

# COVID-19 Emergency Legal Preparedness Primer

As of March 12, 2020

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

**Peter Kiewit Foundation Professor of Law**

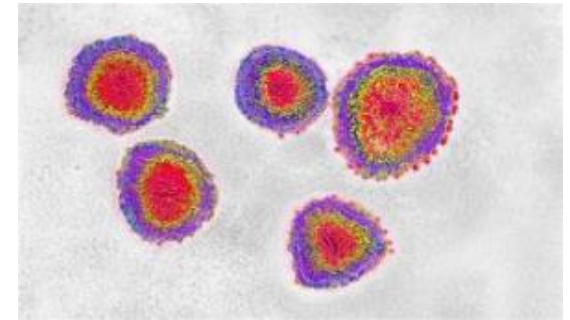
**Director, Western Region Office, Network for Public Health Law**

**ASU Sandra Day O'Connor College of Law**

**[james.hodge.1@asu.edu](mailto:james.hodge.1@asu.edu)**

- **Provide real-time information & objective guidance (not legal advice) on emerging issues of law and policy**
- **Serve as a quick briefing on core legal preparedness and response issues**
- **Connect users to available documents and materials via hyperlinks**
- **Create a template for presentations or legal assessments in your jurisdiction**
- ***Invite further questions or comments***

**Brief Overview – COVID-19**



**International Response Efforts**

**U.S. Legal Preparedness/Response**



Federal | State | Tribal | Local

**Additional Resources**



**Questions & Comments**

## Transmission:

- Initially-infected persons in Wuhan, China are linked epidemiologically to a large seafood/animal market.
- Transmissible person-to-person with potential infectivity rate exceeding annual influenza.
- Asymptomatic persons may infect others.
- Reproductive number [ $R^0$ ] estimated at 2.2.

## Symptoms:

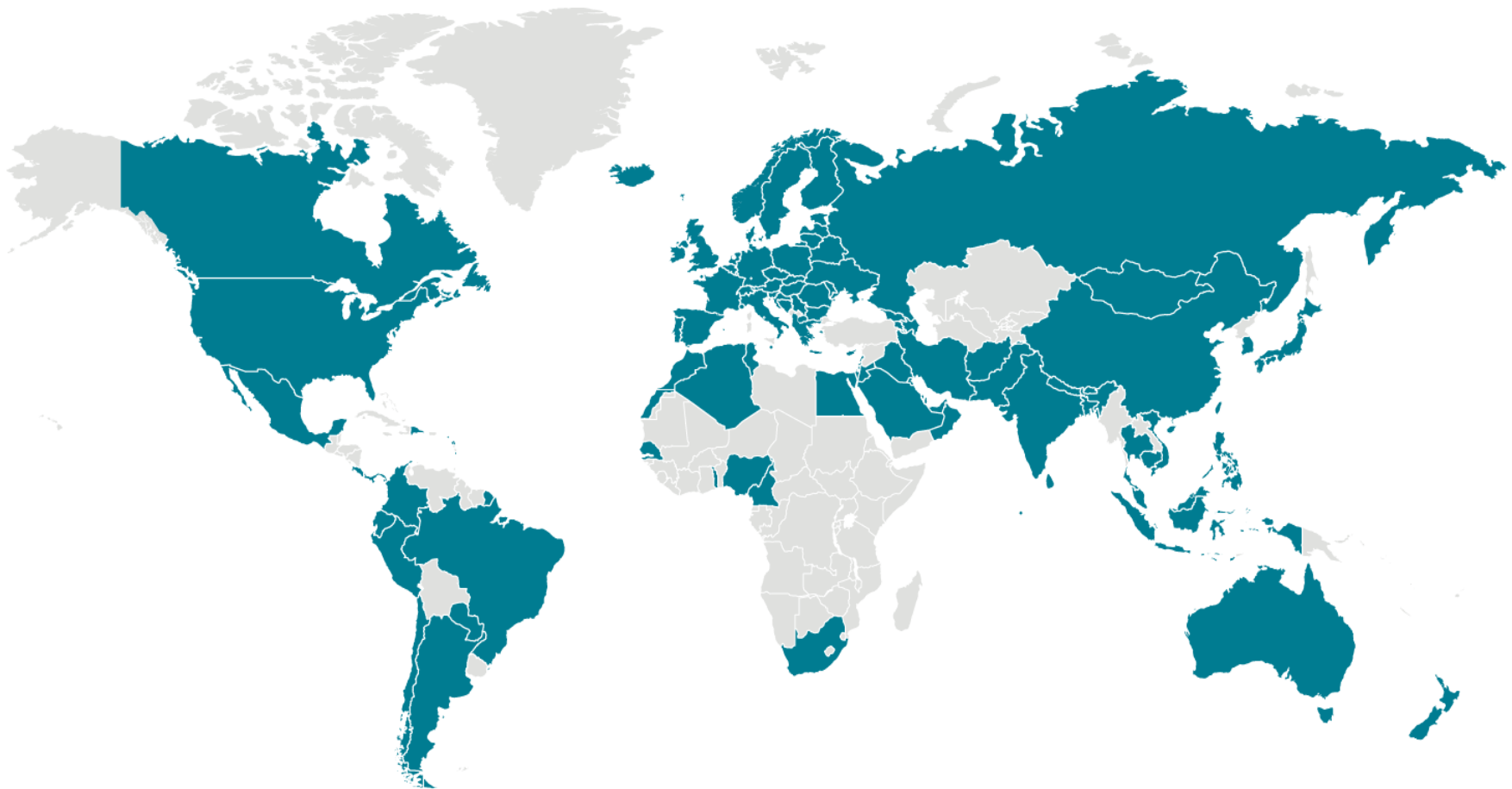
- Respiratory symptoms, fever, cough, breathing difficulties, aches, pains.
- In severe cases (~20%), infection can cause pneumonia, respiratory issues, kidney failure and death.

## Vaccines, Tests & Treatment:

- No vaccines, rapid tests, or proven treatments are available.

# COVID-19 Global Distribution

**Total Confirmed Deaths >: 4,300 = Mortality Rate 3-4%**  
**Total Confirmed Cases: > 119,500**





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



**Organized Responses** | Engage in containment, active surveillance, early detection, isolation & contact tracing

**Data Sharing** | Share data with WHO via IHR legal requirements

**Prevention** | Focus on reducing human infection/secondary transmission

**Communication** | Engage in multi-sectoral communication re: knowledge & research

**Restrict Movement** | Restricting movement of people/goods may be temporarily useful under limited response capacities or intense cases

**Travel** | Inform WHO about travel measures as required by the IHR

**Discrimination** | Avoid actions promoting stigma or discrimination

**Developing Countries** | Support LMICs to enable their responses & facilitate access to diagnostics, vaccines & therapeutics

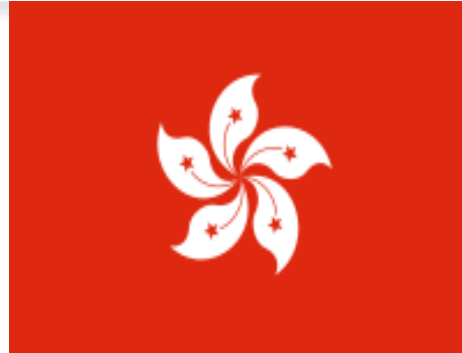
**Justification** | Justify health measures significantly interfering with international traffic

# Select International Emergency Declarations



**Jan. 24**

19 Chinese provinces -  
highest level of public  
health emergency



**Jan. 25**

Hong Kong State of  
Emergency



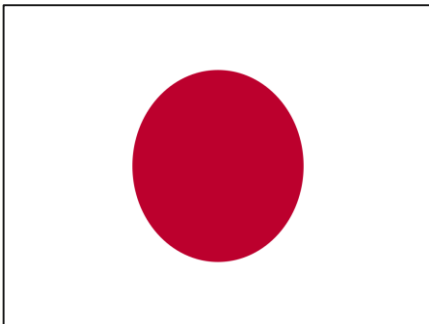
**Jan. 31**

Italy State of  
Emergency



**Feb. 10**

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



**Mar. 7**

Philippines State of  
Emergency

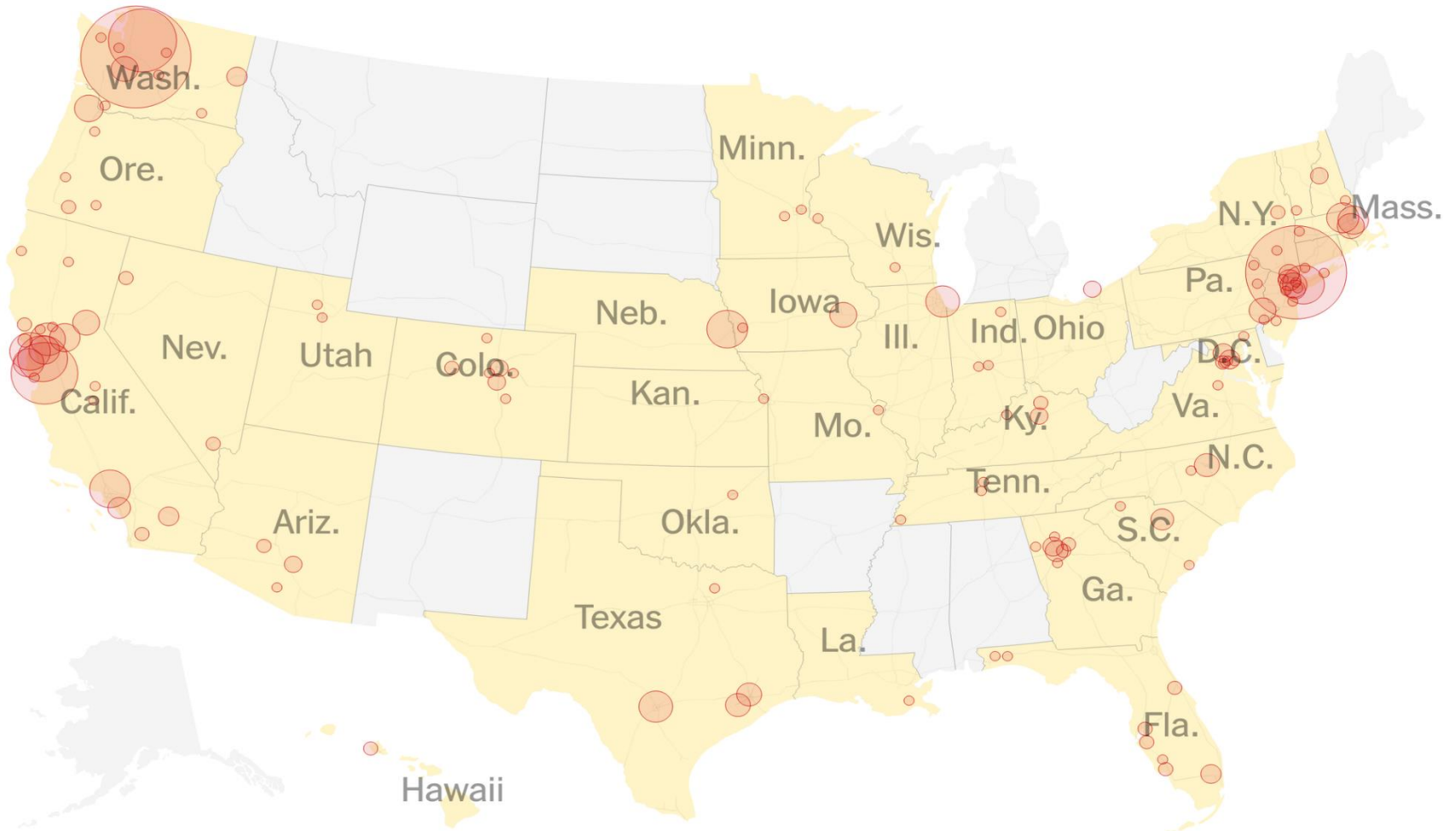


## U.S. Legal Preparedness & Response Efforts



Total Confirmed Cases > **1039**

Total Deaths > **26**



Source: [NYT](#)

**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:** *Forms Coronavirus Task Force.*

**Feb. 4:** *“My administration will take all necessary steps to safeguard our citizens from this threat.”*

**Feb. 26:** *Appoints Vice President Mike Pence to lead national COVID-19 response efforts.*

**Mar. 11:** *“I am fully prepared to use the full power of the Federal Government to deal with our current challenge of the CoronaVirus!”*



**President Donald Trump**



**Vice President Mike Pence**

# Select Congressional Responses

3/4

House introduces “Coronavirus Preparedness and Response Supplemental Appropriations Act”



3/4

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

2/13

Senators urge HHS to establish guidelines for how state & local governments are reimbursed for expenses

2/6

Senators ask FDA if it can guarantee “safety and supply of pharmaceuticals, food and medical supplies . . . from China”

2/6

Senators request info. on VA health care facilities’ prevention & response efforts



# Federal Agency Coordination







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. . . .”

[2/12/20](#)

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 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.



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

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**Emergency Use Authorization  
of Medical Products and  
Related Authorities**

Guidance for Industry and Other Stakeholders

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

**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.**



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.**’”

VIEWPOINT

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

[Click on image to access article](#)

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

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James G. Hodge Jr, JD,  
LLM  
Center for Public  
Health Law and Policy,  
Sandra Day O'Connor  
College of Law, Arizona  
State University,  
Phoenix.

**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.<sup>1</sup> 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-to-human transmission of COVID-19 has been docu-

eral 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."<sup>4</sup>

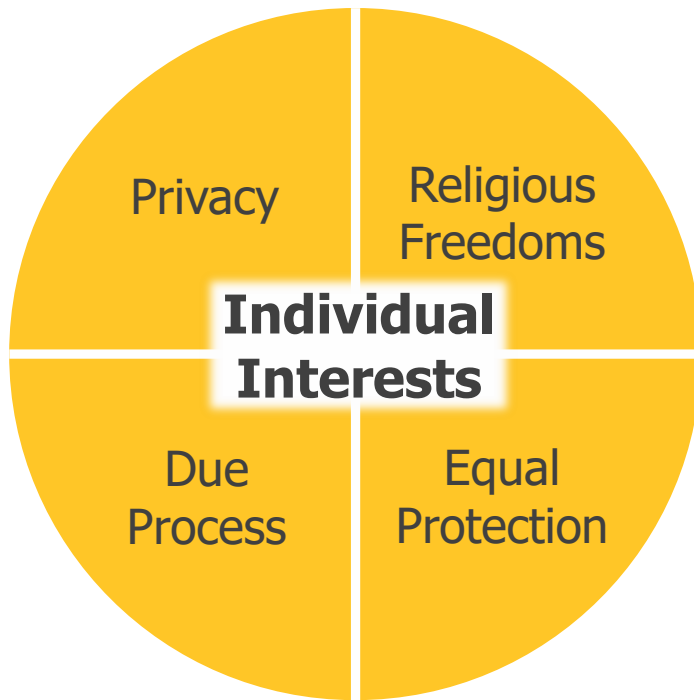
Travel Warnings and Recall of Nonessential Personnel  
Immediately following the emergency declaration of the HHS, federal agencies implemented travel warnings, entry bans, and border protections. On January 31, the State Department issued its strongest warning ("do not travel") applying to mainland China.<sup>5</sup> Additional warnings may take effect with "little or no advance notice."<sup>5</sup> 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



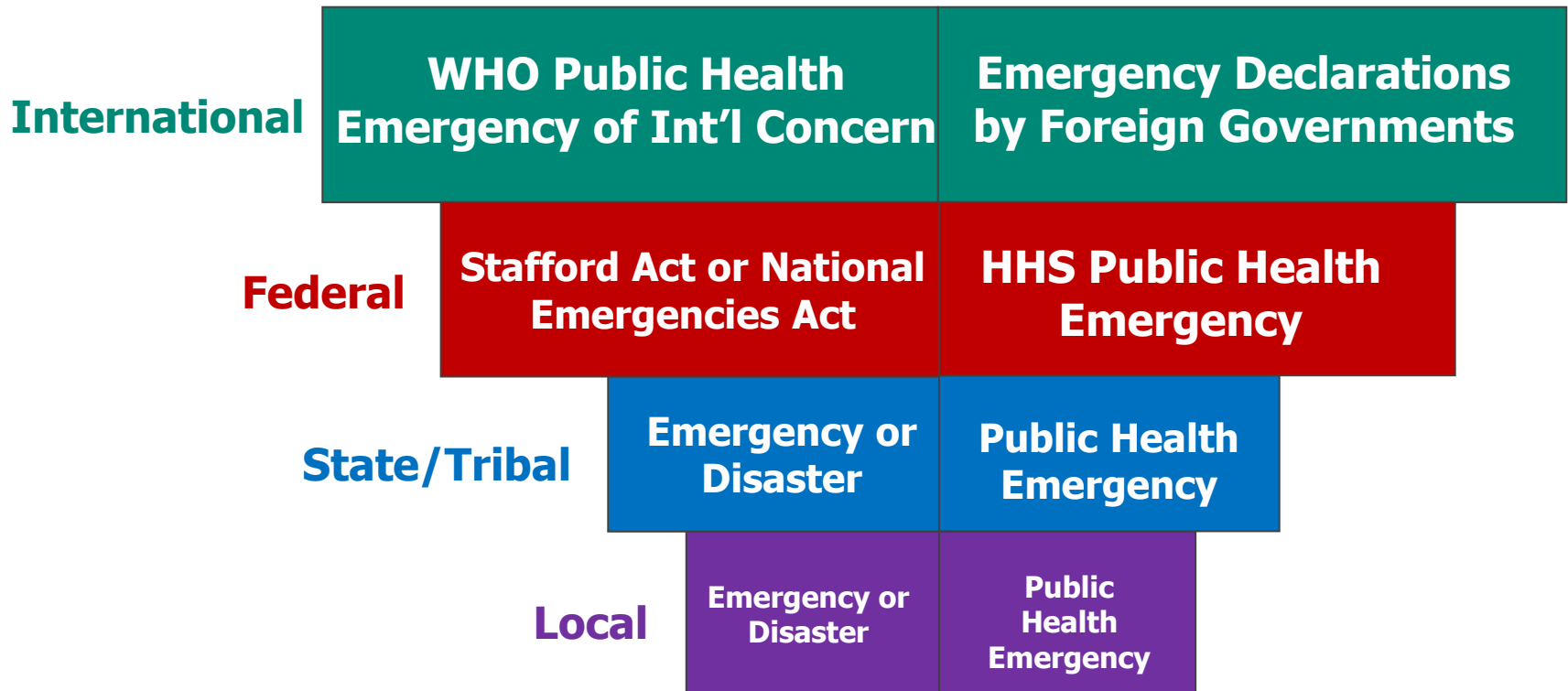
**Emergency Preparedness and Response**

# Constitutionality of Selected, Potential COVID Emergency Responses

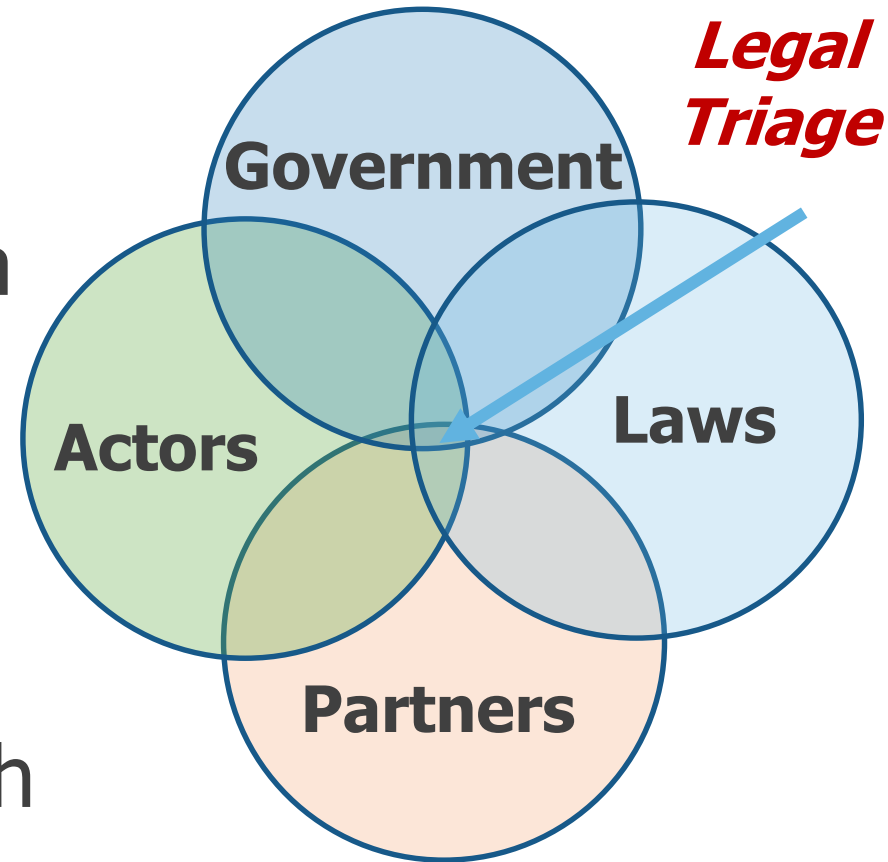
Constitutional	Unconstitutional
Quarantine of individuals or groups suspected or known to be exposed to COVID	“Cordon sanitaire” or lockdown of groups or communities within or outside “hot zones”
Isolation of individuals who are known to be infected with COVID	Separation of persons based on mere suspicion of COVID infection without real-time confirmation
Travel recommendations to avoid specific U.S. jurisdictions based on known risks of infection	State or local travel bans or border closures that directly inhibit ingress or egress of U.S. citizens
Real-time medical triage decisions based on government recommendations grounded in epidemiologic and medical science	Real-time medical triage decisions based on specious grounds (e.g., race, ethnicity, religious affiliation, ability to pay)
Limited waivers of federal, state, or local statutory or regulatory laws impeding effective public health responses	Complete waiver of constitutionally-required due process, equal protection, or other rights
Reasonable testing or screening measures designed to mitigate exposure of others to COVID	Forced invasive testing of autonomous adults without a warrant based on probable cause
Accurate, real-time sharing of identifiable patient health information between medical & public health authorities for surveillance purposes	Mass publication of identifiable patient health information absent compelling circumstances
Government acquisition of critical resources or property from private entities sector with reimbursement	Government “taking” of private sector property or resources without “just compensation.”

# Multi-level Emergencies

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



***Legal Triage***: efforts of legal actors & others during declared emergencies to build a favorable legal environment by prioritizing issues & solutions facilitating legitimate public health responses





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

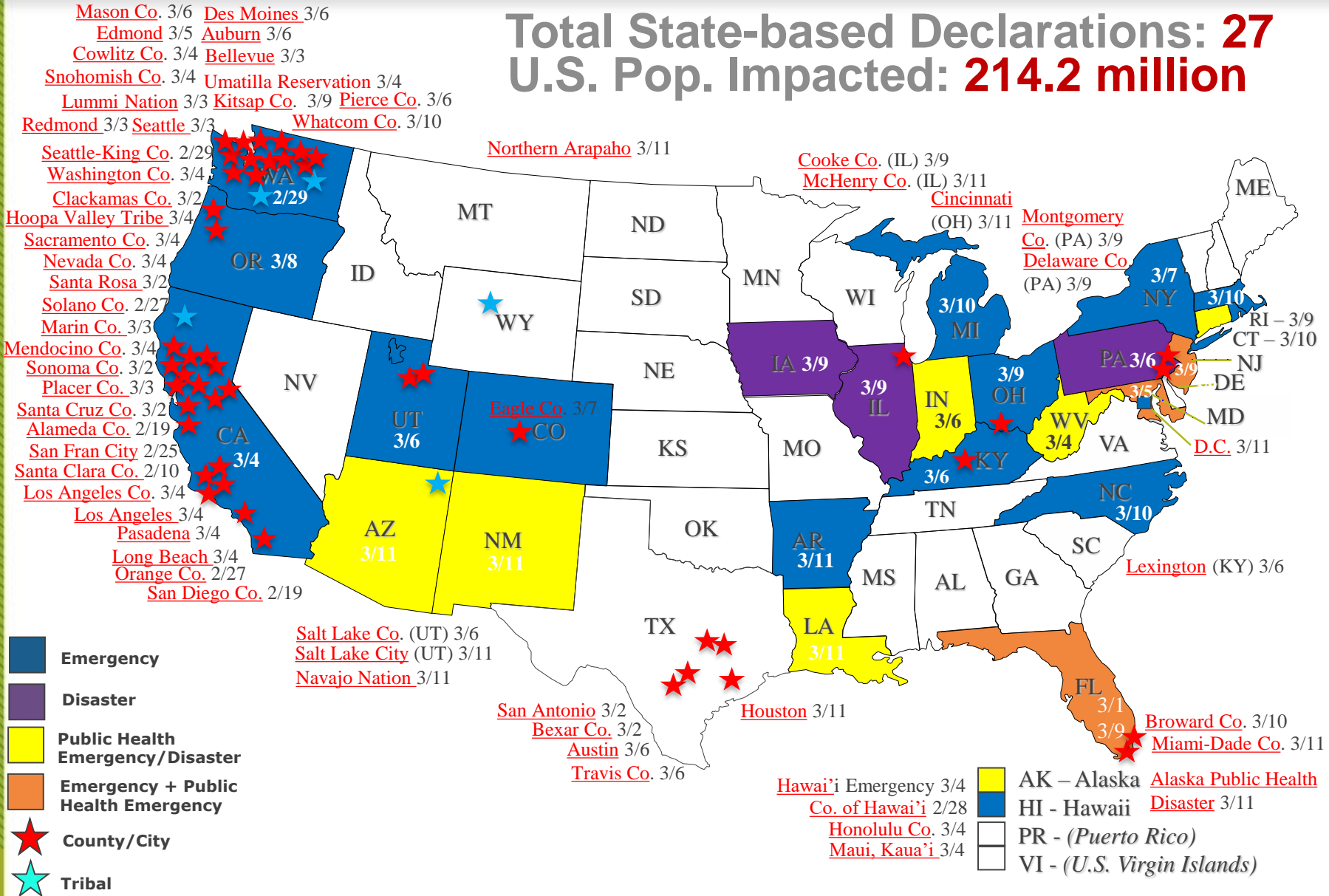


- Frees up federal resources
- Encourages interjurisdictional coordination
- Allows waivers of specific federal laws
- Authorizes real-time countermeasures through emergency use authorizations
- Supports social distancing measures (e.g., travel or border limits, quarantine)



# COVID State and Select Tribal/Local Declarations of Emergency

Total State-based Declarations: **27**  
U.S. Pop. Impacted: **214.2 million**



# Select State COVID Emergency Powers

**Note:** this table tracks select, express authorities referenced via state emergency declarations ([link](#) on each state acronym for access). *Additional emergency powers may be authorized under state law through which the declarations are issued.*

Emergency Powers	<a href="#">A</a>	<a href="#">A</a>	<a href="#">A</a>	<a href="#">C</a>	<a href="#">C</a>	<a href="#">C</a>	<a href="#">F</a>	<a href="#">H</a>	<a href="#">I</a>	<a href="#">I</a>	<a href="#">I</a>	<a href="#">K</a>	<a href="#">L</a>	<a href="#">M</a>	<a href="#">M</a>	<a href="#">M</a>	<a href="#">N</a>	<a href="#">N</a>	<a href="#">N</a>	<a href="#">N</a>	<a href="#">O</a>	<a href="#">O</a>	<a href="#">P</a>	<a href="#">R</a>	<a href="#">U</a>	<a href="#">W</a>	<a href="#">W</a>
	<a href="#">K</a>	<a href="#">Z</a>	<a href="#">R</a>	<a href="#">A</a>	<a href="#">O</a>	<a href="#">T</a>	<a href="#">L</a>	<a href="#">I</a>	<a href="#">L</a>	<a href="#">N</a>	<a href="#">A</a>	<a href="#">Y</a>	<a href="#">A</a>	<a href="#">D</a>	<a href="#">A</a>	<a href="#">I</a>	<a href="#">J</a>	<a href="#">M</a>	<a href="#">Y</a>	<a href="#">C</a>	<a href="#">H</a>	<a href="#">R</a>	<a href="#">A</a>	<a href="#">I</a>	<a href="#">T</a>	<a href="#">A</a>	<a href="#">V</a>
Altered Contracts & Procurements																											
Emergency Plans/ICS																											
Real-time Funding & Resource Allocation																											
Intrastate Coordination																											
Isolation & Quarantine																											
Licensure Reciprocity																											
Price Controls re: Gouging																											
Surveillance & Reporting																											
Testing   Screening   Treatment																											
Travel Restrictions																											
Waivers & Suspensions																											



**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.***

# Select Local Emergency Authorizations

Locality	Date	Select Authorizations
<u>Clackamas County</u> (OR) Emergency	3/2/20	<ul style="list-style-type: none"> <li>Establish emergency policies and protocols</li> <li>Recoup financial costs and redirect funds</li> <li>“Order such other measures as . . . immediately necessary for the protection of life and/or property.”</li> </ul>
<u>County of Hawai'i</u> (HI) Emergency	2/28/20	<ul style="list-style-type: none"> <li>Sponsor and enter into mutual aid programs</li> <li>Receive, expend &amp; use contributions or grants; procure federal aid</li> <li>Relieve and suspend hardships and inequities or obstructions to public health, safety or welfare</li> </ul>
<u>Solano County</u> (CA) Emergency	2/27/20	<ul style="list-style-type: none"> <li>Department Operations Center to bolster identification &amp; screening</li> <li>Collaboration with local, state, and federal agencies to implement containment efforts</li> </ul>
<u>Orange County</u> (CA) Emergency	2/27/20	<ul style="list-style-type: none"> <li>Reimbursements from county, state &amp; federal partners if resources are exhausted</li> <li>Agency coordination &amp; resource leveraging</li> </ul>
<u>San Francisco City</u> (CA) Emergency	2/25/20	<ul style="list-style-type: none"> <li>Mobilization of city resources &amp; acceleration of emergency plans</li> <li>Streamlining staffing and coordination agencies city-wide</li> </ul>
<u>San Diego County</u> (CA) Health Emergency	2/19/20	<ul style="list-style-type: none"> <li>Reimbursement from state &amp; federal governments</li> <li>Increasing resources such as beds at local hospitals</li> </ul>
<u>Santa Clara County</u> (CA) Emergency	2/10/20	<ul style="list-style-type: none"> <li>Leveraging state funds and mutual aid resources</li> <li>Increasing resources such as protective gear and training for healthcare workers</li> </ul>





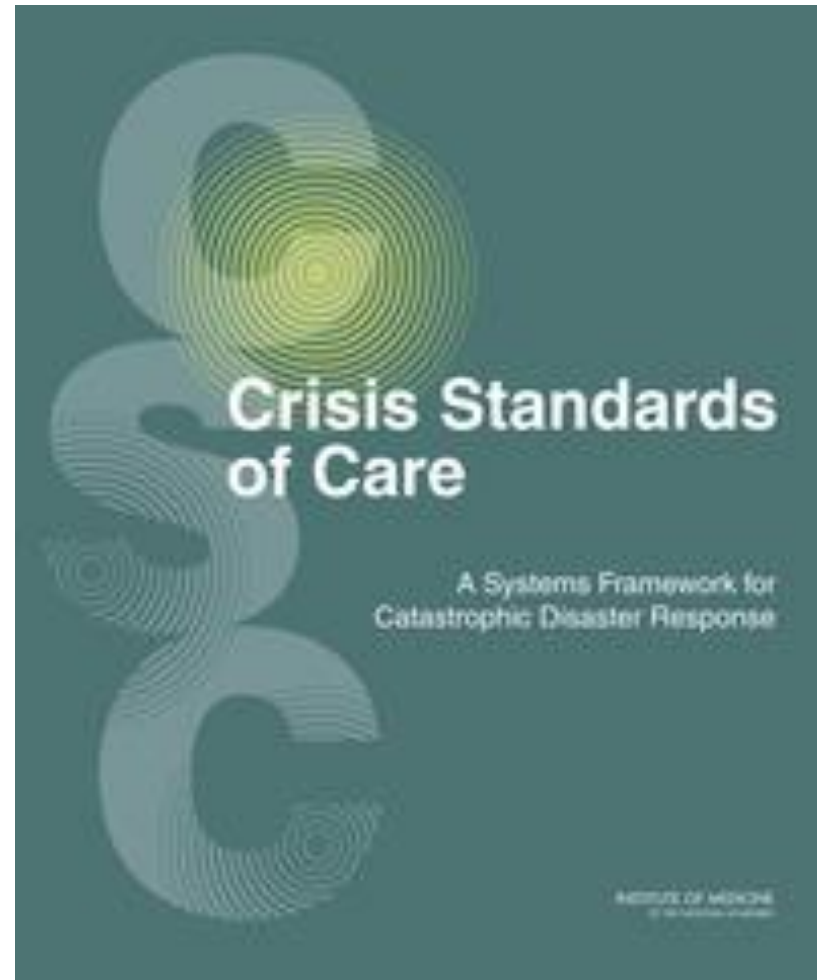
## Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19)

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

[Click on article image to access](#)

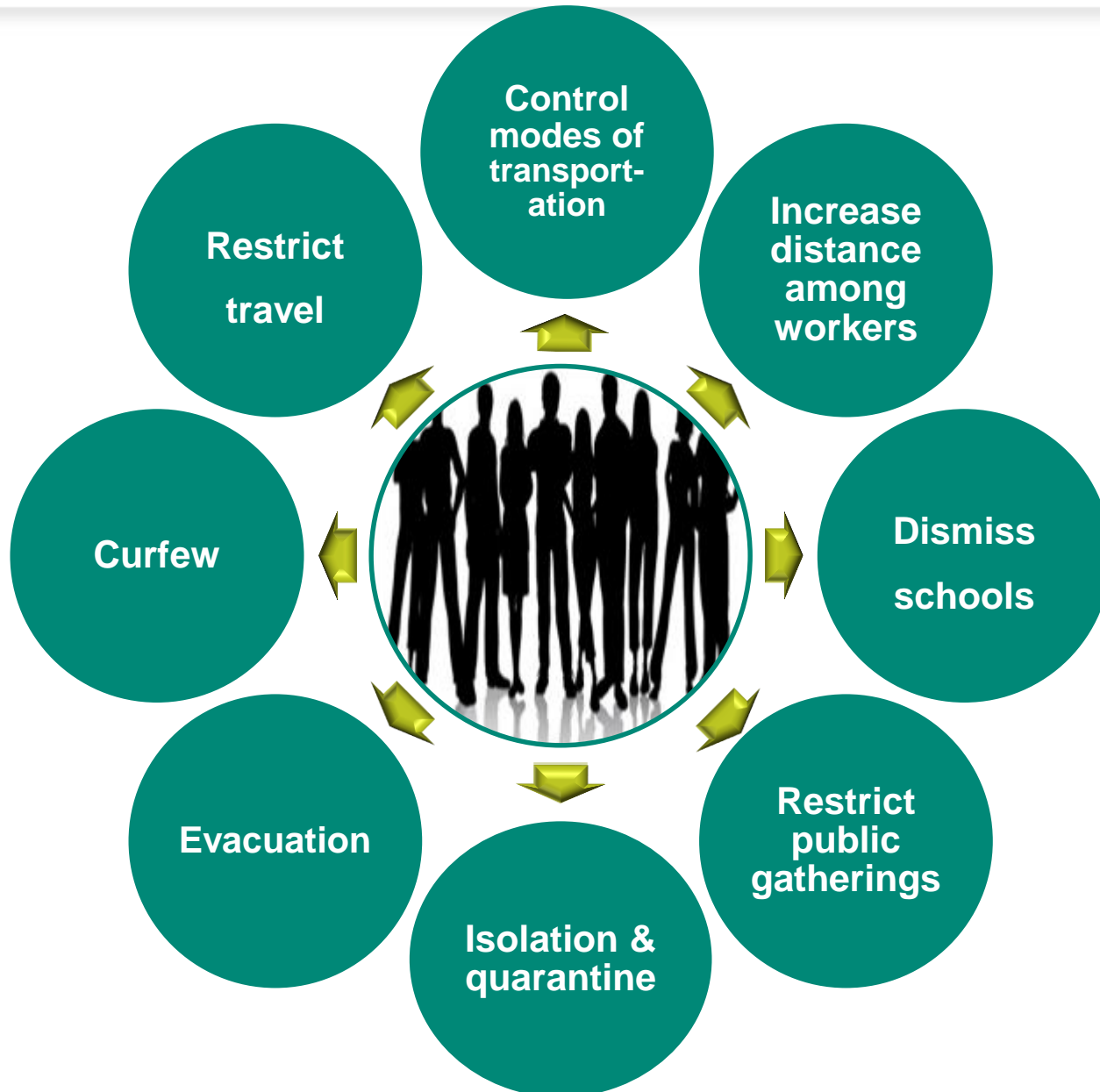
*James G. Hodge, Jr., Dan Hanfling, and Tia P. Powell*

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.





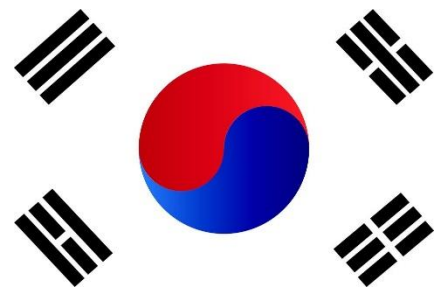
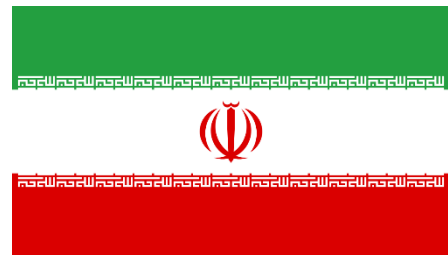
# Social Distancing Measures



**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.

**Feb. 29**: Administration bans foreign national travel for those who have been in Iran, as well as travel warnings re: Italy, Japan & South Korea.

**Mar. 11**: President Trump institutes 30 day comprehensive travel ban for non-American arriving from EU countries (not including the U.K.)





**March 8:** Dr. Fauci intimates the possibility for regional lockdowns and recommends those at greatest risk (e.g., elderly, persons with chronic conditions) abstain from travel.

## Select, constitutional implications of potential “lockdowns:”

- Sweeping limits on constitutional rights to travel face strict scrutiny to survive;
- State border closures (even in emergencies) subject to federal acquiescence;
- Municipal efforts to close borders subject to state interventions and overrides;
- “Cordon sanitaire” infringes substantive due process and equal protection rights that have negated prior attempts to lock down areas;
- Emergency powers allow for temporary closures, assembly limits, and evacuations, but lockdowns actually place many persons at greater risk of harm
- Less restrictive alternatives include:
  - Strong incentives or messaging to avoid travel;
  - Mass closures of schools and public places;
  - Private entity decisions to temporarily close;
  - Screening of persons arriving or departing from public places; and
  - Mass quarantine or isolation measures.
- For additional insights, see the [Health Affairs blog](#) (3/10) by Lawrence O. Gostin



# Select Closures & Cancellations



**3/3:** Young Israel of New Rochelle Synagogue (NY) closes



**3/5:** Amazon staff working from home (WA)



**3/6:** University of Washington suspends in-person class meetings



**3/4:** Ultra Music Festival (Miami) cancelled



**3/5:** Division III NCAA games cancelled/crowds banned



**3/9:** Boston's St. Patrick's Day Parade cancelled

# Primary School Closures

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

**Mar. 4:** Northshore School District outside of Seattle announces plans to close for 2 weeks; multiple other districts close as well

**Mar. 10:** NY Gov. Cuomo announces 2 week school closure in entire NYC district.

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

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James G. Hodge, Jr. [Click here 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 [link](#) 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.



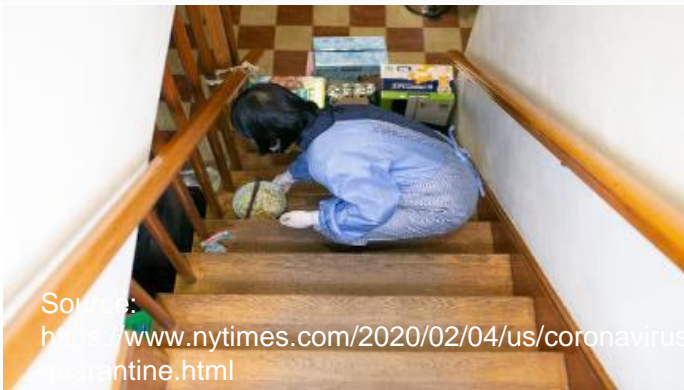
**Feb. 17**: CDC quarantines 2 flights of over 300 Americans returning from the Diamond Princess cruise ship (in Yokohama, Japan) at Travis and Lackland Airforce Bases.

**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.

**Feb. 23**: President Trump blocks plans to quarantine persons at federal facility in Anniston County AL, amid litigation.



# 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. 11**: GA state health officials require nearly 200 Georgians to self-monitor at home for 2 weeks.

**Feb. 19**: 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.

**Mar. 4**: According to the CA Dept. of Health, more than 9,400 Californians have been asked to self-quarantine.



Source: <https://www.ocregister.com/2020/02/22/why-here-costa-mesa-oc-officials-question-feds-plan-for-coronavirus-quarantine-site/>



Source: <https://www.expressnews.com/news/local/article/San-Antonio-to-feds-Keep-coronavirus-evacuees-in-15098761.php?/>

**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 their plans and case is dismissed.

**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.

# Current & Prospective Civil Liability Claims

- **Negligence/Malpractice**
- **Intentional Torts**
- **Privacy Infringements**
- **Discrimination**
- **Breach of Contract**
- **Worker's Compensation**
- **Price Gouging**
- **Cruise Lines**

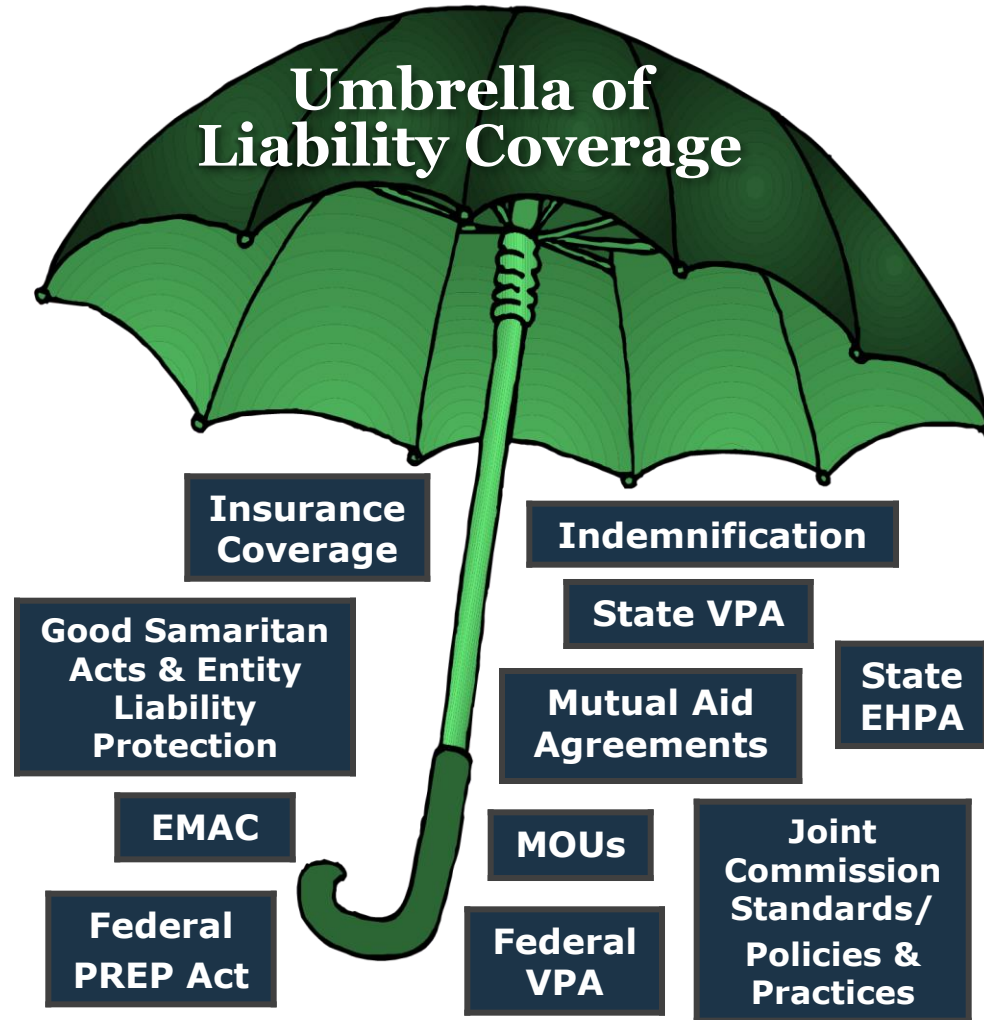




# Emergency Liability Protections - Health Practitioners & Entities



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



# Screening & Testing: Transportation Hubs



## 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.

Research reports and summaries produced by the Airport 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.

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.



## Legal Research Digest 50

### PUBLIC TRANSIT EMERGENCY PREPAREDNESS AGAINST EBOLA AND OTHER INFECTIOUS DISEASES: LEGAL ISSUES

This report was prepared under TCRP Project J-05, "Legal Aspects of Transit and Intermodal Transportation Programs," for which the Transportation Research Board is the agency coordinating the research. The report was prepared under Topic 16-03 by Trudy C. Henson and Megan Timmons, University of Maryland Center for Health and Homeland Security; James B. McDaniel, TRB Counsel for Legal Research Projects, was the principal investigator and content editor.

#### The Problem and Its Solution

The nation's 6,000 plus transit agencies need to have access to a program that can provide authoritatively researched, specific, limited-scope studies of legal issues and problems having national significance and application to their business. Some transit programs involve legal problems and issues that are not shared with other modes; as, for example, compliance with transit equipment and operations guidelines, FTA financing initiatives, private-sector programs, and labor or environmental standards relating to transit operations. Also, much of the information that is needed by transit attorneys to address legal concerns is scattered and fragmented. Consequently, it would be helpful to the transit lawyer to have well-resourced and well-documented reports on specific legal topics available to the transit legal community.

The *Legal Research Digests* (LRDs) are developed to assist transit attorneys in dealing with the myriad of initiatives and problems associated with transit start-up and operations, as well as with day-to-day legal work. The LRDs address such issues as eminent domain, civil rights, constitutional rights, contracting, environmental concerns, labor, procurement, risk management, security, tort liability, and zoning. The transit legal research, when conducted through the TRB's legal studies process, either collects primary data that generally are not available elsewhere or performs analysis of existing literature.

#### Foreword

As a result of the 2014 outbreak of Ebola, federal and state authorities in the United States have implemented

of the disease. Transit and other public agencies have developed emergency advance measures and directives to employ for immediate containment.

This research examines responses to infectious disease epidemics and identifies legal issues that may be confronted by transit agencies. Such responses include but are not limited to closures of public facilities, businesses, and other major traffic generators; checkpoints for screening; quarantine zones; compulsory leave for possibly infected employees; refusals of employees to come to work; prescreening of passengers; and full or partial suspension of service. The study evaluates privacy and civil rights of patrons and employees, as well as liability issues.

The digest considers federal and state laws and available court decisions affecting transit agencies' responses to infectious disease outbreaks, including potential cohesiveness among transit agencies' procedures and federal and state guidance.

The digest examines the legal basis for the protocols that public transit agencies and other transportation providers such as airlines have planned or implemented to respond to epidemics and pandemics. It reviews pertinent information from leading agencies and organizations such as the Centers for Disease Control, Department of Homeland Security, and the World Health Organization to ascertain what procedures transit agencies should have in place before and during an epidemic.

The digest built upon the 2014 *NCHRP Report 769: A Guide for Public Transportation Pandemic Planning and Response*. The digest should be useful to public transit administrators and other personnel, government and private attorneys, students, professors, and research-



**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
- Options – voluntary, mandatory, compelled





**Ohio**

**Department  
of Health**

**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.”**



February 2020

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

BULLETIN: HIPAA Privacy and Novel Coronavirus

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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](mailto:dchrysler@networkforphl.org)**

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[Liability of Health Care Workers and Entities](#)

[Hospital Emergency Legal Preparedness](#)

[State and Local Preparedness](#)

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[Model Emergency Laws](#)

[Emerging Threats Preparedness and Response](#)

[Crisis Standards of Care](#)

[Public Health Emergency Ethics](#)

Access these Network materials by linking [here](#)

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- **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**