

# COVID-19 Key State and Federal Guidance and Directives Updated June 8, 2020



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## NYS Executive Orders and Waivers

### Executive Order 202.36

**Effective 6/2 - 7/2**

#### Ed. Law 6530

To allow a questionnaire administered through an asynchronous electronic interface or electronic mail that is approved by a physician licensed in the State of New York to be sufficient to establish a practitioner-patient relationship for purposes of ordering a clinical laboratory test.

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### Executive Order 202.32

**Effective 5/21 - 6/20**

#### Extends E.O. 202.23 - 202.27 until 6/20

Continues suspensions and modifications of laws and directives, not superseded by a subsequent directive, made by E.O. 202.23 through 202.27, for thirty days.

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**NH and ACF Staff Testing**

PHL 576-b(1); 10 NYCRR 58-1.8

In furtherance of E.O. 202.30 and any extensions thereof, allow clinical laboratories to accept and examine specimens for COVID-19 testing, from personnel of nursing homes and adult care facilities, as such personnel are defined in E.O. 202.30, without a prescription or order from an authorized ordering source, and to report the results of such tests to the appropriate operators and administrators of the nursing home or adult care facility for which the person for whom the test was performed provides services; provided that, to ensure appropriate follow-up with patients who test positive for COVID-19, the facility administrator shall contact the local health department to ensure all facility personnel who test positive are provided appropriate clinical guidance as well as appropriate isolation orders;

**Physician Testing Orders**

Ed. Law 6530

To allow physicians to order COVID-19 tests, authorized by the FDA for self-collection, without otherwise having an initial physician-patient relationship with the patient.

[↑ Back to Top](#)**Extended Until 6/20 per E.O. 202.32****Executive Order 202.31**

Effective 5/14 - 6/13

**Removes NY On PAUSE Restrictions for Phase I Industries in the Following Regions:**

- **Finger Lakes**
- **Central New York**
- **Mohawk Valley**
- **Southern Tier**
- **North Country**

**Provisions of E.O. 202.31 apply to regions which subsequently meet criteria.****Extends All Other of NY On PAUSE Restrictions through 5/28**

E.O. 202.28, which extended the provisions of E.O. 202.3, 202.4, 202.5, 202.6, 202.7, 202.8, 202.10, 202.11, 202.13, and 202.14 which each closed or otherwise restricted public or private businesses or places of public accommodation, and which required postponement or cancellation of all non-essential gatherings of individuals of any size for any reason (e.g. parties, celebrations, games, meetings or other social events), which together constitute New York On PAUSE, is hereby continued until 11:59 p.m. on May 28, 2020, unless later amended or extended by a future E.O.

Provided, however, that effective at 12:01 a.m. on May 15, 2020 that the reductions and restrictions on the in-person workforce at non-essential businesses or other entities shall no longer apply to Phase One industries:

- Construction, Agriculture, Forestry, Fishing and Hunting, Retail (Limited to curbside or in-store pickup/drop off); Manufacturing and Wholesale Trade;
- Such businesses or entities must be operated subject to the guidance promulgated by the Department of Health;
- Only those businesses or entities in a region that meets the prescribed public health and safety metrics, as determined by DOH, will be eligible for reopening;

See full text of [E.O. 202.31](#)

[↑ Back to Top](#)**Extended Until 6/20 per E.O. 202.32****Executive Order 202.30**

Effective 5/10 - 6/9

18 NYCRR 415.26(c)(1)(v)(b)  
18 NYCRR 487.9(a)(8),  
18 NYCRR 488.9(a)(5);  
PHL §4656(7)

Modified to the extent necessary to require that the operator and administrator of all nursing homes and all adult care facilities, including all adult homes, enriched housing programs and assisted living residences to test or make arrangements for the testing of all personnel, including all employees, contract staff, medical staff, operators and administrators, for COVID-19, twice per week, pursuant to a plan developed by the facility administrator and filed with the Department of Health no later than 5:00 p.m. on Wednesday, May 13, 2020. Any positive test result shall be reported to the Department of Health by 5:00 p.m. of the day following receipt of such test result, in a manner determined by the Commissioner of Health. Nothing herein shall prohibit staff of the Department of Health, or the local health department in the jurisdiction of the nursing home or adult care facility, from having unrestricted access to the facility where such access is determined necessary in the discretion of the Commissioner of Health for purposes of testing all personnel for COVID-19, and provided further that in such circumstances the operator and administrator shall cooperate fully with Department of Health and local health department staff to facilitate such testing.

Also refer to: [NYSDOH | DAL: Required Testing for all Nursing Home and Adult Care Facility Personnel](#)  
[NYSDOH | FAQs Required Testing of NH and ACF Personnel per E.O.202.30](#)

No later than May 15, 2020, both the operator and the administrator of all nursing homes and adult care facilities must provide to the Department of Health a certification of compliance with this Executive Order and directives of the Commissioner of Health, and all other applicable Executive Orders and directives of the Commissioner of Health.

- The Commissioner of Health is authorized to suspend or revoke the operating certificate of any nursing home or adult care facility if it is determined that such facility has not complied with this Executive Order, or any regulations or directives issued by the Commissioner of Health, and if determined to not be in compliance, notwithstanding any law to the contrary the Commissioner may appoint a receiver to continue the operations on 24 hours' notice to the current operator, in order to preserve the life, health and safety of the people of the State of New York. Any false statement in the attestation shall be punishable under the provisions of Penal Code 210.45.
- Any nursing home or adult care facility which does not comply with this Executive Order shall be subject to a penalty for non-compliance of \$2,000 per violation per day, as if it were a violation of section 12 of the public health law, and any subsequent violation shall be punishable as if it is a violation of section 12-b of the public health law, with a penalty of \$10,000 per violation per day.
- Any personnel of a nursing home or adult care facility who refuse to be tested for COVID-19 pursuant to a plan submitted to the Department of Health shall be considered to have outdated or incomplete health assessments and shall therefore be prohibited from providing services to such nursing home or adult care facility until such testing is performed.

Any article 28 general hospital shall not discharge a patient to a nursing home, unless the nursing home operator or administrator has first certified that it is able to properly care for such patient. Provided further, that any article 28 general hospital shall not discharge a patient to a nursing home, without first performing a diagnostic test for COVID-19 and obtaining a negative result.

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**Extended Until 6/20 per E.O. 202.32**

## **Executive Order 202.28**

Effective 5/7 - 6/6

Continues the suspensions and modifications of law, and any directives, not superseded by a subsequent directive, made by Executive Order 202 and each successor Executive Order up to and including Executive Order 202.14, for thirty days until June 6, 2020, except as modified below.

The suspension or modification of the following statutes and regulations are not continued, and such statutes, codes and regulations are in full force and effect as of May 8, 2020:

### **Hospitals & LTCFs: Transfer, Admission, Discharge Requirements**

**In full force and effect as of 5/8**

#### **10 NYCRR 405.9(f)(7), §405.9 (h)(7), 10 NYCRR 400.9**

*(Previously suspended per E.O. 202: To permit general hospitals and nursing homes licensed pursuant to PHL Art. 28 that are treating patients during the disaster emergency to rapidly discharge, transfer, or receive such patients, as authorized by the Commissioner, provided such facilities take all reasonable measures to protect the health and safety of such patients and residents, including safe transfer and discharge practices, and to comply with EMTALA [42 USC §1395dd] and associated regulations.)*

**Except to the limited extent that it would allow a practitioner to practice in a facility where they are not credentialed or have privileges, which shall continue to be suspended (PHL §405.9)**

**Suspension remains in effect until 6/6**

### **LTCFs - Patient Review**

**In full force and effect as of 5/ 8**

#### **10 NYCRR 400.11**

*(Previously suspended per E.O. 202: To permit Art. 28 facilities receiving patients as a result of the disaster emergency to complete patient review instruments as soon as practicable.)*

## Hospital Surge Capacity and Elective Procedures

**In full force and effect as of 5/8**

**10 NYCRR 405, 10 NYCRR 403.3\*, 10 NYCRR 403.5\*,  
10 NYCRR 800.3\*** \*References not found in previous Executive Orders

*(Previously suspended per E.O. 202.5: To adopt existing policies and procedures in a general hospital at a new, temporary facility created for the purpose of treating patients during the COVID-19 outbreak.)*

Except to the extent that subparagraphs (d) and (u) could otherwise limit the scope of care by paramedics to prohibit the provision of medical service or extended service to COVID-19 or suspected COVID-19 patients;

## Hospitals - Level Of Care

**In full force and effect as of 5/8**

**10 NYCRR §400.12, 10 NYCRR 400.12\*, 10 NYCRR 415.11\*,  
10 NYCRR 415.15\*, 10 NYCRR 415.26\*, 14 NYCRR 620\*,  
14 NYCRR 633.12\*, 14 NYCRR 636-1\*, 14 NYCRR 686.3\*,  
14 NYCRR 517\*** \*References not found in previous Executive Orders

*(Previously suspended per E.O. 202: To allow patients affected by the disaster emergency to be transferred to receiving Art. 28 facilities as authorized by the Commissioner.)*

## Psychiatric Transfer and Discharge

**In full force and effect as of 5/8**

### Mental Health Law §41.34, §29.11, §29.15

*(Previously suspended per E.O. 202.1: To permit facilities licensed pursuant to MHL Art. 31 that are treating patients during the emergency to rapidly discharge, including conditionally discharge, transfer, or receive such patients, as authorized by the Commissioner of Mental Health, provided such facilities take all reasonable measures to protect the health and safety of patients and residents, including safe transfer and discharge practices.)*

**PHL §3002\*, §3002-a\*, §3003\*, §3004-a\* to the extent it would  
have allowed the Commissioner to make determination without  
approval by a regional or state EMS board;**

**In full force and effect as of 5/8**

\*References not found in previous Executive Orders

## Liability

**In full force and effect as of 5/8**

### Education Law §6527(2), §6545, and §6909(1)

*(Previously suspended per E.O. 202.10: To provide that all physicians, physician's assistants, specialist assistants, nurse practitioners, licensed registered professional nurses and licensed practical nurses shall be immune from civil liability for any injury or death alleged to have been sustained directly as a result of an act or omission by such medical professional in the course of providing medical services in support of the State's response to COVID-19, unless it is established that such injury or death was caused by the gross negligence of such medical professional)*

## Liability

**In full force and effect as of 5/8**

**Education Law §6530 (32), 8 NYCRR 29.2(a)(3),  
10 NYCRR 58-1.11, 405.10, and 415.22**

*(Previously suspended per E.O. 202.10: Notwithstanding any law or regulation to the contrary, health care providers are relieved of recordkeeping requirements to the extent necessary for health care providers to perform tasks as may be necessary to respond to the COVID-19 outbreak, including, but not limited to, requirements to maintain medical records that accurately reflect the evaluation and treatment of patients, or requirements to assign diagnostic codes or to create or maintain other records for billing purposes. Any person acting reasonably and in good faith under this provision shall be afforded absolute immunity from liability for any failure to comply with any recordkeeping requirement. In order to protect from liability any person acting reasonably and in good faith under this provision, requirements to maintain medical records.)*

**All codes related to construction, energy conservation, or other  
building code, and all state and local laws, ordinances, and  
regulations which would have otherwise been superseded, upon  
approval by the Commissioner of OPWDD, as applicable only for  
temporary changes to physical plant, bed capacities, and services  
provided; for facilities under the Commissioners jurisdiction.**

**In full force and effect as of 5/8**

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## Executive Order 202.27

### Out of State Licensure

Extends authority of the following out-of-state licensed professionals to practice in NYS per [EO202.18](#); [202.11](#); [202.10](#); and [202.5](#):

- Physicians
- Physician Assistants
- Nurse Practitioners
- LPNs, Nurses, Nurse Specialists and Specialist Assistants
- Midwives
- Radiologic Technologist
- Respiratory Therapists and Respiratory Therapy Technicians
- LMSW, LCSW and counselors
- Others listed in [E.O. 202.18](#)

Allows physicians, PAs, nurses and others in [EO 202.18](#) who are licensed in NYS but not registered to practice.

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**Extended Until 6/20 per E.O. 202.32**

Effective 5/5 - 6/4

Any suspension or modification of any law heretofore suspended in Executive Order 202, or any amended or modified Executive Order issued thereafter, which allowed for the practice of a profession in the state of New York without a current New York State licensure, or registration, including but not limited to those individuals who are validly licensed in another state or Canada, is hereby extended for a period of thirty days to allow those professionals the ability to continue to provide services necessary for the State's COVID-19 response.

## Executive Order 202.25

### Temporary Birthing Sites

10 NYCRR 401.3(a) and (e) and 710.1; *(Title Omitted)*  
NYCRR Part 709 and 710

To allow for the approval and certification by the Commissioner of Health of temporary dedicated birthing sites operated by currently-licensed birthing hospitals and currently-licensed birthing centers;

### Hospital Visitation - Labor, Delivery & Maternity Stays

*Amends/Extends*  
[E.O. 202.13](#) and [202.12](#)

The directive related to support persons for birthing patients contained in Executive Order 202.13 and 202.12 is hereby modified to require any article twenty-eight facility, shall, as a condition of licensure, allow any patient giving birth to have present with them: a support person, who does not have symptoms of COVID-19, for the labor, delivery and also the remaining duration of the patient's stay; and/or a doula, who does not have symptoms of COVID-19 for the labor, delivery, and the remaining duration of the patient's stay. The presence of a support person and/or doula will be subject to exceptions for medical necessity determined by the Commissioner.

Also Refer to: [NYSDOH | Health Advisory: Updated Guidance for Hospital Visitation](#) Updated 5/20

### Hospital Surge Capacity and Elective Procedures

*Amends/Extends* [E.O. 202.10](#)

The directive contained in Executive Order 202.10 authorizing the Commissioner of Health to direct all general hospitals, ambulatory surgery centers, office-based surgery practices and diagnostic and treatment centers to increase the number of beds available to patients, including by canceling all elective surgeries and procedures, is hereby modified only to the extent necessary to authorize general hospitals to perform elective surgeries and procedures so long as the following criteria are met:

- within a county, the total available hospital inpatient capacity is over thirty percent and the total available hospital ICU capacity is over thirty percent and the total change, from April 17, 2020 to April 27, 2020, in the number of hospitalized patients who are positive for COVID-19 is fewer than ten;
- for each hospital within county that has met the eligibility criteria, the available hospital inpatient capacity is over thirty percent and the available hospital ICU capacity is over thirty percent and the change, from April 17, 2020 to April 27, 2020, in the number of hospitalized patients who are positive for COVID-19 is fewer than ten.

The Commissioner of Health is authorized to issue guidance with respect to the implementation of these criteria.

General hospitals that are authorized to perform elective surgeries and procedures must report, at a minimum, the number and types of surgeries and procedures performed, in a manner prescribed by the Commissioner.

General hospitals that do not meet the criteria to perform elective surgeries and procedures contained in this directive may seek a waiver from the prohibition, by



submitting a plan that includes, at a minimum, their facility capacity, physical configuration, infectious disease protocols, and staffing capacity, including any applicable employment hardship information that includes any reductions in workforce, including furloughs, that have occurred due to the inability of such facility to perform elective surgeries or procedures, or any reductions in workforce, including furloughs, that may imminently occur due to the inability of such facility to perform elective surgeries or procedures, to the DOH, in a manner prescribed by the Commissioner.

General hospitals shall not perform any elective surgery or procedure for patients until each such patient has tested negative for COVID-19 through an approved diagnostic test, and the hospital and patient have complied with the pre-operative and pre-procedure guidelines in a manner prescribed by the Commissioner.

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**Extended Until 6/20 per E.O. 202.32**

## Executive Order 202.24

Effective 4/25 - 5/25

### Testing by Pharmacists

Education Law §6801

To authorize licensed pharmacists to order COVID-19 tests, approved by the FDA, to detect SARS-CoV-2 or its antibodies, and to administer COVID-19 tests subject to certificate of waiver requirements pursuant to CLIA, in patients suspected of COVID-19 infection or of having recovered from COVID-19 infection, subject to completion of training developed by NYSDOH.

Refer to: [NYSDOH | Specimen Collection Training for Unlicensed Individuals per E.O. 202 and 202.24](#) issued 5/15  
[NYSDOH | Authorization of Licensed Pharmacists to Order COVID-19 Tests per E.O. 202.24](#)

### Testing by Pharmacists

PHL §579(3) and §671(6)

To permit licensed pharmacists to be designated as a qualified healthcare professional for the purpose of directing a limited service laboratory to test patients suspected of a COVID-19 infection or its antibodies provided that such test is FDA-approved and waived for use in a limited service laboratory.

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**Extended Until 6/20 per E.O. 202.32**

## Executive Order 202.23

Effective 4/24 - 5/24

### Skilled Nursing Facility and Adult Care Facility Operations

The Commissioner of Health is authorized to suspend or revoke the operating certificate of any skilled nursing facility or adult care facility if it is determined that such facility has not adhered to any regulations or directives issued by the Commissioner, and if determined to not be in compliance notwithstanding any law to the contrary the Commissioner may appoint a receiver to continue the operations on 24 hours' notice to the current operator, in order to preserve the life, health and safety of the people of the State of New York.

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## Executive Order 202.19

**Effective 4/17 - 5/17**

### Establishment of NYS Laboratory Testing Process

NYSDOH shall establish a single, statewide coordinated testing prioritization process that shall require all laboratories in the state, both public and private, that conduct COVID-19 diagnostic testing, to complete such COVID-19 diagnostic testing only in accordance with such process. Laboratories shall prioritize testing as directed by this coordinated statewide process. Laboratories may not, without an exemption from NYSDOH, enter into an agreement that would reserve testing capabilities for any private or public entity. Violations may result in a civil penalty not to exceed \$10,000 or three times the value of such testing. The Commissioner is empowered and may revoke any operating certificate or license of such laboratory.

Also refer to [NYSDOH Updated Protocol for COVID-19 Testing per E.O. 2019](#)

**NH and ACF Family Notification Requirements - Penalties**  
PHL §12 and §12-b  
Original provisions enacted per [E.O. 202.18](#)

The directive contained in EO 202.18 requiring any skilled nursing facility, nursing home, or adult care facility licensed and regulated by DOH to notify a family member or next of kin if any resident tests positive for COVID-19, or suffers a COVID-19 related death, within 24 hours is modified solely to provide a penalty for non-compliance of \$2,000 per violation per day, as if it were a violation of PHL §12, and any subsequent violation shall be punishable as if it is a violation of PHL §12-b.

**Local Government and LHD Public Health Authority**

No local government or LHD shall take any actions that could affect public health without consulting NYSDOH. No local official shall take any action that could impede or conflict with any other local government actions, or state actions, with respect to managing the COVID-19 public health emergency.

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## Executive Order 202.18

**Effective 4/16 - 5/15**

**NH and ACF Family Notification Requirements**  
*Effective 4/16 - 5/16*  
*Penalty added* [E.O. 202.19](#)

Any skilled nursing facility, nursing home, or adult care facility licensed and regulated by the Commissioner of Health shall notify family members or next of kin if any resident tests positive for COVID-19, or suffers a COVID-19 related death, within 24 hours of such positive test result or death.

**Licensure - Out of State Physicians**  
Ed. Law §6512-6516 and 6524; 8 NYCRR 60  
*Originally enacted per* [E.O. 202.5](#)

To allow physicians licensed and in current good standing in any state in the U.S. to practice medicine in NYS without civil or criminal penalty related to lack of licensure.

**Licensure - Out of State Nurses**  
Ed. Law §6512-6516, 6905, 6909, 6910; 8 NYCRR 64  
*Originally enacted per* [E.O. 202.5](#)

To allow registered nurses, licensed practical nurses, and nurse practitioners licensed and in current good standing in any state in the U.S. to practice in NYS without civil or criminal penalty related to lack of licensure.

**Licensure - Out of State Physician Assistants**  
Ed. Law §6512-6516 and 6541; 8 NYCRR 60.8  
*Originally enacted per* [E.O. 202.5](#)

To allow physician assistants licensed and in current good standing in any state in the U.S. to practice in NYS without civil or criminal penalty related to lack of licensure.

**Licensure - Out of State Radiologic Technologist**  
PHL §3502, §3505, §3507; 10 NYCRR 89  
*Originally enacted per* [E.O. 202.10](#)

To permit radiologic technologists licensed and in current good standing in NYS but not registered in the state to practice in NYS without civil or criminal penalty related to lack of registration and to the extent necessary to permit radiologic technologists licensed and in current good standing in any state in the U.S. to practice in NYS without civil or criminal penalty related to lack of licensure.

**Pharmacy Practice**  
Ed. Law §6802, §6808, §6841; 8 NYCRR 29.7(10) and 63.6  
*Originally enacted per* [E.O. 202.11](#)

To permit pharmacy technicians and pharmacists to practice at an alternative location, including their home, as long as there is adequate security to prevent any Personal Health Information from being compromised.

**Certification - Out of State Nurse Specialists & Specialist Assistants**

Ed. Law §6512-6516, §6548, §6911; 8 NYCRR 60.11 and 64.8

To allow clinical nurse specialists, specialist assistants, and substantially similar titles certified and in current good standing in any state in the U.S., or any province/territory of Canada, to practice in NYS without civil or criminal penalty related to lack of certification.

**Licensure - Out of State LMSW and LCSW**

Ed. Law §6512 through §6516, and §7704 NYCRR

To allow licensed master social workers, licensed clinical social workers, and substantially similar titles licensed and in current good standing in any state in the U.S. or any province/territory of Canada, to practice in NYS without civil or criminal penalty related to lack of licensure..

**Licensed Professional Practice**

Ed. Law §6502; and 8 NYCRR 59.8

To allow specialist assistants, respiratory therapists, respiratory therapist technicians, pharmacists, clinical nurse specialists, dentists, dental hygienists, registered dental assistants, midwives, perfusionists, clinical laboratory technologists, cytotechnologists, certified clinical laboratory technicians, certified histological technicians, licensed clinical social workers, licensed master social workers, podiatrists, physical therapists, physical therapist assistants, mental health counselors, marriage and family therapists, creative arts therapists, psychoanalysts and psychologists who have an unencumbered license and are currently in good standing in NYS but not registered to practice in NYS without civil or criminal penalty related to lack of registration.

**Nursing Practice - Graduates**

Ed. Law §6908 and associated regulations

To permit graduates of State Education Department registered, licensure qualifying nurse practitioner education programs to be employed to practice nursing in a hospital or nursing home for 180 days immediately following successful completion of a NYS Registered licensure qualifying education program, provided that the graduate files with the Department an application for certification as a nurse practitioner.

**Clinical Laboratory Practitioners - Graduates**

Ed. Law §8609 and associated regulations

To permit graduates of State Education Department registered, licensure qualifying clinical laboratory technology and clinical laboratory technician education programs to be employed to practice for 180 days immediately following successful completion of a NYS Registered licensure qualifying education program, in a clinical laboratory with a valid NYS permit, provided that the graduate files an application for a NYS clinical laboratory practitioner license and limited permit.

**Pharmacy Registration**

Ed. Law §6808; and 8 NYCRR 63.6 and 63.8

To extend the triennial registrations of pharmacy establishments who are currently registered and whose registration is set to expire on or after 3/31/20. An application for re-registration shall be submitted no later than 30 days after expiration of [E.O. 202](#) (9/7/20).

**Business and School Closures**

Extends previous EOs related to business and school closure through 5/15.

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**Executive Order 202.17**

**Effective 4/17 - 5/15**

**Requiring Face Coverings be Worn In Public**

Effective 8pm 4/17 - 5/15

Any individual who is over age two and able to medically tolerate a face-covering shall be required to cover their nose and mouth with a mask or cloth face-covering when in a public place and unable to maintain, or when not maintaining, social distance.

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## Executive Order 202.16

Effective 4/12 - 5/12

### Antibody Testing

Ed. Law §8602 and 8603; 10 NYCRR 58-1.5

To permit individuals to perform testing for the detection of SARS-CoV-2, or its antibodies, in specimens collected from individuals suspected of suffering from a COVID-19 infection; individuals performing testing must meet the federal requirements for testing personnel appropriate to the assay or device authorized by the FDA or NYSDOH.

### Requiring Essential Employees to Wear Face Coverings

Effective 8pm 4/15 - 5/12

For all essential businesses or entities, any employees who are present in the workplace shall be provided and shall wear face coverings when in direct contact with customers or members of the public. Businesses must provide, at their expense, such face coverings for their employees. This provision may be enforced by local governments or law enforcement as if it were an order per PHL §12 or §12-b.

Also reference [NYSDOH | Guidance on EO 202.16 Requiring Employees to Wear Face Coverings](#)

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## Executive Order 202.15

Effective 4/9 - 5/9

### Pharmacy - Out of State Services

Ed. Law §6808 and associated regulations

To permit a manufacturer, repacker or wholesaler of prescription drugs or devices, physically located outside of NYS and not registered in NYS, but licensed and/or registered in any other state, to deliver prescription drugs or devices into the state. NYS-licensed pharmacies may receive drugs and medical supplies or devices from an unlicensed pharmacy, wholesaler or third-party logistics provider located in another state to alleviate a temporary shortage of a drug or device that could result in the denial of healthcare under the following conditions:

- The unlicensed location is appropriately licensed in its home state and documentation of the license verification can be maintained by the NYS pharmacy.
- The pharmacy maintains documentation of the temporary shortage of any drug or device received from any pharmacy, wholesaler or third-party logistics provider not licensed in NYS.
- The pharmacy complies with all recordkeeping requirements for each drug and device received from any pharmacy, wholesaler or third-party logistics provider not licensed in NYS.
- All documentation and records required above shall be maintained and readily retrievable for three years following the end of the emergency.
- The drug or device was produced by an authorized FDA-registered drug manufacturer.

### Licensure - Out of State Respiratory Therapy Technicians

Ed. Law §6512-6516 and §8510; and 8 NYCRR 79-4

To allow respiratory therapy technicians licensed and in current good standing in any state to practice in NYS without civil or criminal penalty related to lack of licensure.

### Licensure - Out of State Counselors and Therapists

Ed. Law §6512-6516, §8402-8405; 8 NYCRR 79-9 through 79-12

To allow mental health counselors, marriage and family therapists, creative arts therapists and psychoanalysts licensed and in current good standing in any state to practice in NYS without civil or criminal penalty related to lack of licensure.

### Licensure - Out of State Funeral Directors

PHL §3400, §3420-3423, §3428 and §3450-3457

To permit funeral directors licensed and in good standing in any state or territory of the U.S. to practice as a funeral director in NYS upon the approval of and pursuant to such conditions as may be imposed by the Commissioner of Health, without civil or criminal penalty related to lack of licensure, provided that such funeral director shall practice under the supervision of a funeral director licensed and registered in NYS.

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## Executive Order 202.14

**Extended Until 6/6 per E.O. 202.28**

*Effective 4/7 - 5/7*

**Extends Previous Waivers to May 7**

Extends all waivers and directives, not superseded by a subsequent directive, made by EO 202 and each successor EO to 202, for thirty days until May 7, 2020, except as otherwise specifically limited.

### **Physician Practice**

Ed. Law §6524; 8 NYRR 60.7; 10 NYCRR 405.4(g)(1)

To allow any physician who will graduate in 2020 from an academic medical program accredited by a medical education accrediting agency for medical education by the Liaison Committee on Medical Education or the American Osteopathic Association, and has been accepted by an Accreditation Council for Graduate Medical Education accredited residency program within or outside of New York State to practice at any institution under the supervision of a licensed physician.

### **Hospital PPE and Medical Equipment Data Reporting and Redeployment**

Any medical equipment (PPE, ventilators, respirators, bi-pap, anesthesia, or other necessary equipment or supplies as determined by the Commissioner) that is held in inventory by any entity in the state, or otherwise located in the state shall be reported to DOH. DOH may shift any such items not currently needed, or needed in the short term future by a health care facility, to be transferred to a facility in urgent need of such inventory, for purposes of ensuring New York hospitals, facilities and health care workers have the resources necessary to respond to the COVID-19 pandemic, and distribute them where there is an immediate need. DOH shall either return the inventory as soon as no longer urgently needed and/or, in consultation with the Division of the Budget, ensure compensation is paid for any goods or materials acquired at the rates prevailing in the market at the time of acquisition, and shall promulgate guidance for businesses and individuals seeking payment.

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## Executive Order 202.13

**Extended Until 6/6 per E.O. 202.28**

*Extended Until 5/29 by E.O. 202.25*

*Extended Until 5/7 Pursuant to E.O. 202.14*

*Effective 3/29 - 4/28*

### **Hospital Visitation - Labor, Delivery & Maternity Stays**

*Amended per EO 202.25*

The directive of EO 202.12 requiring a support person for a patient giving birth is modified insofar as to cover labor, delivery as well as the immediate postpartum period.

Also refer to: [NYSDOH | Updated Guidance for Hospital Visitation](#) Updated 5/20

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## Executive Order 202.12

**Extended Until 6/6 per E.O. 202.28**

*Extended Until 5/29 by E.O. 202.25*

*Extended Until 5/7 Pursuant to EO 202.14*

*Effective 3/28 - 4/27*

### **Hospital Visitation - Labor, Delivery & Maternity Stays**

*Amended per E.O. 202.13 and 202.25*

Any Art. 28 facility licensed by the state, shall, as a condition of licensure permit the attendance of one support person who does not have a fever at the time of labor/delivery to be present as a support person for a patient who is giving birth.

Also refer to: [NYSDOH | Health Advisory: Updated Guidance for Hospital Visitation](#) Updated 5/20

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**Executive Order 202.11**

<b>OPWDD - Requirements</b> Mental Hygiene Law §16.03 and 16.05; 14 NYCRR 619	To the extent that they limit the provision of certain services to certified settings provided, however, that use of such settings shall require the approval of the commissioner of OPWDD.
<b>Pharmacy Practice</b> Ed. Law §6802, 6808, 6841; 8 NYCRR §29.7(10) and 63.6	To permit pharmacy technicians and pharmacists to practice at an alternative location, including their home, as long as there is adequate security to prevent any Personal Health Information from being compromised, ( <b>Extended to 5/16 per EO 202.18</b> )
<b>Defense and Indemnification Of State Employees</b> Public Officers Law §17(1)	To ensure that physicians assisting in the State's response to COVID-19 in a facility owned or leased by SUNY and operated by SUNY are not excluded from the provisions of POL §17 for the medical services provided as part of the State's response. To the extent that SUNY has designated a state volunteer program under this for SUNY Upstate Hospital, SUNY Stony Brook University Hospital, and University Hospital SUNY Downstate, that is comprised of both compensated and uncompensated volunteers.
<b>Licensure - Out of State Midwife</b> Ed. Law §6951, 6952, 6953, 6955	To allow midwives licensed and in current good standing in any state in the U.S., or in any province or territory of Canada, to practice in NYS without civil or criminal penalty related to lack of licensure.
<b>OPWDD - Staffing</b> 14 NYCRR §633.16	To permit abbreviated training and/or extension of recertification deadlines for direct support professionals employed in programs and facilities certified pursuant to MHL Art. 16 that are experiencing staff shortages;
<b>Pharmacy Practice</b> Ed. Law § 6808(1) and associated regulations	To temporarily permit registered resident pharmacies and registered resident outsourcing facilities to compound certain alcohol-based hand sanitizer products, consistent with the <a href="#">FDA's Policy for Temporary Compounding of Alcohol-Based Hand Sanitizer Products During the PHE.</a>
<b>Nursing Practice and Employment</b> Ed. Law 6907(5) and associated regulations	To permit graduates of registered professional nurse and licensed practical nurse licensure qualifying education programs registered by the State Education Department to be employed to practice nursing under supervision of a registered professional nurse and with the endorsement of the employing hospital or nursing home for 180 days immediately following graduation;
<b>Pharmacy - Dispensing Hydroxychloroquine or Chloroquine</b> Directive (as authorized under Exec. Law §29-A) amending the Directive set forth in EO 202.10	No pharmacist shall dispense hydroxychloroquine or chloroquine except when written: as prescribed for an FDA-approved indication; for an indication supported by one or more citations included or approved for inclusion in the compendia specified in 42 U.S.C. 1396r-8(g)(1)(B)(i); for patients in inpatient settings and acute settings; for residents in a sub-acute part of a skilled nursing facility; or as part of an study approved by an Institutional Review Board. Any person authorized to prescribe such medications shall denote on the prescription the condition for which the prescription has been issued;
<b>Preemption of Prior State and Local Guidance</b> Directive (authorized per Exec. Law §29-A)	Any guidance issued by NYSDOH related to prevention and infection control of COVID-19 shall be effective immediately and shall supersede any prior conflicting guidance issued by NYSDOH and any guidance issued by any local board of health, department of health, or political subdivision related to the same subject;
<b>Hospital - Visitation</b> Directive (authorized per Exec. Law §29-A) <b>Amended per E.O. 202.12, 202.13 and 202.25</b>	Any Art. 28 facility licensed by the state, shall, as a condition of licensure permit the attendance of one support person who does not have a fever at the time of labor/delivery to be present as a support person for a patient who is giving birth.  Also refer to <a href="#">NYSDOH   Health Advisory: Updated Guidance for Hospital Visitation</a> Updated 5/20

## Executive Order 202.10

**Extended Until 6/6 per E.O. 202.28 Except as Noted**

*Extended Until 5/7 Pursuant to E.O. 202.14*

*Effective 3/23 - 4/22*

### **Hospital Surge Capacity and Elective Procedures**

PHL §2803; 10 NYCRR Parts 400, 401, 405, 409, 710, 711 and 712 (*There is no Part 409. Possible ref to Part 407*)

*Amended by E.O. 202.25*

**PHL 405 In full force and effect as of May 8, 2020 per E.O. 202.28**

To permit and require general hospitals to take all measures necessary to increase the number of beds available to patients, in accordance with the directives set forth in this Executive Order;

The Commissioner shall direct all general hospitals, ambulatory surgery centers, office-based surgery practices and diagnostic and treatment centers to increase the number of beds available to patients, including by canceling all elective surgeries and procedures, as the Commissioner shall define. General hospitals shall comply with such order by submitting COVID-19 Plans to DOH on a schedule determined by DOH, to accomplish this purpose;

The Commissioner is authorized to suspend or revoke the operating certificate of any general hospital should they be unable to meet the requirements of the necessary capacity directives; and notwithstanding any law to the contrary the Commissioner may appoint a receiver to continue the operations on 24 hours' notice to the current operator, in order to preserve the life, health and safety of the people of the state.

Also refer to [NYSDOH | Health Advisory: Sexual and Reproductive Health Services](#) on 4/7 making a technical correction to [EO 202.10](#) by expanding cancer evaluation to include all gynecologic cancer.

### **Scope of Practice - Physician Assistant**

Ed. Law §6542 (1); 10 NYCRR §94.2 (a) and (b)

To permit a physician's assistant to provide medical services appropriate to their education, training and experience without oversight from a supervising physician without civil or criminal penalty related to a lack of oversight by a supervising physician

### **Scope of Practice - Specialist Assistant**

Ed. Law §6549 (1); 10 NYCRR §94.2 (a) and (b)

To permit a specialist assistant to provide medical services appropriate to their education, training and experience without oversight from a supervising physician without civil or criminal penalty related to a lack of oversight by a supervising physician

### **Scope of Practice - Nurse Practitioner**

Ed. Law §6902(2) and 10 NYCRR §64.5

To permit a nurse practitioner to provide medical services appropriate to their education, training and experience, without a written practice agreement, or collaborative relationship with a physician, without civil or criminal penalty related to a lack of written practice agreement, or collaborative relationship, with a physician

### **Liability**

Ed. Law §6527(2), 6545, and 6909(1)

**In full force and effect as of May 8, 2020 per E.O. 202.28**

To provide that all physicians, physician's assistants, specialist assistants, nurse practitioners, licensed registered professional nurses and licensed practical nurses shall be immune from civil liability for any injury or death alleged to have been sustained directly as a result of an act or omission by such medical professional in the course of providing medical services in support of the State's response to the COVID-19 outbreak, unless it is established that such injury or death was caused by the gross negligence of such medical professional

### **Volunteer Providers**

Specific Provisions Not Identified

Any healthcare facility is authorized to allow students, in programs to become licensed in NYS to practice as a healthcare professional, to volunteer at the healthcare facility for educational credit as if the student had secured a placement under a clinical affiliation agreement, without entering into any such clinical affiliation agreement

**Liability**

Ed. Law §6530 (32); 8  
NYCRR §29.2 (a)(3); 10  
NYCRR §58-1.11, 405.10,  
and 415.22

**In full force and effect as  
of May 8, 2020 per E.O.  
202.28**

Notwithstanding any law or regulation to the contrary, health care providers are relieved of recordkeeping requirements to the extent necessary for health care providers to perform tasks as may be necessary to respond to the COVID-19 outbreak, including, but not limited to, requirements to maintain medical records that accurately reflect the evaluation and treatment of patients, or requirements to assign diagnostic codes or to create or maintain other records for billing purposes. Any person acting reasonably and in good faith under this provision shall be afforded absolute immunity from liability for any failure to comply with any recordkeeping requirement. In order to protect from liability any person acting reasonably and in good faith under this provision, requirements to maintain medical records.

**Trauma Centers**

10 NYCRR §405.45

To permit the Commissioner to designate a health care facility as a trauma center, or extend or modify the period for which a health care facility may be designated as a trauma center, or modify the review team for assessment of trauma center

**Hospital Staffing**

10 NYCRR §405.4(b)(6)

To remove limits on working hours for physicians and postgraduate trainees

**Licensure - Physicians**

10 NYCRR §405.4(g)(2)(ii)

To allow graduates of foreign medical schools having at least one year of graduate medical education to provide patient care in hospitals, is modified so as to allow such graduates without licenses to provide patient care in hospitals if they have completed at least one year of graduate medical education

**Hospital Staffing**

10 NYCRR 405.2(e)

To permit general hospitals affected by the disaster emergency to maintain adequate staffing

**Hospital Staffing**

10 NYCRR 405.3(b)

To allow general hospitals to use qualified volunteers or personnel affiliated with different general hospitals, subject to the terms and conditions established by the Commissioner

**Hospital Personnel  
Requirements**

10 NYCRR 405.3(b)(10)

To allow general hospitals to use qualified volunteers or personnel affiliated with different general hospitals, subject to the terms and conditions established by the Commissioner of Health;

NYSDOH issued guidance on 4/11 ([DHDTC DAL 20-09](#)), temporarily waiving the following provisions to enable hospitals to use qualified volunteers, or personnel affiliated with different general hospitals, subject to the terms and conditions established by the Commissioner of Health.

**Hospital Personnel  
Requirements**

10 NYCRR 405.3(b)(10)

The requirement that all personnel have a physical examination and recorded medical history is modified to allow volunteers and personnel affiliated with other hospitals, in lieu of a physical examination, to submit a written health status self-assessment to the hospitals where they volunteer. This self-assessment must be retained in the hospital's personnel files. This assessment must include an attestation that the applicant has no health impairment that would pose a potential risk to patients, or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior.

The requirement for a "certificate of immunization against rubella" is modified to require the following evidence of immunity: a document prepared by a physician, physician's assistant, specialist assistant, nurse practitioner, licensed midwife or a laboratory, demonstrating serologic evidence of rubella antibodies. Testing for rubella antibodies will be performed by the hospital at no cost to the applicant.

The requirement for a "certificate of immunization against measles" is modified to require, for all personnel born on or after 1/1/1957, the following evidence of immunity: a document prepared by a physician, physician's assistant, specialist assistant, nurse practitioner, licensed midwife or a laboratory, demonstrating serologic evidence of measles antibodies. Testing for measles antibodies will be performed by the hospital, at no cost to the applicant.



The requirement for all personnel with clinical or patient care contact, prior to employment or affiliation, to undergo a tuberculin skin test or FDA approved blood assay for the detection of latent tuberculosis infection, is modified to require a health status self-assessment of all applicants with past evidence of tuberculosis infection or positive tuberculin skin test, to follow with an FDA approved blood assay for the detection of latent TB infection.

**Licensure - Out of State Radiologic Technologist**

PHL §3502, 3505, 3507; 10 NYCRR Part 89  
*Extended to 5/16 per EO 202.18*

To the extent necessary to permit radiologic technologists licensed and in current good standing in NYS but not registered in NYS to practice in NYS without civil or criminal penalty related to lack of registration and to the extent necessary to permit radiologic technologists licensed and in current good standing in any state in the United State to practice in NYS without civil or criminal penalty related to lack of licensure

**Licensure - Out of State Respiratory Therapist**

Ed. Law §8502, 8504, 8504-a, 8505, and 8507; 8 NYCRR 79-4

To allow respiratory therapists licensed and in current good standing in any state in the U.S. to practice in NYS without civil or criminal penalty related to lack of licensure

**Licensure - Physician Assistant**

Ed. Law §6502; 8 NYCRR 59.8

To allow any physician's assistant licensed and in current good standing in NYS but not registered in NYS to practice in NYS without civil or criminal penalty related to lack of registration

**Licensure - Nurses**

Ed. Law §6502; 8 NYCRR 59.8

To allow registered professional nurses, licensed practical nurses and nurse practitioners licensed and in current good standing in NYS but not registered in NYS to practice in NYS without civil or criminal penalty related to lack of registration

**Laboratory**

PHL Art V Title V; 10 NYCRR 19 and 58

To allow laboratories holding a Clinical Laboratory Improvement Amendments (CLIA) certificate and meeting the CLIA quality standards described in 42 CFR Subparts H, J, K and M, to perform testing

**Scope Of Practice - Nursing**

Ed. Law Art. 139; PHL §576-b; 10 NYCRR §58-1.7

To the extent necessary to permit registered nurses to order the collection of throat or nasopharyngeal swab specimens from individuals suspected of being infected by COVID-19, for purposes of testing

**Pharmacy - Dispensing Hydroxychloroquine or Chloroquine**

Directive (authorized per Ex. Law §29-A)

No pharmacist shall dispense hydroxychloroquine or chloroquine except when written as prescribed for an FDA-approved indication; or as part of a state approved clinical trial for a patient who has tested positive for COVID-19, with such test result documented as part of the prescription. No other experimental or prophylactic use shall be permitted, and any permitted prescription is limited to one fourteen day prescription with no refills.

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**Executive Order 202.5**

**Extended Until 6/6 per E.O. 202.28 Except as Noted**

*Extended Until 5/7 Pursuant to E.O. 202.14*

*Effective 3/18 - 4/17*

**Licensure - Out of State Physicians**

Ed. Law §6512-6516 and 6524; 8 NYCRR Part 60  
*Extended to 5/16 per E.O. 202.18*

To allow physicians licensed and in current good standing in any state in the U.S. to practice medicine in NYS without civil or criminal penalty related to lack of licensure

<p><b>Licensure - Physicians</b> Ed. Law §6502; 8 NYCRR 59.8</p>	<p>To allow physicians licensed and in current good standing in NYS but not registered in NYS to practice in NYS without civil or criminal penalty related to lack of registration</p>
<p><b>Licensure - Out of State Nurses</b> Ed. Law §6512-6516, 6905, 6909, 6910; 8 NYCRR 64 <i>Extended to 5/16 per E.O. 202.18</i></p>	<p>To allow registered nurses, licensed practical nurses, and nurse practitioners licensed and in current good standing in any state in the U.S. to practice in NYS without civil or criminal penalty related to lack of licensure</p>
<p><b>Licensure - Out of State Physician Assistants</b> Ed. Law §6512-6516 and 6541; 8 NYCRR 60.8 <i>Extended to 5/16 per E.O. 202.18</i></p>	<p>To allow physician assistants licensed and in current good standing in any state in the U.S. to practice in NYS without civil or criminal penalty related to lack of licensure</p>
<p><b>Hospitals - Level Of Care</b> 10 NYCRR §400.12 <b>In full force and effect as of May 8, 2020 per E.O. 202.28</b></p>	<p>To allow patients affected by the disaster emergency to be transferred to receiving Art. 28 facilities as authorized by the Commissioner.</p>
<p><b>Credentialing - Out of State</b> PHL §2805-k; 10 NYCRR §405.4, 405.5, 405.9, 405.14, 405.19, and 405.22</p>	<p>To allow staff with the necessary professional competency and who are privileged and credentialed to work in a facility in compliance with such section of the PHL and such sections of the NYCRR, or who are privileged and credentialed to work in a facility in another state in compliance with the applicable laws and regulations of that state, to practice in a facility in NYS.</p>
<p><b>Hospital Surge Capacity</b> 10 NYCRR Part 405 <b>In full force and effect as of May 8, 2020 per E.O. 202.28</b></p>	<p>To adopt existing policies and procedures in a general hospital at a new, temporary facility created for the purpose of treating patients during the COVID-19 outbreak.</p>
<p><b>Hospital Surge Capacity</b> Specific Provisions Not Identified</p>	<p>Any code related to construction, energy conservation, or other building code, and all state and local laws, ordinances and regulations relating to administration and enforcement of the foregoing, to the extent necessary to allow, upon approval by the Commissioner of Health or OPWDD, as applicable, the temporary changes to physical plant, bed capacities, and services provided; the construction of temporary hospital locations and extensions; the increase in and/or exceeding of certified capacity limits; and the establishment of temporary hospital locations and extensions.</p>
<p><b>OPWDD - Medication Administration</b> 14 NYCRR §633.17</p>	<p>To permit abbreviated medication administration training of direct support professionals employed in programs or facilities certified pursuant to Art. 16 of the Mental Hygiene Law.</p>

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**Extended Until 6/6 per E.O. 202.28 Except as Noted**

**Executive Order 202.1**

*Extended Until 5/7 Pursuant to E.O. 202.14*

*Effective 3/12 - 4/11*

<p><b>Hospital Surge Capacity</b> 10 NYCRR §401.3(a) and (e) and §710.1</p>	<p>To allow hospitals to make temporary changes to physical plant, bed capacities, and services provided, upon approval of the Commissioner, in response to a surge in patient census</p>
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<b>Hospital Surge Capacity</b> 10 NYCRR Parts 709 and 710	To allow construction applications for temporary hospital locations and extensions to be approved by the Commissioner without considering the recommendation of the health systems agency or the Public Health and Health Planning Council, and to take such further measures as may be necessary to expedite departmental reviews for such approval
<b>Laboratory</b> 10 NYCRR §34-2.6, §58-1.7	To permit clinical laboratories to operate temporary collecting stations to collect specimen from individuals suspected of suffering from a COVID-19 infection
<b>Mental Health - Transportation</b> Mental Hygiene Law §33.17 and associated regulations	To permit providers to utilize staff members in the most effective means possible to transport individuals receiving services from the Office of Mental Health or a program or provider under the jurisdiction of the Office of Mental Health during the emergency, provided such facilities take all reasonable measures to protect the health and safety of such individuals
<b>Psychiatric Transfer and Discharge</b> Mental Hygiene Law §29.11 and 29.15; 14 NYCRR §517 <b>In full force and effect as of May 8, 2020 per E.O. 202.28</b>	To permit mental health facilities licensed pursuant to Art. 31 of the Mental Hygiene Law that are treating patients during the emergency to rapidly discharge, including conditionally discharge, transfer, or receive such patients, as authorized by the Commissioner of Mental Health, provided such facilities take all reasonable measures to protect the health and safety of patients and residents, including safe transfer and discharge practices.
<b>Mental Health Treatment Plans</b> Mental Hygiene Law §29.13 and associated regulations	To the extent individuals in areas affected by the emergency are temporarily receiving services from different providers, whose immediate priority is to stabilize the individual, address acute symptoms, and provide supports including medication and stress relief, such that it is impossible to comply with development, assessment, scope and frequency of, and documentation requirements for, treatment plans
<b>Licensure - Testing</b> Ed. Law §6909 (4) and §6527 (6); 8 NYCRR §64.7	To permit physicians and certified nurse practitioners to issue a non-patient specific regimen to nurses or any such other persons authorized by law or by this EO to collect throat or nasopharyngeal swab specimens from individuals suspected of suffering from a COVID-19 infection, for purposes of testing, or to perform such other tasks as may be necessary to provide care for individuals diagnosed or suspected of suffering from a COVID-19 infection
<b>Hospital Surge Capacity</b> PHL §2801-a (3); 10 NYCRR §600.1	To permit the Commissioner to approve the establishment of temporary hospital locations and extensions without following the standard approval processes and to take such further measures as may be necessary to expedite departmental reviews for such approval
<b>Telehealth/Telemedicine</b> PHL §2999-cc and associated regulations	To allow additional telehealth provider categories and modalities, to permit other types of practitioners to deliver services within their scope of practice and to authorize the use of certain technologies for the delivery of health care services to established patients, pursuant to such limitations as the commissioners of such agencies may determine appropriate

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**Emergency Declaration:  
Executive Order 202**

**Extended Until 6/6 per E.O. 202.28 Except as Noted**

*Extended Until 5/7 Pursuant to E.O. 202.14*

*Emergency Declaration Effective 3/7 - 9/7*

**CHIP**  
PHL §2510 (6) and §2511;  
*Reiterated in E.O. 202.1*

To waive or revise eligibility criteria, documentation requirements, or premium contributions; modify covered health care services or the scope and level of such services set forth in contracts; increase subsidy payments to approved organizations, including the maximum dollar amount set forth in contracts; or provide extensions for required reports due by approved organizations in accordance with contracts

<p><b>Emergency Authority</b> PHL §224-b and §225 (4)</p>	<p>To permit the Commissioner to promulgate emergency regulations and to amend the State Sanitary Code</p>
<p><b>Prescriptions</b> PHL §273 (3); SS Law 364-j</p>	<p>To allow patients to receive prescribed drugs, without delay.</p>
<p><b>Specimen Collection by Unlicensed Individuals</b> Ed. Law §6521 and 6902</p>	<p>To permit unlicensed individuals, upon completion of training deemed adequate by the Commissioner, to collect throat or nasopharyngeal swab specimens from individuals suspected of being infected by COVID-19, for purposes of testing; and to the extent necessary to permit non-nursing staff, upon completion of training deemed adequate by the Commissioner, to perform tasks, under the supervision of a nurse, otherwise limited to the scope of practice of a licensed or registered nurse.</p>
<p>Refer to: <a href="#">NYSDOH   Specimen Collection Training for Unlicensed Individuals per E.O. 202 and 202.24</a> issued 5/15</p>	
<p><b>Hospitals - Emergency Regulation Authority</b> PHL §2803 (2)</p>	<p>To permit the Commissioner to promulgate emergency regulations concerning the facilities licensed pursuant to Art. 28 of the Public Health Law, including but not limited to the operation of general hospitals.</p>
<p><b>Hospitals &amp; LTCFs: Transfer, Admission, Discharge Requirements</b> 10 NYCRR §400.9, §405.9(f)(7), and §405.9(h)(7) <i>(Reiterated in EO 202.1)</i></p>	<p>To permit general hospitals and nursing homes licensed pursuant to PHL Art. 28 ("Art. 28 facilities") that are treating patients during the disaster emergency to rapidly discharge, transfer, or receive such patients, as authorized by the Commissioner, provided such facilities take all reasonable measures to protect the health and safety of such patients and residents, including safe transfer and discharge practices, and to comply with EMTALA (42 USC §1395dd) and associated regulations.</p>
<p><b>In full force and effect as of May 8, 2020 per E.O. 202.28</b></p>	
<p><b>LTCFs - Patient Review</b> 10 NYCRR §400.11</p>	<p>To permit Art. 28 facilities receiving patients as a result of the disaster emergency to complete patient review instruments as soon as practicable.</p>
<p><b>In full force and effect as of May 8, 2020 per E.O. 202.28</b></p>	
<p><b>Hospital Standards</b> 10 NYCRR §405</p>	<p>To maintain public health with respect to treatment or containment of individuals with or suspected to have COVID-19.</p>
<p><b>Licensure - Testing</b> PHL §6909 (4) and Ed. Law §6527</p>	<p>To permit physicians and certified nurse practitioners to issue a non-patient specific regimen to nurses or any such other persons authorized by law or by this EO to collect throat or nasopharyngeal swab specimens from individuals suspected of suffering from a COVID-19 infection, for purposes of testing, or to perform such other tasks as may be necessary to provide care for individuals diagnosed or suspected of suffering from a COVID-19 infection.</p>
<p><b>Clinical Lab</b> Ed. Law §8602 and 8603; 10 NYCRR §58-1.5</p>	<p>To permit individuals who meet the federal requirements for high complexity testing to perform testing for the detection of SARS-CoV-2 in specimens collected from individuals suspected of suffering from a COVID-19 infection.</p>
<p><b>Telemental Health Services</b> 14 NYCRR §596</p>	<p>To allow for rapid approval of the use of telemental health services, including the requirements for in-person initial assessment prior to the delivery of telemental health services, limitations on who can deliver telemental health services, requirements for who must be present while telemental health services are delivered, and a recipient's right to refuse telemental health services.</p>

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