



# MILLE LACS BAND OF OJIBWE

*Executive Branch of Tribal Government*

## EXECUTIVE ORDER 2022-03

### An Executive Order Directing the Ne-Ia-Shing Clinics to Comply with the United States Department of Health and Human Services' Interim Final Rule Titled "Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination"

#### Section 1. Policy

On November 5, 2021, the United States Secretary of Health and Human Services issued an Interim Final Rule amending the existing conditions of participation in Medicare and Medicaid programs to add a new requirement that participating facilities ensure that their providers and staff members are vaccinated against COVID-19. On January 13, 2022, the Supreme Court of the United States issued a ruling allowing this Interim Final Rule to be implemented and enforced. Non-compliance will terminate Medicare and Medicaid funding eligibility. The Non-Removable Mille Lacs Band of Ojibwe participates in and receives substantial funding from the Medicare and Medicaid programs. It is the policy of this Executive Order to maintain participation in Medicare and Medicaid funded programs by complying with the additional conditions of participation established by the Interim Final Rule.

#### Section 2. Sources of Authority

The Chief Executive issues this Executive Order pursuant to 4 MLBS § 6(e).

#### Section 3. Adoption of Vaccination Policy

This Order hereby adopts the Ne-Ia-Shing-Clinics Vaccination Policy. The Commissioner of Administration and the Commissioner of Human Services will implement the Vaccination Policy to ensure that all Ne-Ia-Shing Clinics' providers and staff members are vaccinated against COVID-19.

#### Section 4. Effectiveness

This Executive Order will effectuate upon issuance and remain in effect until January 21, 2024.

Issued on January 21, 2022:



Official Seal of the Band

  
Melanie Benjamin, Chief Executive

#### DISTRICT I

43408 Oodena Drive • Onamia, MN 56359  
(320) 532-4181 • Fax (320) 532-4209

#### DISTRICT II

36666 State Highway 65 • McGregor, MN 55760  
(218) 768-3311 • Fax (218) 768-3903

#### DISTRICT IIA

2605 Chiminising Drive • Isle, MN 56342  
(320) 676-1102 • Fax (320) 676-3432

#### DISTRICT III

45749 Grace Lake Road • Sandstone, MN 55072  
(320) 384-6240 • Fax (320) 384-6190

#### URBAN OFFICE

1433 E. Franklin Avenue, Ste. 7c • Minneapolis, MN 55404  
(612) 872-1424 • Fax (612) 872-1257

## Ne-la-Shing Clinics Vaccination Policy-Version 1.0 updated 1/21/2022

### Section 1. Applicability and Effectiveness

- (a) Regardless of clinical responsibility or patient contact, this policy applies to the following Ne-la-Shing Clinic, Dental, Public Health, and Assisted Living Unit staff who provide any care, treatment, or other services for the clinic and/or its patients:
  - (1) Employees;
  - (2) Licensed practitioners;
  - (3) Students, trainees, and volunteers; and
  - (4) Individuals who provide care, treatment, or other services for the clinic and/or its patients, under contract or by other arrangement.
  
- (b) This policy does not apply to the following clinic staff:
  - (1) Staff who exclusively provide telehealth or telemedicine services outside of the clinic facilities and who do not have any direct contact with patients and other staff specified in subsection (a) of this section; and
  - (2) Staff who provide support services for the clinic that are performed exclusively outside of the clinic facilities and who do not have any direct contact with patients and other staff specified in subsection (a) of this section.
  
- (c) This policy will become effective when adopted by Executive Order and will remain in effect until rescinded by Executive Order.
  
- (d) This policy may be amended as necessary to ensure the mitigation of the spread of COVID-19.

### Section 2. Definitions

**“Booster”** refers to a dose of vaccine administered when the initial sufficient immune response to the primary vaccination series is likely to have waned over time.

**“Clinical contraindication”** refers to conditions or risks that preclude the administration of a treatment or intervention. For COVID-19 vaccines, according to the United States Centers for Disease Control and Prevention, a vaccine is clinically contraindicated if an individual has a severe allergic reaction (e.g. anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine or an immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.

**“Fully vaccinated”** refers to staff who are two weeks or more from completion of their primary vaccination series for COVID-19.

**“Primary vaccination series”** refers to staff who have received a single-dose vaccine or all required doses of a multi-dose vaccine for COVID-19.

**“Staff”** refers to individuals who provide any care, treatment, or other services for the clinic and/or its patients, including employees; licensed practitioners, adult students, trainees, and volunteers; and individuals who provide care, treatment, or other services for the clinic and/or its patients, under contract or other arrangement. This also includes individuals under contract or arrangement with the clinic,

including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, licensed practitioners, or adult students, trainees or volunteers.

**“Temporarily delayed vaccination”** refers to vaccination that must be temporarily postponed, as recommended by the United States Centers for Disease Control and Prevention, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, or individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment in the last 90 days.

### **Section 3. Policy on Vaccination Status**

- (a) Every staff member must be fully vaccinated against COVID-19. Any staff members who are not fully vaccinated must promptly take steps to become fully vaccinated or be granted an exemption under Section 5 of this policy. Any staff members who are not fully vaccinated or granted an exemption will be subject to the Progressive Discipline process of the Mille Lacs Band of Ojibwe Personnel Policy and Procedures Manual.
- (b) Staff members who have received the first dose of the primary vaccination series are permitted to provide care, treatment, or other services for the clinic and/or patients, but must make prompt efforts to become fully vaccinated. Further, such staff are required to wear a particulate-filtering facepiece respirator that meets the United States National Institute for Occupational Safety and Health N95 classification of air filtration and must be tested for COVID-19 at least once every 7 days.
- (c) Staff members who are not fully vaccinated and have not received the first dose of the primary vaccination series will not be permitted to provide care, treatment, or other services for the clinic and/or patients until they have received a single dose vaccine or the first dose of the primary vaccination series.

### **Section 4. Determination of Vaccination Status**

All staff are required to provide acceptable proof of their vaccination status to the Commissioner of Administration, including whether they are fully or partially vaccinated. Acceptable proof of vaccination status must identify the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) who administered the vaccine, and be in the form of:

- the record of immunization from a health care provider or pharmacy;
- a copy of the COVID-19 Vaccination Record Card;
- a copy of medical records documenting the vaccination;
- a copy of immunization records from a public health, state, or tribal immunization information system; or
- a copy of other official documentation.

### **Section 5. Exemptions**

Any staff who are not fully vaccinated may request an exemption from the Commissioner of Administration pursuant to the processes described in subsections (a) and (b) of this section.

#### **(a) Medical Exemption**

Clinical contraindications and temporarily delayed vaccinations constitute medical exemptions under this policy. Staff members may request a medical exemption from this policy by providing

to the Commissioner of Administration documentation that is signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable Band, Federal, State and local laws, and contains:

- (i) all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and
- (ii) a statement by the authenticating practitioner recommending that the staff member be exempted from this policy's requirements for staff based on the recognized clinical contraindications.

The Commissioner of Administration will verify that the documentation confirms recognized clinical contraindications and supports the staff member's request for a medical exemption. In addition to the supporting documentation described in this subsection, the Director of Human Resources will consider the United States Centers for Disease Control and Prevention's General Best Practice Guidelines on Contraindications and Precautions in determining whether or not to grant a request for a medical exemption.

**(b) Religious Exemption**

Staff members may request a religious exemption from this policy if their compliance with this policy would substantially burden their religious exercise or conflict with their sincerely held religious beliefs, practices, or observances. Any staff member requesting a religious exemption must request a Request for Religious Exemption form from the Department of Human Resources in writing by emailing [Stacey.sanchez@millelacsband.com](mailto:Stacey.sanchez@millelacsband.com). The employee may submit a completed copy of the Request for Religious Exemption form that provides all requested information to the Commissioner of Administration. Upon receipt of a completed form, the Commissioner of Administration may grant an exemption under this section in his or her sole discretion informed by the guidance issued by the United States Equal Opportunity Commission as of December 14, 2021 ("L. Vaccinations – Title VII and Religious Objections to COVID-19 Vaccine Mandates).

**Section 6. Information Storage**

The Commissioner of Administration will track and securely store the following information:

- the vaccination status of all staff members, including whether they are fully or partially vaccinated;
- the booster status of all staff members;
- all requests and any documentation related to such requests for an exemption under Section 5 of this policy, including whether such requests have been granted.

**Section 7. Infection Control and Prevention**

Ne-la-Shing Clinics will follow the Infection Control Guidance for Health Care Professionals about Coronavirus (COVID-19) established by the United States Centers for Disease Control and Prevention.

# COVID-19 Vaccine Participation Form

## Mille Lacs Band of Ojibwe

This form is used for the Mille Lacs Band to verify your vaccine status and make decisions about your health and safety. **Any Mille Lacs Band employee who refuses to complete this form and/or comply with regulations communicated, or regulations issued, by the Mille Lacs Band to COVID-19 vaccination requirements may be subject to termination.**

By signing below, I acknowledge the following:

- I understand that working for the Mille Lacs Band I am required to complete the full regimen of COVID-19 vaccine doses per the Mille Lacs Band COVID-19 Vaccine Policy.
- I have received information regarding the risks and benefits of receiving a COVID-19 vaccine.
- I can produce proof of my vaccination status or proof supporting a qualified exemption;
- I understand that if I qualify for an exemption or if I otherwise do not get the vaccine, I may be at greater risk of contracting COVID-19 and/or spreading it to others.

### Mille Lacs Band Vaccine Status

By signing below, I attest to the following under penalties of perjury (please check one):

- I have completed the full regimen of COVID-19 vaccine doses. Specifically, I have received two doses of the Pfizer-BioNTech vaccine, or two doses of the Moderna vaccine, or one dose of the Johnson & Johnson vaccine.
- I have completed one vaccine regimen of COVID-19 vaccine dose. Specifically, I have received one dose of the Pfizer-BioNTech vaccine, or one dose of the Moderna vaccine, or one dose of the Johnson & Johnson vaccine.
- I am requesting a COVID-19 vaccine exemption based on one of the following (please check one):
  - A licensed independent practitioner who has a practitioner/patient relationship with me has determined that administration of the COVID-19 vaccine is medically contraindicated, meaning the COVID-19 vaccine would likely be detrimental to my health, and I have documentation from said licensed independent practitioner demonstrating this determination; or
  - "Temporarily delayed vaccination" refers to vaccination that must be temporarily postponed, as recommended by the United States Centers for Disease Control and Prevention, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, or individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment in the last 90 days.
- I object to receiving a COVID-19 vaccine based on a sincerely held religious belief and I have documentation demonstrating this sincerely held religious belief. Please send the Request for Religious Exemption form to my email: \_\_\_\_\_.
- I am not currently vaccinated against COVID-19 and am not requesting (or do not qualify for) an exemption. I understand that I need to provide proof of my vaccination card within one week of today's date or I will not be allowed to perform my job duties until I receive my first vaccination.
- I hereby decline all of the above options and voluntarily resign my position at the Mille Lacs Band of Ojibwe effective today.

Print Name

Signature

Date Signed