New York State Laws and Regulations Temporarily Suspended or Modified
During the COVID-19 State Emergency Disaster Declaration

Effective March 7, 2020 through June 25, 2021

*Compiled by Iroquois Healthcare Association*

***Note: All Executive Orders listed below have expired****. Governor Cuomo issued Executive Order No. 202: Declaring a Disaster Emergency in NYS on March 7, 2020. On June 25, 2021, Executive Order No. 210 rescinded any Executive Orders which were in effect.*

| *Nature of Waiver* | *Law / Regulation Reference* | *Scope* | *Issued Per* |
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| Administrative:Regulations | Directive | Any medical equipment (personal protective equipment, ventilators, respirators, BiPAP, anesthesia or other necessary equipment or supplies as determined by the Commissioner of Health) 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 healthcare facility, to be transferred to a facility in urgent need of such inventory, for purposes of ensuring New York hospitals, facilities and healthcare 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. | EO 202.14 |
| Administrative:Facility Management | 10 NYCRR 405.3(f) | Enables a COVID-positive only facility to engage a facility manager, provided that such facility manager is an established operator of a general hospital, subject to the approval of the Commissioner of Health. | EO 202.89 |
| Administrative:Regulations | Directive | Any guidance issued by DOH related to prevention and infection control of COVID-19 at nursing homes and adult care facilities, including but not limited to guidance on visitation, shall be effective immediately and shall supersede any prior conflicting guidance issued by DOH and any local authority. | EO 202.1 |
| Administrative: Building Admittance | Directive | Consistent with CDC Controls and Prevention and DOH Guidance, commercial building owners, retail store owners and those authorized on their behalf to manage public places within their buildings and businesses (collectively “Operators”) shall have the discretion to require individuals to undergo temperature checks prior to being allowed admittance. Further, Operators shall have the discretion to deny admittance to (i) any individual who refuses to undergo such a temperature check and (ii) any individual whose temperature is above that proscribed by DOH Guidelines. No Operator shall be subject to a claim of violation of the covenant of quiet enjoyment, or frustration of purpose, solely due to their enforcement of this directive. This directive shall be applied in a manner consistent with the American with Disabilities Act and any provision of either NYS or NYC Human Rights Law. | EO 202.38 |
| Administrative: Masks | Directive | Effective at 8 p.m. on Friday, April 17, 2020 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 | EO 202.17 |
| Administrative: Paid Leave & Quarantine Orders Issued because of Travel | §1(4) of Chapter 25 of the Laws of 2020. | Employees subject to government-issued quarantine or isolation orders because of voluntary, non-work-related travel to 1) any country for which the CDC has issued a level 2 or 3 travel notice, or 2) any state on the DOH coronavirus travel advisory are exempt from receiving the paid benefits of the NY Emergency Coronavirus Sick Leave Law. However, an employer must continue to hold the job open during the unpaid duration of the quarantine or isolation order and allow the employee to use any other types of paid leave they have accrued. Modified by 202.60 | EO 202.45 |
| Administrative: Regulations | Directive | Any guidance issued by DOH related to prevention and infection control of COVID-19 shall be effective immediately and shall supersede any prior conflicting guidance issued by DOH and any guidance issued by any local board of health, any local DOH or any other political subdivision of the state related to the same subject. | EO 202.1 |
| Administrative: Regulations | PHL §2801-a(4)(c); PHL §2801-a(4)(b)(ii-iii) | Limits DOH’s review functions to essential matters during the pendency of the COVID-19 health crisis and to toll any statutory time limits for transfer notices pertaining to operators of Art. 28 and Art. 36 licensed entities for the duration of this declaration of disaster emergency and any subsequent continuation thereof. | EO 202.15 |
| CHHAs, LTHHC | 10 NYCRR 763.5(a) | Permit initial patient visits for Certified Home Health Agencies, long-term home healthcare programs and AIDS home care programs serving individuals affected by the disaster emergency to be made within 48 hours of receipt and acceptance of a community referral or return home from institutional placement. | EO 202.5 |
| Childcare | SCP §1726 (1), (2), (5), (8), (9) | Allow any parent, legal guardian, legal custodian or primary caretaker who works or volunteers in a healthcare facility or who reasonably believes that they may otherwise be exposed to COVID-19, to designate a standby guardian by means of a written designation, in accordance with the process set forth in such subdivisions; and such designation shall become effective also in accordance with the process set forth in such subdivisions. | EO 202.14 |
| Childcare | SOS §242-a;18 NYCRR 413-418 except for 413.4 & 415.15 | Suspends parts of the NYCRR insofar as that regulation sets the ages of children who can be served and the standards for care; suspending requirements for staff qualifications; Social Services Law suspending provisions setting capacity limits for family and group family daycare programs and standards for staff/child ratios in all childcare modalities; allowing for the waiver of certain provisions establishing training and inspection requirements for child daycare; and the Social Services Law insofar as allowing for the waiver of fees paid for statewide central register of child abuse and maltreatment database check. [18 NYCRR 413.4 & 415.15 were suspended as part of this provision but were reinstated by 202.48] | EO 202.1 |
| Childcare | SOS §390 | Social Services Law insofar as that section of law exempts school-age childcare programs operated by a school or entity with experience providing childcare and located in a school providing elementary or secondary education from having to comply with the regulations of the OCFS. | EO 202.5 |
| Childcare | SOS §390-b; 18 NYCRR 413.4 | Suspend Social Services Law insofar as that statute and those regulations establish background check requirements for child daycare. | EO 202.5 |
| Childcare | SOS §410-w; 18 NYCRR 404 & 415 except for 413.4 & 415.15. | Waives financial eligibility standards, reimbursement requirements and set timeliness requirements for the provision of services, including payment for absences due to COVID-19 abatement processes for childcare to keep medical staff in the workplace. [18 NYCRR 413.4 & 415.15 were suspended as part of this provision but were reinstated by 202.48] | EO 202.1 |
| EMS | 10 NYCRR 800.3 | Permit EMS personnel to provide community paramedicine, transportation to destinations other than hospitals or healthcare facilities, telemedicine to facilitate treatment of patients in place, and such other services as may be approved by the Commissioner of Health. | EO 202 |
| Immunity from Civil Suit | EDN §6527(2), §6545, §6909(1) | Provide that all physicians, physician 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. | EO 202.10 |
| Individual Service Plans | 14 NYCRR 633.12, 636-1 | Temporarily deviate from an individual’s service plan, which would otherwise outline participation in day programming and other community based served and to the extent necessary to temporarily relocate individuals. | EO 202.5 |
| Mental Health Patients | MHY §29.13 | Allows the following scenarios: individuals in areas affected by the emergency 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 and documentation requirements for treatment plans. | EO 202.1 |
| Obstetrics | 10 NYCRR 401.3(a), (e), 709, 710, 710.1 and any other applicable regulation | Allow for DOH to approve and certify dedicated birthing sites operated by licensed birthing hospitals and centers. | EO 202.44 |
| Obstetrics | 10 NYCRR 401.3(a), (e), 709, 710, 710.1 and any other applicable regulation | 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 | EO 202.25 |
| Obstetrics | Directive | All Art. 28 facilities, as a condition of licensure, must 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.  | EO 202.25 |
| Older Adults:Nursing Homes/Adult Care | Directive | Authorizes the Commissioner of Health 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 EO (202.30), 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. Any false statement in the attestation shall be punishable under the provisions of Penal Code 210.45. | EO 202.30 |
| Older Adults:Nursing Homes/Adult Care | Directive | Authorizes a fine for any nursing home or adult care facility which does not comply with EO 202.30. They shall be subject to a penalty for non-compliance of $2,000 per violation per day, as if it were a violation of §12 of the public health law, and any subsequent violation shall be punishable as if it is a violation of §12-b of the public health law, with a penalty of $10,000 per violation per day. | EO 202.30 |
| Older Adults:Nursing Homes/Adult Care | Directive | Mandating that 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 DOH 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. | EO 202.30 |
| Patient Transfer:Hospitals | 10 NYCRR 400.11 | Permit Art. 28 facilities receiving patients as a result of the disaster emergency to complete patient review instruments as soon as practicable. | EO 202 |
| Patient Transfer:Hospitals | 10 NYCRR 400.12 | Allow patients affected by the disaster emergency to be transferred to receiving Art. 28 facilities as authorized by the Commissioner of Health. | EO 202.5 |
| Patient Transfer:Hospitals | 10 NYCRR 405.9(h)(7) | Permit general hospitals licensed pursuant to Art. 28 of the PHL that are treating patients during the disaster emergency to rapidly transfer, or receive such patients, and to enable inter- or intra-system patient load balancing as may be required by the Commissioner of Health, provided such facilities take all reasonable measures to protect the health and safety of such patients, including safe transfer practices | EO 202.79 |
| Patient Transfer:Hospitals/Nursing Homes | 10 NYCRR 400.9, 405.9(7) | Permit general hospitals and nursing homes that are treating patients during the disaster emergency to rapidly discharge, transfer or receive such patients, 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 the EMTALA (42 U.S.C. §1395dd) and any associated regulations. | EO 202 |
| Patient Transfer:Nursing Homes | 10 NYCRR 415.11 | Permit nursing homes receiving individuals affected by the disaster emergency to perform comprehensive assessments of those residents temporarily evacuated to such nursing homes as soon as practicable following admission or to forego such assessments for individuals returned to facilities from which they were evacuated. | EO 202.5 |
| Patient Transfer:Nursing Homes | 10 NYCRR 415.15 | Permit nursing homes receiving individuals affected by the disaster emergency to obtain physician approvals for admission as soon as practicable following admission or to forego such approval for individuals returned to facilities from which they were evacuated. | EO 202.5 |
| Patient Transfer:Nursing Homes | 10 NYCRR 415.26(i) | Permit nursing homes receiving individuals affected by the disaster emergency to comply with admission procedures as soon as practicable following admission or to forego such procedures for individuals returned to facilities from which they were evacuated. | EO 202.5 |
| Patient Transfer:OMH | MHY §16.03, §16.05; 14 NYCRR 619 | Suspend the laws 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. | EO 202.11EO 202.13 |
| Patient Transfer:OMH | MHY §29.11, §29.15; 14 NYCRR 517 | Permit Art. 31 facilities that are treating patients during the emergency to rapidly discharge, including conditionally discharge, transfer or receive such patients. | EO 202.1 |
| Patient Transfer:OMH | MHY §33.17 | Permit providers to utilize staff members in the most effective means possible to transport individuals receiving OMH-related services during the emergency, provided such facilities take all reasonable measures to protect the health and safety of such individuals. | EO 202.1 |
| Pharmacists | EDN §6802, §6808, §6841;8 NYCRR 29.7(10), 63.6 | 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. | EO 202.11 |
| Pharmacists | EDN §6808(1) | Temporarily permit registered resident pharmacies and registered resident outsourcing facilities to compound certain alcohol-based hand sanitizer products, consistent with the FDA's Policy for Temporary Compounding of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency (March 2020). | EO 202.11 |
| Pharmacy:Registration | EDN §6808; 8 NYCRR 63.6, .8 | Extend the triennial registrations of pharmacy establishments who are currently registered and whose registration is set to expire on or after March 31, 2020. An application for re-registration of such registrations shall be submitted no later than 30 days after expiration of EO 202. | EO 202.18 |
| Pharmacy:Drug Shortages | EDN §6808 | Permit a manufacturer, repacker or wholesaler of prescription drugs or devices, physically located outside of New York and not registered in NYS, but licensed and/or registered in any other state, to deliver prescription drugs or devices into New York. | EO 202.15 |
| Pharmacy:Drug Shortages | EDN §6808; NYCRR Art. 137 | Allow that a NYS-licensed pharmacy 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: A. The unlicensed location is appropriately licensed in its home state and documentation of the license verification can be maintained by the NY pharmacy; B. 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; C. 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. D. All documentation and records required above shall be maintained and readily retrievable for three years following the end of the declared emergency; E. The drug or device was produced by an authorized FDA registered drug manufacturer. | EO 202.15 |
| Physicians | 10 NYCRR 405.4(b)(6) | Remove limits on working hours for physicians and postgraduate trainees. | EO 202.10 |
| Post-Mortem Transfers | NFP §1517; 19 NYCRR 203.3, .6, .13;10 NYCRR 77.7(a)(4) | Allow persons deputized by the Commissioner of Health to be agents authorized by a funeral director or undertaker or a county coroner, coroner physician and/or medical director for those deceased human bodies within their supervision, to personally supervise and arrange the delivery of a deceased person to the cemetery, crematory or a common carrier, with a copy of the filed death certificate. | EO 202.15 |
| Post-Mortem Transfers | NFP §1517; 19 NYCRR 203.3, .6, .13;10 NYCRR 77.7(a)(1) | Allow persons deputized by the Commissioner of Health to be agents authorized by a funeral director or undertaker to be present and personally supervise and arrange for removal or transfer of each dead human body. | EO 202.15 |
| Post-Mortem Transfers | PHL §4140, 4144; NFP §1502, 1517; 19 NYCRR 203.1, .4, .8, .13; 10 NYCRR13.1, | Permit the State Registrar to register death certificates and issue burial and removal permits, upon the request of a local registrar and upon approval of the Commissioner of Health. | EO 202.15 |
| Recordkeeping | 10 NYCRR 403.3, 403.5 | Extend the time in which home care services entities must submit information to the Home Care Worker Registry. | EO 202.5 |
| Recordkeeping | EDN §6530; 8 NYCRR 29.2(a)(3);10 NYCRR 58-1.11, 405.10, 415.22 | Healthcare providers are relieved of recordkeeping requirements to the extent necessary for healthcare 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.  | EO 202.10 |
| Recordkeeping | Directive | 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 requirement 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.  | EO 202.83 |
| Scope of Practice | EDN §6909(4),(5),(7), §6902(1), §6527(6),(7); 8NYCRR 64.7, 63.9 | Permit licensed physicians and certified nurse practitioners to issue a non-patient specific regimen to nurses, physician assistants, specialist assistants, pharmacists, or any such other persons authorized by law or by this EO and consistent with guidance as may be issued by the Commissioner to: (1) collect throat, nasal, or nasopharyngeal swab specimens, as applicable and appropriate, from individuals suspected of suffering from a COVID-19 or influenza infection, for purposes of testing; (2) collect blood specimens for the diagnosis of acute or past COVID-19 disease; (3) administer vaccinations against influenza or COVID-19 pursuant to the most recent recommendations by ACIP and/or an applicable FDA approval or EUA, subject to any other conditions set forth in this Order, including but not limited to conditions related to training and supervision, where applicable; or (4)where applicable and to the extent necessary, to perform tasks, under the supervision of a nurse, otherwise limited to the scope of practice of a licensed or registered nurse to provide care for individuals diagnosed or suspected of suffering from a COVID-19 or influenza infection. | EO 202 |
| Scope of Practice:EMS | 10 NYCRR 3001.15, 800.3, 800.15, 800.16 | Define “medical control” to include emergency and non-emergency direction to all EMS personnel by a regional or state medical control center and to permit EMS personnel to operate under the advice and direction of a nurse practitioner, physician assistant or paramedic, provided that such medical professional is providing care under the supervision of a physician and pursuant to a plan approved by DOH. | EO 202.10 |
| Scope of Practice:Nurses | 10 NYCRR 755.4 | Permit an advanced practice registered nurse with a doctorate or master's degree specializing in the administration of anesthesia administering anesthesia in a general hospital or freestanding ambulatory surgery center without the supervision of a qualified physician in these healthcare settings. | EO 202.10 |
| Scope of Practice: Pharmacists | EDN §6801(1), §6832; 8 NYCRR 29.7(a)(21)(ii)(b)(4) | Permit a certified or registered pharmacy technician, under the direct personal supervision of a licensed pharmacist, to assist such licensed pharmacist, as directed, in compounding, preparing, labeling or dispensing of drugs used to fill valid prescriptions or medication orders for a home infusion provider licensed as a pharmacy in NYS, compliant with the U.S. Pharmacopeia General Chapter 797 standards for Pharmaceutical Compounding – sterile preparations and providing home infusion services through a home care agency licensed under Art. 36 of the PHL. | EO 202.10 |
| Scope of Practice:Nurses | EDN §6902(3); 10 NYCRR 64.5, 29.14, 29.2 | 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, including, but not limited to, administering COVID-19 and influenza vaccine and medically supervising POD or other types of vaccination sites, as permitted by this EO, without civil or criminal penalty related to a lack of written practice agreement, or collaborative relationship, with a physician. Modified to include vaccination-related provisions by. | EO 202.10EO 202.82 |
| Scope of Practice:EMS | PHL §3001, 3005-a, 3008, 3010 | Modify the definition of EMS to include emergency, non-emergency and low-acuity medical assistance; to eliminate any restrictions on an approved ambulance services or providers operating outside of the primary territory listed on such ambulance service’s operating certificate with prior approval by DOH; to permit the Commissioner of Health to issue provisional EMS provider certifications to qualified individuals with modified certification periods as approved; and to allow EMS to transport patients to locations other than healthcare facilities with prior approval by DOH. | EO 202.10 |
| Scope of Practice:EMS | PHL §3002, 3002-a, 3003, 3004-a | Allow any emergency medical treatment protocol development or modification to occur with the approval of the Commissioner of Health. | EO 202.10 |
| Scope of Practice:Pharmacists | 8 NYCRR 21(a) | Authorizes a licensed pharmacist to supervise up to a total of four persons who are either unlicensed assistants or pharmacy technicians holding a temporary license, as established pursuant to this EO; | EO 202.90 |
| Scope of Practice:Pharmacists | Directive | 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 subacute part of a skilled nursing facility or as part of a 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. | EO 202.11 |
| Scope of Practice:Pharmacists | EDN §6802, §6808, §6841;8 NYCRR 29.7(10), 63.6 | 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. | EO 202.18 |
| Scope of Practice:Physician Assistants | EDN §6542(1); 10 NYCRR 94.2(a), (b) | Permit a physician assistant to provide medical services appropriate to their education, training and experience without oversight from a supervising physician, including, but not limited to, administering COVID-19 and influenza vaccine and medically supervising POD or other types of vaccination sites, as permitted by EO 202.82, without civil or criminal penalty related to a lack of oversight by a supervising physician.  | EO 202.10EO 202.82 |
| Scope of Practice:Specialist Assistants | EDN §6549(1); 10 NYCRR 94.2(a), (b); 8 NYCRR 29.2(a)(5) | Permit a specialist assistant to provide medical services appropriate to his or her 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. | EO 202.10 |
| Scope of Practice:Testing | Directive | Authorize the DOH to 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. Any such laboratories shall prioritize testing of entities or individuals as directed by this coordinated statewide process. Any such laboratories may not, without an exemption from the DOH, enter into an agreement that would reserve testing capabilities for any private or public entity and therefore impede the Departments’ ability to prioritize and coordinate COVID-19 testing in NYS. Any violation of this directive may result in a civil penalty not to exceed $10,000 or three times the value of such testing provided in violation of this section, and provided further that the Commissioner is hereby empowered and may revoke any operating certificate or license of such laboratory. | EO 202.19 |
| Scope of Practice:Testing | EDN §6521, §6902 | Permit unlicensed individuals to collect specimens from individuals suspected of being infected by COVID-19 for purposes of testing and permit non-nursing staff, as allowed by law or EO and upon completion of training deemed adequate by the Commissioner of Health, to: (1) collect throat, nasal, or nasopharyngeal swab specimens, as applicable and appropriate, from individuals suspected of being infected by COVID-19 or influenza, for purposes of testing; (2) collect blood specimens for the diagnosis of acute or past COVID-19 disease; (3) administer vaccinations against influenza or COVID-19 pursuant to the most recent recommendations by ACIP and/or an applicable FDA approval or EUA, subject to any other conditions set forth in this Order, including but not limited to conditions related to training and supervision, where applicable; and (4) where applicable and to the extent necessary, to perform tasks, under the supervision of a nurse, otherwise limited to the scope of practice of a licensed or registered nurse to provide care for individuals diagnosed or suspected of suffering from a COVID-19 or influenza infection. Modified to broaden authority of non-nursing personnel under supervision, including to administer COVID-19 vaccines, by EO 202.82. | EO 202EO 202.82 |
| Scope of Practice:Testing | EDN §8602, 8603; 10 NYCRR 58-1.5 | 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. | EO 202 |
| Scope of Practice:Testing | EDN §8602, 8603; 10 NYCRR 58-1.5 | Permit individuals to perform any clinical laboratory test on any specimen, provided such individual is under appropriate supervision and meets the federal requirements for testing personnel appropriate to the assay or device authorized by the FDA or DOH. Modified to broaden permissions by EO 202.82. | EO 202.16EO 202.82 |
| Scope of Practice:Testing | EDN Art. 165; 10 NYCRR 58-1.3 | Allow clinical laboratory practitioners to perform testing in a clinical laboratory under remote supervision, provided a supervisor is on-site at least eight hours per week. | EO 202.18 |
| Scope of Practice:Testing | PHL Art.5, Title V; 10 NYCRR 19, 58 | Allow laboratories holding a Clinical Laboratory Improvement Act certificate and meeting the CLIA quality standards to perform testing for the detection of SARS-CoV-2 in specimens collected from individuals suspected of suffering from a COVID-19 infection, including postmortem specimens. Also allows laboratories holding a Clinical Laboratory Improvement Acts (CLIA) certificate in the relevant specialty of testing and meeting the CLIA quality standards described in 42 CFR Subparts H, J, K and M, upon approval from the DOH, to perform testing for the detection of influenza virus, respiratory syncytial virus RNA, or other respiratory panels as approved by the DOH, in specimens collected from individuals suspected of suffering from a COVID-19 infection, including postmortem specimens. Modified to include additional testing capability for qualified labs by EO 202.82. | EO 202.10EO 202.82 |
| Scope of Practice:Testing - Nurses | EDN Art.139; PHL §576-b; 10 NYCRR 58-1.7 | 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. | EO 202.10 |
| Scope of Practice:Testing - Nursing Homes/Adult Care | PHL §576-b(1);10 NYCRR 58-1.7, 58-1.8 | In furtherance of EO 202.30 [regarding testing requirements for employees of nursing homes and adult care facilities] 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 EO 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.Also permit a limited service laboratory, authorized to test for COVID-19 infection as part of the enhanced economic activity plan authorized by the DOH and pursuant to this EO, to accept and examine specimens for COVID-19 rapid testing without a patient specific order or a prescription or order from an authorized ordering source; provided that, limited service laboratories shall make available to patients (including via an online registration) the guidance to be issued by the DOH related to rapid testing under this EO. A limited service lab may utilize this EO as the authorized ordering source in any laboratory reports and documentation associated with testing pursuant to the enhanced economic activity plan authorized by DOH guidance. Further, to ensure appropriate follow-up with patients who test positive for COVID-19 and to ensure appropriate isolation orders are issued if necessary, the limited service laboratory shall report any positive results within 24 hours to the DOH through the ECLRS, and the local DOH; Modified to permit testing of more people as part of an enhanced economic activity plan by EO 202.92. | EO 202.32EO 202.92 |
| Scope of Practice:Testing - Pharmacists | EDN §6801 | Authorize licensed pharmacists to order and administer COVID-19 tests or its antibodies, tests for the detection of influenza virus, or tests for respiratory syncytial virus RNA, subject to certificate of waiver requirements pursuant to the federal Clinical Laboratory Improvement Act of 1988, in specimens collected from patients suspected of suffering from a COVID-19 or influenza infection, or suspected of having recovered from COVID-19 infection, upon completion of appropriate training developed by the DOH.Further authorizes licensed pharmacists to order tests for the detection of COVID-19, including by standing order, as part of the enhanced economic activity plan authorized by the DOH, provided that such test is FDA-approved and subject to certificate of waiver requirements pursuant to the federal clinical laboratory improvement act of 1988, and provided that such testing is performed by a limited service laboratory as part of such enhanced economic activity plan. Modified to broaden permissions by EO 202.82 and include economic activity plan provisions by EO 202.92. | EO 202.24EO 202.92 |
| Scope of Practice:Testing - Pharmacists | PHL §571(6) | Permit licensed pharmacists to be designated as a qualified healthcare professional for the purpose of directing a limited service laboratory, pursuant to subdivision 579(3) of the PHL, 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. Also allows pharmacist-directed limited service laboratories to also test for COVID-19 infection using a rapid test as part of the enhanced economic activity plan authorized by the DOH, provided that such test is FDA-approved and waived for use in a limited service laboratory. Modified to include the pharmacist directed limited service laboratory provision by EO 202.92. | EO 202.24EO 202.92 |
| Scope of Practice:Testing - Physicians | EDN §6530 | Allow physicians to order COVID-19 tests, authorized by the U.S. FDA (FDA) for self-collection, without otherwise having an initial physician-patient relationship with the patient. | EO 202.32 |
| Scope of Practice:Testing - Physicians | EDN §6530 | Allow a questionnaire administered through an asynchronous electronic interface or electronic mail that is approved by a physician licensed in the state to be sufficient to establish a practitioner-patient relationship for purposes of ordering a clinical laboratory test. | EO 202.36 |
| Scope of Practice:Vaccines | PHL §12 Directive | To ensure that accurate information about who is receiving the State’s limited quantity of the vaccine, and to understand the regions and communities that are receiving the vaccine, healthcare providers shall require any person who is receiving the vaccine to provide information, including but not limited to an attestation that they are a member of a specific priority group that has been determined by the DOH to be eligible for the vaccine, on a form to be determined by the DOH. Any licensed healthcare provider who administers the vaccine to an individual who has not certified to being a member of a priority group or where such provider otherwise has knowledge that the individual is not a member of the priority group may be subject to civil penalties of up to one million dollars per dose administered and/or the revocation of any state-issued license. PHL §12 is also modified for purposes of permitting the Department to assess the civil penalties. | EO 202.86 |
| Scope of Practice:Vaccines - Dental Hygienists | EDN §6606(1);8 NYCRR 61.9 | Removes limits on the scope of practice of dental hygiene that restrict practice to certain locations and under the supervision of a dentist ONLY to the extent needed to permit dental hygienists who have been issued a dental hygiene restricted local infiltration anesthesia/nitrous oxide analgesia certificate in accordance with EDN §6605-b and 8 NYCRR 61.17 to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such dental hygienists first receive training in the following areas, as determined by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of personal protective equipment sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic cardiopulmonary resuscitation, which at a minimum must include a certification in basic cardiopulmonary resuscitation by an online program that has received accreditation from the American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for Continuing Medical Education. Modified to require that individuals also meet conditions set by the Commissioner of Health. | EO 202.82 |
| Scope of Practice:Vaccines - Dentists | EDN §6601 | Removes limits on the scope of practice for dentists ONLY to the extent needed to permit dentists to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such dentists first receive training in the following areas, as determined by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of personal protective equipment sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic cardiopulmonary resuscitation, which at a minimum must include a certification in basic cardiopulmonary resuscitation by an online program that has received accreditation from the American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for Continuing Medical Education.Modified to require that individuals also meet conditions set by the Commissioner of Health. | EO 202.82 |
| Scope of Practice:Vaccines - EMTs | PHL §3001(6),(7); 10 NYCRR 800.3, 800.15 | Removes limits on the scope of practice of emergency medical technicians and advanced emergency medical technicians ONLY to the extent necessary to permit both to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such EMTs first receive training in the following areas, as determined by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of personal protective equipment sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic cardiopulmonary resuscitation, which at a minimum must include a certification in basic cardiopulmonary resuscitation by an online program that has received accreditation from the American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for Continuing Medical Education. | EO 202.82 |
| Scope of Practice:Vaccines - Midwives | EDN §6951; 8 NYCRR 79-5.5 | Removes limits on the scope of practice for midwives, as well as the restrictions related to practicing midwifery in collaboration with licensed physicians ONLY to the extent needed to permit midwives to administer vaccinations against influenza and COVID-19 to any patient pursuant to a non-patient specific order at POD sites overseen or approved by DOH or local health departments, and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners. Provided, however, that a midwife without a certificate issued by the State Education Department for administering immunizing agents, must first receive training in the following areas, as determined by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of personal protective equipment sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic cardiopulmonary resuscitation, which at a minimum must include a certification in basic cardiopulmonary resuscitation by an online program that has received accreditation from the American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for Continuing Medical Education. Modified to require that individuals also meet conditions set by the Commissioner of Health. | EO 202.82 |
| Scope of Practice:Vaccines - Nurses | 8 NYCRR 64.7(a)(2)(i) | Suspends the requirement that a registered professional nurse authorized to administer immunization agents pursuant to a non-patient specific order to be currently certified in cardio-pulmonary resuscitation, to extent necessary to permit administration of immunizing agents by a registered professional nurse with a current certificate in basic cardiopulmonary resuscitation, which at a minimum must include a certification in basic cardiopulmonary resuscitation by an online program that has received accreditation from the American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for Continuing Medical Education. | EO 202.82 |
| Scope of Practice:Vaccines - Nurses | 8 NYCRR 64.7(a)(3)(ii) | Allows registered professional nurses to administer vaccinations against influenza and COVID-19 without reporting such administrations to patients' attending physicians if they, at a minimum, report the vaccination to the CIR or NYSIIS, as applicable. | EO 202.82 |
| Scope of Practice:Vaccines - Nurses | EDN §6527(6), §6909(4),(5); 8 NYCRR 64.7 | Permit non-patient specific regimens to be prescribed, ordered to, and executed by registered professional nurses for the administration of COVID-19 vaccine | EO 202.82 |
| Scope of Practice:Vaccines - Nurses | EDN §6902 | Permit non-patient specific regimens for the administration of COVID or influenza vaccination to be prescribed, ordered to, and executed by licensed practical nurses, so that for the purposes of this Order only such licensed practical nurses may administer COVID and influenza vaccinations at POD sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such licensed practical nurses must first receive training in: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of personal protective equipment sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic cardiopulmonary resuscitation, which at a minimum must include a certification in basic cardiopulmonary resuscitation by an online program that has received accreditation from the American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for Continuing Medical Education; | EO 202.82 |
| Scope of Practice:Vaccines - Paramedics | PHL §3001(7); 10 NYCRR 800.3(p) | Removes limits on the scope of practice of EMT-paramedics ONLY to the extent necessary to permit EMT-paramedics providing community paramedicine services in accordance with EO 202 and with prior approval of the DOH, to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order and under the medical direction of a licensed physician. Provided, however, that emergency medical technician-paramedics must first receive training in the following areas, as determined by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of personal protective equipment sufficient to provide the basic level of competence for such tasks and (3) a current certificate in basic cardiopulmonary resuscitation, which at a minimum must include a certification in basic cardiopulmonary resuscitation by an online program that has received accreditation from the American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for Continuing Medical Education. Modified to require that individuals also meet conditions set by the Commissioner of Health. | EO 202.82 |
| Scope of Practice:Vaccines - Pharmacists | Chapter 110 of the Laws of 2020 | Permit licensed pharmacists to administer COVID-19 vaccine less than 90 days after approval of such vaccine by the FDA’s Center for Biologics Evaluation and Research, subject to certification by the Commissioners of Health and Education. Modified to require that individuals also meet conditions set by the Commissioner of Health. | EO 202.82 |
| Scope of Practice:Vaccines - Pharmacists | Directive | Any licensed physician, licensed physician assistant, and certified nurse practitioner medically supervising POD sites or other types of vaccination sites, as permitted by this EO, and overseen or approved by DOH or local health departments must have a current certification in CPR. | EO 202.82 |
| Scope of Practice:Vaccines - Pharmacists | EDN §6801(2)(a-c); 8 NYCRR 63.9(b)(5) | Suspends requirement that pharmacists report an immunization's administration to the patient's attending physician and to provide a patient with information on the importance of having a PCP, in order to permit licensed pharmacists to administer vaccinations against influenza and COVID-19 without reporting such administrations to patients' attending physicians if, at a minimum, the pharmacist reports the vaccination to the CIR or NYSIIS. | EO 202.82 |
| Scope of Practice:Vaccines - Pharmacists | EDN §6801(2), (3);8 NYCRR 63.9 | Permit patient specific orders or non-patient specific regimens for the administration of COVID vaccination to be prescribed, ordered to, and executed by licensed pharmacists certified to administer immunizations by the State Education Department as well as newly licensed pharmacist, as specified and permitted by this EO 202.82 | EO 202.82 |
| Scope of Practice:Vaccines - Pharmacists | EDN §6801(2), (3);6527(7), §6909(7), §6802(22), §6828(1),8 NYCRR 63.9 | Permit non-patient specific regimens for the administration of COVID or influenza vaccination to be prescribed, ordered to, and executed by licensed pharmacists not certified to administer immunizations by the State Education Department, so that for the purposes of this Order only such pharmacists may administer COVID and influenza vaccinations at POD sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such pharmacists must first receive training in: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of personal protective equipment sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic cardiopulmonary resuscitation, which at a minimum must include a certification in basic cardiopulmonary resuscitation by an online program that has received accreditation from the American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for Continuing Medical Education. Modified to require that individuals also meet conditions set by the Commissioner of Health. | EO 202.82 |
| Scope of Practice:Vaccines - Pharmacists | EDN §6801(2),(3), §6527(7), §6909(7), §6802(22), §6828(1); 8 NYCRR 63.9 | Permit newly licensed pharmacists, previously issued a limited permit with certification to administer immunizations pursuant to §EDN §6806 and 8 NYCRR 63.4, to continue to provide such immunizations in NYS for ninety days immediately following licensure and registration in NYS and pending certification of administration for which an application has been filed with the Department of Education. Modified to require that individuals also meet conditions set by the Commissioner of Health. | EO 202.82 |
| Scope of Practice:Vaccines - Physicians & Nurses | EDN §6801(2), §6802(22);8 NYCRR 63.9 | Permit licensed physicians and certified nurse practitioners, located in any county within NYS, to issue a patient specific prescription or a non-patient specific regimen for COVID-19 and influenza vaccination to a pharmacist who is certified to administer vaccinations as well as to newly licensed pharmacists, as specified and permitted by this EO unless administering COVID-19 or influenza vaccinations at a POD site; | EO 202.82 |
| Scope of Practice:Vaccines - Podiatrists | EDN §7001(1), (2) | Removes limits on the scope of practice of podiatrists that prohibit podiatrists from treating any other part of the human body ONLY to extent needed to permit podiatrists to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such podiatrists first receive training in the following areas, as determined by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of personal protective equipment sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic cardiopulmonary resuscitation, which at a minimum must include a certification in basic cardiopulmonary resuscitation by an online program that has received accreditation from the American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for Continuing Medical Education. Modified to require that individuals also meet conditions set by the Commissioner of Health. | EO 202.82 |
| Staff Performing Vaccination: Midwifery Students | Directive | Permit individuals enrolled in the following educational programs to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by the DOH or local health departments and operated under the medical supervision of a licensed physician, licensed PA, or certified NP, provided that such students have completed at least one year of clinical experience (unless otherwise specified in EO 202.82) and first receive training in the 4 areas (as outlined for medical students), as determined by and in accordance with guidance issued by the Commissioner of Health after consultation with the Commissioner of Education: A midwifery program approved and/or registered by the State Education Department pursuant to EDN Art. 140 and 8 NYCRR Subpart 79-5. | EO 202.82 |
| Staff Performing Vaccination: Pharmacy Students | Directive | Permit individuals enrolled in the following educational programs to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by the DOH or local health departments and operated under the medical supervision of a licensed physician, licensed PA, or certified NP, provided that such students have completed at least one year of clinical experience, unless otherwise specified, and first receive training in the 4 areas (as outlined for medical students), as determined by and in accordance with guidance issued by the Commissioner of Health after consultation with the Commissioner of Education: A pharmacy program approved and/or registered by the State Education Department pursuant to EDN Art. 137 and 8 NYCRR 63. For the purposes of this provision, pharmacy students who have obtained a limited permit, including a certificate to administer immunizations, pursuant to EDN §6806 and 8 NYCRR 63.4 shall be deemed to have the minimum necessary clinical experience to administer COVID-19 and influenza vaccinations in a POD setting, provided such students meet all other training requirements and adhere to all applicable guidance set forth above. | EO 202.82 |
| Staff Performing Vaccination:Certified Pharmacy Technicians | Directive | A person (a) holding a certification from a nationally accredited pharmacy technician certification program acceptable to the DOH, (b) being of good moral character, and (c) meeting such additional qualifications for licensure as required by the Commissioner of Health, in consultation with the Commissioner of Education, shall be eligible to be temporarily licensed as a “pharmacy technician” in the state and, in such capacity, may administer COVID-19 vaccinations at POD sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, and under the direct supervision of a licensed pharmacist, and at pharmacy establishments under the direct supervision of a licensed pharmacist, provided such pharmacy technicians must first receive: (1) training in techniques, indications, precautions, contraindications, infection control practices; (2) training in use of personal protective equipment sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic cardiopulmonary resuscitation, which at a minimum must include a certification in basic cardiopulmonary resuscitation by an online program that has received accreditation from the American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for Continuing Medical Education. Temporary licensure as a “pharmacy technician” shall not entitle any individual to rights or licensing status except for those granted herein and for the effective period of this order. | EO 202.90 |
| Staff Performing Vaccination:Dentistry Student | Directive | Permit individuals enrolled in the following educational programs to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by the DOH or local health departments and operated under the medical supervision of a licensed physician, licensed PA, or certified NP, provided that such students have completed at least one year of clinical experience (unless otherwise specified in EO 202.82) and first receive training in the 4 areas (as outlined for medical students), as determined by and in accordance with guidance issued by the Commissioner of Health after consultation with the Commissioner of Education: A dentistry program approved and/or registered by the State Education Department pursuant to EDN Art. 133 and 8 NYCRR Part 61. | EO 202.82 |
| Staff Performing Vaccination:Medical Students | Directive | Permit individuals enrolled in the following educational programs to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by the DOH or local health departments and operated under the medical supervision of a licensed physician, licensed PA, or certified NP, provided that such students have completed at least one year of clinical experience (unless otherwise specified in EO 202.82) and first receive training in the following areas, as determined by and in accordance with guidance issued by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of PPE sufficient to provide the basic level of competence for such tasks; (3) a current certificate in basic CPR, which at a minimum must include a certification in basic CPR by an online program that has received accreditation from the American Nurses Credentialing Center, Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for CME; (4) subject to any other conditions as specified by the Commissioners (DOH/SED), including but not limited to requiring the applicable educational institutions and programs to assess enrolled students’ vaccine administration skills and issue an attestation form to be approved by the Commissioners that such students have completed all required trainings and displayed competence in vaccine administration: A medical program approved and/or registered the State Education Department pursuant to EDN Art. 131 and 8 NYCRR Pt. 60. | EO 202.82 |
| Staff Performing Vaccination:Nursing Students | Directive | Permit individuals enrolled in the following educational programs to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by the DOH or local health departments and operated under the medical supervision of a licensed physician, licensed PA, or certified NP, provided that such students have completed at least one year of clinical experience (unless otherwise specified in EO 202.82) and first receive training in the 4 areas (as outlined for medical students), as determined by and in accordance with guidance issued by the Commissioner of Health after consultation with the Commissioner of Education: A registered professional nursing program or licensed practical nursing program approved and/or registered by the State Education Department pursuant to EDN Art. 139 and 8 NYCRR 64. | EO 202.82 |
| Staff Performing Vaccination:Physician Assistant Students | Directive | Permit individuals enrolled in the following educational programs to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at overseen or approved by the DOH or local health departments and operated under the medical supervision of a licensed physician, licensed PA, or certified NP, provided that such students have completed at least one year of clinical experience (unless otherwise specified in EO 202.82) and first receive training in the 4 areas (as outlined for medical students), as determined by and in accordance with guidance issued by the Commissioner of Health after consultation with the Commissioner of Education: A physician assistant program approved and/or registered by the State Education Department pursuant to Art. 131-B of the Education Law and Part 60 of Title 8 of the NYCRR. | EO 202.82 |
| Staff Performing Vaccination:Podiatry Students | Directive | Permit individuals enrolled in the following educational programs to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by the DOH or local health departments and operated under the medical supervision of a licensed physician, licensed PA, or certified NP, provided that such students have completed at least one year of clinical experience (unless otherwise specified in EO 202.82) and first receive training in the 4 areas (as outlined for medical students), as determined by and in accordance with guidance issued by the Commissioner of Health after consultation with the Commissioner of Education: A podiatric medicine program approved and/or registered by SED pursuant to EDN Art. 141 and 8 NYCRR 65. | EO 202.82 |
| Staffing | 10 NYCRR 405.2(e) | Permit general hospitals affected by the disaster emergency to maintain adequate staffing. | EO 202.10 |
| Staffing | Directive | Any licensed health insurance company shall deliver to the superintendent of insurance, no later than 3/24/20, a list of all persons who have a professional licensure or degree, whether physician’s assistant, medical doctor, licensed registered nurse, licensed nurse practitioner or licensed practical nurse, and whether or not the person has a currently valid, or recently (within past five years) expired license in the state. The Department of Financial Services shall poll such individuals to determine whether or not such professionals would serve in the COVID-19 response effort. | EO 202.10 |
| Staffing | EDN §6502, §6524, §6905, §6906 §6910; 8 NYCRR 59.8 | Authorize retired physicians, registered professional nurses, licensed practical nurses, and nurse practitioners licensed to practice and in current good standing in NYS, but not currently registered in NYS, to re-register through use of an expedited automatic registration form developed by the state and to waive any registration fee for the triennial registration period for such registrants. | EO 202.86 |
| Staffing | EDN §6502;8 NYCRR 59.8 | 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 in NYS to practice in NYS without civil or criminal penalty related to lack of registration. | EO 202.18 |
| Staffing:Direct Support Professionals | 14 NYCRR 633.16 | Permit abbreviated training and/or extension of recertification deadlines for direct support professionals employed in programs and facilities certified pursuant to Art. 16 of the Mental Hygiene Law that are experiencing staff shortages. | EO 202.11 |
| Staffing:Direct Support Professionals | 14 NYCRR 633.17 | Permit abbreviated medication administration training of direct support professionals employed in Art. 16 programs or facilities. | EO 202.5 |
| Staffing:Direct Support Professionals | 14 NYCRR 633.8, .14 | Permit abbreviated training of direct support professionals employed in Art. 16 programs and facilities that are experiencing staff shortages. | EO 202.5 |
| Staffing:EMS | 10 NYCRR 800.3 (u), (d),10 NYCRR 800.8-10, .17, .18, .23, .24, .26 | Extend all existing EMS provider certifications for one year to permit the Commissioner of Health to modify the examination or recertification requirements for EMS provider certifications; to suspend or modify, at the discretion of the Commissioner of Health , any requirements for the recertification of previously certified EMS providers and, at the discretion of the Commissioner of Health , develop a process determined by DOH to permit any EMS provider certified or licensed by another state to provide EMS within NYS at the discretion of the Commissioner of Health , to suspend or modify equipment or vehicle requirements in order to ensure sustainability of EMS operations. 10 NYCRR 800.3(d) and (u) are suspended 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. | EO 202.10 |
| Staffing:Laboratory Techs | EDN §8909 and associated regulations | 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. | EO 202.18 |
| Staffing:Mental Health Professionals | EDN §6512, §6516, §8510;8 NYCRR Sub Parts 79-9, 79-10, 79-11, 79-12 | Allow mental health counselors, marriage and family therapists, creative arts therapists and psychanalysts 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. | EO 202.15 |
| Staffing:Mental Health Professionals | EDN §6512-§6516, §7704;8 NYCRR Pt. 74 | 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 in any province or territory of Canada, to practice in NYS without civil or criminal penalty related to lack of licensure. | EO 202.18 |
| Staffing:Midwives | EDN §6951-53, §6955 | 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. | EO 202.11 |
| Staffing:Nurses | EDN §6502;8 NYCRR 59.8 | 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 | EO 202.10 |
| Staffing:Nurses | EDN §6512, §6516, §6905-06, §6910; 8 NYCRR 64 | Allow registered nurses, licensed practical nurses, and nurse practitioners or a substantially similar title licensed and in current good standing in any province or territory of Canada, to practice in NYS without civil or criminal penalty related to lack of licensure. | EO 202.18 |
| Staffing:Nurses | EDN §6512, §6516, §6905-06, 6910; 8 NYCRR 64 | Education Law 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. | EO 202.5 |
| Staffing:Nurses | EDN §6907(5) | 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 the supervision of a registered professional nurse and with the endorsement of the employing hospital or nursing home for 180 days immediately following graduation. | EO 202.11 |
| Staffing:Nurses | EDN §6908 and associated regulations | 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 State Education Department an application for certification as a nurse practitioner. | EO 202.18 |
| Staffing:OPWDD Providers & OMH, ASAS, OCFS Programs | MHY §16.33, §16.34, §31.35, §19.20; SOS §378-a, §424-a, §495; 14 NYCRR 550,633.5, 633.24, 805; 18 NYCRR 442.18, 447.2, 448.3, 449.4, 450.9, 451.6 & Art.3; 9 NYCRR 166-1.2, 180-1.5, 180-3.4, 182-1.5, 182-1.9, 182-1.11, 182-2.5, 182-2.9, 6051.1 | Suspends law to the extent necessary to allow current employees of OPWDD or OPWDD-approved providers, OCFS-licensed or certified programs, OASAS-certified, funded or authorized programs, OMH or OMH-licensed, funded or approved programs who have previously undergone such background checks to be employed by a different OPWDD approved provider and/or OCFS licensed or certified program and/or OASAS certified, funded or authorized program andor OMH licensed, funded or approved program without undergoing new background checks. These provisions are also waived to the extent necessary to allow providers the discretion to permit already qualified individuals and who are not listed on the Staff Exclusion List to work unsupervised while an updated background check is completed. | EO 202.13 |
| Staffing:Physician Assistants | EDN §6502; 8 NYCRR 59.8 | Allow physicians assistants 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. | EO 202.10 |
| Staffing:Physician Assistants | EDN §6512-§6516, §6541;8 NYCRR 60.8 | Allow physician assistants or a substantially similar title licensed and in current good standing in any province or territory of Canada, to practice in NYS without civil or criminal penalty related to lack of licensure. | EO 202.18 |
| Staffing:Physician Assistants | EDN §6512-§6516, §6541;8 NYCRR 60.8 | Education Law 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. | EO 202.5 |
| Staffing:Physicians | 10 NYCRR 405.4(g)(2)(ii) | 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; | EO 202.10 |
| Staffing:Physicians | EDN §6502; 8 NYCRR 59.8 | 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. | EO 202.5 |
| Staffing:Physicians | EDN §6512, §6516, §6524;8 NYCRR Pt. 60 | Allow physicians licensed and in current good standing in any province or territory of Canada, to practice medicine in NYS without civil or criminal penalty related to lack of licensure. | EO 202.18 |
| Staffing:Physicians | EDN §6512,6516, §6524; 8 NYCRR Pt. 60 | Allow individuals who graduated from registered or accredited medical programs located in NYS in 2020, to practice medicine in NYS without the need to obtain a license and without civil or criminal penalty related to lack of licensure, provided that the practice of medicine by such graduates shall in all cases be supervised by a physician licensed and registered to practice medicine in the state. | EO 202.15 |
| Staffing:Physicians | EDN §6512-16, §6524; 8 NYCRR 60 | 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. | EO 202.5 |
| Staffing:Physicians | EDN §6524; 8 NYCRR 60.7 | 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 NYS to practice at any institution under the supervision of a licensed physician. | EO 202.14 |
| Staffing:Physicians | PBO §17(11) | 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 §17 of the Public Officers Law for the medical services provided as part of the state’s response to COVID-19. | EO 202.11 |
| Staffing:Physicians | PHL §2805-k;10 NYCRR 405.9 | Allow staff with the necessary professional competency and who are privileged and credentialed to work in a facility in compliance with NYS law or who are privileged and credentialed to work in a facility in another state in compliance with the applicable laws and regulations of that other state, to practice in a facility in NYS. | EO 202.5 |
| Staffing:Radiologic Techs | PHL §3502, §3505; 10 NYCRR 89 | 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. | EO 202.10 |
| Staffing:Radiologic Techs | PHL §3502, §3505; 10 NYCRR 89 | Permit radiologic technologists or a substantially similar title licensed and in current good standing in any province or territory of Canada, to practice in NYS without civil or criminal penalty related to lack of licensure. | EO 202.18 |
| Staffing:Radiologic Techs | PHL §3507; 10 NYCRR 89 | 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. | EO 202.10 |
| Staffing:Respiratory Therapists | EDN §6512-§6516, §8510;8 NYCRR 79-4 | Allow respiratory therapy technicians 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. | EO 202.15 |
| Staffing:Respiratory Therapists | EDN §8502, §8504, §8504-a, §8505, §8507 | 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. | EO 202.10 |
| Staffing:Retired Public Employees with Pension | RSS §212 | Disregard any income earned during the period of the emergency from the earnings limitation calculated under such section. | EO 202.14 |
| Staffing:Specialist Assistants | EDN §6512-§6516, §6548, 6911; 8 NYCRR 64.8 | 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 or territory of Canada, to practice in NYS without civil or criminal penalty related to lack of certification. | EO 202.18 |
| Staffing:Volunteers | 10 NYCRR 405.3(b) | 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. | EO 202.10 |
| Staffing:Volunteers | Directive | 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. | EO 202.10 |
| Staffing:Volunteers | Directive | 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. | EO 202.10 |
| Staffing:Volunteers | PBO §17(1) | Suspend to the extent that SUNY has designated a state volunteer program under this paragraph for SUNY Upstate Hospital, SUNY Stony Brook University Hospital and University Hospital SUNY Downstate, that is comprised of both compensated and uncompensated volunteers. | EO 202.11 |
| Surge Capacity:Construction | 10 NYCRR 401.3(a), 401.3(e), 710.1 | Allow hospitals to make temporary changes to physical plant, bed capacities and services provided, upon approval of the Commissioner of Health, in response to a surge in patient census. | EO 202.1 |
| Surge Capacity:Construction | EVN Arts. 17 & 70;6 NYCRR 621, 624, 704, 750 | Suspend public hearings provided that public comments may be accepted as written submissions, either electronically or by mail or that any required appearances may be done so by teleconferencing or other electronic means. | EO 202.15 |
| Surge Capacity:Construction, Increase Beds, Temporary Locations | Any Code or Regulation | Suspend or modify any code related to construction, energy conservation or other building code, and all state and local laws, ordinances and regulations to allow the temporary changes to physical plant, bed capacity 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. | EO 202.5 |
| Surge Capacity:Increase Beds | 14 NYCRR 686.3, Pt.620 | Allow Art. 16 facilities to increase and/or exceed certified capacity limits without following site selection procedures and/or without providing notification to the appropriate local governmental unit upon approval of the commissioner of OPDD. | EO 202.1 |
| Surge Capacity:Increase Beds | Directive | The Commissioner of Health is authorized to suspend or revoke the operating certificate of any general hospital should it 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. | EO 202.10 |
| Surge Capacity:Increase Beds | Directive | The Commissioner of Health is authorized to direct, and shall so 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 of Health shall define. General hospitals shall comply with such order by submitting COVID-19 plans to DOH on a schedule to be determined by DOH, to accomplish this purpose. The directive is modified by 202.25, 202.44 and as amended by 202.45 to provide that the directive contained in EO 202.10, is hereby modified to authorize general hospitals to perform elective surgeries and procedures so long as the established criteria are met currently. | EO 202.10EO 202.25EO 202.44EO 202.45 |
| Surge Capacity:Increase Beds | PHL §2803; 10 NYCRR 400, 401, 409, 710-712 | 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 EO. | EO 202.10 |
| Surge Capacity:Increase Beds | PHL §4002(2-b) | Allow a hospice residence to designate any number of beds within such facility as dually certified inpatient beds. | EO 202.10 |
| Surge Capacity:Temporary Locations | 10 NYCRR 34.2-2.6, 58-1.7 | Permit clinical laboratories to operate temporary collecting stations to collect specimens from individuals suspected of suffering from a COVID-19 infection. | EO 202.1 |
| Surge Capacity:Temporary Locations | 10 NYCRR 405 | 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. | EO 202.5 |
| Surge Capacity:Temporary Locations | 10 NYCRR 709, 710 | Allow construction applications for temporary hospital locations and extensions (including for use as temporary vaccination sites) to be approved by the Commissioner of Health 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. Modified by EO 202.82 to clarify that such sites may be approved for use as temporary vaccination sites. | EO 202.1 |
| Surge Capacity:Temporary Locations | PHL §2801-a(3) | Permit the Commissioner of Health 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. | EO 202.1 |
| Surge Capacity:Trauma Centers | 10 NYCRR 405.45 | Permit the Commissioner of Health to designate a healthcare facility as a trauma center or extend or modify the period for which a healthcare facility may be designated as a trauma center, or modify the review team for assessment of a trauma center. | EO 202.1 |
| Telemedicine | 10 NYCRR 763.3(g), 763.4(7-8, h), 766.5(2), 766.5(1) | Permit CHHAs, long-term home healthcare programs, AIDS home care programs and Licensed Home Care Services Agencies serving COVID-19 patients to conduct in-home supervision of home health aides and personal care aides as soon as practicable after the initial service visit or to permit in-person and in-home supervision to be conducted through indirect means, including by telephone or video communication. | EO 202.5 |
| Telemedicine | 14 NYCRR 596 | Allow for rapid approval of the use of the 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. | EO 202 |
| Telemedicine | PHL §2999-cc and any regulation promulgated thereunder | Allow additional telehealth provider categories and modalities, to permit other types of practitioners to deliver services within their scopes of practice and to authorize the use of certain technologies for the delivery of healthcare services to established patients, pursuant to such limitations as the commissioners of such agencies may determine appropriate. | EO 202.1 |
| Telemedicine | SOS §131, §132, §349-a | Allows social service screenings to be conducted by telephone. | EO 202.1 |
| Testing | Directive | Empowers the Commissioner of Health to develop, by emergency regulations, comprehensive statewide protocols for the timely testing and reporting of all COVID-19 and Influenza cases to continue to ensure, as flu season approaches, the state has the most accurate data to evaluate the number of positive cases and to best ensure timely contact tracing efforts are implemented in all regions. | EO 202.59 |
| Testing | Directive | Declares that any directive, modification or suspension heretofore issued to authorize individuals to administer or process any COVID-19 test shall apply to any FDA approved method to test for COVID-19 in conjunction with any other communicable disease. | EO 202.61 |
| Testing:Information for Contact Tracing | Directive | Mandates that every professional authorized to administer a test for COVID-19 must inquire, in the process of taking a sample or administering a test, if such individual attends school, and if so, as to where such individual attends school and to report such data to ECLRS; and as to place of employment, and whether the individual works or volunteers in an elementary, secondary school, or post-secondary school, and if so, to report such data to ECLRS. | EO 202.61 |
| Testing:Information for Contact Tracing | Directive | Mandates that every professional authorized to administer a test for COVID-19 must inquire, in the process of taking a sample or administering a test, as to the individual’s local address, if such address differs from the individual’s permanent address, and such local address must be reported to ECLRS. | EO 202.61 |
| Testing:Information for Contact Tracing/Labs | Directive | Mandates that every licensed laboratory in the state shall require that, prior to processing any specimen for a COVID-19 test, alone or in conjunction with a test for any other communicable disease, information related to school of attendance, or place of employment or volunteer work for any adult, be transmitted to such laboratory along with such sample. Such information must be reported to the State DOH via ECLRS. | EO 202.61 |
| Testing:Post Mortem | Directive | Whenever a coroner or medical examiner has a reasonable suspicion that COVID-19 or influenza was a cause of death, but no such tests were performed within 14 days prior to death in a nursing home or hospital, or by the hospice agency, the coroner or medical examiner shall administer both a COVID-19 and influenza test within 48 hours after death, whenever the body is received within 48 hours after death, in accordance with regulations promulgated by the DOH. The coroner or medical examiner shall report the death to the DOH immediately after and only upon receipt of both such test results through a means determined by the DOH. The State DOH shall provide assistance for any requesting coroner or medical examiner. | EO 202.60 |
| Testing:Reporting - Clinical Labs | PHL §579(1) | Allows a requirement for immediate reporting (not more than 24 hours) of results of COVID-19 and influenza testing by additional clinical laboratories, including those operated by a licensed physician, osteopath, dentist, midwife, nurse practitioner or optometrist who is authorized by the FDA (FDA) or DOH to administer a point of care COVID-19 test and registered with the DOH as a physician office laboratory, in accordance with §576-c of the PHL and §58-1.14 of Title 10 of the NYCRR; provided further as it relates to COVID-19 testing, containing information pertaining to attendance and employment in school as required by the below directives. However, DOH may require more frequent reporting if deemed necessary. | EO 202.61 |
| Testing:Reporting - Physican Office Labs | Directive | Requires that every licensed professional authorized by the DOH Physician Office Laboratory Evaluation Program to administer a test for COVID-19 or influenza, whether alone or in conjunction with any other test, shall report such results immediately (not more than 24 hours) to the DOH through the ECLRS when a result is received. However, DOH may require more frequent reporting if deemed necessary. | EO 202.61 |
| Testing:Requirement to Participate in SHIN-NY-Clinical Labs | Directive | By February 10, 2021, all clinical laboratories permitted by the DOH pursuant to PHL Art. Title 5, and having more than 25 employees, must become qualified entity participants and connect to the SHIN-NY through a qualified entity, and must allow private and secure bi-directional access to patient information by other qualified entity participants authorized by law to access such patient information, pursuant to 10 NYCRR 300. | EO 202.82 |
| Vaccination:1b Priority | Directive | Local health departments and county governments receive allocation for and must prioritize essential workers in the 1b category. Hospitals receive allocations for and must prioritize healthcare workers. Pharmacies are to prioritize individuals that are 65+. NYSDOH approved general population mass vaccination sites are to prioritize 65+ and essential workers in the 1b category. We allocate dosages to these provider classes to represent the fair distribution. If a provider distributes to a group outside of their “prioritization” they will disrupt the fairness of the allocation.  | EO 202.91 |
| Vaccination:Administration Deadlines | Directive | Any healthcare facility, provider, or entity who has been allocated and has received COVID-19 vaccine, or who has received redistributed COVID-19 vaccine, must administer all such vaccine within one week of its receipt by such facility. Any healthcare facility, provider or entity who is not on pace to administer all vaccine must notify the DOH on the 5th day after receipt. This will be effective for any vaccine currently on hand at any healthcare facility, provider or entity as of January 4, 2020, and such remaining doses must be administered no later than January 8, 2020. However, a facility may request an extension for good cause from the Commissioner of DOH, who will provide a new deadline. The failure to administer vaccine in accordance with this process may result in a civil penalty of up to $100,000, and/or reduction or elimination of future allocations of vaccine. Failure to notify the Department pursuant to this directive may also cause the DOH to reduce or eliminate future allocations of vaccine to such facility, provider, or entity. PHL §12 is modified to the extent necessary to permit the DOH to assess the civil penalties established for this provision. Modified to allow for a good cause extension by EO 202.89. | EO 202.88EO 202.89 |
| Vaccination:Essential Workers | Directive | 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 local law enforcement as if it were an order pursuant to §12 or 12-b of the PHL.  | EO 202.16 |
| Vaccination:Nursing Homes/Adult Care | 10 NYCRR 415.3(i), 1001.7(a); 18 NYCRR 487.4(c), 488.4(c), 494.4(e) | Suspends regulations to allow nursing homes and adult care facilities to comply with the guidance issued by the Commissioner of Health regarding the acceptance of patients who have been released from a nursing home or adult care facility for a leave of absence to visit friends or relatives, in order to protect the health and safety of other residents at the facility upon such resident’s return. | EO 202.77 |
| Vaccination:Nursing Homes/Adult Care | Directive | 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 if any resident suffers a COVID-19 related death, within 24 hours of such positive test result or death. Modified by 202.19 to add a $2,000 per violation per day penalty for failure to comply, punishable under PHL §12-b. | EO 202.18EO 202.19 |
| Vaccination:Nursing Homes/Adult Care | Directive | 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 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. | EO 202.23 |
| Vaccination:Nursing Homes/Adult Care | Directive | Prohibiting any Art. 28 general hospital from discharging a patient who has not obtained a negative COVID-19 test to a nursing home, unless such patient is beyond the infectious period of time as required to be measured by centers for disease control policy AND the nursing home operator or administrator has first certified that it is able to properly care for such patient. Modified by 202.81 to further limit discharge only to a COVID only facility. | EO 202.30 |
| Vaccination:Nursing Homes/Adult Care | Directive | The modifications of law and regulation that require nursing homes to test staff (located in 202.30, modified by 202.40 and Extended per other subsequent EOs) are further modified and extended to require that nursing homes in any area of the state--irrespective of location in a micro-cluster zone as provided in 202.68--must or make arrangements for COVID-19 testing of all personnel, including all employees, contract staff, medical staff, operators and administrators, as directed by the Commissioner of Health. PHL §12 is modified to the extent necessary to permit the DOH to assess the civil penalties established for this provision. Modified to cover all parts of the state without regard to microcluster labeling and authorize penalties by EO 202.88. | EO 202.73EO 202.88 |
| Vaccination:Nursing Homes/Adult Care | Directive | Orders and directs the Commissioner of Health to use the authority given by this directive to establish guidelines for the acceptance of patients after being released from a nursing home or adult care facility for a leave of absence to visit friends or relatives. Any guidance issued shall be binding on all such facilities as required by EO 202.30, including ability to implement transmission-based precautions for such resident. | EO 202.77 |
| Vaccination:Nursing Homes/Adult Care | PHL §4656(7)18 NYCRR 415.26(c)(1)(v)(b),18 NYCRR 487.9(a)(8), 488.9(a)(5); | 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 DOH. Any positive test result shall be reported to DOH by 5:00 p.m. of the day following receipt of such test result, in a manner determined by the Commissioner. Nothing herein shall prohibit DOH staff, 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 for purposes of testing all personnel for COVID-19, and that in such circumstances the operator and administrator shall cooperate fully with DOH and local health department staff to facilitate such testing. EO 202.40 modification requires facilities located in regions that have reached Phase 2 of the reopening process to test all personnel for COVID-19 once per week. | EO 202.30 |
| Vaccination:Nursing Homes?Adult Care | Directive | Requires both the operator and the administrator of all nursing homes and adult care facilities, no later than May 15, 2020, to provide the DOH a certification of compliance with this EO (202.30) and directives of the Commissioner of Health, and all other applicable EOs and directives of the Commissioner of Health. | EO 202.30 |
| Vaccination:Recordkeeping | 8 NYCRR 29.2(a)(3) | Allows individuals practicing the professions listed within that section, who are also authorized to administer vaccinations pursuant to EO 202.82, to administer vaccinations against influenza or COVID-19 without maintaining and retaining a record for each patient that accurately reflects the evaluation and treatment of the patient, provided that such persons must comply with all recordkeeping requirements directed by the DOH. | EO 202.82 |
| Vaccination:Recordkeeping | 8 NYCRR 63.9(b)(5)(xi) | Suspends the requirement that a pharmacist create, maintain and retain a record of all persons immunized, in accordance with §29.2(3) of the regulations of the Board of Regents of the State Education Department, in order to allow a pharmacist to administer vaccinations against influenza or COVID-19 without maintaining and retaining a record for each patient that accurately reflects the evaluation and treatment of the patient, provided that such persons must comply with all recordkeeping requirements directed by the DOH. | EO 202.82 |
| Vaccination:Recordkeeping | 8 NYCRR 64.7(a)(3)(ii)(d) | Suspends the requirement that a registered professional nurse create, maintain and retain a record of all persons immunized, in accordance with §29.2(3) of the regulations of the Board of Regents of the State Education Department, in order to allow a registered professional nurse to administer vaccinations against influenza or COVID-19 without maintaining and retaining a record for each patient that accurately reflects the evaluation and treatment of the patient, provided that such persons must comply with all recordkeeping requirements directed by the DOH. | EO 202.82 |
| Vaccination:Reporting | PHL §2168; 10 NYCRR 66-1.2 | Suspends laws and regulations to the extent necessary to (1) suspend the requirement that persons 19 years of age or older must consent to have their immunization information reported to the NYS Immunization Information Registry (NYSIIS) or the City Immunization Registry (CIR), so that for the purposes of this EO, the NYS Commissioner of Health or the New York City Commissioner or Health may include adult immunization information in NYSIIS or the CIR, as applicable, without the consent of the vaccine, and subject to guidance issued by DOH; and (2) require all influenza and COVID-19 vaccinations for any individual (child or adult) to be reported to the NYSIIS or CIR, as applicable, within 24 hours of administration of such vaccine. Nothing in this provision shall be read to permit the vaccination of any person without their consent, or the consent of another person legally authorized to provide such consent on their behalf such as a parent or guardian. Modified by EO 202.88 to reduce 24-hour reporting window to 12 hours. Modified again to revert to the original 24-hour reporting window by EO 202.89. | EO 202.82EO 202.89 |
| Vaccination:Scheduling vs. Allocation | Directive | Providers, unless otherwise directed should not schedule appointments until they receive an allocation and no more appointments should be scheduled than the actual allocation allows. | EO 202.91 |
| Vaccination:Transfer of Supplies | EDN §6808 and any regulations promulgated thereunder | Permit an authorized vaccine provider within NYS to furnish federal COVID-19 vaccine and ancillary supplies (obtained as a result of enrollment in the CDC COVID-19 Vaccination Program) to another authorized vaccine provider within NYS, who has also enrolled in the CDC COVID-19 Vaccination Program, for the purposes of administering such vaccination at no cost and subject to applicable storage and handling requirements; the conditions set forth in CDC COVID-19 Vaccination Program Provider Agreement; and any guidance issued by DOH in consultation with the NYS Education Department. | EO 202.82 |
| Visitation | Directive | Authorizes the Commissioner of Health to direct COVID-19 testing for all staff or to modify or eliminate visitation or leave for residents at any state, local, or voluntary not-for-profit congregate facility supervised or licensed by the OMH, OASAS, the DOCCS, OPDD, or the DOH on a regular schedule or in order to control an outbreak as necessary. | EO 202.92 |