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**SENATE JOINT RESOLUTION NO. 10**  
**AMENDMENT IN THE NATURE OF A SUBSTITUTE**

(Proposed by the Joint Conference Committee  
on March 11, 2022)

(Patron Prior to Substitute—Senator Surovell)

*Establishing a joint subcommittee to study pandemic response and preparedness in the Commonwealth. Report.*

WHEREAS, outbreaks of infectious disease have recurred throughout Virginia's recorded history since the time of the first European settlements, beginning with outbreaks in Jamestown that contributed to the deaths of 80 percent of its earliest settlers and spread rapidly among Native American communities, devastating entire populations; and

WHEREAS, the General Assembly was forced to adjourn its 1696 session in Jamestown due to a smallpox epidemic, and an outbreak beginning in 1747 again brought the legislature and economy to a halt; other periodic smallpox outbreaks killed countless Virginians and left survivors permanently scarred or blind until inoculation became widespread; and

WHEREAS, after the first cases of cholera appeared in the United States in the early 1800s, three outbreaks of the disease struck Virginia between 1832 and 1866, and cholera continued to pose a threat until sanitary reform curbed its spread; and

WHEREAS, an outbreak of yellow fever struck Norfolk and Portsmouth in 1855, forcing the closure of businesses and ports, shutting down both cities' governments, and claiming an estimated 4,000 lives between the two cities; and

WHEREAS, a new and highly contagious strain of influenza spread throughout the world in 1918 and 1919, exacerbated by the conditions of World War I; the pandemic forced school closures and prohibitions on public gatherings, and it claimed the lives of at least 16,000 Virginians and an estimated 50 million people worldwide; and

WHEREAS, the World Health Organization declared COVID-19 a pandemic on March 11, 2020, and the first known cases of the virus in Virginia were reported soon thereafter; in the year that followed, schools and businesses were forced to close, health care providers were overburdened, and the normal functioning of government was interrupted; hundreds of thousands of Virginians became infected with the virus and thousands died, and its final toll is still unknown; and

WHEREAS, the COVID-19 pandemic is the Commonwealth's most recent public health crisis but will not be its last, and it is essential in its aftermath to examine the effectiveness of the laws of the Commonwealth during the pandemic, the response of all levels of government, and the preparedness of various levels of government and, in particular, state institutions in Virginia to deal with future emergencies; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That a joint subcommittee be established to study pandemic response and preparedness in the Commonwealth. The joint subcommittee shall have a total membership of 24 members that shall consist of 10 legislative members, eight nonlegislative citizen members, and six ex officio members. Members shall be appointed as follows: four members of the Senate, to be appointed by the Senate Committee on Rules; six members of the House of Delegates, to be appointed by the Speaker of the House of Delegates; four nonlegislative citizen members, to include a representative from the K-12 public education system, a representative from a public hospital or health care system, a local elected official representing an urban locality, and an individual who owns a local pharmacy, each to be appointed by the Senate Committee on Rules; four nonlegislative citizen members, to include a local elected official representing a rural locality, a representative from a private hospital or health care system, a representative from a four-year institution of higher education, and a representative from a private business, each to be appointed by the Speaker of the House of Delegates; and the Secretaries of Commerce and Trade, Education, Finance, Health and Human Resources, and Public Safety and Homeland Security, or their designees, and the Executive Secretary of the Supreme Court of Virginia, or his designee, all of whom shall serve ex officio with nonvoting privileges. Nonlegislative citizen members of the joint subcommittee shall be citizens of the Commonwealth of Virginia. Unless otherwise approved in writing by the chairman of the joint subcommittee and the respective Clerk, nonlegislative citizen members shall only be reimbursed for travel originating and ending within the Commonwealth of Virginia for the purpose of attending meetings. If a companion joint resolution of the other chamber is agreed to, written authorization of both Clerks shall be required. The joint subcommittee shall elect a chairman and vice-chairman from among its membership, who shall be members of the General Assembly.

In conducting its study, the joint subcommittee shall examine the performance of existing laws in the Commonwealth in relation to the Commonwealth's pandemic response and develop recommendations

60 regarding: (i) the scope of the Governor's powers in long-term states of emergency and the feasibility of  
61 legislative oversight of such powers; (ii) the adequacy, resilience, and performance of the General  
62 Assembly and local governments; (iii) the adequacy, resilience, and performance of public and private  
63 health care systems, pharmacies, hospitals, independent providers, health system providers, federally  
64 qualified health centers, urgent care centers, long-term care agencies and organizations, and congregate  
65 care facilities, including (a) an assessment of the readiness of all such facilities and providers to  
66 implement infection prevention and control measures in order to prevent and stop the spread of  
67 infectious diseases and (b) an assessment of the adequacy of regulations relating to vulnerable  
68 Virginians, including the elderly, the infirm, and children; (iv) the adequacy, resilience, and performance  
69 of the emergency management and public health care systems, including (a) the need for stockpiling and  
70 planning for distribution of pandemic response supplies and materials, (b) the performance of local  
71 health districts and the feasibility of allowing for local decision-making during pandemics, in contrast to  
72 delivery of routine services, and (c) the existing system's ability to detect and prevent future outbreaks  
73 and deploy health care solutions; (v) the adequacy, resilience, and performance of the judicial system  
74 and the need to develop future emergency plans to facilitate better responsiveness; (vi) the adequacy,  
75 resilience, and performance of Virginia Freedom of Information Act, homeowners' association, and  
76 corporate meeting rules and the need to develop future emergency plans to facilitate better  
77 responsiveness; (vii) the adequacy, resilience, and performance of the K-12 and higher education systems  
78 and the need to develop future emergency plans to facilitate better responsiveness; and (viii) the  
79 adequacy, resilience, and performance of the business regulatory system and the need to develop future  
80 emergency plans to facilitate better responsiveness.

81 Administrative staff support shall be provided by the Office of the Clerk of the Senate. Legal,  
82 research, policy analysis, and other services as requested by the joint subcommittee shall be provided by  
83 the Division of Legislative Services. Technical assistance shall be provided by the Department of Health,  
84 the Department of Emergency Management, the Department of Medical Assistance Services, the  
85 Department of Behavioral Health and Developmental Services, the Department for Aging and  
86 Rehabilitative Services, the Department of Social Services, the Department of Labor and Industry, the  
87 Department of Education, the Board of Pharmacy, and the Office of the Executive Secretary of the  
88 Supreme Court of Virginia, upon request. All agencies of the Commonwealth shall provide assistance to  
89 the joint subcommittee for this study, upon request.

90 The joint subcommittee shall be limited to four meetings for the 2022 interim and four meetings for  
91 the 2023 interim, and the direct costs of this study shall not exceed \$178,400 for each year without  
92 approval as set out in this resolution. Of this amount, an estimated \$150,000 is allocated for consulting  
93 services. Approval for unbudgeted nonmember-related expenses shall require the written authorization of  
94 the chairman of the joint subcommittee and the respective Clerk. If a companion joint resolution of the  
95 other chamber is agreed to, written authorization of both Clerks shall be required.

96 No recommendation of the joint subcommittee shall be adopted if a majority of the Senate members  
97 or a majority of the House members appointed to the joint subcommittee (1) vote against the  
98 recommendation and (2) vote for the recommendation to fail notwithstanding the majority vote of the  
99 joint subcommittee.

100 The joint subcommittee shall submit to the General Assembly an interim report containing an  
101 executive summary of its activity and work no later than December 1, 2022, and a final report  
102 containing an executive summary of its activities and recommendations no later than September 1, 2023.  
103 Each executive summary shall state whether the joint subcommittee intends to submit to the General  
104 Assembly and the Governor a report of its findings and recommendations for publication as a House or  
105 Senate document. The executive summaries and reports shall be submitted as provided in the procedures  
106 of the Division of Legislative Automated Systems for the processing of legislative documents and  
107 reports and shall be posted on the General Assembly's website.

108 Implementation of this resolution is subject to subsequent approval and certification by the Joint  
109 Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or  
110 delay the period for the conduct of the study, or authorize additional meetings during the 2022 or 2023  
111 interims.