

COVID-19 Emergency Legal Preparedness Primer

As of March 17, 2020

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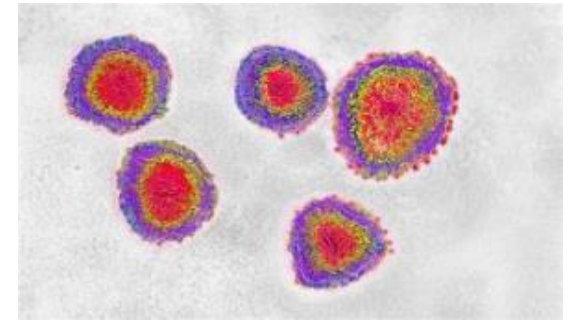
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- **Provide real-time information & objective guidance (*not legal advice*) on emerging issues of law and policy**
- **Serve as a quick briefing on core legal preparedness and response issues**
- **Connect users to available documents and materials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

Epi “Snapshot” – COVID-19



International Response Efforts

U.S. Legal Preparedness/Response

Federal | State | Tribal | Local

Additional Resources

Questions & Comments



Transmission:

- 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 & Treatment:

- No vaccines or proven treatments are available.

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



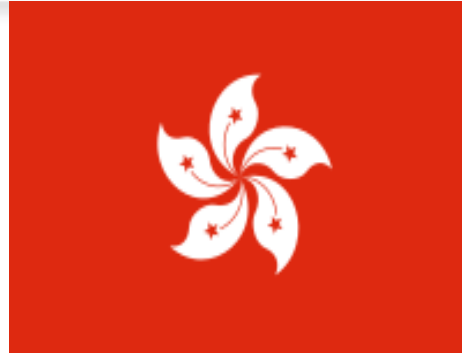
Guidance	Objectives
Organized Responses	Engage in containment, active surveillance, early detection, isolation & contact tracing
Data Sharing	Share data with WHO via IHR legal requirements
Prevention	Focus on reducing human infection/ secondary transmission
Communication	Engage in multi-sectoral communication 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



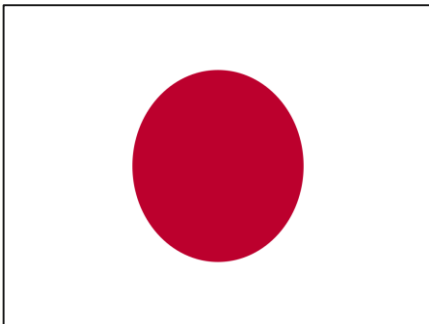
Jan. 31

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

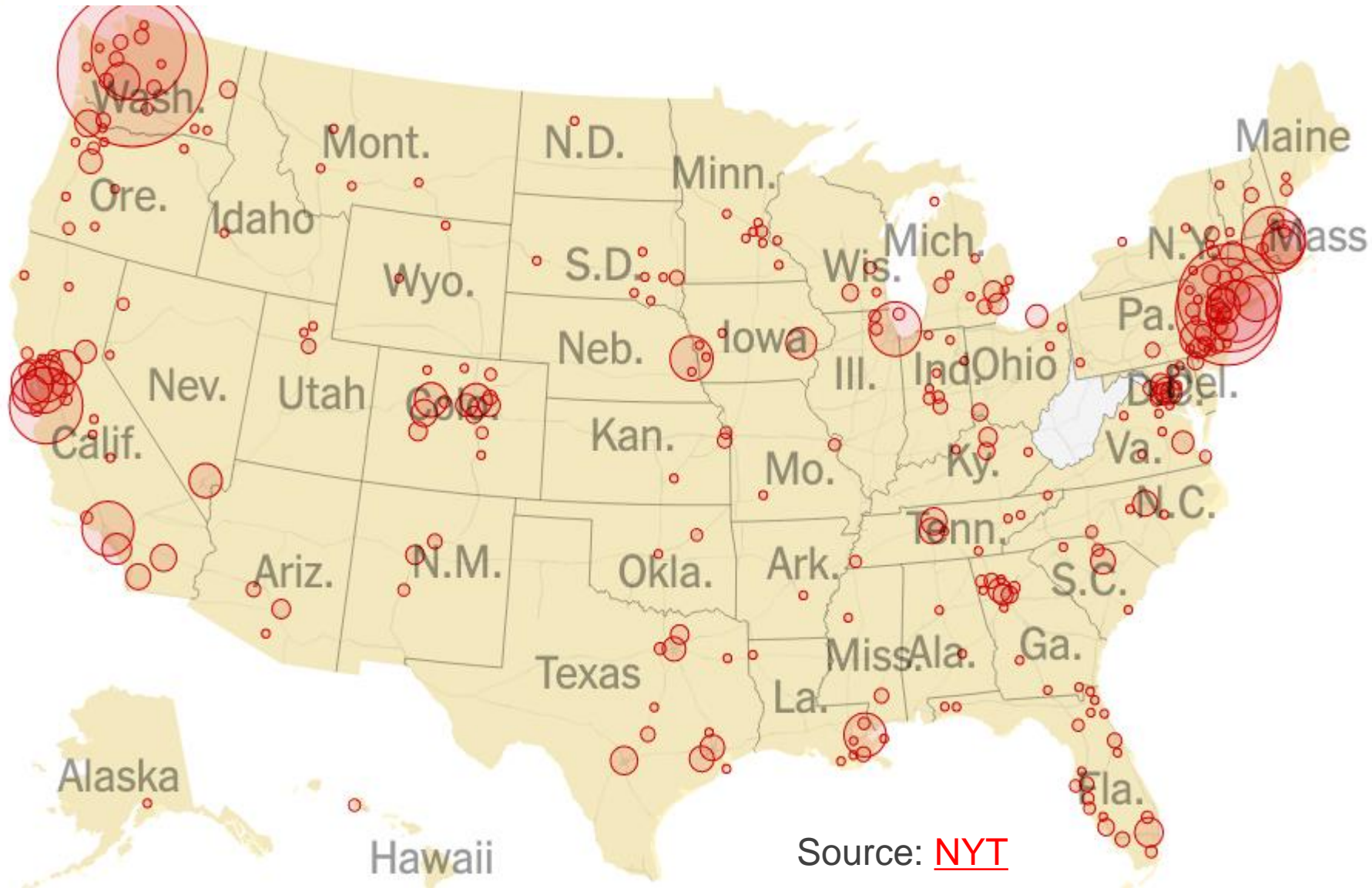
U.S. Legal Preparedness & Response Efforts



US Cases of COVID-19

Total Confirmed Cases > **3600**

Total Deaths > **61**



Source: [NYT](#)

U.S. COVID Projections

According to early CDC modeling projections, “[b]etween **160 million** and **214 million** people in the United States could be infected over the course of the epidemic . . . [t]hat could last months or even over a year, . . . As many as **200,000** to **1.7 million** people could die.”

[New York Times, March 13, 2020](#)

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

3/14

**Families First
Coronavirus
Response Act**
provides paid
sick/quarantine
time & other
benefits



3/4

House
introduces
“Coronavirus
Preparedness
and Response
Supplemental
Appropriations
Act”

3/4

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
expenses

2/6

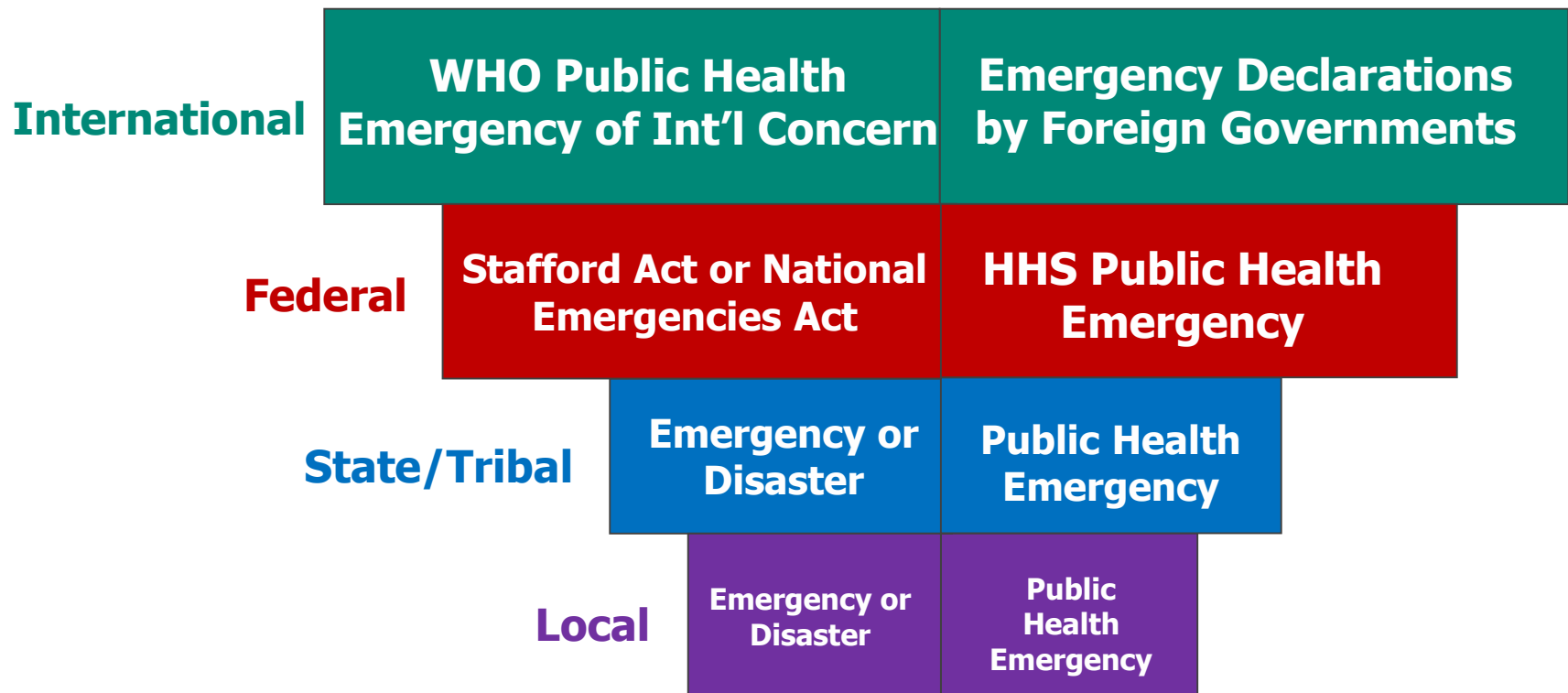
Senators request
info. on VA
health care
facilities’
prevention &
response efforts

Federal Agency Coordination



Multi-level Emergencies

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





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)



FEMA

Mar. 13: President Trump declares dual emergencies via the National Emergencies Act and § 501(b) of the Stafford Act authorizing:

- Access to FEMA's \$50+ billion Disaster Relief Fund and reimbursement for eligible emergency protective response measures.
- Waivers under SSA § 1135 of select Medicare, Medicaid, S-CHIP, HIPAA Privacy Rule
- Additional types of federal assistance to states & localities

Select State COVID Emergency Powers

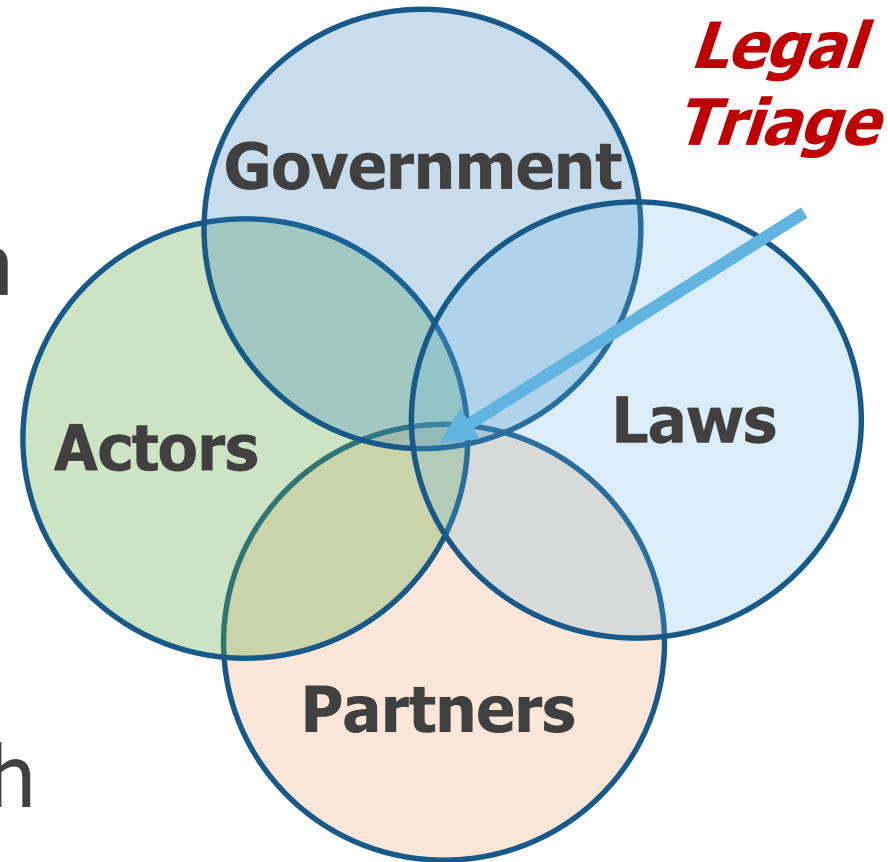
Note: this table tracks select, express authorities referenced via state emergency declarations ([link](#) on each state acronym for access). *Additional emergency powers may be authorized under state law through which the declarations are issued.*

Emergency Powers	A	A	A	C	C	C	D	F	H	I	I	I	K	L	M	M	M	M	N	N	N	N	O	O	P	R	T	V	U	W	W	W			
	K	Z	R	A	O	T	E	L	I	L	N	A	Y	A	E	D	A	I	J	M	Y	C	H	R	A	I	N	A	T	A	V	I			
Altered Contracts Procurements		■		■					■	■				■	■				■	■	■	■	■		■	■		■							
Emergency Plans ICS	■			■	■			■		■		■	■	■		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Funding Resource Allocation	■	■							■	■	■	■	■	■		■	■	■	■	■	■	■	■	■	■				■	■	■	■			
Intrastate Coordination	■	■	■	■	■	■			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Isolation Quarantine		■	■		■	■		■						■							■														
Licensure Reciprocity	■			■					■											■	■	■					■								
Price Controls re: Gouging	■			■					■					■					■				■	■	■		■	■				■	■		
Surveillance Reporting	■			■				■															■												
Testing Screening Treatment	■				■									■			■		■	■	■	■	■	■			■								
Travel Restrictions			■	■		■		■						■					■				■	■											
Waivers Suspensions	■	■	■		■									■					■	■	■	■		■	■	■	■	■	■					■	

Select Local Emergency Authorizations

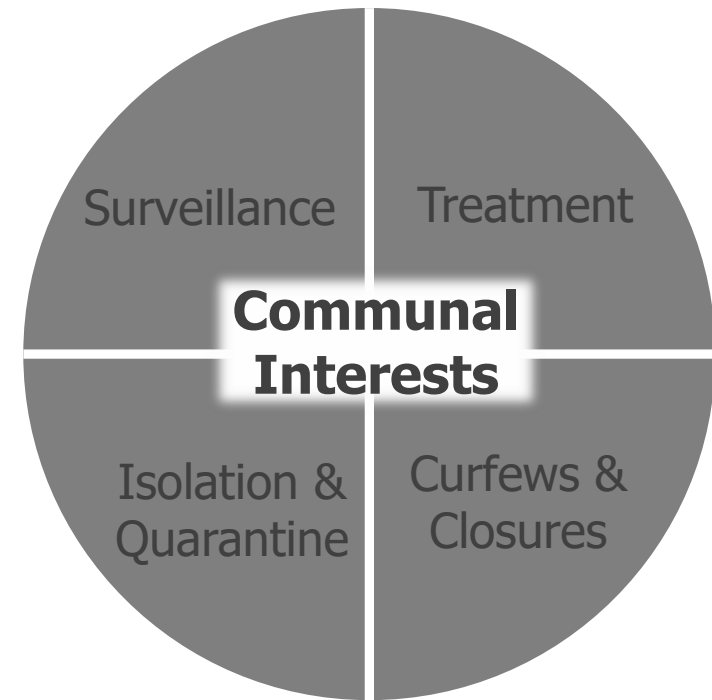
Locality	Date	Select Authorizations
<u>Clackamas County</u> (OR) Emergency	3/2/20	<ul style="list-style-type: none"> Establish emergency policies and protocols Recoup financial costs and redirect funds “Order such other measures as . . . immediately necessary for the protection of life and/or property.”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

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

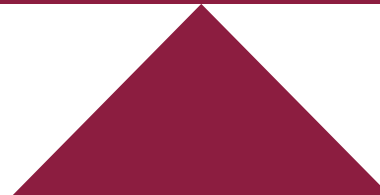


Balancing Individual & Communal Interests

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.”





Harris County
Public Health
Building a Healthy Community

[Click on image to access](#)



LINA HIDALGO

Harris County Public Guidance - March 12, 2020

These steps are recommended until March 31, 2020 or until otherwise noted.

Guidance for People at Higher Risk for Severe COVID-19 Illness

People at higher risk of severe illness should stay home and away from large groups of people as much as possible, including public places with lots of people and large gatherings where there will be close contact with others. Gatherings of seniors or other people at higher risk of severe illness should be canceled or postponed.

Those at higher risk include:

- People 60 and older.
- People with underlying health conditions (e.g. heart disease, lung disease, diabetes)
- People who have weakened immune systems.
- Pregnant women.

Caregivers of children with underlying health conditions should consult with healthcare providers about whether their children should stay home. Anyone who has questions about whether their condition puts them at increased risk for severe COVID-19 illness should consult with their healthcare provider. Those without a healthcare provider should contact Harris Health's Ask A Nurse line at: **713-634-1110**.



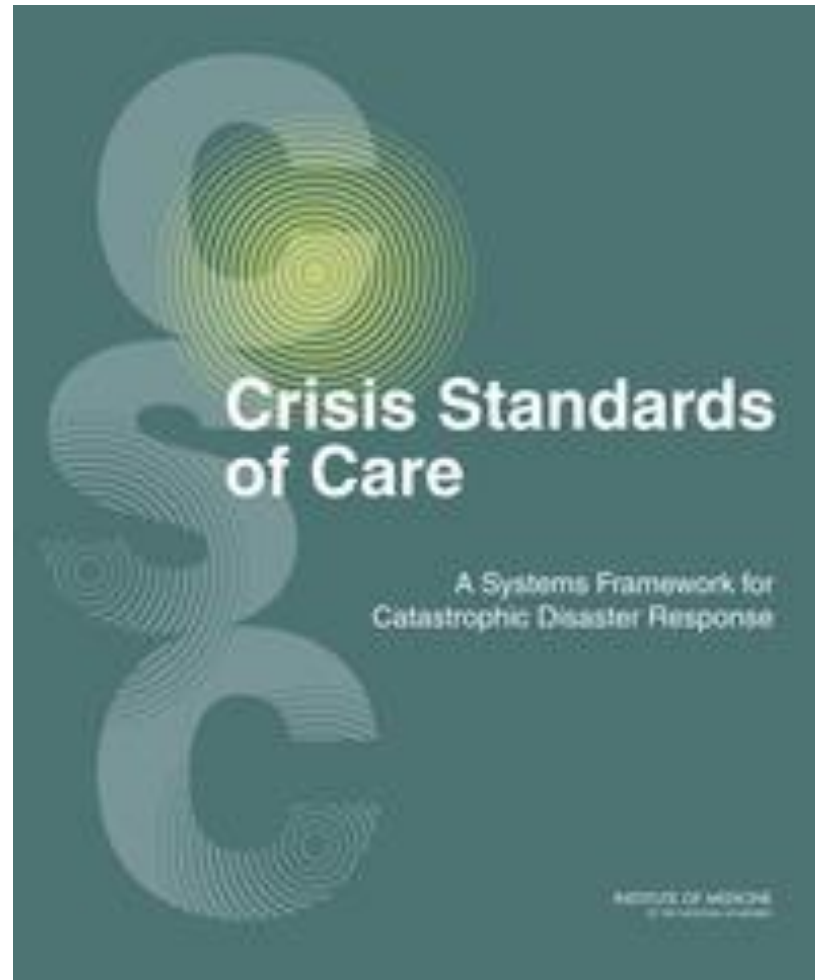
Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19)

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

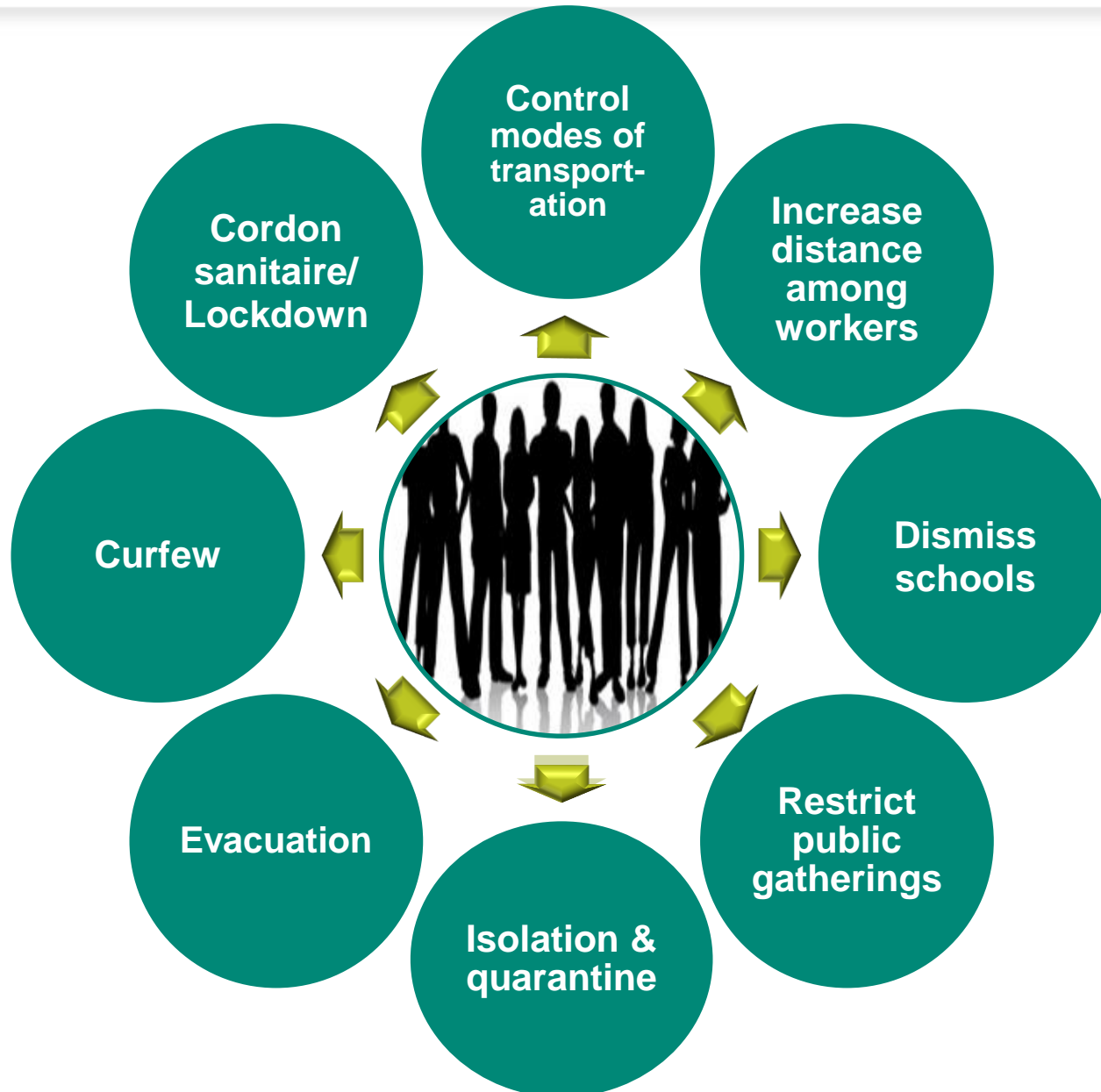
[Click on article image to access](#)

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-Americans arriving from EU, including the U.K. and Ireland



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



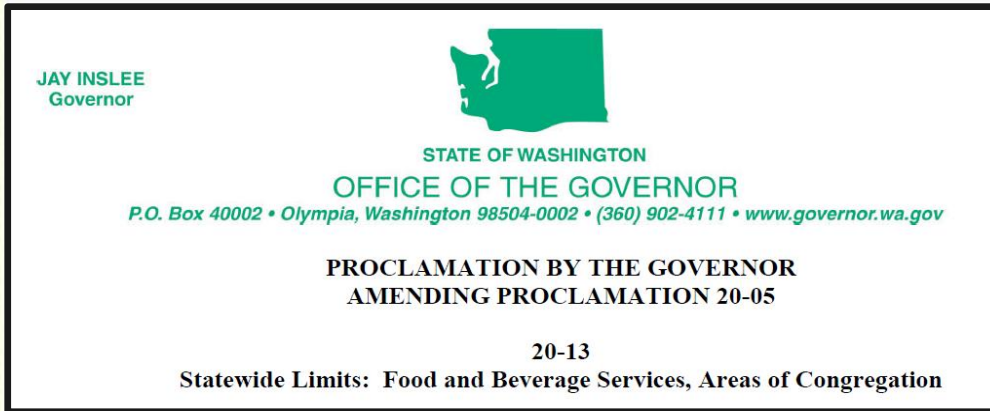
U.S. Domestic “Lock downs”

- Substantive due process and equal protection rights have negated prior attempts to seal off areas;
- State border closures highly limited (even in emergencies)
- Municipal border closures subject to state interventions
- Lock downs actually place persons at greater risk of harm
- Less restrictive alternatives include:
 - Strong incentives/messaging to avoid travel;
 - Closures of schools and public places;
 - Private entity decisions to temporarily close;
 - Screening of persons in public places; and
 - Quarantine or isolation measures.

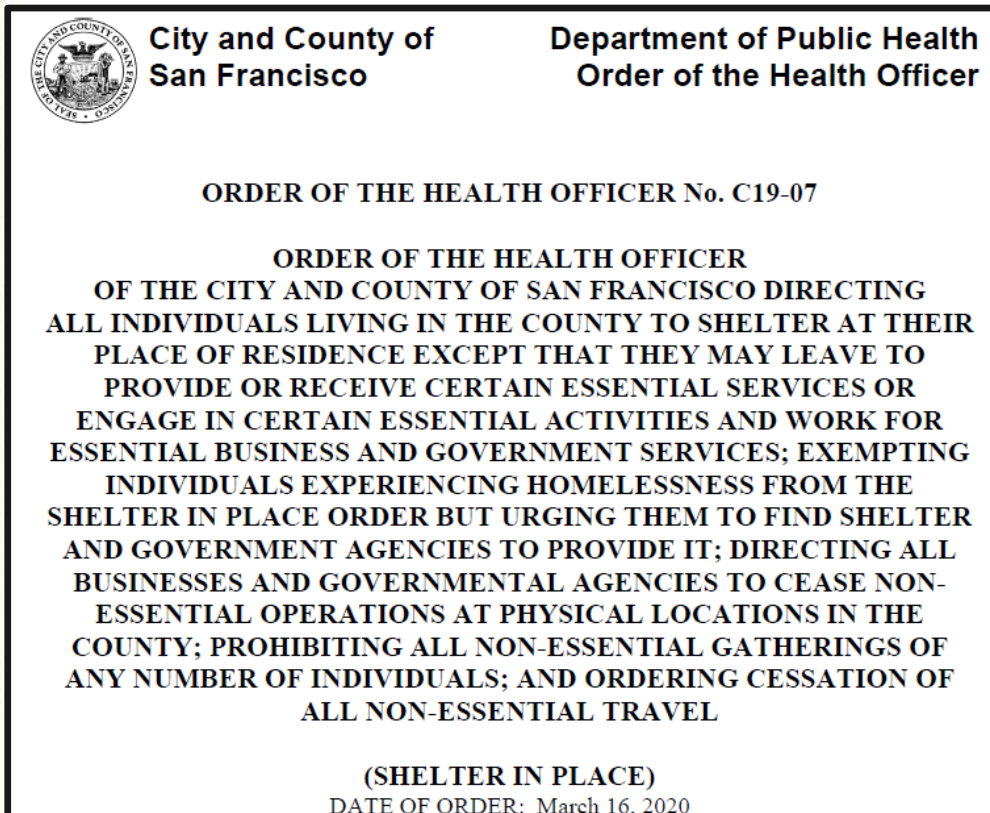
~~Virtual “Lock Down”~~

Public Health & Safety Zone

Click on images to access



Framed in terms of “sheltering in place” or other broad proclamations, state and local orders seek to limit travel and out-of-residence activities to minimal levels to control disease spread.



While several exceptions to the scope of these measures apply, they rely on broad interpretations of social distancing powers, likely subject to judicial challenge.

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

School Closures



Feb. 16: CDC issues initial guidance intimating school mitigation could include possible closures

Mar. 4: Northshore School District outside of Seattle announces plans to close for 2 weeks

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

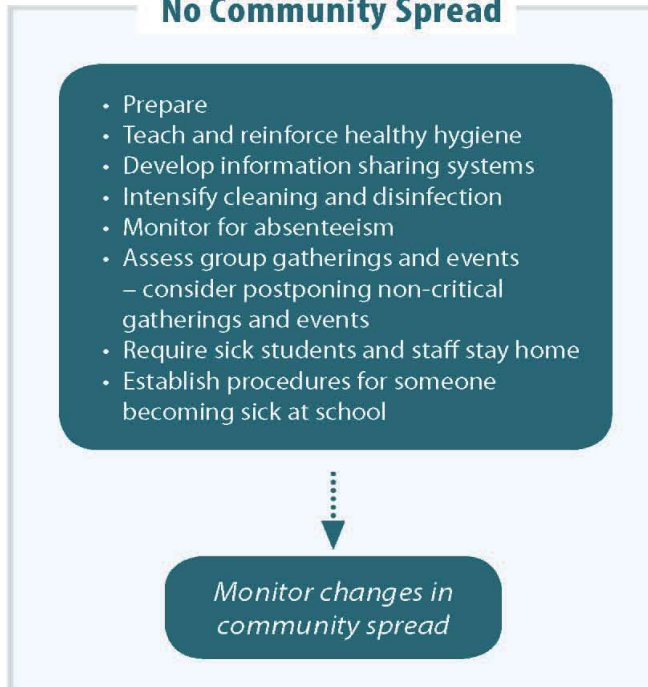
Mar. 13: Multiple states (e.g., OR, IL, MD, NM) determine to close schools for select periods of time

School Decision Tree

All Schools Regardless of Community Spread



No Community Spread



Minimal to Moderate OR Substantial Community Spread



Click on image to access

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

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**
- **Assessment criteria on the timing & appropriateness of school closure is largely absent**

County of Santa Clara Public Health Department

Health Officer
976 Lenzen Avenue, 2nd Floor
San José, CA 95126
408.792.3798



[Click on image to access](#)

**ORDER OF THE HEALTH OFFICER
OF THE COUNTY OF SANTA CLARA
IMPOSING A MANDATORY COUNTYWIDE MORATORIUM
ON GATHERINGS OF MORE THAN 100 PERSONS,
AND A CONDITIONAL COUNTYWIDE MORATORIUM
ON GATHERINGS OF BETWEEN 35 AND 100 PERSONS,
TO MITIGATE THE SPREAD OF COVID-19**

DATE OF ORDER: MARCH 13, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a crime punishable by fine, imprisonment, or both. (California Health and Safety Code § 120295; County Ordinance Code § A1-28.)

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, AND SANTA CLARA COUNTY ORDINANCE CODE SECTION A18-33, THE HEALTH OFFICER OF THE COUNTY OF SANTA CLARA (“HEALTH OFFICER”) ORDERS:

Center for American Progress

State and Local Governments Must Take Much More Aggressive Action Immediately To Slow Spread of the Coronavirus – March 14, 2020

- Ban all gatherings > 50 people
- For at-risk seniors or others, ban all gatherings > 10 people
- Places of worship cancel services > 25 people
- Ban all concerts, conferences, and sporting events
- Employers should require employees to work remotely where possible
- Anywhere with community spread (1 new infection of unknown source)
 - Close all schools, public colleges, gyms, bars, movie theaters, libraries, and community centers
 - Limit restaurants to ½ their legal capacity

Guidance as of 3/15/2020

Click on image to access

Large events and mass gatherings can contribute to the spread of COVID-19 in the United States via travelers who attend these events and introduce the virus to new communities. Examples of large events and mass gatherings include conferences, festivals, parades, concerts, sporting events, weddings, and other types of

CDC recommends for “the **next 8 weeks, organizers (whether groups or individuals) cancel or postpone in-person events that consist of **50 people** or more throughout the **United States.**”**

This recommendation does not apply to the day to day operation of organizations such as schools, institutes of higher learning, or businesses. This recommendation is made in an attempt to reduce introduction of the virus into new communities and to slow the spread of infection in communities already affected by the virus. This recommendation is not intended to supersede the advice of local public health officials.

- On what authority?
- By who specifically?
- At what level of government?
- In what specific setting or capacity?
- For how long?
- Consistent with 1st Amendment rights?
 - Free speech
 - Freedom to assemble
 - Freedom of religion
 - Reasonable limitations

THE FIRST AMENDMENT
CONGRESS SHALL MAKE NO LAW RESPECT-
ING AN ESTABLISHMENT OF RELIGION, OR
PROHIBITING THE FREE EXERCISE THEREOF;
OR ABRIDGING THE FREEDOM OF SPEECH, OR
OF THE PRESS; OR THE RIGHT OF THE PEOPLE
PEACEABLY TO ASSEMBLE, AND TO PETITION THE
GOVERNMENT FOR A REDRESS OF GRIEVANCES.
PROTECT THE FIRST AMENDMENT, SUPPORT THE CBLDF

Quarantine & Isolation

Quarantine

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



Isolation

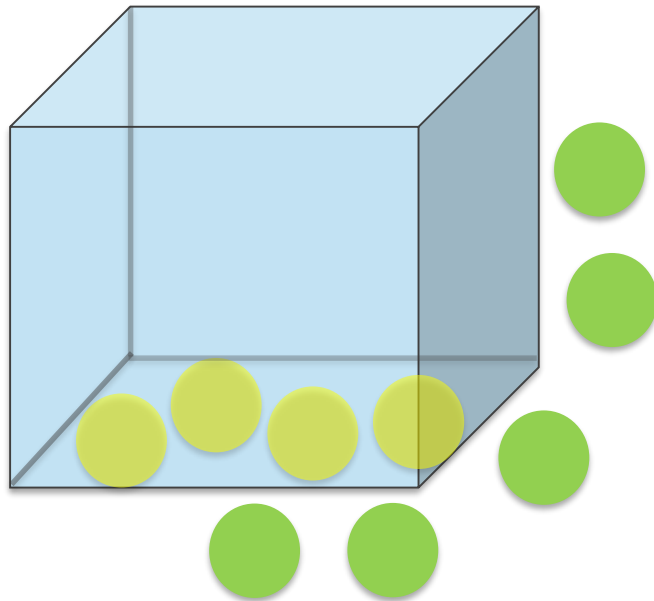
Separation from others of people who are known to be infected, or capable of infecting others, with a contagious condition



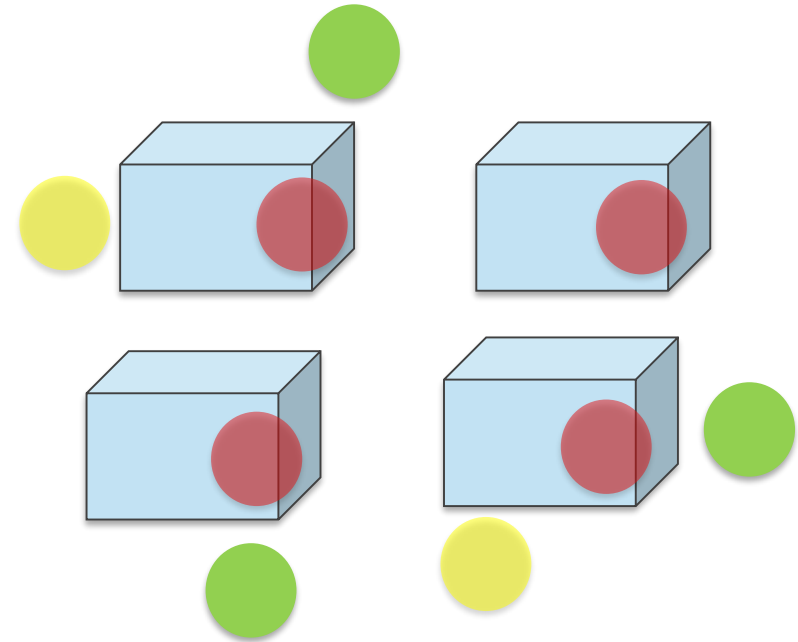
For a listing of state-based quarantine and isolation statutes, see the [link](#) at the National Conference of State Legislatures




Quarantine & Isolation - Illustrated

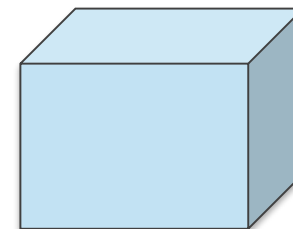
Quarantine



Isolation



-  **Known, infected individual**
-  **Individual exposed to contagious disease**
-  **Healthy individual**



**Place of isolation
or quarantine**

Federal Quarantine



Jan. 31: CDC 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.

Feb. 10: 4 additional flights amassing more than 800 Americans quarantined 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 Air Force 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.



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

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.



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

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.

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.

Option A: Temporary Quarantine or Isolation w/out Judicial Notice via Written Directive

Option B: Quarantine or Isolation w/Judicial Notice

Agency petitions court for an order authorizing Q or I of an individual or group specifying:

- identity of the individual(s) or groups;
- premises subject to Q or I;
- date and time at which Q or I commences;
- suspected contagious disease;
- statement of compliance with conditions and principles; and
- statement of the basis upon which such intervention is justified.
- **Notice**
- **Hearing:** held in proximity of petition, absent extraordinary circumstances.
- **Order:** if, by clear and convincing evidence, Q or I shown to be reasonably necessary to prevent or limit the transmission of a contagious or possibly contagious disease to others.

Q & I Best Practices



Safe, hygienic premises



Competent medical care



Means of communication



Adequate food, clothing, medication

- **Least restrictive means** necessary to prevent the spread of a contagious disease
- Isolated individuals must be **confined separately** from quarantined individuals
- **Health status** must be monitored regularly to determine if continued distancing is warranted
- **Cultural and religious beliefs** shall be respected to the extent.
- Q & I must be immediately **terminated** when an individual poses no substantial risk of transmitting disease to others.



**Voluntary
Measures**



**Encourage
Compliance**



**Court
Orders to
Enforce
Health
Official's
Order**



Penalties

- **Public Health Services**

- Significant \$ authorized via state/local appropriations, including emergency set-asides
- Potential for use of federal funds or direct reimbursements via national emergencies

- **Affected Individuals**

- [H.R. 6201. Families First Coronavirus Response Act](#)
- CMS: Q & I procedures outside the home may be considered essential health benefits
- State or local paid sick and safe time protections
- Provisions of care may be provided w/out \$

Current & Prospective Civil Liability Claims

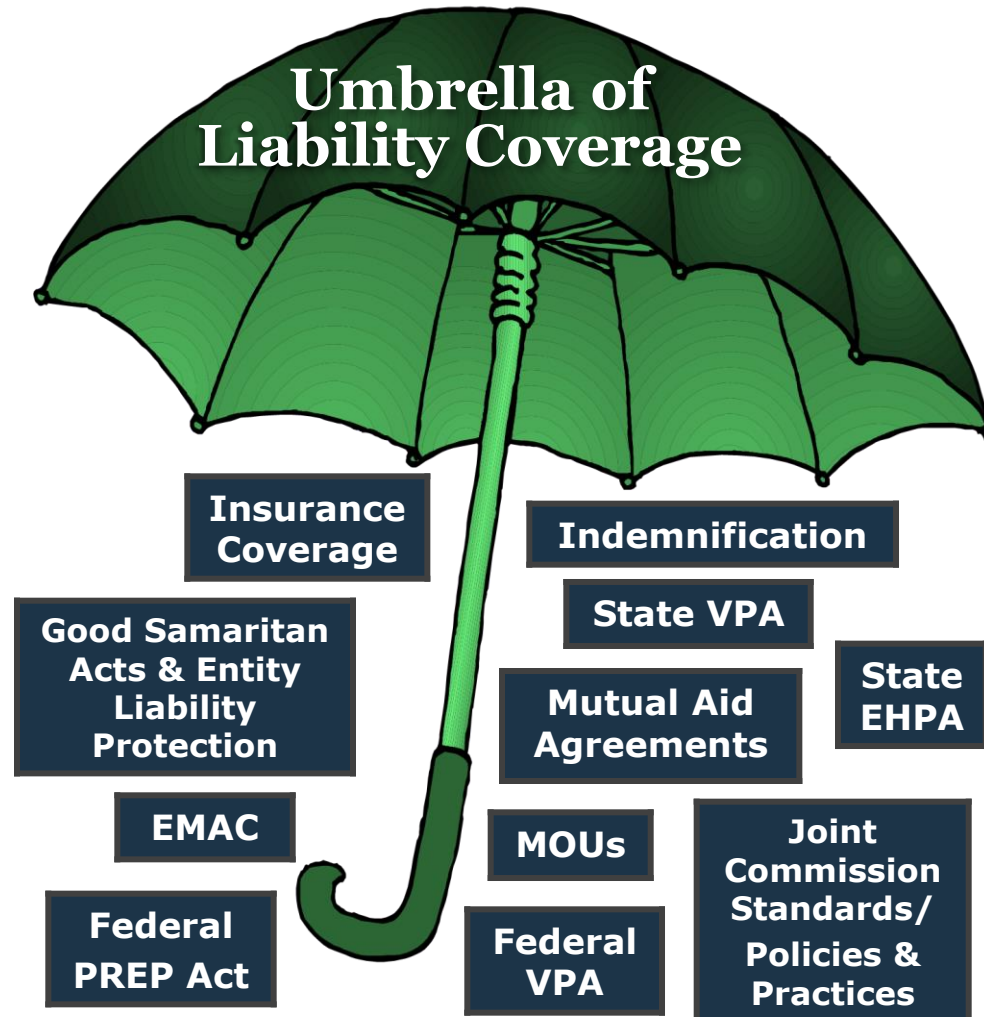
- **Negligence/Malpractice**
- **Intentional Torts**
- **Privacy Infringements**
- **Discrimination**
- **Breach of Contract**
- **Worker's Compensation**
- **Price Gouging**
- **Cruise Lines**



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.”



Click on image to access



March 2020

COVID-19 & HIPAA Bulletin

Limited Waiver of HIPAA Sanctions and Penalties During a Nationwide Public Health Emergency

The Novel Coronavirus Disease (COVID-19) outbreak imposes additional challenges on health care providers. Often questions arise about the ability of entities covered by the HIPAA regulations to share information, including with friends and family, public health officials, and emergency personnel. As summarized in more detail below, the HIPAA Privacy Rule allows patient information to be shared to assist in nationwide public health emergencies, and to assist patients in receiving the care they need. In addition, while the HIPAA Privacy Rule is not suspended during a public health or other emergency, the Secretary of HHS may waive certain provisions of the Privacy Rule under the Project Bioshield Act of 2004 (PL 108-276) and section 1135(b)(7) of the Social Security Act.

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

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[Model Emergency Laws](#)

[Emerging Threats Preparedness and Response](#)

[Crisis Standards of Care](#)

[Public Health Emergency Ethics](#)

Access these Network materials [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
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