COVID-19
Emergency Legal Preparedness Primer
As of March 19, 2020

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Purposes

• 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*
Primer Contents

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.
COVID-19 Global Distribution

Total Confirmed Deaths >: **7,425**
Total Confirmed Cases: > **170,000**  
= Mortality Rate 3-4%

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

Mar. 11: WHO formally classifies COVID-19 as a pandemic
### WHO PHEIC Declaration – Key Guidance

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<th>Guidance</th>
<th>Objectives</th>
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<td>Organized Responses</td>
<td>Engage in containment, active surveillance, early detection, isolation &amp; contact tracing</td>
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<tr>
<td>Data Sharing</td>
<td>Share data with WHO via IHR legal requirements</td>
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<tr>
<td>Prevention</td>
<td>Focus on reducing human infection/ secondary transmission</td>
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<tr>
<td>Communication</td>
<td>Engage in multi-sectoral communication re: knowledge &amp; research</td>
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<tr>
<td>Restrict Movement</td>
<td>Restricting movement of people/goods may be temporarily useful under limited response capacities or intense cases</td>
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<td>Travel</td>
<td>Inform WHO about travel measures as required by the IHR</td>
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<td>Discrimination</td>
<td>Avoid actions promoting stigma or discrimination</td>
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<td>Developing Countries</td>
<td>Support LMICs to enable their responses &amp; facilitate access to diagnostics, vaccines &amp; therapeutics</td>
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<tr>
<td>Justification</td>
<td>Justify health measures significantly interfering with international traffic</td>
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</table>
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
Primer Contents

U.S. Legal Preparedness & Response Efforts
Total Confirmed Cases > 4,225
Total Deaths > 75

Source: NYT
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!”
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
Mar. 18: Families First Coronavirus Response Act signed by President Trump (effective date April 2):

- Requires private health plans to provide no cost coverage for COVID-19 diagnostic tests
- Temporarily increases federal portion of Medicaid benefits
- Releases $ millions in assistance to domestic nutrition assistance programs such as SNAP and WIC
- Grants $5 million to the Department of Labor to administer emergency paid sick leave
- Requires certain employers to provide employees 14 days of paid sick leave
- Releases an additional $1 billion in FY2020 emergency grants for unemployment insurance benefits
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.

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<td>Stafford Act or National Emergencies Act</td>
<td>HHS Public Health Emergency</td>
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<td>State/Tribal</td>
<td>Emergency or Disaster</td>
<td>Public Health Emergency</td>
</tr>
<tr>
<td>Local</td>
<td>Emergency or Disaster</td>
<td>Public Health Emergency</td>
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HHS Public Health Emergency

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)
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
Mar. 13: HHS Sec. Azar issues § 1135 national waivers (retroactive effect on March 1) re:
  • EMTALA sanctions for patient relocation purposes
  • HIPAA Privacy Rule regulations for 72 hours following implementation of hospital disaster protocol
  • requirements that health care workers hold licenses in the state where they are providing services
  • certain conditions of participation in Medicare, Medicaid, and SCHIP
  • Medicare Advantage payment limitations
  • Stark Law sanctions

Mar. 17: CMS expands Medicare telehealth coverage to facilitate healthcare services without visiting physical facilities; clinicians may be paid for telehealth services for beneficiaries across the entire country.
Select State Emergency Powers
Explicitly Invoked by Declarations

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 | M | N | N | N | N | O | O | O | P | R | T | V | U | W | W | W |
| 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

<table>
<thead>
<tr>
<th>Locality</th>
<th>Date</th>
<th>Select Authorizations</th>
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</thead>
</table>
| **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’i** (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: efforts of legal actors & others during declared emergencies to build a favorable legal environment by prioritizing issues & solutions facilitating legitimate public health responses.
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
## Constitutionality of Selected, Potential COVID Emergency Responses

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

Topics

- Testing/Screening/Treatment
- Crisis Standards of Care
- Emergency Powers - Triage
- Social Distancing Measures
- Surveillance & Reporting
- Liability & Insurance
- Privacy
Assessing Federal & State Emergency Powers

Presidential Powers and Response to COVID-19

Click on image to access

The Centers for Disease Control and Prevention (CDC) modeling suggests that, without mitigation, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes novel coronavirus disease 2019 (COVID-19), could infect more than 60% of the US population. President Trump has declared a national emergency along with 50 governors declaring state emergencies (Figure), which are unprecedented actions. Social distancing aims to flatten the epidemic curve to moderate demand on the health system. Consequently, whether through voluntary actions or state mandates, individuals are increasingly sheltering at home, schools and universities are closing, businesses are altering operations, and mass gatherings are being canceled. On March 16, the health officers of 6 local governments in the San Francisco Bay Area issued mandatory orders to shelter in place, making it a misdemeanor offense to leave home for any nonessential purpose.

state and local responses are inadequate, but the extent of this authority has not been tested.5

Travel Restrictions
Recently, the president banned most non-US citizens from entry into the United States traveling from the Schengen area (an area comprising 26 European states that have officially abolished all passport and other types of border control), the United Kingdom, and Ireland, on top of existing bans from China and Iran. The CDC rarely issues advisories against travel to particular locations within the US and has not done so to date for COVID-19. The CDC last advised against domestic travel during the 2017 Zika outbreak, recommending pregnant women avoid travel to southern Florida. While the White House has policies for military and government personnel traveling to places experiencing high levels of COVID-19 cases, it has not, as of yet, restricted do-

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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.
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.
Control modes of transportation

Shelter-in-place/ Lockdown

Increase distance among workers

Dismiss schools

Curfew

Restrict public gatherings

Evacuation

Isolation & quarantine

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.
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

3/4: Ultra Music Festival (Miami) cancelled

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

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

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

3/9: Boston’s St. Patrick’s Day Parade cancelled
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
CDC School Closure Guidance

School Decision Tree

All Schools Regardless of Community Spread

Confirmed person with COVID-19 in building?

Assess Risk

Short (potential 2-5 Day) Building Dismissal to Clean/Disinfect/Contact Trace in consultation with local health officials

No Community Spread

- Prepare
- Teach and reinforce healthy hygiene
- Develop information sharing systems
- Intensify cleaning and disinfection
- Monitor for absenteeism
- Assess group gatherings and events – consider postponing non-critical gatherings and events
- Require sick students and staff stay home
- Establish procedures for someone becoming sick at school

Monitor changes in community spread

Minimal to Moderate OR Substantial Community Spread

Is community spread Minimal to Moderate or Substantial?

M/M

- Coordinate with local health officials.
- Implement multiple social distancing strategies for gatherings, classrooms, and movement through the building.
- Consider ways to accommodate needs of children and families at high risk.

S

- Coordinate with local health officials.
- Implement multiple social distancing strategies for gatherings, classrooms, and movement through the building WITH EXTENDED SCHOOL DISMISSALS.
- Consider ways to accommodate needs of children and families at high risk.

Click on image to access
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.
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:
Extent of Assembly Limits?

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

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 gatherings. 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.
Assembly Limits

- On what authority?
- By who specifically?
- At what level of government?
- In what specific setting or capacity?
- For how long?
- Consistent with 1\textsuperscript{st} Amendment rights?
  - Free speech
  - Freedom to assemble
  - Freedom of religion
  - Reasonable limitations
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**
- Known, infected individual
- Individual exposed to contagious disease
- Healthy individual

**Isolation**
- Place of isolation or 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. 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.
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.
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
Q & I Best Practices

• 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.
Enforcement

Voluntary Measures

Encourage Compliance

Court Orders to Enforce Health Official’s Order

Penalties
Costs and Reimbursements

• **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
Despite risks, many legal liability protections apply in routine events & declared emergencies, especially concerning health care volunteers, workers, and entities.
Screening & Testing: Transportation Hubs

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 Diges 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 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, MEERS, Ebola, and Zika have focused attention on a number of issues surrounding air travel, including isolation and quarantine, restrictions on freedom of travel, and screening protocols. A number of issues exist that make it difficult to ensure the health of the entire community. The current situation requires legislative, regulatory, and other governmental actions to control the spread of disease.

Numerous legal issues are associated with the 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 of issues 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 is provided, as well as case studies to assist airport operators in understanding and navigating the complexity of multimodal developments.

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 authoritative research, specific, limited-scope studies of legal issues and problems having national significance and application to their business. Some transit programs involve legal issues and problems that are not shared with other modes; as, for example, compliance with transit equipment and operations guidelines, FTA funding initiatives, private-sector programs, and labor or environmental standards relating to transit operations. Also, much of the information that is needed by transit agencies to address legal concerns is scattered and fragmented. Consequently, it would be helpful to the transit lawyer to have well-researched and well-documented reports on specific legal topics available to the transit 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 of passengers, 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 Click on article images to access
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
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.”
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
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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