

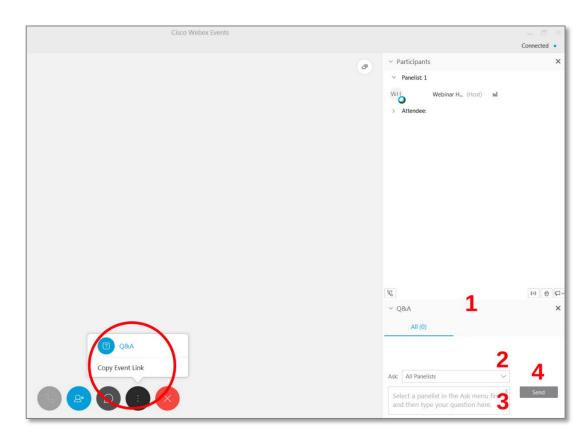
U.S. Legal Preparedness and Real-time Responses: COVID-19

March 5, 2020



How to Use WebEx Q & A

- 1. Open the Q&A panel
- 2. Select "All Panelists"
- 3. Type your question
- 4. Click "Send"





Moderator



Kayleen Klarich, Marketing and Membership Manager, the Network for Public Health Law – National Office

- Areas of expertise:
 - Development and execution of marketing strategies
 - Management of organizational membership programs



Presenter



James G. Hodge, Jr., Director, Network for Public Health Law - Western Region; the Peter Kiewit Foundation Professor of Law and Director, Center for Public Health Law and Policy, ASU Sandra Day O'Connor College of Law

- J.D., Salmon P. Chase College of Law (KY)
- LL.M., Georgetown University Law Center
- Research interests/areas of expertise:
 - Emergency Legal Preparedness & Response
 - Vaccinations
 - Preemption
 - Emerging Infectious Diseases
 - Constitutional Rights and Structural Principles



COVID-19 Emergency Legal Preparedness

As of March 5, 2020

James G. Hodge, Jr., J.D., L.L.M.

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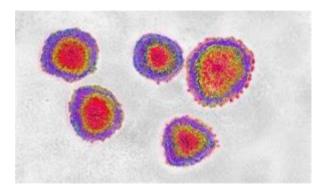




Brief Overview – COVID-19 International Legal Response Efforts

World Health Organization

Foreign Governments



U.S. Legal Preparedness/Response

Additional Resources

Questions, comments, follow-up





COVID-19 Epi Snapshot

Transmission:

- Initially-infected persons in Wuhan, China are linked epidemiologically to a large seafood/animal market.
- Transmissible person-to-person with potential infectivity rate approaching influenza.
- Asymptomatic persons may likely infect others.
- Reproductive number [R⁰] estimated at 2.2 (similar to influenza).

Symptoms:

- Respiratory symptoms, fever, cough, breathing difficulties, aches, pains.
- In severe cases (~20%), infection can cause pneumonia, respiratory issues, kidney failure and death.

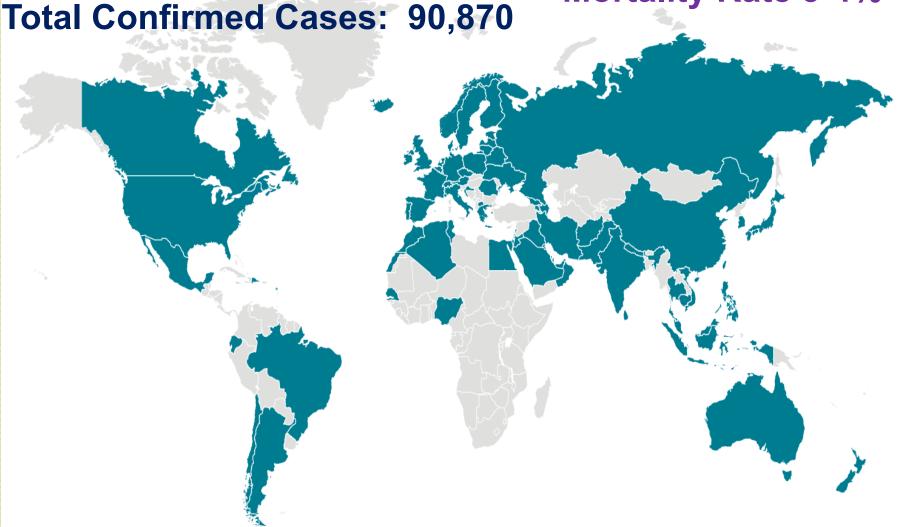
Vaccines, Tests & Treatment:

No vaccines, commercial tests, or proven treatments are available.



COVID-19 Global Distribution

Total Confirmed Deaths: 3,112 = Mortality Rate 3-4%





WHO Emergency Declaration

Jan. 30, 2020: WHO declares a public health emergency of international concern (PHEIC).





The Network Sele

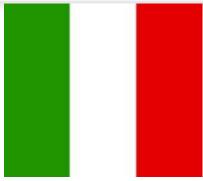
Select International Emergency Declarations



Jan. 24
19 Chinese provinces highest level of public
health emergency



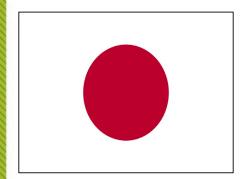
Jan. 25
Hong Kong State of
Emergency



Jan. 31
Italy State of
Emergency



COVID-19 a "serious and imminent threat to public health"



Feb.13
Invokes emergency
COVID-19 plan



Feb. 23
South Korea on
highest Level 4 alert



Feb. 24
Afghanistan State of Emergency



Feb. 26
Lithuania State of
Emergency



Select Border & Travel Restrictions

Jan. 28: Mongolia closes Chinese border.

Jan. 29: Foreign Minister Marise Payne advises Australians to "reconsider your need to travel to China overall."





Jan. 30: Russia shuts border with China.

Jan. 31: Singapore closes China border.



Feb. 4: Canadian authorities elect not to impose explicit travel bans.





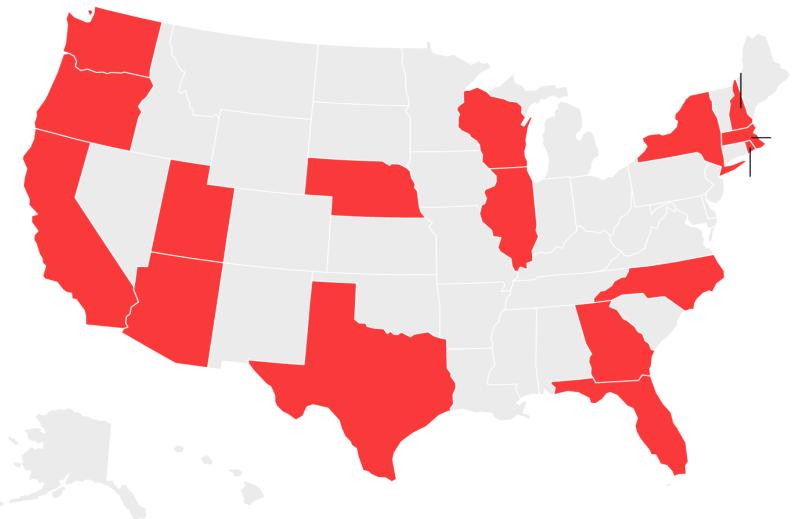
U.S. Legal Preparedness & Response Efforts





U.S. Cases of COVID-19

Total Confirmed Cases: 129 Total Deaths: 11





U.S. Preparedness/Response

Jan. 22: "We have it totally under control. It's one person coming in from China. It's going to be just fine."

Jan. 29: Announces formation of the President's Coronavirus Task Force.

Feb. 4: "Protecting Americans' health also means fighting infectious diseases....

My administration will take all necessary steps to safeguard our citizens from this threat."

Feb. 26: "[W]e're ready to adapt and we're ready to do whatever we have to as the disease spreads, if it spreads. . . ." Appoints Vice President Mike Pence to lead national COVID-19 response efforts.



President Donald Trump



Vice President Mike Pence



Select Congressional Responses

3/4

House introduces "Coronavirus Preparedness and Response Supplemental Appropriations Act"



<u>3/4</u>

Congress
passes \$8 bill
fund for
Emergency
COVID-19
response

2/13

Senators urge HHS
to establish
guidelines for how
state & local
governments are
reimbursed for
expense of
assisting federal
responses

2/6

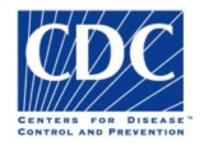
Senators ask FDA if it has "necessary tools" to guarantee "safety and supply of pharmaceuticals, food and medical supplies . . . from China"

2/6

Senators request info. on VA health care facilities' preparation, prevention, diagnosis, response efforts



Federal Agency Coordination



























The Network for Public Health Law CDC Preparedness & Response



Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™

Link here for additional, varied guidance and resources

- 2/25/20
- "Americans should brace . . . coronavirus [to] spread to [U.S.] communities . . . It's . . . a question of when. . .
- <u>2/12/20</u>
- CDC director: "At some point in time it is highly probable that we'll have to transition to mitigation" as a public health strategy."
- **2/5/20**
- Orders quarantine of 4 additional flights.
- 1/31/20
- Orders 14-day quarantine of 195 Americans returning from Wuhan at U.S. military base in California.
- 1/23/20
- Raised travel alert to China to highest Level 4.
- 1/21/20
- Began entry screening of passengers on direct and connecting flights from Wuhan, China to 3 main ports of entry in the U.S.
- 1/20/20
- Activated emergency operations center with Global Migration, Medical Care/ Countermeasures, and Epidemiology/Surveillance Task Forces.



FDA Preparedness & Response



Jan. 27: FDA announces key actions to advance development of COVID medical countermeasures

Emergency Use Authorization of Medical Products and Related Authorities

Feb. 4: FDA grants EUA for CDC's COVID-19 Real-Time PCR Diagnostic Panel.

Guidance for Industry and Other Stakeholders

Feb. 29: FDA releases Policy for Diagnostics
Testing in Laboratories Certified to Perform High
Complexity Testing under CLIA prior to
Emergency Use Authorization for COVID-19.



U.S. Preparedness/Response





Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases, NIH

March 3: "I don't think that we are going to get out of this completely unscathed . . . [T]his is going to be one of those things we look back on and say 'Boy, that was bad.""



Emerging Legal Issues



US Emergency Legal Responses to Novel Coronavirus Balancing Public Health and Civil Liberties

Click on image to access article

Lawrence O. Gostin, JD O'Neill Institute for National and Global Health Law, Georgetown University Law Center, Washington, DC.

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College of Law, Arizona
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James G. Hodge Jr, JD,

With increasing numbers of cases of coronavirus disease 2019 (COVID-19) globally and in the United States, Health and Human Services (HHS) Secretary Alex Azar declared a national public health emergency on January 31. The emergency declaration of the HHS authorizes additional resources, enhanced federal powers, interjurisdictional coordination, and waivers of specific regulations. State and local public health emergency declarations are also likely. During crises, government has a special responsibility to thoughtfully balance public health protections and civil liberties.

Public Health Risk Assessment

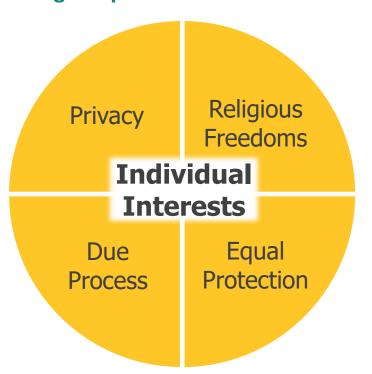
While epidemiological data are evolving, human-tohuman transmission of COVID-19 has been docueral powers in response to COVID-19 beyond those used for previous health emergencies such as SARS, H1N1 influenza, and Ebola. The administration premised the exercise of federal powers on the need to avert "cascading public health, economic, national security, and societal consequences."

Travel Warnings and Recall of Nonessential Personnel Immediately following the emergency declaration of the HHS, federal agencies implemented travel warnings, entry bans, and border protections. On January 31, the State Department issued its strongest warning ("do not travel") applying to mainland China. Additional warnings may take effect with "little or no advance notice." Nonessential diplomatic, military, and other personnel



Balancing Individual & Communal Interests

March 2: Achieving A Fair and Effective COVID-19 Response: An Open Letter to Vice-President Mike Pence & Other Federal, State and Local Leaders from U.S. Public Health and Legal Experts





Emergency Preparedness and Response



Emerging Legal Issues





Multi-level Emergencies

Public health authorities, powers, liabilities & immunities vary depending on the type of emergency declared at each level of government





The Network for Public Health Law HHS Public Health Emergency



Jan. 31: HHS Sec. Alex Azar declares national public health emergency







HHS Public Health Emergency



HHS Public Health Emergency Powers



- Frees up federal resources
- Encourages interjurisdictional coordination
- Allows waivers of specific federal laws
- Authorizes real-time countermeasures through emergency use authorizations
- Supports social distancing measures (e.g., travel or border limits, quarantine)



Presidential Declaration of Emergency?



March 2: According to NBC News:

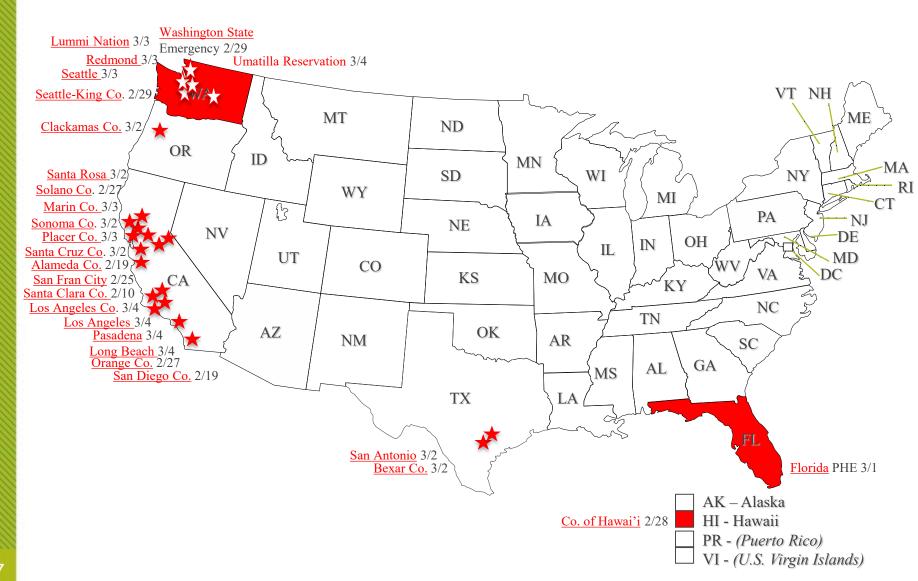


"[FEMA] is planning for the possibility that President Donald Trump could make an emergency declaration to bring in extra funds and personnel to assist [with COVID] response. . . . "

For additional information re: scope and purposes of the Stafford Act, see <u>ASTHO's brief</u>.

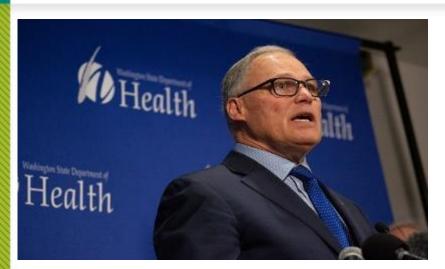


COVID State/Tribal/Local Emergencies





Washington State Emergency





Feb. 29: Governor Jay Inslee declares a state of emergency authorizing:

- implementation of plans and procedures of the Washington State Comprehensive Emergency Management Plan;
- utilization of state resources and "to do everything reasonably possible" to assist local responses;
- activation of the organized militia (e.g., National Guard); and
- Directs departments of health, emergency management, and other agencies to coordinate incident management.



Florida Public Health Emergency





March 1: Via Exec. Order 20-51, Governor Ron DeSantis directs state Health Commissioner/ Surgeon General to issue a <u>public health</u> <u>emergency</u> authorizing:

- "any action necessary to protect the public health;"
- lead role for the Florida Department of Health;
- discretion for the Department re: quarantine and isolation;
- full cooperation by all state agencies with the Department;
- following CDC guidelines re: protocols to limit spread.

The Network for Public Health Law San Antonio Public Health Emergency





March 2: Mayor Ron Nirenberg declares public health emergency for San Antonio for 7 days authorizing an array of public health powers as well as prohibit entry into the city of any persons currently quarantined at Lackland military base.



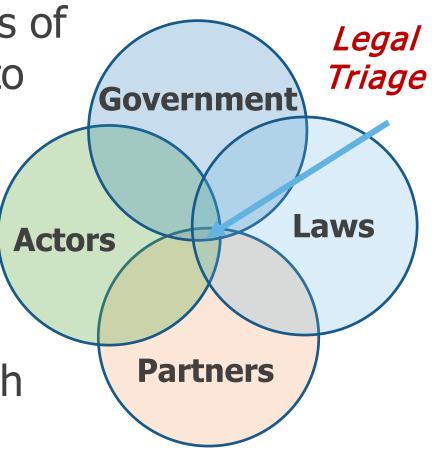
The Network for Public Health Law Select Local Emergency Authorizations

Locality	Date	Select Authorizations
Clackamas County (OR) Emergency	3/2/20	 Establish emergency policies and protocols Recoup financial costs and redirect funds "Order such other measures as immediately necessary for the protection of life and/or property."
County of Hawai'l (HI) Emergency	2/28/20	 Sponsor and enter into mutual aid programs Receive, expend & use contributions or grants; procure federal aid Relieve and suspend hardships and inequities or obstructions to public health, safety or welfare
Solano County (CA) Emergency	2/27/20	 Department Operations Center to bolster identification & screening Collaboration with local, state, and federal agencies to implement containment efforts
Orange County (CA) Emergency	2/27/20	 Reimbursements from county, state & federal partners if resources are exhausted Agency coordination & resource leveraging
San Francisco City (CA) Emergency	2/25/20	 Mobilization of city resources & acceleration of emergency plans Streamlining staffing and coordination agencies city-wide
San Diego County (CA) Health Emergency	2/19/20	 Reimbursement from state & federal governments Increasing resources such as beds at local hospitals
Santa Clara County (CA) Emergency	2/10/20	 Leveraging state funds and mutual aid resources Increasing resources such as protective gear and training for healthcare workers



Legal Triage

Defined: those efforts of legal actors & others to build a favorable legal environment in emergencies by prioritizing issues & solutions facilitating legitimate public health responses





Crisis Standards of Care



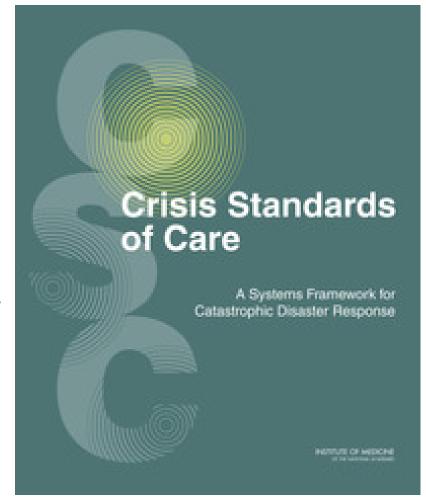
Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019

(COVID-19)

Practical, Ethical, and Legal Challenges Underlying Crisis Standards of Care

Click on article image to access

James G. Hodge, Jr., Dan Hanfling, and Tia P. Powell
Addressing critical questions is
complicated by changing legal
dynamics during crises. Emergency
powers depend on the type and
duration of governmental
declarations, which, in turn, may
advance or impede CSC
implementation.





Social Distancing Measures





Travel Restrictions

Jan. 31: Trump Administration bans foreign national travel for those who have been in China within the last 14 days and who pose a risk.











School Closures

Feb. 16: CDC issues initial guidance intimating school mitigation, including possible closures, may be warranted

THE LEGAL LANDSCAPE FOR SCHOOL CLOSURES IN RESPONSE TO PANDEMIC FLU OR OTHER PUBLIC HEALTH THREATS

James G. Hodge, Jr.

Click on image to access article

- Explicit authority to close schools in non-emergencies is lacking in many states;
- Significant variations exist regarding which levels of government and specific departments are authorized to close schools;
- Authority to close schools shifts dramatically once a state of emergency is declared; and
- Assessment criteria on the timing and appropriateness of school closure is largely absent



Quarantine & Isolation

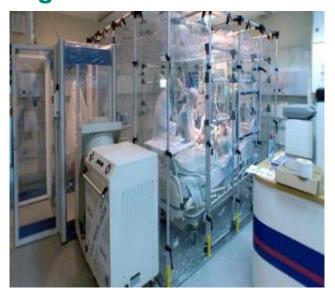
Quarantine

Separation from others of people exposed to a contagious condition prior to knowing if they may be ill or contagious



Isolation

Separation from others of people who are known to be infected, or capable of infecting others, with a contagious condition



For a listing of state-based quarantine and isolation statutes, see the <u>link</u> at the National Conference of State Legislatures

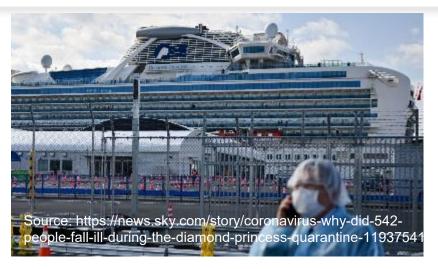


Federal Quarantine



Jan. 31: CDC Director Robert Redfield orders a 14-day quarantine of nearly 200 persons arriving at a U.S. military base in California 2 days prior on an evacuation flight from Wuhan, China.

As of February 10, 4 additional flights amassing more than 800 Americans are under quarantine at 4 military bases.



Feb. 17: CDC quarantines 2 flights of over 300 Americans returning from the Diamond Princess cruise ship (in Yokohama, Japan) at Travis and Lackland Airforce Bases.

Feb. 19: U.S. Daegu Army Base in South Korea imposes a self-quarantine of U.S. troop members attending a local church linked to COVID-19 infections.



Select State/Local Quarantines





Jan. 23: Health officials require at home-isolation of Texas A&M student.

Jan. 26: AZ Dept. of Health Services oversee home isolation of ASU student.

Feb. 4: VA Dept. of Health requires 4 students to self-monitor at home for 14 days with daily check-ins.

Feb. 14: According to the CA Dept. of Health, more than 8,000 Californians have been asked to self-quarantine.

<u>Feb. 11</u>: GA state health officials require nearly 200 Georgians to self-monitor at home for 2 weeks.

<u>Feb. 19</u>: New York's Westchester County requires home quarantines of 26 people.

Mar. 2: In Oregon dozens of health care workers are placed on paid furlough and subjected to home quarantines.



Quarantine & Isolation Litigation



Feb. 28: After obtaining temporary restraining order to block the transfer of individuals exposed to or infected with COVID-19 to Costa Mesa, CA, feds drop plans to quarantine patients.

March 2: City of San Antonio sues in federal district court to attempt to block CDC from releasing 120+ COVID evacuees from quarantine at Joint Base San Antonio-Lackland. The motion was denied.



Prospective Civil Liability Claims

Negligence/Malpractice

Intentional Torts

Privacy Infringements

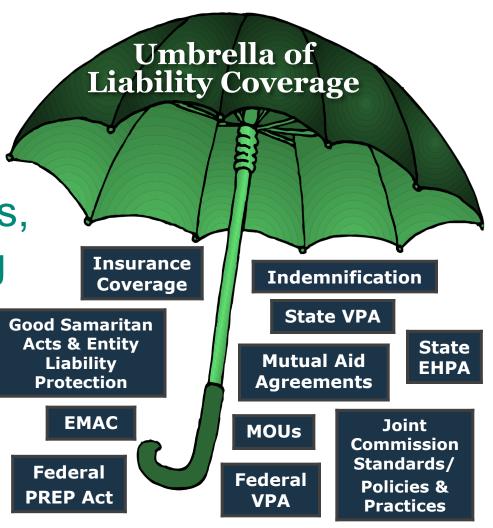
Misrepresentation





Emergency Liability Protections - Health Practitioners & Entities

Despite liability risks, many legal liability protections apply in routine events & declared emergencies, especially concerning health care workers, volunteers, and entities.





Screening & Testing

Airport Preparedness & Response: Legal Rights, Powers & Duties

Legal Research Digest 34

AIRPORT PUBLIC HEALTH PREPAREDNESS AND RESPONSE: LEGAL RIGHTS. POWERS, AND DUTIES

This digest was prepared under ACRP Project 11-01, "Legal Aspects of Airport Programs," for which the Transportation Research Board (TRB) is the agency coordinating the research. Under Topic 09-01, this digest was prepared by Leila Barraza, Mel and Enid Zuckerman College of Public Health, University of Arizona, Tucson, AZ, and Elizabeth Hall-Lipsy, College of Pharmacy, University of Arizona, Tucson, AZ.

Background

There are over 4,000 airports in the country and most of these airports are owned by governments. A 2003 survey conducted by Airports Council International-North America concluded that city ownership accounts for 38 percent, followed by regional airports at 25 percent, single county at 17 percent, and multi-jurisdictional at 9 percent. Primary legal services to these airports are, in most cases, provided by municipal, county, and state attorneys.

Continuing Legal Studies Project and published as ACRP Legal Research Digests are developed to assist these attorneys seeking to deal with the myriad of legal problems encountered during airport development and operations. Such substantive areas as eminent domain, environmental concerns, leasing, contracting, security, insurance, civil rights, and tort liability present cutting-edge legal issues where research is useful and indeed needed. Airport legal research, when conducted through the TRB's legal studies process, either collects primary data that usually are not available elsewhere or performs analysis of existing literature.

Foreword

Modern air travel has frequently been cited as a leading cause for the rapid spread of disease within countries and

internationally. Recent outbreaks of SARS, MERS, Ebola, and Zika have focused the debate on a number of issues surrounding air travel, including isolation and quarantine, restrictions on freedom of travel, and screening protocols. A number of issues expose the lack of clarity on the respective powers and duties of airport and airline personnel, governments (including federal, state, and local entities) and public health authorities, and the insufficient communication and coordination among local, state, national and international stakeholders.

Research reports and summaries produced by the Airport Numerous legal issues are associated with these inherent challenges, but through planning and coordination with relevant stakeholders they can be addressed. This digest addresses the legal issues concerning the measures to detect communicable diseases, regulations to control communicable diseases, methods for decontamination, emergency legal preparedness, privacy, and potential sources of liability. This digest provides a checklist that airport attorneys and other staff can use to help prepare, plan, and coordinate with their partners in response to a threat of a communicable disease.

> This legal digest provides the background on multimodal or intermodal facilities. The history of the laws, rules, and regulations in this area are provided, as well as case studies to assist airport operators in understanding and navigating the complexity of multimodal developments.



- Reporting of ill passengers
- Measures to detect communicable diseases
- Surveillance
- Non-invasive procedures
- Invasive procedures (with consent)
- Contact tracing
- **Isolation & Quarantine**

Click on article image to access



Screening & Testing

March 3: Vice President Pence announces massive expansion of who is eligible for COVID testing: "Any American can be tested . . . subject to doctor's orders."



- Availability
- Allocation
- Costs
- Reimbursements
- Applications voluntary, mandatory, compelled





Surveillance & Reporting



Jan. 24: Ohio Department of Health classifies COVID-19 a "Class A" condition for which "confirmed or suspected cases . . . must be reported immediately to the local health district)."

Persons required to report include physicians, hospital administrators or others in charge of clinics/institutions/ labs providing care or treatment, "or any individual having knowledge of a person with nCoV."



Health Information Privacy

February 2020

Office for Civil Rights, U.S. Department of Health and Human Services

BULLETIN: HIPAA Privacy and Novel Coronavirus



In light of the Novel Coronavirus (2019-nCoV) outbreak, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) is providing this bulletin to ensure that HIPAA covered entities and their business associates are aware of the ways that patient information may be shared under the HIPAA Privacy Rule in an outbreak of infectious disease or other emergency situation, and to serve as a reminder that the protections of the Privacy Rule are not set aside during an emergency.

For additional expert analyses and guidance, contact Denise Chrysler, JD, and colleagues in our Network – Mid-States Region at dchrysler@networkforphl.org



For More Information

<u>Latest</u> Resources Federal Public
Health
Emergencies

Social
Distancing
Powers

Liability of Health Care Workers and Entities

Hospital
Emergency
Legal
Preparedness

State and Local Preparedness

Emergency
Declarations and
Powers

Mental and Behavioral Health Preparedness

Model Emergency Laws Emerging
Threats
Preparedness
and Response

Crisis Standards of Care

Public Health
Emergency
Ethics

Access these Network materials by linking here





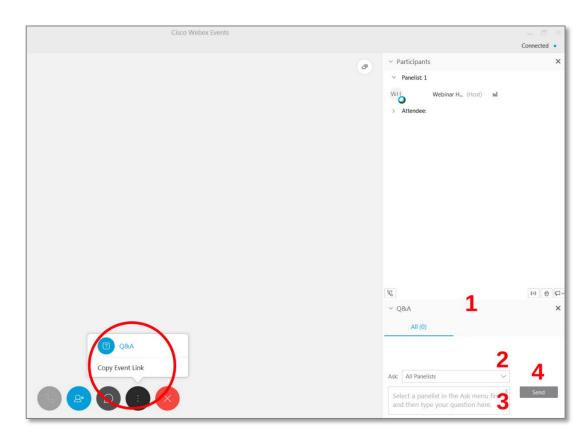
Acknowledgements

- Special thanks to Erica N. White and Claudia M. Reeves at the Network -Western Region Office for their research and assistance
- Ask the Network concerning questions or comments relating to this information or ongoing COVID-19 legal preparedness and response efforts
- james.hodge.1@asu.edu | @jghodgejr



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- 2. Select "All Panelists"
- 3. Type your question
- 4. Click "Send"





Thank you for attending

For a recording of this webinar and information about future webinars, please visit networkforphl.org/webinars

The Public Health Impacts of Legalized Sports Betting March 19, 1:00 – 2:30 p.m. EST



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Building and Supporting Healthy Communities for All September 16 – 18, 2020 | Baltimore, MD

