COVID-19
Emergency Legal Preparedness Primer
As of March 27, 2020

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Primer 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*
COVID-19 Epi “Snapshot” & Global Spread

Emergency Legal Preparedness/Response
  International | Federal | State | Tribal | Local

Public Health Emergency Powers

Constitutional & Other Challenges

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 >: 22,184
Total Confirmed Cases: > 492,000

= Mortality Rate 4.5%

Total Confirmed Cases > 69,000  Total Deaths > 1040

Source: NYT
COVID-19 hospitalizations, ICU admissions & deaths by age group — U.S. February 12–March 16, 2020
Public health authorities, powers, liabilities & immunities vary depending on the type of emergency declared at each level of government.
Jan. 30: WHO declares a public health emergency of international concern (PHEIC).

Mar. 11: WHO formally classifies COVID-19 as a pandemic.
<table>
<thead>
<tr>
<th>Guidance</th>
<th>Objectives</th>
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</thead>
<tbody>
<tr>
<td>Organized Responses</td>
<td>Engage in containment, active surveillance, early detection, isolation &amp; contact tracing</td>
</tr>
<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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<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>
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
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 > federal portion of Medicaid
• Releases $ millions in assistance to domestic nutrition assistance programs (e.g., SNAP, WIC)
• 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
COVID-19 Stimulus Bill: Key Public Health Elements

March 27, 2020: Congress approves $2.2 trillion relief bill—largest stimulus package in history

- $240 billion in emergency supplemental funding for state, tribal & local govs.
- $117 billion for hospitals and veterans’ health care
- $100 billion public health and social emergency fund to reimburse providers for expenses and lost revenues
- $16 billion for SNS of pharmaceutical & medical supplies
- Boosts reimbursements by 20% for treating Medicare patients with COVID-19
- Eliminates $8 billion in scheduled payment reductions to hospitals caring for large numbers of uninsured and Medicaid patients
- Requires group health plans & insurance providers to cover preventive services related to COVID-19 without cost sharing
- Provides explicit liability protections for volunteer HCWs assisting COVID patients


- Interagency Coordination Constructs
- Phase Indicators & Triggers
- Transition Between Phases
- Lines of Efforts
- Communications, Coordination & Oversight
Federal Agency Coordination
Emergency Waivers

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.
COVID State and Select Tribal/Local Declarations of Emergency

Click on the **date** of each state to view declarations

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<th>State/County</th>
<th>Date</th>
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<td>Arizona</td>
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<td>Wisconsin</td>
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**Emergency** - 33  
**Disaster** - 4  
**Public Health**  
**Emergency + Public Health** - 9  
**County/City**  
**Tribal**

**Link here** for updates re: jurisdictional requests for FEMA disaster relief
**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 | K | L | M | M | M | M | M | N | 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 | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |

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.
## Select Local Emergency Authorizations

<table>
<thead>
<tr>
<th>Locality</th>
<th>Date</th>
<th>Select Authorizations</th>
</tr>
</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.
Emerging Legal Issues

Topics

- Emergency Powers - Triage
- Crisis Standards of Care
- Social Distancing Measures
- Liability & Insurance
- Privacy
- Surveillance & Reporting
- Testing/Screening/Treatment
Presidential Powers and Response to COVID-19

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.\(^1\) 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-
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>
<thead>
<tr>
<th>Constitutional</th>
<th>Unconstitutional</th>
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<tbody>
<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>
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<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 spurious grounds (e.g., race, ethnicity, religious affiliation, ability to pay)</td>
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<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>
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<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>
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<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>
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<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>
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</table>
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.
Substantial change in usual healthcare operations and level of care due to a pervasive or catastrophic disaster.
CSC Legal Issues

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

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

- Coordination
- Allocation
- Reimbursement
- Licensure
- Scope of Practice
- Patient’s Interests
- Duty to Care
- Uniformity
- Liability
Prospective Civil Liability Claims

- Negligence/Malpractice
- Intentional Torts
- Privacy Infringements
- Discrimination
- Worker’s Compensation
Despite risks, many legal liability protections apply in routine events & declared emergencies, especially concerning health care volunteers, workers, and entities.
Social Distancing Measures

Control modes of transportation

Shelter-in-place/ Lockdown

Increase distance among workers

Dismiss schools

Curfew

Restrict public gatherings

Evacuation

Isolation & quarantine
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

Mar. 19: U.S. closes border with Canada and Mexico to persons travelling for non-essential purposes, including tourism.
Mar. 26: “Governors Tell Outsiders From ‘Hot Zone’ to Stay Away as Virus Divides States”

- Florida Governor Ron DeSantis orders 14 day quarantine against anyone arriving from NY in prior 3 weeks
- Hawaii Governor David Ige recommends all travelers postpone trips for 30 days and imposes 14 day quarantine on arrivals
- Alaska Governor Mike Dunleavy orders anyone (including residents) arriving in state to self-quarantine for 14 days
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.
State Shelter-In-Place & Stay Home Orders

Click on the date of each state to view the order

Note: data are based in substantial part on NYT (March 24, 2020)

Shelter-in-Place or Stay Home Orders – 26 states

Shelter-in-Place or Stay Home Orders – 15 partial states
## Select Components of a Sample of State Shelter-in-Place & Stay Home Orders

<table>
<thead>
<tr>
<th>Component</th>
<th>CA</th>
<th>CT</th>
<th>DE</th>
<th>IL</th>
<th>IN</th>
<th>LA</th>
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<th>NY</th>
<th>OH</th>
<th>PA</th>
<th>OR</th>
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<tbody>
<tr>
<td>Restricts Gatherings of “Any Number of People” Outside Household Unit</td>
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<td>Restricts Gatherings &gt;10</td>
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<td>Closes Non-Essential Businesses per CISA</td>
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<td>Bans Leaving Homes for Non-Essential Purposes</td>
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<td>Explicitly Addresses Homelessness</td>
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- **■** indicates the presence of the component.
Mar. 21: PA Governor Tom Wolfe rescinded in part his order for all “non-life-sustaining” businesses to close:

- Considerable disdain re: economic impacts
- Legal challenges via a law firm and gun store
- New guidance excepting timber industry, coal mining, hotels, accountants, laundromats & some law firms
- Allows “robust waiver process” for businesses seeking exemption
- Will localities enforce?
“Shelter in Place” Orders

Virtual “Lock Down?”

OR

Public Health & Safety Zone?
- Substantive due process – hard to rationalize government responses restricting liberty that are not tied to known risks
- Equal protection – explicitly tying travel restrictions to persons from specific regions of the U.S. raises questionable classifications
- Right to travel – limiting ingress and egress, especially across state lines, implicates federal interests and fundamental rights
- Fundamental rights – infringements require assessments of efficacious, less restrictive alternatives:
  - Strong incentives/messaging to avoid travel;
  - Closures;
  - Screening, quarantine, isolation or other legit. measures
Voluntary Closures & Cancellations

Places of Worship

Employers

Universities

Events

Sports

Festivals
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
School Closures – Legality

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

James G. Hodge, Jr.

- 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
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 social gatherings.

White House and CDC recommend no in-person events consisting of 10 or more people 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 1st 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

- 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.
State and Local Q & I Initiation

**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
- Monitoring & care
- Basic necessities

- Means of communication
- Least restrictive means
- Termination
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 $
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 Endi Zuckerin College of Public Health, 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 the 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 the state attorney general's office.

Legal Research Digest 34

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 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 other airport agencies 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 threats 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.

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. Hensley and Megan Timmons, University of Maryland Center for Health and Homeland Security, James R. McDaniel, TRB Counsel for Legal Research Projects, and 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-site 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 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 legal community.

The Legal Research Digests (LRDs) are developed to assist transit agencies 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 measures to prevent the spread 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 outbreaks 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; refusal of employees to come to work; pre-screening of passengers; and full or partial suspension of service. The study evaluates privacy and civil rights of passengers 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 cohesion among transit agencies' procedures and federal and state guidelines.

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
March 21: “Health officials in [NY, CA] and other hard-hit parts of the country are restricting coronavirus testing to health care workers and people who are hospitalized, saying the battle to contain the virus is lost and we are moving into a new phase of the pandemic response.”
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.”
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

COVID-19 and HIPAA: Disclosures to law enforcement, paramedics, other first responders and public health authorities

Does the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule allow a covered entity to share the name or other identifying information of an individual who has been infected with, or exposed to, the virus SARS-CoV-2, or the disease caused by the virus, Coronavirus Disease 2019 (COVID-19), with law enforcement, paramedics, other first responders, and public health authorities without an individual’s authorization?

For additional expert analyses and guidance, contact Denise Chrysler, JD, and colleagues in our Network–MidStates Region at dchrysler@networkforphl.org
For More Information

Access these Network materials here
Acknowledgements

• Special thanks to Leila Barraza, JD, MPH, Sarah Wetter, JD, MPH, Claudia Reeves and Erica White at the Network - Western Region Office for their research and assistance

• Ask the Network concerning questions or comments relating to this information or ongoing COVID-19 legal preparedness and response efforts

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