

July 26, 2022

Cherylene Stritenberg
[REDACTED]
Shady Cove, Oregon 97539

SENT VIA EMAIL AND REGULAR MAIL

Re: Petition to Amend Administrative Rule OAR 333-019-1015

Dear Cherylene Stritenberg,

On April 27, 2022, the Oregon Health Authority (OHA) received your petition to amend administrative rule OAR 333-019-1015 – Masking Requirements in Schools. The basis for the petition is that requiring masks in schools causes more harm than it does good, including that wearing a mask may have physiological or psychological effects on wearers and that there are potential financial and social emotional costs associated with the requirement. To that end, the petition calls for amending the rule to except those not showing symptoms of COVID-19 from wearing a mask on school grounds.

After receiving your petition, OHA invited public comment on the rule and specifically solicited comments as to whether options exist for achieving the substantive goals of the rule in a way that reduces the negative economic impact on businesses. The public comment period opened on May 9, 2022 and initially closed on May 31, 2022 at 5:00 pm PDT. OHA extended the public comment period until June 10, 2022, 5:00 pm PDT to allow additional public comments to be filed. Following the conclusion of the comment period, OHA reviewed the public comments and considered your petition in accordance with the six factors in ORS 183.390(3).

Having reviewed the public comments, and the factors OHA must consider when making a decision on whether to deny or grant a petition, OHA is denying your petition.

- The continued need for the rule:

As of March 12, 2022, the mask requirement in schools is no longer in effect.¹ In March, OHA determined masking was no longer necessary due to the decrease in the impact of serious illness and death from COVID-19 in Oregon. However, over the past few months Oregon has seen increases in cases of COVID-19 and in turn an increase in hospitalizations due to COVID-19. Some of this increase is exacerbated by the lifting of mask requirements in schools and in public places in early March. In addition, more transmissible variants of COVID-19 are now circulating. Masks, when worn correctly and consistently, reduce the transmission of COVID-19. Masks protect not only children and staff in school, but also, they help protect others in the community who may be vulnerable to more severe COVID-19 disease such as grandparents or immunocompromised family members. At this time, while OHA does not have any plans to reinstitute masking in schools, the existing rule remains necessary to allow OHA the flexibility to respond to future increases in the community transmission of COVID-19.²

- The nature of complaints or comments received concerning the rule from the public:

OHA received about 600 public comments that specifically referred to OAR 333-019-1015. OHA reviewed and considered the comments when making the decision on the petition. OHA reviewed the comments in the context of OHA's responsibility to the people of Oregon to provide public health protections under its authority.

A few themes were present in the comments. Themes include concerns related to local control and personal choice, the effects of masks on child development, the usefulness of masks in preventing the transmission of COVID-19 and that because children are less likely to experience severe COVID-19 illness, that masks may be more detrimental to children than COVID-19 disease.

OHA recognizes and acknowledges that some people have concerns related to children wearing masks. The pandemic has affected mental health of children in a variety of ways, from general anxiety due to uncertainty of how to meet basic needs, to social isolation. One of the main drivers of student mental health outcomes is disruptions to the predictable routine of school days, peer interaction, and access to meals, health care, and emotional support. An unpredictable school schedule is also disruptive to family economic stability, and the ability of adults in the household to participate in the

¹ Public health order rescinding school indoor masking requirements. Access: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le4140.pdf>

² See January 28, 2022, Presiding Hearing Officer's Report on Rulemaking Hearing and Public Comment Period for OAR 333-019-1015 and OAR 333-019-1030, https://www.oregon.gov/oha/PH/RULESREGULATIONS/Documents/333-019-1015_1030_HORReport_FINAL_01.28.2022.pdf ("Universal mask wearing as part of layered mitigation strategies in schools helps prevent transmission of COVID-19 and minimizes disruptions to consistent in-person instruction. Effectiveness has been demonstrated across multiple scientific studies[.]").

workforce. Masks, when worn correctly and consistently reduce transmission of COVID-19.³ This helps keep students and teachers in school where students learn best.

COVID-19 serious outcomes and deaths are lower in children compared to adults, but COVID-19 is not harmless to children. When cases of COVID-19 rise generally, they rise for children too.⁴ Children who are immunocompromised or have other medical conditions are exposed to COVID-19 when at school and are at higher risk for more severe COVID-19 disease.⁵ Children are also at risk of Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19.⁶ ⁷ MIS-C is a condition in which different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. In addition, children can be affected by Post-Acute Coronavirus Syndrome.⁸ While deaths in children from COVID-19 are rare, COVID-19 ranks as one of the leading causes of death nationally in this age group.⁹

COVID-19 does not respect county borders and has disrupted the lives of all people in Oregon. However, COVID-19 has not affected all people in Oregon in the same way. People in Tribal communities and communities of color have experienced the greatest burden of COVID-19. COVID-19 exacerbated health inequities that have been present in the health system from the start. Reducing the spread and burden of communicable disease relies on all of us to work together to implement protections that benefit individuals, as well as the entire community, including those in the community who may be more vulnerable to severe illness or death from disease.

- The degree to which technology, economic conditions or other factors have changed in the subject area affected by the rule:

³ Science Brief: Community Use of Masks to Control the Spread of SARS-CoV-2. Centers for Disease Control and Prevention. November 2020. Access: <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html>

⁴ Marks, K.J., Whitaker, M., Anglin, O., Milucky, J., Patel, K., Pham, H., Chai, S.J., Kirley, P.D., Armistead, I., McLafferty, S. and Meek, J., 2022. Hospitalizations of children and adolescents with laboratory-confirmed COVID-19—COVID-NET, 14 States, July 2021–January 2022. *Morbidity and Mortality Weekly Report*, 71(7), p.271.

⁵ Graff, K., Smith, C., Silveira, L., Jung, S., Curran-Hays, S., Jarjour, J., Carpenter, L., Pickard, K., Mattiucci, M., Fresia, J. and McFarland, E.J., 2021. Risk factors for severe COVID-19 in children. *The Pediatric Infectious Disease Journal*, 40(4), pp.e137-e145.

⁶For Parents: Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19. Centers for Disease Control and Prevention. September 2021. Access: <https://www.cdc.gov/mis/mis-c.html>

⁷ Godfred-Cato, S., Bryant, B., Leung, J., Oster, M.E., Conklin, L., Abrams, J., Roguski, K., Wallace, B., Prezzato, E., Koumans, E.H. and Lee, E.H., 2020. COVID-19-associated multisystem inflammatory syndrome in children—United States, March–July 2020. *Morbidity and mortality weekly report*, 69(32), p.1074.

⁸ Zimmermann, P., Pittet, L.F. and Curtis, N., 2021. How common is long COVID in children and adolescents?. *The Pediatric infectious disease journal*, 40(12), p.e482.

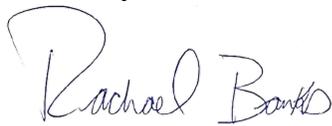
⁹ Flaxman, S., Whittaker, C., Semenova, E., Rashid, T., Parks, R., Blenkinsop, A., Unwin, H.J.T., Mishra, S., Bhatt, S., Gurdasani, D. and Ratmann, O., 2022. Covid-19 is a leading cause of death in children and young people ages 0-19 years in the United States. medRxiv.

OHA recognizes that certain conditions related to COVID-19 disease have changed since the rule was adopted. Currently there are more transmissible variants circulating in communities in Oregon. In addition, cases of COVID-19 and hospitalizations due to COVID-19 have risen recently. Some of this increase is exacerbated by the lifting of mask requirements in schools and in public places in early March. The current rise in the spread of COVID-19 weighs in favor of keeping the masking rule in place.

- The statutory citation or legal basis for the rule:

The statutes under which OHA promulgated this rule are ORS 413.042, ORS 431.110, ORS 431A.010 and ORS 433.004.

Sincerely,

A handwritten signature in blue ink that reads "Rachael Banks". The signature is written in a cursive, flowing style.

Rachael Banks, MPA
Public Health Director

A handwritten signature in blue ink that reads "Dean Sidelinger". The signature is written in a cursive, flowing style.

Dean Sidelinger, MD MEd
Health Officer and State Epidemiologist

Public Health Division
Oregon Health Authority

July 26, 2022

Angela Payant

██████████
Medford, Oregon 97501

SENT VIA EMAIL AND REGULAR MAIL

Re: Petition to Amend Administrative Rule OAR 333-019-1015

Dear Angela Payant,

On April 27, 2022, the Oregon Health Authority (OHA) received your petition to amend administrative rule OAR 333-019-1015 – Masking Requirements in Schools. The basis for the petition is that requiring masks in schools causes more harm than it does good, including that wearing a mask may have physiological or psychological effects on wearers and that there are potential financial and social emotional costs associated with the requirement. To that end, the petition calls for amending the rule to except those not showing symptoms of COVID-19 from wearing a mask on school grounds.

After receiving your petition, OHA invited public comment on the rule and specifically solicited comments as to whether options exist for achieving the substantive goals of the rule in a way that reduces the negative economic impact on businesses. The public comment period opened on May 9, 2022 and initially closed on May 31, 2022 at 5:00 pm PDT. OHA extended the public comment period until June 10, 2022, 5:00 pm PDT to allow additional public comments to be filed. Following the conclusion of the comment period, OHA reviewed the public comments and considered your petition in accordance with the six factors in ORS 183.390(3).

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workforce. Masks, when worn correctly and consistently reduce transmission of COVID-19.³ This helps keep students and teachers in school where students learn best.

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⁵ Graff, K., Smith, C., Silveira, L., Jung, S., Curran-Hays, S., Jarjour, J., Carpenter, L., Pickard, K., Mattiucci, M., Fresia, J. and McFarland, E.J., 2021. Risk factors for severe COVID-19 in children. *The Pediatric Infectious Disease Journal*, 40(4), pp.e137-e145.

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⁷ Godfred-Cato, S., Bryant, B., Leung, J., Oster, M.E., Conklin, L., Abrams, J., Roguski, K., Wallace, B., Prezzato, E., Koumans, E.H. and Lee, E.H., 2020. COVID-19-associated multisystem inflammatory syndrome in children—United States, March–July 2020. *Morbidity and mortality weekly report*, 69(32), p.1074.

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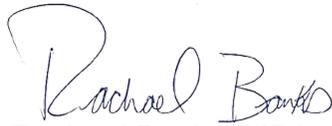
⁹ Flaxman, S., Whittaker, C., Semenova, E., Rashid, T., Parks, R., Blenkinsop, A., Unwin, H.J.T., Mishra, S., Bhatt, S., Gurdasani, D. and Ratmann, O., 2022. Covid-19 is a leading cause of death in children and young people ages 0-19 years in the United States. medRxiv.

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Rachael Banks, MPA
Public Health Director

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Dean Sidelinger, MD MEd
Health Officer and State Epidemiologist

Public Health Division
Oregon Health Authority