These Healthcare workers need to have their jobs back! they worked a year without a vaccine, taking care of people during a pandemic. what happened to them loosing their jobs is a disgrace, we need nurses, they are the backbone to Healthcare!**

Comment By: **Anne Rich**

On: **02/25/2022**

Comment: **I am a terminated RN with my own natural antibodies ( after 9 months) and strong religious beliefs regarding this vaccine . What has happened to healthcare in this state is an absolute disgrace . We worked this entire pandemic and have been without income for months now , denied unemployment and now a proposal for “ unvaccinated “ to return to employment , not one of us should have been terminated to begin with !!! We are dedicated professionals, we worked safely from day one in 2020 , every single Rhode Islander should have always had freedom of medical choice , no one should ever be coerced into having a medication injected into their bodies. As an RN I would never forcefully make a pt. receive a medication or procedure they did not want or agree with. RIDOH should immediately overturn these unconstitutional mandates and allow dedicated caring healthcare professionals to return too employment**

Comment By: **Robin Mirante**

On: **02/25/2022**

Comment: **I am a healthcare worker of 34+ years. I felt like my patients and I were protected with the mandate for vaccines and masks. Vaccinations go with the territory of being a health care worker. The state's health department's job is to protect the health of it's citizens, not to cave to political pressures, which this bill is doing! I'm very disappointed that the significant efforts of the majority of healthcare providers are overshadowed by the selfish demands of the others, in the minority! De la Cruz's comments about giving people a bonus for returning to work are ludicrous! They took a job, just like all others, and were paid for it, maybe not enough, but paid, and accepted a job with numerous vaccines required. Why should this vaccine be any different? Just because some people have erroneously believed in conspiracy theories and whatever else, doesn't mean the rules should change. This bill is a slap in the face to responsible healthcare providers! Please stop the pandering!**

Comment By: **Elisa Campbell**

On: **02/25/2022**

Comment: **Please allow unvaccinated healthcare workers to return to their jobs. The "vaccines" have proven they do not stop people from contracting or transmitting covid. These workers were heros before they refused to comply for medical or religious reasons.**

Comment By: **Veronika Kot**

On: **02/25/2022**

Comment: **Health care providers come into regular and close contact with the most vulnerable individuals in society on a daily basis and must be held to a high standard which protects the health of these individuals and their confidence to seek medical care. For this reason alone the changes to the regulations as they affect the requirement of COVID vaccines for health care workers should not be implemented. Health care workers should be required to be vaccinated (fully, with boosters, as recommended for a complete course of vaccination at the time, by the CDC) or barred from working. Period. The vast majority have done so. Those who place their own misinformed views above the welfare of their patients should not work in the**

health care field. Only medically documented exemptions should be honored. Mask mandates conditioned on incidence rates are not a substitute for patient confidence that their health care providers are well-informed, vaccinated, and have done everything within their powers to protect them. The most fragile should not be abandoned in a rush to cater to them most ill-informed.

Comment By: **Kris D**

On: **02/24/2022**

Comment: **It's been proven that the vaccine isn't stopping infection and now health care workers who are vaccinated are allowed to work while infected. I give my full support to bringing back the workers who were fired due to the vaccine mandate and allowing them to do their job.**

Comment By: **Toby Leblanc**

On: **02/24/2022**

Comment: **I believe the update to a "Vax or mask" requirement for the covid vaccine makes sense. Just like the flu vaccine it allows a course for those who may not get the covid vaccine without adding additional stress to the Healthcare system**

Comment By: **Jennifer Scorpio**

On: **02/24/2022**

Comment: **Let healthcare workers who you illegally mandated back to work before you collapse the healthcare system. You lost all credibility when you allowed covid positive workers to care for patients...do the right think**

Comment By: **Scott Davis**

On: **02/24/2022**

Comment: **Even the proposed rule is too onerous, but at least it's a start. Do what you have to to stop punishing qualified healthcare workers who don't agree with far-left hysteria.**

Comment By: **Michael Evanco**

On: **02/28/2022**

Comment: **I support that healthcare workers should be permitted to return to work with the use of masks if needed. I also support that seniority and appropriate pay be reinstated.**

Comment By: **Kelly Baker**

On: **02/28/2022**

Comment: **As an RN in this state, I fully support allowing unvaccinated nurses to return to work, as this discriminatory and non-science based regulation never should have been enacted to begin with. I do NOT however, support the N95 masking of unvaccinated nurses. Despite 100% vaccination rate and masking rate, hospitals are still experiencing Covid outbreaks. (I have proof from my facility). So masking only unvaccinated nurses makes zero sense. Please revise that part of the regulation for full support.**

Comment By: **Janet Evanco**

On: **02/28/2022**

Comment: **I support that healthcare workers should be permitted to return to work, with masks if necessary. I also support that seniority and appropriate pay be reinstated, as well. Thank you.**

Comment By: **M Rice**

On: **02/28/2022**

Comment: **This mandate should end immediately, countless lives have been negatively effected, anyone who lost their job should be compensated. It is time to acknowledge the lack of success these mandates had. It is time to heal our state's citizens, and never make these mistakes again. The right to our bodily autonomy should never have been compromised nor our religious freedoms.**

Comment By: **A A**

On: **02/28/2022**

Comment: **Let them return to work, they have families to feed. Vaccinated or not, same results**

Comment By: **Angelique Kneepkens**

On: **02/28/2022**

Comment: **Please drop the vaccine mandate for health care workers.**

Comment By: **Kerrie Escobar**

On: **02/28/2022**

Comment: **Please allow healthcare workers to get back to work and please stop the mandate. Please allow for religious exemptions. There are so many experienced and eager workers that have been forced out of their livelihoods due to making informed decisions and religious convictions. There are other ways to mitigate risk of Covid and we had done so for the first 18 months of the pandemic. We worked short staffed, stressed and with dedication. Please do the right thing by getting us back to the workplace.**

Comment By: **Susan Kendig**

On: **02/28/2022**

Comment: **Please stop all mandatory vaccine mandates for health care workers in our state.**

Comment By: **Jimmy Cloutier**

On: **02/28/2022**

Comment: **Please get rid of the mandate so my wife can work again**

Comment By: **Melanie Horbert**

On: **02/28/2022**

Comment: **Please keep a full vaccine mandate. Yes, people can individually be protected from severe illness by vaccinating themselves but long term effects of covid are still quite common even if you don't become severely ill.**

Comment By: **Jason Romblad**

On: **02/28/2022**

Comment: **Hello, I am an unaffiliated voter from Woonsocket and I want to voice my opinion on this rule change. Please allow all workers in RI to work without mandating a "vaccine" for covid, which does not stop one from getting nor spreading the virus. Thank you**

Comment By: **Joseph & Gail Brown**

On: **02/28/2022**

Comment: **We support the cancellation of the vaccine mandates. We want to see all the frontline workers restored to their pay and seniority rates in any grandfathered rates they had before they were dismissed! Kindest regards, Joseph A. & Gail L. Brown North Kingstown, RI**

Comment By: **Amy Coelho**

On: **02/28/2022**

Comment: **Stop the mandate! It's unlawful and senseless! Unvaccinated people are not causing any risks to patients. Fact!**

Comment By: **Aaron Williams**

On: **02/28/2022**

Comment: **Hi, Why wouldn't you let the nursing staff go back to work. After seeing all the facts and results of covid, vaccinations and non vaccinated. Why ask us? Why not just do the right thing ? Allow them back to work**

Comment By: **Sherry Smith**

On: **02/28/2022**

Comment: **DO NOT MAKE THE COVID VACCINE A CONDITION OF EMPLOYMENT IR SCHOOL PLEASE!!**

Comment By: **Kristen Farmer**

On: **02/28/2022**

Comment: **Please stop the mandates.**

Comment By: **Katie Aubin**

On: **02/28/2022**

Comment: **Gov. McKee has stated twice now to President Biden about how RI. Was founded on religious freedom and tolerance. If the mandate stays and a religious exemption is not implemented the DOH and Governor need to get on the same page. Take the politics out of healthcare. End the mandate get people back to work, hospitals fully staffed and save peoples lives and livelihood.**

Comment By: **Sharon Santos**

On: **02/28/2022**

Comment: **When we lost so many qualified Healthcare workers because of this disingenuous mandate it did nothing but put more people at risk from lack of care. Not taking into consideration previous infection was a mistake. And to continue down this path will only make people more strongly Distrust your decisions. Please do the right thing and allow for these people to do what they were trained to do**

Comment By: **John Depiva**

On: **02/28/2022**

Comment: **Vaccination is a choice, NOT a mandate! Give them their jobs back!**

Comment By: **Joan Degaitas**

On: **02/28/2022**

Comment: **Please drop the vaccine mandates for all health care workers. Thank you.**

Comment By: **Nicholas Degaitas**

On: **02/28/2022**

Comment: **Please drop the vaccine mandates for all healthcare workers. Thanks.**

Comment By: **Mark Zimmerman**

On: **02/28/2022**

Comment: **Drop the mandate.**

Comment By: **Deb DiCarlo**

On: **02/28/2022**

Comment: **RI is a State founded on religious freedom so send all refugees here! That's from our governor's recent letter to Joe Biden What about when it comes to RI Residents & their Religious Exemption Requests against the vaccine mandates? Then it doesn't apply apparently ?? Where's our Freedom, Independence, & Hope?!? No unconstitutional mandates...only freedom of choice!**

Comment By: **Debbie Camara**

On: **03/01/2022**

Comment: **Covid Vaccines should be made optional just like the flu vaccine. Healthcare workers should have an options to opt out and be required to use PPE during high community outbreaks. This vaccine does NOT give you long term immunity like the MMR, Varicella or Hep B so it should not be treated as such. Also, religious exemptions should be made available for all vaccines. An individual should not have to struggle with their beliefs because of vaccines. Immunity titer for covid should also be accepted as they are for the other vaccines. Per CDC last reports people with natural immune had higher protection than with the vaccine. I oppose the regulation as written and feel the public concerns should be addressed.**

Comment By: **Elizabeth Plumer**

On: **03/01/2022**

Comment: **The CDC recommends that healthcare workers be up-to-date with the vaccinations listed below. Flu (annually) Hepatitis B MMR (measles, mumps and rubella) Chickenpox (varicella) Tdap (tetanus, diphtheria and pertussis) Meningococcal COVID-19 The state of Rhode Island has no reasonable basis to exclude covid-19 vaccination from the list of CDC-recommended vaccinations for healthcare workers. Unfortunately, the issue of covid-19 vaccination has been politicalized. Absent politics, one would not question the CDC recommendation for covid-19 vaccination. This point is evidenced by the lack of objections to the other CDC recommendations for immunizations - many of which are common to those required for public school admission.**

Comment By: **Rosa Czarnomski**  
On: **03/01/2022**  
Comment: **Please drop the vaccine mandate.**

Comment By: **Kerri Grundy**  
On: **03/01/2022**  
Comment: **Please stop the mandate for this C-19 vaccine. Healthcare can wear masks instead! Imagine needing a vax every 90 days to stay healthy. When is ENOUGH Going to be ENOUGH!!**

Comment By: **Jenn D**  
On: **03/01/2022**  
Comment: **Enough is enough. Give them their jobs back and make the hospitals safe again.**

Comment By: **Sherri H**  
On: **03/01/2022**  
Comment: **Let's welcome back our Frontline workers, by apologizing and giving them sign on bonuses. We need our nurses.**

Comment By: **Gina M**  
On: **03/01/2022**  
Comment: **Our healthcare workers should not be subject to these harsh mandates while their religious and medical exemptions get denied. This staffing crisis is self-induced. Treat these people with the dignity they deserve and the bodily autonomy that is rightfully their own. May they not be pharmaceutical lab rats. Residents of the state of Rhode Island, as well as employees of these health care facilities - are all against mandates - so who is for them ?**

Comment By: **Christina Wu**  
On: **03/01/2022**  
Comment: **Logic is fast, Science is slow. Stop these malicious mandates.**

Comment By: **Ellen Koehn**  
On: **03/01/2022**  
Comment: **Please drop the vaccine mandate and restore workers to their previous pay and seniority! No longer any need for the mandate. Stop punishing health care workers!**

Comment By: **Anthony Caruolo**  
On: **03/01/2022**  
Comment: **By mandating this questionable vaccine, you are causing more suspicion to hesitant people. And thus seeing healthcare professionals refuse to receive it, further promotes vaccine hesitancy. If you want to fool the population into getting this suspect injection, you need to reward not punish us stupid sheep.**

Comment By: **Gail Maynard**  
On: **03/01/2022**

**Comment: Any person fired over the mandate should be guaranteed to be rehired to any position they apply for. The new "regulation/bill" should include SEVERE PUNISHMENT for any organization- hospital, clinic, office, etc that denies exemptions to vaccination! It is not up to an organization to decide if a medical or religious exemption is "sufficient". If a person has a medical professional give them a medical exemption, that is enough. A person sitting in a corporate office should not be able to decide that it is not "severe" enough. Same for religious exemptions- nobody should ever tell anyone their beliefs aren't "sincere" enough, or question the validity of their sincerity- that's a civil rights violation. Drop the mandate, and if testing is required, it should be for ALL workers since vaccinated can still get covid. That cost also should not fall on the employee!**

**Comment By: Wanda Pothier**

**On: 03/01/2022**

**Comment: Please extinguish the vaccine mandate for healthcare workers. The health care system has been in disarray since the mandates went into effect. We have lost many valuable health care workers and first responders because of the vaccine mandates. The bottom line is that the patients are the ones who have been hurt the most from the vaccine mandates. There are not enough workers to care for the sick who desperately need their assistance. Vaccine inoculation should be a choice as this is America and our country was founded on freedom of choice. Thank you and God Bless**

**Comment By: Michelle Sztabor**

**On: 03/01/2022**

**Comment: I am disheartened at the medical malpractice that continues 2 years after the outbreak of COVID. We were all afraid at first but now we know so much more. Ignoring natural immunity, trusting overly in vaccines as a one size fits all solution, ignoring early treatment, and firing healthcare workers for not wanting a medical treatment has been a disaster. Please reconsider your role as the department of health, that you are not in the role of dictator, that medicine does not have all the answers, and that we should be free to choose. The vaccines have not been the cure all presumed and pushed as vaccinated people still get and spread COVID. There is always a risk with communicable diseases and they can never be 100% prevented. Tying our jobs to medical interventions is wrong on so many levels. So let's go back to common sense. Quarantine sick people, stay home when sick and let us decide how to stay healthy.**

**Comment By: Peter Meusert**

**On: 03/01/2022**

**Comment: Please drop the vaccine mandate for health care workers.**

**Comment By: Desiree D**

**On: 03/01/2022**

**Comment: I am sincerely asking you to drop the vaccine mandate for healthcare workers and let them get back to work. The hospitals are understaffed and patients are suffering from lack of adequate and timely care due to the understaffing.**

**Comment By: Kerri Szafranski**

**On: 03/01/2022**

**Comment: The mandate must end, 99.9% of healthcare workers have worked during the pandemic and have Natural Immunity. Many workers have had shots and boosters and still**

get a positive result. Lets move on, we have medical medication such as remdesivir, hydroxchloroquine, and yes Tamiflu. This is an endemic, lets get our unvaxxed health care workers back to work.

Comment By: Laurie Ferreira

On: 03/02/2022

Comment: I urge the RIDOH to drop the vaccine mandate that led to the wrongful termination of thousands of health care workers around our state. I support this proposed change in policy to require health care workers to be up to date with the covid vaccination OR to wear a mask when the prevalence rate is substancial. This proposal needs to be approved!

Comment By: Jane Cilli

On: 03/02/2022

Comment: Please let the health care workers come back to work. Drop the mandates we need

Comment By: Mike Stenhouse, CEO RI Center for Freedom & Prosperity

On: 03/02/2022

Comment: I oppose these proposed rule changes and alternately, we should let all existing Covid-19 mandates and executive orders expire on their own course. From a column I recently posted ... Through these rules, the RIDOH is seeking to expand its power and authority over future public health issues ... and its doing so by trying to make it seem like they're easing control. Don't be fooled. In ostensibly putting forth these amended regulations to establish new standards for future communicable disease responses involving healthcare workers ... the RIDOH is inexplicably seeking to double-down on many of its prior major mistakes in responding to the COVID-19 pandemic. What most people don't realize is that the current healthcare worker vaccine mandate was a temporary "emergency" measure that will soon expire ... unless these new rules are approved and implemented. As part of this new package of rule changes, this vaccine mandate will become permanent ... albeit under certain conditions and with specified exemptions. Make no mistake, COVID-19 vaccines will become a permanent fixture in Rhode Island law; but the danger is that its proposed conditions and exemptions could be eliminated at the future whim of the "director" of the RIDOH. Speaking of the director, one of the rule changes redefines the director position to include his/her designee. Why should some unknown, unvetted, and unelected bureaucrat be arbitrarily granted such power? In what is clearly an overt infringement on our personal medical privacy, the new rules also mandate that healthcare employers collect proof of the COVID-19 vaccine status of each of their employees and be prepared to report such information to the government, without the employee's consent. The new rules also seem to place even greater reliance on CDC recommendations – automatically adopting national one-size-fits-all policies, thus eliminating independent and critical-thinking about special circumstances that might exist in our state. Sadly, as we all know now, the CDC is hopelessly incompetent and corrupt. The proposed rule changes also increase RIDOH's unilateral power by expanding the definitions of what constitutes a healthcare facility and a healthcare worker ... more institutions and people to rule over. The new rules would further grant the "director" unlimited power to declare when a flu is "widespread" ... thus potentially triggering new and oppressive RIDOH mandates. "Up to date" is redefined as not just receiving the primary doses of COVID-19 vaccines, but also "all recommended boosters". The new rules would also result in new costs for healthcare facilities via an unfunded mandate that requires "an adequate supply of medical masks or higher-grade N95 masks" be provided at no charge to all healthcare workers. And perhaps most ominously, the new rules would eliminate the clearly specified fine and procedure for healthcare workers who violate the provisions ... and replace it with the threat of unspecified "administrative action" by RIDOH, opening the door

to arbitrary, extreme, and political persecution – as with Dr. Skoly. In conclusion, our state would be better off if nothing along these lines were to be done ... and allow all related RIDOH rules and Executive Orders to simply expire in their due course.

Comment By: **Peter Sherrill**

On: **03/02/2022**

Comment: **End the vaccination requirements for Healthcare workers.**

Comment By: **Leo Scansaroli**

On: **03/02/2022**

Comment: **There should NOT be any mandate for health care workers in Rhode Island. They worked thru the Covid crisis without vaccinations. They should be free to not be vaccinated if they choose.**

Comment By: **Patricia Yarborough**

On: **03/02/2022**

Comment: **I support reinstating all nurses, doctors, CNAs and other Healthcare workers to their positions and pay grade when they were terminated.**

Comment By: **C Carvalho**

On: **03/02/2022**

Comment: **Why wouldn't you want them to return to work? Knowing what we know now, let them return to work**

Comment By: **Jennica Thibodeau**

On: **03/03/2022**

Comment: **Please drop the vaccine mandate**

Comment By: **Alex K**

On: **03/03/2022**

Comment: **Allowing Health Care Workers to work without being vaccinated against Covid 19 is a public health hazard. There is no way to monitor unvaccinated workers who have proven time and again they don't care about the health and safety of patients or co-workers. Who will ensure that those home care workers are wearing an N95 in the home? Home care is one of the least talked about areas that Covid has run rampant through including staff and patients. Anti-vaxers don't take it seriously enough and because as nurses in the hospital or the community we are caring for immune compromised patients and the elderly who are susceptible to having Covid passed on to them, it is imperative that we keep unvaccinated workers out of the profession permanently. Opting not to vaccinate is in direct conflict with all that Nursing and patient care stands for.**

Comment By: **Chris Carceller**

On: **03/03/2022**

Comment: **From day one, I have been against any type of Covid vaccine mandate. We have a vaccine that was barely out 10 months when our government decided to force health care workers to get it or lose their job (and not have the ability to claim unemployment!) This was NOT a choice for some! Don't we look to our medical staff for medical advice? If they're**

fearful of this vaccine, shouldn't you trust their judgement? These are our heroes that worked tirelessly through a scary, life threatening pandemic.....and most likely contracted covid from their job! And AFTER the country mandated this vaccine for many, the CDC stated last month that natural immunity was 6X more effective than the vaccine during the Delta variant. Isn't that when our health care workers lost their jobs? It's maddening that the CDC puts the info out AFTER the mandates took effect! Coincidental? During the pandemic, I had some health issues and had to enter doctor offices and the hospital for a surgery and several other issues. Not once did I worry whether or not the nurses/doctors were vaccinated. I saw them with their protective clothing on, masked up and constantly washing their hands. I was more nervous heading to Market Basket with everyone wearing their mask under their nose!!! I am a caregiver for my mom, so I know what fear is when it comes to someone else's health during a pandemic.....but I felt more protected bringing her to her doctor appointments than out to a store. Our health care workers should have a choice as to whether or not they take an experimental vaccine.....and yes, considering most FDA approved vaccines take 6-10 years to get approval, this is experimental. We have NO IDEA what the long term side effects of this vaccine are. So, to force people to get it (health care workers or anyone else).....it's just INSANE!!! And when you hire them back (if they're actually go back at this point).....they deserve to be compensated for the loss of their job without the ability to claim unemployment. Meanwhile, people sat on their asses for 2 years collecting money (plus extra federal money), while our nurses/doctors/health care workers worked around the clock and put their health and their family's health at stake!!! Stop the mandate for health care workers and EVERYONE else!

Comment By: **Carol Orsino**

On: **03/03/2022**

Comment: **Please allow unvaccinated health care workers to go back to work wearing an N95 mask. I think the entire vaccine mandate should be eliminated. I am a very compromised person health wise and have never worried about the vaccination status of any of the health care workers when I've had appointments (and it's a lot). They are more protected than anyone else.**

Comment By: **JASON Hinchliffe**

On: **03/03/2022**

Comment: **Please drop the tyrannical vaccine mandate measures for all of our American citizens.**

Comment By: **Jessica Cotton**

On: **03/04/2022**

Comment: **I support the updated regulation changes regarding COVID vaccine mandates. It should be a choice made by the health care worker if they want to get vaccinated or wear an N-95 mask when applicable.**

Comment By: **William Cotton**

On: **03/04/2022**

Comment: **I support this regulation update. Please allow healthcare workers have the choice of receiving the COVID vaccine or wearing an N-95 mask during an outbreak**

Comment By: **Kaytelynn Strickland**

On: **03/04/2022**

Comment: **To Whom it may concern: There shouldn't be a vaccine mandate! Not only has it effected my job but also my family's. Everyone's body is different and it shouldn't be forced on anyone. We all know our own bodies and it isn't right for it to be forced when someone is concerned it may have an effect on them. No one should have to be forced to get the vaccine in order to keep their job. It is very wrong that at the beginning of the pandemic health care workers (and other jobs) was put at risk and still worked closely with people who were positive for Covid-19. After a year of already being exposed and being called "heroes" for working through this time, turned into if you do not get vaccinated you'll lose your job! How can you thank someone for being a hero and working long days, while being short staffed and the hospitals being filled to the point there is no beds left to turn around and fire someone who worked their butt off just for the fact they feel the vaccine will be harmful to them or there isn't enough information to back up that the vaccine is effective and that it is their right to say no to injecting something they don't know into their body. If someone doesn't feel comfortable with it, it shouldn't be forced on them and they shouldn't have to worry about losing their job by not getting it. There for I think there should be no vaccine mandate!**

Comment By: **Irina Diffley**

On: **03/04/2022**

Comment: **I dont think its fair for unvax worker to wear N95 and the vax worker regular mask because: 1) Per CDC vaccine doesn't prevent people from spreading the virus so we all would spread on the same level 2) Some of the workers received the vaccine when it first came out - almost 1,5 years ago, and we all know it doesn't work that long so they are as unvaccinated as I am 3) What happens to us, unvaccinated workers, if the hospitalization rate starts going up - are they going to fire us again? 4) my natural antibodies that can be proven by a test should count as immunity**

Comment By: **Lisa Williams**

On: **03/04/2022**

Comment: **Why is it we have completely ignored our own immunity in the face of a "vaccine" never tested, with the exception of the global "study" being done in real time, for a company that was unwilling to show the results from their own study and requested it not be released until 2075. I'm a single grandmother w/custody of three grandkids. RI has not been kind to any of us in the Health Care field. Please help us get back to work without the coercion/force that has been placed upon everyone of us unnecessarily.**

Comment By: **Thomas St.george**

On: **03/05/2022**

Comment: **I support Healthcare workers to go back to work I have a daughter who lost her job that she loves , over the vaccine mandate please allow everyone to go back .thank you ????**

Comment By: **Christin Mello**

On: **03/04/2022**

Comment: **Based on the VAERS report in the US and Yellow Card in the UK ( vaccine injury reports) there is plenty of evidence that mRNA technology is not "one size fits all". The RIDOH should know this. RIDOH's job to protect ALL from harm, yet there is no one liable if you are injured by this "experimental" shot. No one should have to choose between vaccine roulette or their job. The mandates are dangerous and have caused many of us not to trust the government or medical field. I was recently in the hospital and the understaffing (due to firing the unvaccinated) is a real problem.**

Comment By: **Isabella Merolla**

On: **03/05/2022**

Comment: **The mandate should be dropped. It should have never got to the point it did. As a nurse being fired after over a year of being selfless and putting the community first, sacrificing my life essentially, nothing short of it. Not knowing the outcome of the week ahead, and yet still getting up every day and going to work, walking into a war zone, before we even really knew what it was. At 24 years old being up against that, people who don't work in healthcare cant and wont ever understand what we all saw and did at the height of the pandemic. It cannot even be put into words, to add this much more stress and anguish to an already deplorable profession. SO much is wrong with the healthcare field and this vaccine mandate was not a decision that had benefit outweighing the risk. Short staffing is already a pandemic within itself. The reality is we do not have the staff to care for the volume of patients we had pre-covid. Patient's in many cases are already experiencing less than acceptable care from American hospitals in which people pay premium health insurance costs to feel theyre needs were not met. I don't care if it was only 200 healthcare workers who were fired, those 200 people have touched thousands if not millions of lives combined, they have put in so much work, dedication, sacrifice, emotional/physical/mental energy, and they were 100% disrespected. There was no reason why PPE and weekly testing could not continue to be used. I will not get into the vaccine itself, but the vaccine did not have much effect on the SPREAD of covid, and I have attached graphs I made with data straight from the RIDOH google doc information available to the public. Furthermore, allowing covid infected healthcare workers is a gross insult to those who were fired, proving the mandate to be obsolete from that moment on. At that point what is the vaccine coursing through the covid + nurses veins going to do for the patient? The vaccine will not form a bubble around an infected vaccinated person. Healthcare workers paid big money to go to school, they pay 140\$ to keep their license every 2 years (and don't worry the state of RI still collected that \$140 from me even though I was unable to use my license almost have the year due to this mandate). People lost thousands in income, they lost their PTO, they lost their health insurance. Do we need more uninsured people in this state? This has been a sickening situation and yet even in the midst of being treated this way healthcare workers are still out here fighting for their jobs? What does that tell you about the spirit of these people. RESILIENT. All to keep serving the people of the community, even those who supported the mandate, blindly unknowing of how it would come back to effect them directly... higher ER wait times, worse care, medical mistakes. People writing comments about unvaccinated healthcare workers on the internet saying nasty nasty things. They should be lucky if these people even want to go back to nursing the way they have been ostracized from society at this point. These good people were the same hero's you all cheered for 1 year prior. What kind of person does that make them to judge? The people who quite literally might have saved your life a year ago you are now putting down and abusing on facebook! I hardly believe if someone is faced with the grave decision of literally being in a grave or allowing a covid negative unvaccinated skilled worker to assist them, people would choose death? In conclusion, get a grip on reality and allow common sense back into the community. There is no mask mandate anymore, unvaccinated people are going everywhere with no mask and that is fine??? Children are in schools with no masks??? Kids are touching everything, spreading germs, more than 1/2 of them unvaccinated, what's the deal with that? Drop the mandate**

Comment By: **luigi gallino**

On: **03/05/2022**

Comment: **In a futile attempt by certain politicians, the discriminatory practice of subjecting healthcare professionals to receiving a biological weapon into their system is appalling and pathetic. It is not for a politician, judge or other personnel to decide what goes into a persons body! Do they enforce cancer and AIDS patients to be injected against their will with**

**medication? This is a total BS act of ego, power and manipulation. This country and its useless leaders should be ashamed and embarrassed by their lack of fortitude and service to the American people! Some people are not sheep or experiments!**

**Comment By: Teresa Grant**

**On: 03/06/2022**

**Comment: Please reverse vaccine mandate for all workers equally. Unvaccinated RN's and other healthcare workers should not have to wear N95's at work. This can be likened to segregation or a yellow star because the government wants compliance to an experimental vaccine. The science does not support this policy. If one healthcare worker can be maskless, then all can be maskless regardless of vaccination status. Let us go back to "do no harm" and "informed consent". The last two years has not strengthened our healthcare system or protected lives. The contrary could in fact be argued and validated in debate and through peer reviewed scientific studies. .**

**Comment By: Andrew Palazzo**

**On: 03/06/2022**

**Comment: I support the vaccine mandate for healthcare workers stopped and masking options passed.**

**Comment By: Angela White**

**On: 03/06/2022**

**Comment: I support the vaccine mandate dropped**

**Comment By: Becky McBrine**

**On: 03/06/2022**

**Comment: Please drop the vaccine mandate**

**Comment By: Neil McBrine**

**On: 03/06/2022**

**Comment: Please Drop Vaccine Mandate for RI**

**Comment By: Sheila White**

**On: 03/06/2022**

**Comment: Please cancel the vaccine mandate for RI healthcare workers**

**Comment By: Cathy White**

**On: 03/06/2022**

**Comment: I wish to drop the vaccine mandate for RI**

**Comment By: Katie Gately**

**On: 03/06/2022**

**Comment: I support stopping the vaccine mandate for RI**

**Comment By: Denis White**

**On: 03/06/2022**

**Comment: Drop mandate**

**Comment By: Christine White**

**On: 03/06/2022**

**Comment: Please end COVID vaccinate mandate for healthcare workers**

**Comment By: Christina White**

On: **03/06/2022**

Comment: **End the COVID vaccine mandates for RI**

Comment By: **Quinton Webb**

On: **03/06/2022**

Comment: **End the mandate**

Comment By: **Mike Curran**

On: **03/06/2022**

Comment: **Stop the vaccine mandates**

Comment By: **Sara Vieira**

On: **03/06/2022**

Comment: **To Whom It May Concern: I am shocked and disgusted that the RIDOH is insisting to make permanent regulations to R.I. Gen. Laws Chapter 23-17 and § 23-17.7.1. Instead of doing the right thing for our healthcare system, you are further crippling the system by requiring health care workers to an experimental drug. Documents released by Pfizer on March 3, 2022, lists 1, 291 different adverse reactions. The list includes acute kidney injury, acute flaccid myelitis, anti-sperm antibody positive, brain stem embolism, brain stem thrombosis, cardiac arrest, cardiac failure, cardiac ventricular thrombosis, cardiogenic shock, central nervous system vasculitis, death neonatal, deep vein thrombosis, encephalitis brain stem, encephalitis hemorrhagic, frontal lobe epilepsy, foaming at mouth, epileptic psychosis, facial paralysis, fetal distress syndrome, gastrointestinal amyloidosis, generalized tonic-clonic seizure, Hashimoto's encephalopathy, hepatic vascular thrombosis, herpes zoster reactivation, immune-mediated hepatitis, interstitial lung disease, jugular vein embolism, juvenile myoclonic epilepsy, liver injury, low birth weight, multisystem inflammatory syndrome in children, myocarditis, neonatal seizure, pancreatitis, pneumonia, stillbirth, tachycardia, temporal lobe epilepsy, testicular autoimmunity, thrombotic cerebral infarction, Type 1 diabetes mellitus, venous thrombosis neonatal, and vertebral artery thrombosis among 1,246 other medical conditions following vaccination. Why are we continuing to say this COVID vaccine protects anyone? Even more disheartening is the blatant overreach of eliminating the clearly specified fine and procedure for healthcare workers who violate the provisions and replace it with the threat of unspecified 'administrative action' by RIDOH which is opening the door to arbitrary and extreme persecution. I do not support anything that continues to dismantle the health care system in RI.**

Comment By: **Margaret White**

On: **03/06/2022**

Comment: **End the mandate**

Comment By: **Bobby Conway**

On: **03/06/2022**

Comment: **Stop the vaccine mandate**

Comment By: **Eldon Lopes**

On: **03/06/2022**

Comment: **The last thing that is needed after a year plus of failed policy and guidelines is even more coercion and regulation forcing more workers into uncomfortable and oppressive working conditions which will further deplete our healthcare system and make RI an unattractive state to live. Please cancel these proposed regulations.**

Comment By: **Steve Torti**

On: **03/07/2022**

Comment: **The CDC is not a governing body and cannot make rules and to further rely on them to determine policy has almost 0% chance of being beneficial to Rlers. As much power as the government agencies clearly want, it is never in the best interest of the people. Please let people make their own choices, we are a nation and a state of free thinkers, founded on that and that tradition is fading away because of bills like this. Mandating shooting us up with drugs, may be mostly innocent this time but it sets a precedent for future evil. Trust us to make our own decisions, punish those who hurt others and let us be free.**

Comment By: **Al Olsen**

On: **03/07/2022**

Comment: **This department has way to much power and the ability to make it's own regulations without either public input or legislative oversight. This department cannot keep this tyranny going to control every aspect of any person's medical life, or their private business. This department needs to be controlled by the General Assembly before making Any additions or change's in this completely unconstitutional Title 216. to be able to institute rules that are completely unconstitutional such as "Permanently impose healthcare worker vaccine mandate, under certain conditions and with mask exemption", Should be out of the question. To Require RIDOH to rely even more heavily on CDC recommendations, discouraging independent critical thinking as successfully occurred in many other states, is completely wrong, the CDC is nothing more than a glorified power grabbing quasi government administrative toy box.**

Comment By: **Jason Richer**

On: **03/07/2022**

Comment: **I do not want to see them given any further authority. Require RIDOH to rely even more heavily on CDC recommendations, discouraging independent critical thinking as successfully occurred in many other states Expand the definition of "director" of RIDOH to include a "designee" - why should some unelected bureaucrat be granted such power? Expand definition of healthcare facilities to give RIDOH control over more entities Similarly expand definition of healthcare workers to include 3rd party contractors Expand "widespread flu" periods - giving RIDOH broader reason to impose mandates "Up to date" vaccination status defined as including doses of all eligible boosters Unfunded Mask availability mandate for all healthcare employees - adds cost for each facility Permanently impose healthcare worker vaccine mandate, under certain conditions and with mask exemption Major Infringement on privacy of medical records of healthcare workers, by requiring orgs to collect and report CV19 vaccination status and proof thereof Replace fines with threats of unlimited "administrative action" One positive provision: allow for refusal of annual flu vax with written notice, with no explanation required. No medical or religious exemption required In short, Rhode Island would be better off if these rule changes are rejected and RIDOH does nothing but let existing regulations expire.**

Comment By: **Cecily Lopes**

On: **03/07/2022**

Comment: **Drop all the mandates now for good! Nuremberg Trials 2.0 coming soon.**

Comment By: **Tom Guarneri**

On: **03/07/2022**

**Comment: Please hire back our hard working faithful health care workers. No one has the right to demand that someone else take a "vaccination" they are not comfortable with. These Healthcare workers have sacrificed much to maintain their freedom. It's time to reinstate them at there previous levels. Thank you.**

**Comment By: Jennifer P**

**On: 03/07/2022**

**Comment: I'm really hoping that RI makes the right decision here. I personally know many healthcare workers, specifically RNs, who have left RI to go work in Mass or travel elsewhere because of this mandate. It's very sad esp when these people would much rather work here, taking care of their community instead. Honestly I left RI because of the mandate. I'm an ER RN that is now working in Mass making more money actually than I would in RI. I'm not even sure many people would want to come back. However it's the right thing to do. It's amazing how Our neighboring state is willing to except religious/medical exemptions and paying more than this ridiculous state. I also know many people who have up and left and relocated their families to Fla. our healthcare system in RI is in dire need of experienced RNs. I still have many friends where I used to work and they have confirmed how bad staffing is. This mandate has only added to burden of burnout in RNs across the state causing those who got vaccinated by force to actually leave healthcare all together because they are burnt out. I ask you all to please reconsider this mandate for healthcare workers for the safety, health and well-being of the people in this state. Otherwise people will continue to leave to work in neighboring states or leave healthcare all together because of the burnout.**

**Comment By: Wanda Jean Lord**

**On: 03/08/2022**

**Comment: As a citizen of Rhode Island who has watched the CDC flip flop and mismanage health guidance, if not commit outright fraudulent data compilation and guidance practices to our nation as regards COVID, I am strongly AGAINST all the proposed revisions of Rhode Island's health regulations citing any reference to CDC guidance. The RI DOH has already grossly and incompetently overstepped its authority for two years - it is not a lawmaking body and should not seek to promulgate ANY further regulations of any kind that impinge on any of the rights or freedoms of any Rhode Islanders.**

**Comment By: Mike Stenhouse**

**On: 03/08/2022**

**Comment: I OPPOSE the rule changes proposed last week by the RI Department of Health (RIDOH). In reading between the lines, it is apparent that they are a blatant power grab, even as state health officials hail it as a major step towards returning our state to normal. Technically, the recommended provisions would amend R.I. Gen. Laws Chapter 23-17 and § 23-17.7.1 to make permanent new regulations for the Immunization, Testing, and Health Screening of healthcare workers. The stated purpose is to add or revise definitions for healthcare workers and facilities; redefine periods for which the flu is considered "widespread"; define what "up to date" means; require health care workers to be up to date with COVID-19 vaccines or wear a medical grade N95 mask; require health care facilities to document COVID-19 immunization status of its health care workers; and replace the existing violation and enforcement section. However, by reading between the lines, the proposed RIDOH rules contain two stunning components: First, the RIDOH is tacitly admitting that its healthcare worker vaccine mandate was a complete failure. Rhode Island's healthcare system, tens of thousands of patients, as well as thousands of vital workers, like Dr. Stephen Skoly, are suffering economic and medical danger because of the self-imposed healthcare worker shortage vaccine mandate blunder. Now, the RIDOH is trying to salvage its tarnished**

reputation by changing a regulation that never should have been promulgated in the first place. As Dr. Skoly's federal lawsuit brought to light, it should always have been a viable option for the un-vaccinated to wear N95 masks instead. Not only do vaccines not stop the spread of the virus, but the mask option clearly obviates the need for any kind of mandate in the first-place, which resulted in the exit of thousands of front-line responders from our workforce and the onset of incalculable economic hardship upon those families. Now, facing a likely court loss over its irrational and unconstitutional vaccine mandate, health officials are scrambling to save face by finally suggesting this alternative masking course. Second, and more importantly, under the theory of never letting a crisis go to waste, the RIDOH is now seeking to expand its power and authority over future public health issues ... and its doing so by trying to make it seem like they're easing control. Don't be fooled. In ostensibly putting forth these amended regulations to establish new standards for future communicable disease responses involving healthcare workers ... the RIDOH is inexplicably seeking to double-down on many of its prior major mistakes in responding to the COVID-19 pandemic. What most people don't realize is that the current healthcare worker vaccine mandate was a temporary "emergency" measure that will soon expire ... unless these new rules are approved and implemented. As part of this new package of rule changes, this vaccine mandate will become permanent ... albeit under certain conditions and with specified exemptions. Make no mistake, COVID-19 vaccines will become a permanent fixture in Rhode Island law; but the danger is that its proposed conditions and exemptions could be eliminated at the future whim of the "director" of the RIDOH. Speaking of the director, one of the rule changes redefines the director position to include his/her designee. Why should some unknown, unvetted, and unelected bureaucrat be arbitrarily granted such power? In what is clearly an overt infringement on our personal medical privacy, the new rules also mandate that healthcare employers collect proof of the COVID-19 vaccine status of each of their employees and be prepared to report such information to the government, without the employee's consent. The new rules also seem to place even greater reliance on CDC recommendations – automatically adopting national one-size-fits-all policies, thus eliminating independent and critical-thinking about special circumstances that might exist in our state. Sadly, as we all know now, the CDC is hopelessly incompetent and corrupt. The proposed rule changes also increase RIDOH's unilateral power by expanding the definitions of what constitutes a healthcare facility and a healthcare worker ... more institutions and people to rule over. The new rules would further grant the "director" unlimited power to declare when a flu is "widespread" ... thus potentially triggering new and oppressive RIDOH mandates. "Up to date" is redefined as not just receiving the primary doses of COVID-19 vaccines, but also "all recommended boosters". The new rules would also result in new costs for healthcare facilities via an unfunded mandate that requires "an adequate supply of medical masks or higher-grade N95 masks" be provided at no charge to all healthcare workers. And perhaps most ominously, the new rules would eliminate the clearly specified fine and procedure for healthcare workers who violate the provisions ... and replace it with the threat of unspecified "administrative action" by RIDOH, opening the door to arbitrary, extreme, and political persecution – as with Dr. Skoly. There is only one clearly positive component to these proposed new rules ... allowing for the refusal of the annual flu vaccine with written notice – for any reason – and without the requirement to explain why a medical or religious exemption should be granted. In conclusion, our state would be better off if nothing along these lines were to be done ... and allow all related RIDOH rules and Executive Orders to simply expire in their due course. Rhode Islanders should not support these new proposed rules ... rules that will grant more power to the government healthcare issues and rules will lead to less medical freedom for healthcare workers.

Comment By: **Alycia Casazza**  
On: **03/08/2022**

**Comment: Healthcare worker vaccine mandate should be dropped for several reasons. Firstly, the state of RI has completely abandoned its own principle of religious freedoms by not allowing the very large majority of religious exemptions. Also, there is no science to support the mandate. It is well known now that the vaccine does not stop or slow transmission and/or spread. The fact that RIDOH allowed COVID (+) staff who were vaccinated to work with patients is insane! Especially when they had well qualified, COVID (-) staff sitting home waiting to return to work. There is zero scientific evidence that shows vaccinated healthcare workers are safer for patients to be around than unvaccinated!! Please end this mandate now and allow workers back! The healthcare shortage in this state is dangerous to patients and unnecessary!**

**Comment By: Sarah Salisbury**

**On: 03/08/2022**

**Comment: The vaccine mandate for Healthcare workers needs to be dropped. This "vaccine" does not meet the definition of the word as it did not stop transmission or provide immunity to this virus. This situation then exacerbated things by allowing those "vaccinated" and infected to report to work and continue to spread the virus. It also did cause the State of Rhode Island to lose qualified providers that are caring for this States citizens. Providers that have a calling and love for Healthcare, were born, raised and educated here. This has done a huge disservice to our hospitals and clinics leaving them short staffed and overwhelmed. This never should have happened. The providers that lost their positions should be restored to their positions and compensated for lost wages. This has caused such an upheaval for those who had exemptions that were thrown out and or natural immunity. This regulation has the very terms that were asked for by the unvaccinated in the beginning. I also hope that you consider testing for antibodies and count it as immunity for those that have had Covid-19. Thank you for your time Sarah Salisbury**

**Comment By: Kim T**

**On: 03/08/2022**

**Comment: Please drop the vaccine mandates and allow unvaccinated healthcare staff to assist their coworkers in taking care of our patients. These staffing shortages have been difficult and exhausting to the staff that remains in their positions. You have healthy individuals sitting at home and eager to return to work.**

**Comment By: M M**

**On: 03/08/2022**

**Comment: This proposed rule is a good start in following the science. However, it should also acknowledge naturally acquired immunity and provide accommodations for those individuals.**

**Comment By: Sherri Lachance**

**On: 03/08/2022**

**Comment: No vaccine mandate for healthcare workers**

**Comment By: DONNA DELVECCHIO**

**On: 03/08/2022**

**Comment: Please lift the vaccine mandate for all health care workers**

Comment By: **Evelyn Deangelis**

On: **03/08/2022**

Comment: **Please lift the vacation mandate! People are struggling to put food on their tables!! ??**

Comment By: **Gabrielle Buffery**

On: **03/08/2022**

Comment: **Companies that deny medical or religious exemptions should be held accountable! They should have to provide PROOF how and why it would cause an “undue hardship” to have someone unvaccinated. They should also get FINED for denying exemptions. It’s not appropriate for some person in a HR department, or anywhere else, to say your beliefs aren’t “sincere enough” or that your medical condition isn’t “serious enough”. These are state and federal constitutional rights, and there needs to be consequences for not adhering to them!**

Comment By: **Priscilla Gonsalves**

On: **03/08/2022**

Comment: **Why does there need to be a law/regulation about a vaccination that just became available less than 2 years ago? The long term data has not been released, nor has all of Pfizer’s documents. People need to keep their right to determine what happens/goes into their body! Unelected or elected officials do not have the right to tell someone what to do with their own body. The vaccine does not stop transmission, so why is being unvaccinated “harmful” to companies? It’s not. If a person wants to risk getting very ill with covid, that’s their right. We don’t have laws limiting smokers, alcoholics, or drug abusers. That’s their choice to do those things. We don’t force them into rehab or lock them in institutions. RI is about to open “safe injection sites” for God sake! If we can’t force drug addicts to get clean. We shouldn’t force hard working individuals, or anyone to inject themselves with an unknown substance with unknown consequences.**

Comment By: **Lorrie Prybyla**

On: **03/08/2022**

Comment: **Please lift the vaccine mandate for healthcare workers**

Comment By: **John Thibodeau**

On: **03/09/2022**

Comment: **Drop the mandates on health care workers and the state alike. You put our state at severe risk firing unvaccinated staff creating staffing issues that degraded quality of care in the hospitals. In January the hospitals were a mess not because of COVID case numbers but because of staffing issues. It also created tribalism in our healthcare system which there is no room for when ensuring quality of care. Fix it.**

Comment By: **David Cutler**

On: **03/09/2022**

Comment: **Please drop the vaccine mandate as it's not helping the cause. We know that healthcare workers help people and universal precautions have always worked in keeping our healthcare teams safe. We need all of our healthcare workers from all levels of experience back to work under the same conditions we had before Covid. We cannot keep lingering along and guessing wrong....we need to treat our providers fair and our get them back to work to treat our patients with the very best of care.**

Comment By: **sandra brown**

On: **03/10/2022**

Comment: **I would like to add my support to this rollback of all mandates with regard to the first responders, hospital staff, and all who were forced to leave their jobs for deciding to not receive the vaccine. This was a terrible injustice to those who went to work each day at the height of the pandemic, at great personal risk, only to be forced out of their lively hood. Please make sure they return to their same position in seniority, pay and benefits, and any grandfathered status they had before this injustice occurred. Thank you for your work and concern for what is just and right!**

Comment By: **Lynn Noury**

On: **03/10/2022**

Comment: **Let's get our health care heros back to work. Remember we all had cherished them. May we be thankful and not forget who cared for you and your loved ones. God bless ??**

Comment By: **Chet Theroux**

On: **03/11/2022**

Comment: **There are alot of healthy healthcare workers that are sitting on the sidelines willing to go back to work. It is over due to let that happen and to let them provide for their families! Please let them back to work.**

Comment By: **julie lamin**

On: **03/11/2022**

Comment: **Drop the vaccine mandate**

Comment By: **Chris Burnes**

On: **03/11/2022**

Comment: **Let's put our health care workers back to work, they miss and love their jobs, they came to work daily in the year 2020 caring for your family. Lets let them earn a living for their family in 2022.**

Comment By: **Martin Stutchfield**

On: **03/12/2022**

Comment: **CDC recommendations and guidelines should not be included as the CDC is a "captured" agency beholden to big pharma and as far as vaccines are concerned does not act in the public's interest. Covid-19 vaccines should not be required as they are experimental and are not safe and effective, all required vaccinations should be thoroughly investigated for their safety and effectiveness before being required, as research is showing that many vaccines have received approval based upon deficient clinical trials and their safety is in question. Annual influenza vaccination should not be required, as the vaccine is not safe and effective and is just a big money maker for "big pharma" .and the vaccine is pushed by the CDC for the benefit of big pharma and not the public.**

Comment By: **Jackie B**

On: **03/13/2022**

Comment: **Reject these changes, let the current rules expire!!!! Everyone should have a choice on what goes into their bodies!**

Comment By: **Peter Card**

On: **03/13/2022**

Comment: **The problems with the pandemic have been the politics by far; therefore, the best course of action is to let the existing regulations and orders expire without replacement.**

Comment By: **Cynthia Fagan-Perry**

On: **03/13/2022**

Comment: **Please get rid of the mandates for boosters of Covid-19- vaccine. Two shots should be enough protection. Allow religious exemptions, and health care exemptions especially when you have a physician saying you shouldn't receive the vaccine, because of your health. Thank you.**

Comment By: **Jane Arnold**

On: **03/13/2022**

Comment: **This sends a poor message: if you don't like the rules, just ignore them until the state gives up. It's a perfectly reasonable requirement for health care workers. Aren't other vaccines required for them? As a teacher, I get sick of people saying, "Well, if you don't like it, get another job." I know we have a health care shortage; we have a teacher shortage, too. Asking health care workers to get a basic precaution just makes sense. If they don't like it, get another job--just don't take risks with my health.**

Comment By: **Clarissa Senecal**

On: **03/14/2022**

Comment: **PLEASE allow Unvaccinated healthcare workers to go back to work**

Comment By: **Jenna Landry**

On: **03/14/2022**

Comment: **I support this proposal**

Comment By: **Lewis Oniel**

On: **03/14/2022**

Comment: **Please move forward with this proposal and end the COVID vaccine requirement for healthcare workers.**

Comment By: **Edward Buns**

On: **03/14/2022**

Comment: **Put the healthcare workers back to work, masking,testing and monoclonal antibody are available.Lets get over this!**

Comment By: **David Middleton**

On: **03/16/2022**

Comment: **Please move forward with allowing unvaccinated healthcare workers to return to work. At this point it is evident that the vaccine does not provide enough protection to discriminate against those who choose not to get it. Between variants and required boosters it is wrong to put this stress and hardship on anyone let alone Rhode Islanders who have committed their lives to helping others.**

Comment By: **Melissa Quinn**

On: **03/16/2022**

Comment: **I support these updates and believe it is the right path to provide options other than mandatory (experimental) vaccines for qualified healthcare professionals to maintain their employment.**

Comment By: **Adam Duskiewicz**

On: **03/16/2022**

Comment: **I support this proposal.**

Comment By: **Sara Middleton**

On: **03/16/2022**

Comment: **Please move forward with ending this vaccine mandate for healthcare workers. This mandate was wrong. Healthcare workers have dedicated their lives serving others and have sacrificed so much, like time away from family, working overtime, short staffed, holidays, and weekends. Many were called heroes yet now thousands are left without a job stressing over how to make ends meet. Please, move forward with this proposal and allow those that were wrongfully terminated to return back to work. Thank you.**

Comment By: **David Middleton**

On: **03/16/2022**

Comment: **Seriously ... Please eliminate the ludicrous healthcare worker vaccine mandate.**

Comment By: **Sandy Brown**

On: **03/17/2022**

Comment: **Please continue to fight for a roll back of the mandate on health workers. This has been very unfair on those who worked faithfully during the height of the pandemic, with limited protection, if any at all. This is not only unfair, but is also unjust. I would like to see them reinstated to their former positions with their seniority, benefits, and pay and any grandfathered rights they at the time they were wrongfully fired.**

Comment By: **Patricia Middleton**

On: **03/16/2022**

Comment: **Stop the healthcare worker vaccine mandate.**

Comment By: **Beth Kasher**

On: **03/22/2022**

Comment: **I disagree I think hc workers should continue to screen and workplaces with RIDOH should be vaccinating employees at their sites.**

Comment By: **Dana Ciolfi**

On: **03/22/2022**

Comment: **Good Afternoon, I am unsure if I am sending this to the correct email address. I am writing a public comment to the DOH regarding the idea of allowing unvaccinated health care workers return to work. If I am sending this to the incorrect email, please email me back so that I can send it to the correct address before the time for comment closes. I am both surprised and disappointed that this idea would even be considered. I work at Women and**

Infants Hospital and most of my coworkers feel as I do. This would fly in the face of all we have done to keep our coworkers, families and patients safe. Those of us lucky enough to work in a healthcare environment have been required to be vaccinated in order to be hired. We were not given a choice in the matter. Everyone here has complied, unless there was an allergy issue. There were no questions asked. As more vaccinations became mandatory (such as Hep B) everyone complied, again with no controversy. Why should this be any different, especially when we are fighting a deadly virus that has so many ramifications we probably are not even yet aware of? Those who were wary of the “new” vaccine had plenty of time to witness those of us that jumped at the chance in the hopes of being protected. They witnessed that there was nothing to fear unless there was a legitimate medical issue. Yet they decided to give up their employment. Those who did get the vaccine, despite fears and trepidations should be praised for doing the “right thing” for themselves, their families, their coworkers, and their patients. This is the reason we chose to work in healthcare, to care for people. Why should those who chose NOT to do the “right thing” be rewarded. Why should people want to do what’s right when you can be rewarded for doing what’s wrong? Those employees who followed the rules and were vaccinated came into work every day through out this pandemic. Some of them came in only to get Covid from those whom they worked with or were taking care of. They risked their health to come to work. What did the unvaccinated people do to get the reward of coming back to their jobs? Many of them took LOAs that were extended 2,3 or 4 times. They collected TDI. They stayed home complaining about how unfair they were being treated while their coworkers went into dangerous, short staffed working conditions, only staying at home when they themselves or their families contracted the virus. Those who were working picked up extra hours. They worked without breaks or lunches on some days. Where is their reward? They aren’t asking for one. Some of those who chose not to get vaccinated picketed the governor’s home and the statehouse which is their right to do. But some were arrested for their bad behavior. It is upsetting to see people who were healthcare workers yelling about how unfair it is to them that they should have to be vaccinated to care for patients. Some of these people are forming groups on social media, such as the “Freedom Tribe” on FB. They stand for medical freedom in the face of a deadly pandemic and believe they should be allowed to remain a healthcare worker. What about a patient’s freedom from becoming ill or dying due to their care taker? Doesn’t their freedom to remain healthy and safe in our institutions matter? Patients in hospitals or nursing homes do not have a choice when they get sick. They need care and that is where they go to get better. Those who have chosen not to get vaccinated have a choice of a career. I would argue that health care should not be one of them. Thank you for listening to my comments. I hope that the DOH decides not to allow unvaccinated previous health care workers to return to their jobs. They were all very aware of what would happen should they decide not to get vaccinated. They knowingly made that choice. As a Rhode islander I don’t feel we should be known for bad health care decisions when we as a state have tried to do so much so well to survive this difficult time. Dana Ciolfi

Comment By: **Thomas Walsh**

On: **03/22/2022**

Comment: It is the responsibility of health care workers and their employers to keep Rhode Islanders healthy and well. The vaccine mandate directly helps workers (and employers) fulfill this responsibility. Immunization protects patients, workers and encourages a healthy, equitable work environment. Do not remove the requirement for vaccination.

Comment By: **Cynthia Rosengard**

On: **03/22/2022**

**Comment: Patients who come for treatment have the right to expect that their providers will "do no harm" to them or put them in the path of potential illness. As a mental health professional, I see the requirement for healthcare workers to receive vaccination against COVID-19 as one way that we can respect our patients/clients and reduce the already heavy emotional burden that the pandemic has caused. I do not support taking the vaccine mandate away.**

**Comment By: Michael Kelly**

**On: 03/22/2022**

**Comment: Please move forward and drop the mandate as so many other states and countries have now done to date. We need all of our qualified healthcare workers back on the job. As a patient I want the most qualified workers as my caregivers; I have absolutely no qualms whatsoever if they are un-vaccinated. It makes no difference to me at all as the vaccination does not stop one from catching or even more importantly spreading the virus. So a mandate makes little to no sense especially when it hurts the good working people of Rhode Island! Our economy and we the patients need these folks back in the workforce ! Thank You**

**Comment By: Mary Halliwell**

**On: 03/23/2022**

**Comment: PUT AN END TO THE VACCINE MANDATE FOR HEALTH CARE WORKERS AND LET THEM GET BACK TO WORK!! FREEDOM OF CHOICE!**

**Comment By: Angela Woodie**

**On: 03/23/2022**

**Comment: I urge you to drop this Vaccine mandate for healthcare workers. It is a proven fact that the vaccine does not stop the spread of Covid or prevent someone from getting Covid if they are vaccinated. Therefore this mandate should be dropped and our unvaccinated healthcare heroes should be able to go back to work immediately. They should also be compensated by the state of RI and department of health for all the time that they were unemployed because if this mandate that was put in place. Thank you!**

**Comment By: Sue Miller**

**On: 03/25/2022**

**Comment: To further require covid booster for healthcare workers is unnecessary. The case numbers are the lowest they've been since last fall. You will never have no cases, Covid is here to stay. Let's move to the next phase and get on with life. Enough with the mandates. N95 are NOT necessary since we are all vaccinated. Pushing a booster will further deplete an already dangerously low healthcare staffing. People who have left are not coming back. More people will leave if a booster is forced. Enough is enough!**

**Comment By: Kathy Martin**

**On: 03/25/2022**

**Comment: Surveillance testing now resumes after months of not wanting to know. Only on those not boosted for covid. Boosters also wane after time. Stop with the so-called emergency. Going into year 3 time to start loosening up and learn to live with it. It's not going away. To now require booster or wear N95 and be tested is only the beginning of another mandate to come. Time to move to endemic stage of the virus. You've destroyed the healthcare work force enough!**

Comment By: **David Scott**

On: **03/25/2022**

Comment: **Masks off in schools, colleges and in public. No testing for asymptomatic seeking testing. Yet ri doh requiring n95 and testing 2x week for those not boosted. Lowest positive case counts in months. Get over the fake emergencies and move forward to normalcy! Enough with the mandates for healthcare workers**

Comment By: **Elena Nicolella**

On: **03/25/2022**

Comment: **Attached are comments from the Rhode Island Health Center Association**

Tracee Sawyer  
46 Hanover Street  
Warwick, RI 02886

**OPPOSE** Amendment to Required Immunizations for Health care.

As of late the vaccine is under tremendous scrutiny.

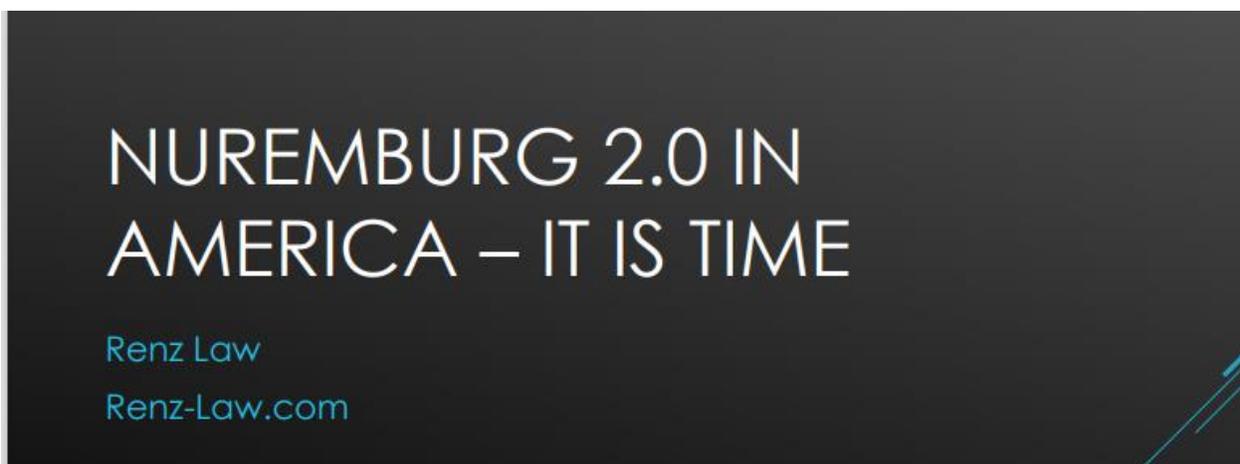
Anyone who is in office has taken an Oath to “Serve and Protect”

Some excerpts from Tom Renz and his investigation into the COVID-19 vaccine are very clearly showing that information about these vaccines has been hidden to fool the American People.

Until these issues are resolved with the COVID-19 vaccine, Rhode Island must not force anyone to take a shot against their will.

If anyone objects to waiting for more information on the vaccine before implementing mandatory practices than they are not someone we in Rhode Island want standing for the people.

Please see the summarized data taken from a Tom Renz Presentation:



## WHERE WE ARE

- ▶ At this point it is indisputable that the entirety of the world has been lied to about COVID-19.
- ▶ This presentation will lay out the lie and the path forward.
- ▶ This must include criminal and civil investigations by INDEPENDENT investigators, as well as prosecution where appropriate.
- ▶ At the end of this presentation we challenge anyone to suggest INDEPENDENT investigations are inappropriate with complete disclosure and transparency.

## THE EVIDENCE

- ▶ At this point it is indisputable that everything about the "pandemic" and the "vaccines" is a lie.
- ▶ While there is more evidence than could be presented in any single presentation, we will discuss data from four primary sources here.
  - ▶ The United States Department of Defense Document
  - ▶ The Pfizer Analysis of Post-Authorization of Adverse Event Reports
  - ▶ A CDC presentation promoting the use of fear to manipulate the public
  - ▶ Whistleblower data from the Center for Medicare and Medicaid Services
- ▶ We also touch on the COVID Consumer Protection Act and some other potential legal issues.

# THE DOD DOCUMENT

- ▶ Several weeks ago we publicized a document from the United States Department of Defense.
- ▶ That document was publicly available on the internet and was a "weekly report" regarding the "vaccines"
- ▶ Prior to that time and even occasionally since, some of our elected leaders, the media, and many bureaucrats have stated that we are seeing a crisis of the unvaxxed and that the hospitals were overflowing with unvaxxed patients. They lied.
- ▶ According to the DoD, 60% of hospitalizations and 71% of new cases were in fully vaccinated individuals.
- ▶ It also showed the vaccines fared even worse in people of color than in white people.
- ▶ Why aren't all of these "weekly reports" public?

## MEDICARE DEATHS WITHIN 14 DAYS OF 1<sup>ST</sup> VACCINE DOSE

n=29,398

Total deaths  
14 days after 1<sup>st</sup>  
dose: 29,398

Total deaths  
14 days after  
2<sup>nd</sup> dose:  
21,031

Total: 50,429

Days Died After 1st Dose	# Beneficiaries Died	% Beneficiaries Died	Cumulative Number	Cumulative Percentage
0	555	1.89	555	1.89
1	1,137	3.87	1,692	5.76
2	1,492	5.08	3,184	10.83
3	1,654	5.63	4,838	16.46
4	1,750	5.95	6,588	22.41
5	1,876	6.38	8,464	28.79
6	1,924	6.54	10,388	35.34
7	2,095	7.13	12,483	42.46
8	2,099	7.14	14,582	49.60
9	2,244	7.63	16,826	57.24
10	2,266	7.71	19,092	64.94
11	2,458	8.36	21,550	73.30
12	2,593	8.82	24,143	82.12
13	2,595	8.83	26,738	90.95
14	2,660	9.05	29,398	100.00

Age Group	# of Patients Died within 28 Days of COVID Vaccine	Percent of Total	Cumulative #	Cumulative %
1: 0-30 YEARS	101	1.44	101	1.44
2: 31-65 YEARS	2,162	30.73	2,263	32.16
3: 65-80 YEARS	1,985	28.21	4,248	60.38
4: OVER 80 YEARS	2,788	39.62	7,036	100.00

- ▶ N=7,036 Medicaid patients died within 28 days of the COVID-19 vaccine
- ▶ Roughly 1/3 were under the age of 65

## MEDICAID PATIENTS WHO DIED WITHIN 28 DAYS OF COVID-19 VACCINE, BY AGE GROUP

### THE PATH FORWARD

- ▶ Litigation
- ▶ We are busy in the courts but need help.
- ▶ We need more lawyers and more people paying those lawyers to continue bringing this before the courts.
  - ▶ Remember state AGs and local prosecutors/law enforcement may be able to take action.
- ▶ I will do everything possible to make myself available to assist in major litigation related to COVID.
- ▶ We have the data, we have the experts, we need the big and respected firms/lawyers to have the courage to fight.

This is in total a 43 page presentation put together by Thomas Renz.

This is valid data which is needed to be taken into consideration.

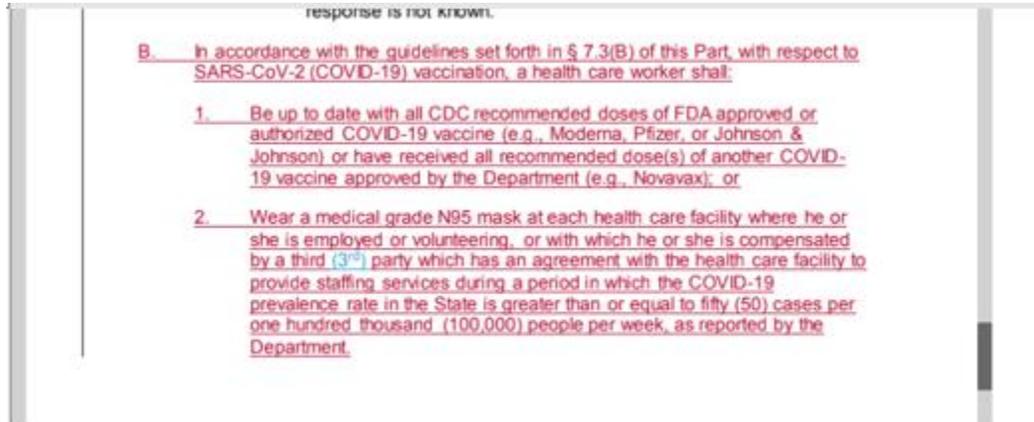
Facts can no longer be ignored.

Thank you,

Tracee Sawyer

TO: Paula Pullano

I strongly OPPOSE to the following Section (B) 1 of this proposal.



I have attached many reasons why.

I am surprised that in your position you can not see what the “shots” are doing to human beings.

There is very strong evidence that these shots are “Bioweapons”.

My hope is that a person in your position takes all facts into account before rendering any decisions.

Please consider the information I am providing to you.

Thank you,

Tracee Sawyer

## CDC and Vaccinated People

### Vaccinated People More Likely to Contract COVID-19, Go to Hospital in Recent Weeks: CDC Data

“According to [the data](#), which is submitted to the CDC by health departments across the country, the COVID-19 case rate in fully vaccinated people rose by more than 1,000 percent between Dec. 11, 2021, and Jan. 8, 2022.

The case rate among those who also received a booster dose skyrocketed as well, rising some 2,400 percent between the same dates.

COVID-19-associated hospitalizations also increased among the vaccinated, from 1.4 per 100,000 for the fully vaccinated for the week ending Dec. 18, 2021, to 35.2 per 100,000 in the week ending Jan. 8.

The CDC data also showed a jump in case, hospitalization, and death rates among the unvaccinated, but the increase wasn't as significant as compared to that recorded among the vaccinated.”

I would really like to see the report that has been sent to the CDC from the Rhode Island Health Department: Which may be an incoming Public Information request.

WHAT? “The case rate among those who also received a booster dose skyrocketed as well, rising some 2,4000% between the SAME databases.”

COVID SURVIVAL RATE	
0-19 YEARS	99.997%
20-49 YEARS	99.98%
50-69 YEARS	99.5%
70+ YEARS	94.6%

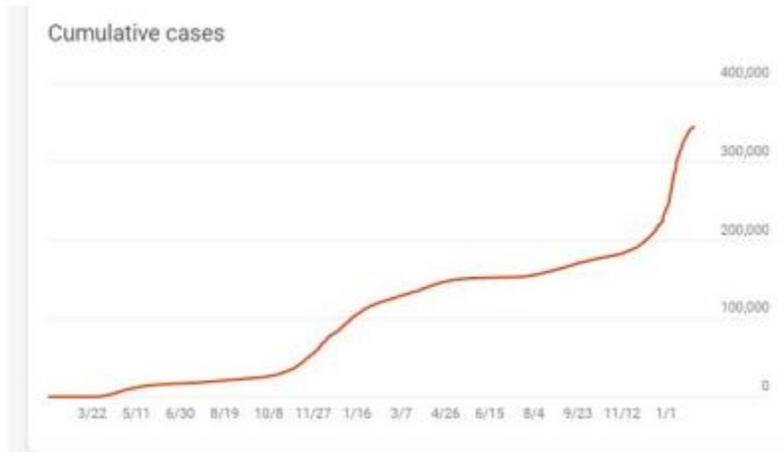
CDC

This graph alone is evidence that a panic about getting any vaccine for a condition that this high of a survival rate...is a total waste of money. And, it seems to be making tons of money for certain companies and individuals.

Recently discovered DOD stamped documents show the following:

- As Delta Variant Surged to over 50% in June, Covid-19 Hospitalizations more than doubled, reversing the prior trend of decreasing hospitalizations since April.
- Unlike what Fauci, Biden, and Big Pharma are telling the American public about the safety and effectiveness of the 3 Covid Vaccines, the following DOD stamped document shows 60% of the hospitalized are fully vaccinated.
- This DOD stamped document also reveals that the government knows that "prior Covid-19 infection has a major protective effect against breakthrough hospitalization," which means that natural herd immunity is superior to the vaccines.

Attorney Tom Renz has on-going lawsuits to get the information out to "We the People" that the DOD has been hiding data regarding how much damage the vaccine has cause over 20 MILLION more ICD codes utilized in the Military in 2021 than they have in the databases for the last 5 years.



What is the Rationale for

“shots” when the cases have RISEN since BOTH were introduced?

Also, Why is Rhode Island or anywhere using PCR tests when the CDC stated on JULY 26, 2021 they would no longer be a valid and recognized method for testing?

**JULY 26, 2021 – CDC : “PCR tests will no longer be a valid and recognized method for determining COVID-19 infection.”**

Still makes this a valid graph, as in the rise of cases since they were using the wrong test all along – stated Inventor Kary Mullis.

There is an International Team of Drs looking at all the evidence and have determined this to be a pandemic of a PCR test that was never accurate to begin with.

- That FDA has authorized emergency use of the product;
- Of the significant known and potential benefits and risks associated with the emergency use of the product, and of the extent to which such benefits and risks are unknown;
- That they have the option to accept or refuse the EUA product and of any consequences of refusing administration of the product;<sup>46</sup> and
- Of any available alternatives to the product and of the risks and benefits of available alternatives.

Therefore, FDA recommends that a request for an EUA include a "Fact Sheet" for recipients that includes essential information about the product. In addition to the above information, the Agency recommends that the content of the Fact Sheets for recipients include the following information:

- Product name and explanation of the intended use of the product;
- A description of the disease/condition;

This is the FDA's own Guidance (Regulation) written in 2017 on EUA products. We can REFUSE the shots.

### **The Nuremberg Code** (Real not a Conspiracy)

This vaccine breaks all of those ethics.

And, what especially concerns me is testimony in Sen Halls COVID-19 Committee where a witness stated that all the animals died in the previous year's studies and therefore this shot CAN NOT be given to children.

**"The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results justify the performance of the experiment."** – One of the Nuremberg Codes (completely ignored).

Lastly, there is **“Exclusion Criteria” in each of the Clinical trials.**

These “Exclusions” should also be considered for those taking the shots.

There was never given any thought as to handing out a pamphlet stating if you have the following conditions (as listed on the clinicaldata.gov documents)? Why would it be ok to let people take the “shot” that were excluded from taking the shot in the “controlled” clinical trials.

This is so out of control, there needs to be answers as to why:

All Agencies contradicting themselves, CDC, DOD, ADA FDA and Government.

Both the **CDC and ADA** state that people with breathing problems **“MUST”** not wear masks!

**ADA Act...**people may not be discriminated against for their health problems.

Before any final decisions are made, DOH should be researching this data and pulling these vaccines after the recent credible “Whistleblowers” from the DOD and the credible Whistleblowers from the FDA.

I do not know you, do not know how seriously you take your position. But, I do know a serious, thoughtful, strategic person would be one to consider all data before forcing people to take something for something that has a 99% Survival rate for all ages.

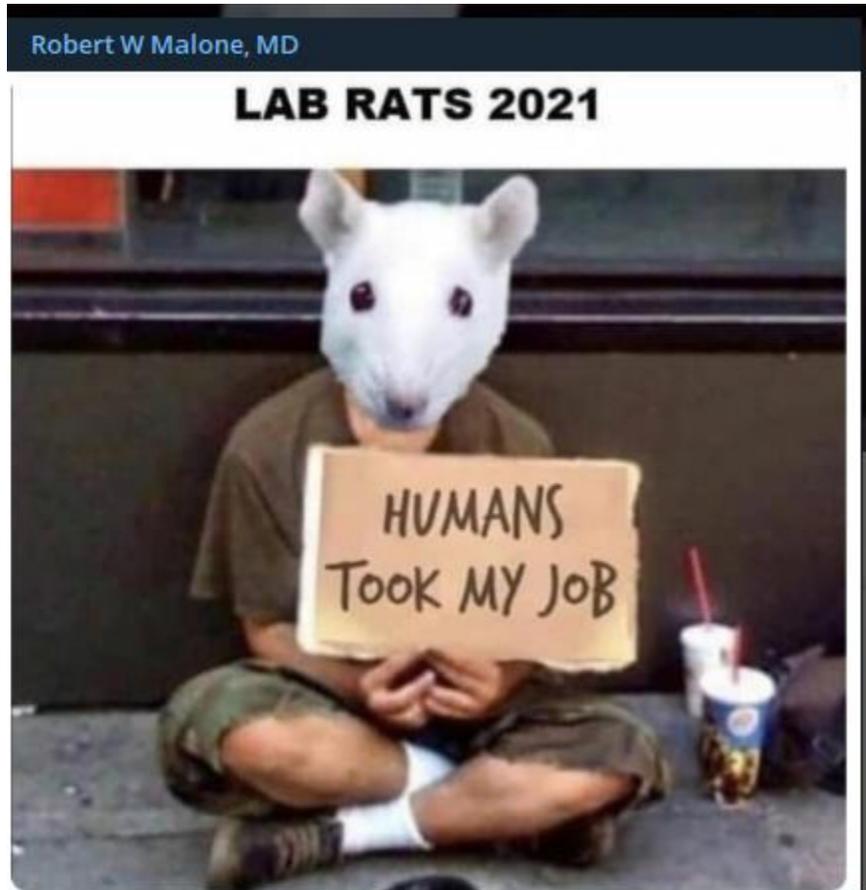
**There is no danger with COVID 19 – over 700 days.**

And there is proven danger from the COVID 19 shots which **MUST** be considered.

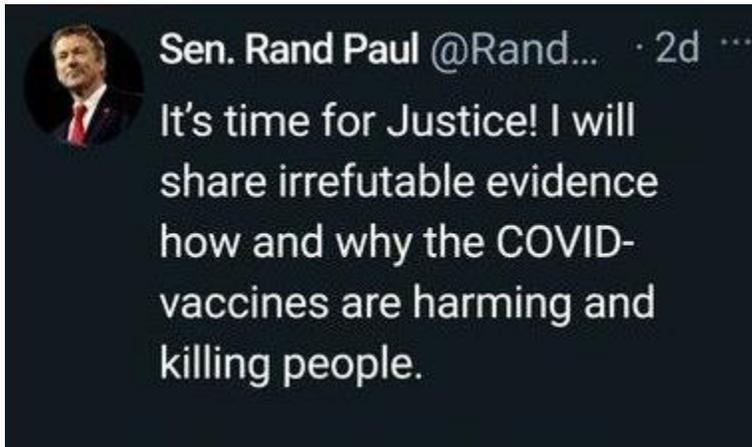
Regards,

Tracee

I worked in Biotech/Pharmaceuticals for 22 years. I know the rules and there has been nothing truer than this...You can not remain uneducated and hold that position.



And finally, a US Senator, nothing should be done until all of the questions about these vaccines are answered.



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