| Provision(s) Waived | Area of Regulation | Scope of Waiver |
| --- | --- | --- |
| EMERGENCY DECLARATION – EO 202  Declared State Disaster Emergency Effective March 7, 2020 through June 25, 2021[[1]](#footnote-1) | | |
| PHL Section 2510 subdivision 6 and Section 2511  Reissued in EO 202.1 | CHIP | To the extent necessary to waive or revise eligibility criteria, documentation requirements, or premium contributions; modify covered health care services or the scope and level of such services set forth in contracts; increase subsidy payments to approved organizations, including the maximum dollar amount set forth in contracts; or provide extensions for required reports due by approved organizations in accordance with contracts |
| PHL Section 224-b and Section 225 subdivision 4 | Public health; Health Planning Council | To the extent necessary to permit the Commissioner of Health to promulgate emergency regulations and to amend the State Sanitary Code |
| PHL subdivision 3 of Section 273 | Prescription drugs in the Clinical Drug Review program; prior authorizations | To the extent necessary to allow patients to receive prescribed drugs, without delay |
| Social Services Law 364-j (25) and 364-j(25-a) | Managed care | To the extent necessary to allow patients to receive prescribed drugs, without delay |
| Education Law Sections 6521 and 6902  Modified in EO 202.82 | Practice of medicine; Practice of nursing | To the extent necessary to permit unlicensed individuals, upon completion of training deemed adequate by the Commissioner of Health, to collect throat or nasopharyngeal swab specimens from individuals suspected of being infected by COVID-19, for purposes of testing; and to the extent necessary to permit non-nursing staff, upon completion of training deemed adequate by the Commissioner of Health, to perform tasks, under the supervision of a nurse, otherwise limited to the scope of practice of a licensed or registered nurse |
| PHL Section 2803 subdivision 2  Superseded by EO 202.10 | Miscellaneous hospital | To the extent necessary to permit the Commissioner of Health to promulgate emergency regulations concerning the facilities licensed pursuant to Article 28 of the Public Health Law, including but not limited to the operation of general hospitals |
| 10 NYCRR Section 400.9 and Section 405.9 (f)[[2]](#footnote-2) (7)  Reissued in EO 202.1 | Transfer/admission/discharge; Patient transportation | To the extent necessary to permit general hospitals and nursing homes licensed pursuant to Article 28 of the Public Health Law ("Article 28 facilities") that are treating patients during the disaster emergency to rapidly discharge, transfer, or receive such patients, as authorized by the Commissioner of Health, provided such facilities take all reasonable measures to protect the health and safety of such patients and residents, including safe transfer and discharge practices, and to comply with the Emergency Medical Treatment and Active Labor Act (42 USC section 1395dd) and any associated regulations |
| 10 NYCRR Section 400.11  Reinstated as of May 8, 2020 by EO 202.28 | Long-term care patients | To the extent necessary to permit Article 28 facilities receiving patients as a result of the disaster emergency to complete patient review instruments as soon as possible |
| ~~10 NYCRR Section 405~~  Reinstated as of May 8, 2020 by EO 202.28 | ~~Hospital standards~~ | ~~To the extent necessary to maintain the public health with respect to treatment or containment of individuals with or suspected to have COVID-19~~ |
| Education Law Sections 8602 and 8603  10 NYCRR Section 58-1.5 | Testing | To the extent necessary to permit individuals who meet the federal requirements for high complexity testing to perform testing for the detection of SARS-CoV-2 in specimens collected from individuals suspected of suffering from a COVID-19 infection |
| ~~PHL Section 6909(4)~~  ~~Education Law Section 6527(6)~~  ~~8 NYCRR Section 64.7~~  Reissued by EO 202.1 | ~~Physician scope of practice; Nurse Practitioner scope of practice; Testing~~ | ~~To the extent necessary to permit physicians and certified nurse practitioners to issue a non-patient specific regimen to nurses or any such other persons authorized by law or by this Executive Order to collect throat or nasopharyngeal swab specimens from individuals suspected of suffering from a COVID-19 infection, for purposes of testing, or to perform such other tasks as may be necessary to provide care for individuals diagnosed or suspected of suffering from a COVID-19 infection~~ |
| 14 NYCRR Section 596 | Telemental health services | To the extent necessary to allow for rapid approval of the use of telemental health services, including the requirements for in-person initial assessment prior to the delivery of telemental health services, limitations on who can deliver telemental health services, requirements for who must be present while telemental health services are delivered, and a recipient's right to refuse telemental health services |
| EO 202.1 – Effective March 12, 2020; Most recently extended through July 5, 2021[[3]](#footnote-3) | | |
| 10 NYCRR Section 401.3 subdivisions (a) and (e) and Section 710.1 | Changes to physical plant and bed capacity; Construction of new facilities | To the extent necessary to allow hospitals to make temporary changes to physical plant, bed capacities, and services provided, upon approval of the Commissioner of Health, in response to a surge in patient census |
| 10 NYCRR Parts 709 and 710  Modified in EO 202.82 | Changes to physical plant and bed capacity; Construction of new facilities | To the extent necessary to allow construction applications for temporary hospital locations and extensions to be approved by the Commissioner of Health without considering the recommendation of the health systems agency or the Public Health and Health Planning Council, and to take such further measures as may be necessary to expedite departmental reviews for such approval |
| 10 NYCRR Sections 34-2.6 and 58-1.7 | Clinical lab | To the extent necessary to permit clinical laboratories to operate temporary collecting stations to collect specimen from individuals suspected of suffering from a COVID-19 infection |
| ~~Mental Hygiene Law Section 33.17 and associated regulations~~  Reinstated as of July 7, 2020 by EO 202.48 | ~~Patient transportation~~ | ~~To the extent necessary to permit providers to utilize staff members in the most effective means possible to transport individuals receiving services from the Office of Mental Health or a program or provider under the jurisdiction of the Office of Mental Health during the emergency, provided such facilities take all reasonable measures to protect the health and safety of such individuals~~ |
| ~~Mental Hygiene Law Sections 29.11 and 29.15 and~~  ~~14 NYCRR Section 517~~  Reinstated as of May 8, 2020 by EO 202.28 | ~~Transfer/admission/discharge~~ | ~~To the extent necessary to permit mental health facilities licensed pursuant to Article 31 of the Mental Hygiene Law that are treating patients during the emergency to rapidly discharge, including conditionally discharge, transfer, or receive such patients, as authorized by the Commissioner of the Office of Mental Health, provided such facilities take all reasonable measures to protect the health and safety of such patients and residents, including safe transfer and discharge practices~~ |
| Mental Hygiene Law Section 29.13 and associated regulations | Treatment plans | To the extent individuals in areas affected by the emergency are temporarily receiving services from different providers, whose immediate priority is to stabilize the individual, address acute symptoms, and provide supports including medication and stress relief, such that it is impossible to comply with development, assessment, scope and frequency of, and documentation requirements for treatment plans |
| ~~PHL Section 6909(4)~~  ~~Education Law Section 6527(6)~~  ~~8 NYCRR Section 64.7~~  Superseded by EO 202.69  Modified in EO 202.82 | ~~Physician scope of practice; Nurse Practitioner scope of practice; Testing~~ | ~~To the extent necessary to permit physicians and certified nurse practitioners to issue a non-patient specific regimen to nurses or any such other persons authorized by law or by this Executive Order to collect throat or nasopharyngeal swab specimens from individuals suspected of suffering from a COVID-19 infection, for purposes of testing, or to perform such other tasks as may be necessary to provide care for individuals diagnosed or suspected of suffering from a COVID-19 infection~~ |
| PHL Section 2801-a(h)  10 NYCRR Section 600.1 | Construction of new facilities | To the extent necessary to permit the Commissioner of Health to approve the establishment of temporary hospital locations and extensions without following the standard approval processes and to take such further measures as may be necessary to expedite departmental reviews for such approval |
| PHL Section 2999-cc and associated regulations | Telehealth/telemedicine | To the extent necessary to allow additional telehealth provider categories and modalities, to permit other types of practitioners to deliver services within their scope of practice and to authorize the use of certain technologies for the delivery of health care services to established patients, pursuant to such limitations as the commissioners of such agencies may determine appropriate |
| PHL Sections 2510 and 2511 | CHIP | To the extent necessary to waive or revise eligibility criteria, documentation requirements, or premium contributions; modify covered health care services or the scope and level of such services set forth in contracts; increase subsidy payments to approved organizations, including the maximum dollar amount set forth in contracts; or provide extensions for required reports due by approved organizations in accordance with contracts |
| ~~10 NYCRR Section 400.9 and 405.9(h)(7)~~  Superseded by EO 202.28 | ~~Transfer/admission/discharge~~ | ~~To the extent necessary to permit general hospitals and nursing homes licensed pursuant to Article 28 of the Public Health Law ("Article 28 facilities") that are treating patients during the disaster to rapidly discharge, transfer, or receive such patients, as authorized by the Commissioner of Health, provided such facilities take all reasonable measures to protect the health and safety of such patients and residents, including safe transfer and discharge practices, and to comply with the Emergency Medical Treatment and Active Labor Act (42 USC Section 1395dd) and any associated regulations~~ |
| ~~Mental Hygiene Law Section 41.34~~  ~~14 NYCRR Part 620~~  ~~14 NYCRR 686.3~~  Reinstated as of May 8, 2020 by EO 202.28 | ~~Patient capacity; Article 16~~ | ~~To the extent necessary to allow facilities certified pursuant to Article 16 of the Mental Hygiene law to increase and/or exceed certified capacity limits without following site selection procedures and/or without providing notification to the appropriate local governmental unit upon approval of the commissioner of OPWDD~~ |
| EO 202.5 – Effective March 18, 2020; Most recently extended through July 5, 2021[[4]](#footnote-4) | | |
| Education Law Sections 6512-6516 and 6524  8 NYCRR Part 60 | Physician licensure | To the extent necessary to allow physicians licensed and in current good standing in any state in the United States to practice medicine in New York State without civil or criminal penalty related to lack of licensure |
| Education Law Section 6502  8 NYCRR Part 59.8 | Physician registration | To the extent necessary to allow physicians licensed and in current good standing in New York State but not registered in New York State to practice in New York State without civil or criminal penalty related to lack of registration |
| Education Law Sections 6512-6516, 6905, 6906 and 6910  8 NYCRR Part 64 | Nurse licensure | To the extent necessary to allow registered nurses, licensed practical nurses, and nurse practitioners licensed and in current good standing in any state in the United States to practice in New York State without civil or criminal penalty related to lack of licensure |
| ~~Education Law Sections 6512-6516 and 6541~~  ~~8 NYCRR Part 60.8~~  Superseded by EO 202.18 | ~~PA licensure~~ | ~~To the extent necessary to allow physician assistants licensed and in current good standing in any state in the United States to practice in New York State without civil or criminal penalty related to lack of licensure~~ |
| 10 NYCRR Section 400.12 | Transfer/admission/discharge | To the extent necessary to allow patients affected by the disaster emergency to be transferred to receiving Article 28 facilities as authorized by the Commissioner of Health |
| PHL Section 2805-k  10 NYCRR Sections *405.4, 405.5*, ~~405.9~~, 405.14*, 405.19,* and *405.22*[[5]](#footnote-5) | Privileges/credentials | To the extent necessary to allow staff with the necessary professional competency and who are privileged and credentialed to work in a facility in compliance with such section of the Public Health Law and such sections of the NYCRR, or who are privileged and credentialed to work in a facility in another state in compliance with the applicable laws and regulations of that other state, to practice in a facility in New York State |
| Mental Hygiene Law Section 16.17 | Operating certificate | To the extent necessary to permit the Office of People with Developmental Disabilities to take emergency action to suspend or limit a provider’s operating certificate |
| 14 NYCRR Sections 633.8 and 633.14 | Employee training | To the extent necessary to permit abbreviated training of direct support professionals employed in programs and facilities certified pursuant to Article 16 of the Mental Hygiene Law that are experiencing staff shortages |
| ~~14 NYCRR Sections 633.12 and 636.1~~ | ~~Service plan~~ | ~~To the extent necessary to temporarily deviate from an individual’s service plan, which would otherwise outline participation in day programming and other community based served, and to the extent necessary to temporarily relocate individuals, in order to maintain the health and safety of that individual during this emergency period and to the extent necessary~~ |
| Mental Hygiene Law Sections 33.02 and 33.05  14 NYCRR Sections 633.4, 636-1.4[[6]](#footnote-6) and 633.16 | Rights of individuals living in Article 16 facilities | To the extent necessary to restrict visitors to facilities certified pursuant to Article 16 of the Mental Hygiene law and to permit restrictions on community outings for residents of such facilities to reduce the spread of COVID-19 |
| 14 NYCRR Section 633.17 | Employee training | To the extent necessary to permit abbreviated medication administration training of direct support professionals employed in programs or facilities certified pursuant to Article 16 of the Mental Hygiene Law |
| EO 202.10 – Effective March 23, 2020; Modifications most recently extended through July 5, 2021[[7]](#footnote-7); Directives most recently extended through July 5, 2021[[8]](#footnote-8) | | |
| PHL Section 2803  10 NYCRR Parts 400, 401, ~~405~~ *(Reinstated by* *EO 202.28),* 409[[9]](#footnote-9), 710, 711 and 712 | Miscellaneous hospital; Operating certificates; Facility regulations, policies, and procedures | To the extent necessary to permit and require general hospitals to take all measures necessary to increase the number of beds available to patients, in accordance with the directives set forth in Executive Order 202.10, which direct the following:   * the Commissioner of Health shall direct all general hospitals, ambulatory surgery centers, office-based surgery practices and diagnostic and treatment centers to increase the number of beds available to patients, including by canceling all elective surgeries and procedures, as the Commissioner of Health shall define * General hospitals shall comply with such order by submitting COVID-19 Plans to DOH, on a schedule to be determined by DOH, to accomplish this purpose; and * The Commissioner of Health is authorized to suspend or revoke the operating certificate of any general hospital should they be unable to meet the requirements of the necessary capacity directives; and notwithstanding any law to the contrary the Commissioner may appoint a receiver to continue the operations on 24 hours’ notice to the current operator, in order to preserve the life, health and safety of the people of the State of New York. |
| 10 NYCRR Sections 405.13 and 755.4 | Anesthesia services; Nurse scope of practice; Supervision | To the extent necessary to permit an advanced practice registered nurse with a doctorate or master's degree specializing in the administration of anesthesia administering anesthesia in a general hospital orfree-standing ambulatory surgery center without the supervision of a qualified physician in these health care settings |
| Education Law Section 6542 paragraph 1  10 NYCRR Section 94.2 (a) and (b)  Modified in EO 202.82 | PA scope of practice; Supervision | To the extent necessary to permit a physician’s assistant to provide medical services appropriate to their education, training and experience without oversight from a supervising physician without civil or criminal penalty related to a lack of oversight by a supervising physician |
| Education Law Section 6549 paragraph 1  10 NYCRR Section 94.2 (a) and (b) | Specialist Assistant scope of practice; Supervision | To the extent necessary to permit a specialist assistant to provide medical services appropriate to their education, training and experience without oversight from a supervising physician without civil or criminal penalty related to a lack of oversight by a supervising physician |
| Education Law Section 6902(3) and any associated regulations, including, but not limited to, 10 NYCRR Section 64.5[[10]](#footnote-10)  Modified in EO 202.10 | Nurse scope of practice; Practice agreement; Collaborative relationship | To the extent necessary to permit a nurse practitioner to provide medical services appropriate to their education, training and experience, without a written practice agreement, or collaborative relationship with a physician, without civil or criminal penalty related to a lack of written practice agreement, or collaborative relationship, with a physician |
| ~~Education Law Sections 6527(2), 6545, and 6909(1)~~  Reinstated as of May 8, 2020 by EO 202.28 | ~~Good Samaritan” laws; Immunity~~ | ~~To the extent necessary to provide that all physicians, physician’s assistants, specialist assistants, nurse practitioners, licensed registered professional nurses and licensed practical nurses shall be immune from civil liability for any injury or death alleged to have been sustained directly as a result of an act or omission by such medical professional in the course of providing medical services in support of the State’s response to the COVID-19 outbreak, unless it is established that such injury or death was caused by the gross negligence of such medical professional~~ |
| Specific Provisions Not Identified | Health care students; Volunteers; Clinical affiliation agreement | Any healthcare facility is authorized to allow students, in programs to become licensed in New York State to practice as a health care professional, to volunteer at the health care facility for educational credit as if the student had secured a placement under a clinical affiliation agreement, without entering into any such clinical affiliation agreement |
| ~~Education Law Section 6530 (32)~~  ~~8 NYCRR Section 29.2 (a)(3)~~  ~~10 NYCRR Sections 58-1.11 and 405.10~~  Reinstated as of May 8, 2020 by EO 202.28  Reissued in EO 202.83 | ~~Recordkeeping~~ | ~~Notwithstanding any law or regulation to the contrary, health care providers are relieved of recordkeeping requirements to the extent necessary for health care providers to perform tasks as may be necessary to respond to the COVID-19 outbreak, including, but not limited to, requirements to maintain medical records that accurately reflect the evaluation and treatment of patients, or requirements to assign diagnostic codes or to create or maintain other records for billing purposes. Any person acting reasonably and in good faith under this provision shall be afforded absolute immunity from liability for any failure to comply with any recordkeeping requirement. In order to protect from liability any person acting reasonably and in good faith under this provision, requirements to maintain medical records~~ |
| 10 NYCRR Section 405.45 | Trauma centers | To the extent necessary to permit the Commissioner of Health to designate a health care facility as a trauma center, or extend or modify the period for which a health care facility may be designated as a trauma center, or modify the review team for assessment of trauma center |
| ~~10 NYCRR Section 405.4(b)(6)~~  Reissued by EO 202.87 | ~~Physician and trainee working hours~~ | ~~To the extent necessary to remove limits on working hours for physicians and postgraduate trainees~~ |
| ~~10 NYCRR Section 405.4(g)(2)(ii)~~  Reissued by EO 202.44 | ~~Physician licensure; International medical graduates~~ | ~~To the extent necessary to allow graduates of foreign medical schools having at least one year of graduate medical education to provide patient care in hospitals, is modified so as to allow such graduates without licenses to provide patient care in hospitals if they have completed at least one year of graduate medical education~~ |
| 10 NYCRR Section 405.2(e) | Medical staffing; Staff appointments | To the extent necessary to permit general hospitals affected by the disaster emergency to maintain adequate staffing |
| 10 NYCRR 405.3(b) | Hospital personnel; Volunteers | To the extent necessary to allow general hospitals to use qualified volunteers or personnel affiliated with different general hospitals, subject to the terms and conditions established by the Commissioner of Health |
| PHL Sections 3502 and 3505  10 NYCRR Part 89 | Radiologic technologist licensure | To the extent necessary to permit radiologic technologists licensed and in current good standing in any state in the United States to practice in New York State without civil or criminal penalty related to lack of licensure |
| PHL Section 3507  10 NYCRR Part 89 | Radiologic technologist registration | To the extent necessary to permit radiologic technologists licensed and in current good standing in New York State but not registered in New York State to practice in New York State without civil or criminal penalty related to lack of registration |
| ~~Education Law Sections 8502, 8504, 8504-a, 8505, and 8507~~  ~~8 NYCRR Subpart 79-4~~ | ~~Respiratory therapist licensure~~ | ~~To the extent necessary to allow respiratory therapists licensed and in current good standing in any state in the United States to practice in New York State without civil or criminal penalty related to lack of licensure~~ |
| ~~Education Law Section 6502~~  ~~8 NYCRR 59.8~~  Reissued in EO 202.44 | ~~PA registration~~ | ~~To the extent necessary to allow any physician’s assistant licensed and in current good standing in New York State but not registered in New York State to practice in New York State without civil or criminal penalty related to lack of registration~~ |
| ~~Education Law Section 6502~~  ~~8 NYCRR 59.8~~  Superseded by EO 202.44 | ~~Nurse registration~~ | ~~To the extent necessary to allow registered professional nurses, licensed practical nurses and nurse practitioners licensed and in current good standing in New York State but not registered in New York State to practice in New York State without civil or criminal penalty related to lack of registration~~ |
| PHL Article 5 title V  10 NYCRR Parts 19 and 58  Modified in EO 202.82 | Clinical lab | To the extent necessary to allow laboratories holding a Clinical Laboratory Improvement Amendments (CLIA) certificate and meeting the CLIA quality standards described in 42 CFR Subparts H, J, K and M, to perform testing for the detection of SARS-CoV-2 in specimens collected from individuals suspected of suffering from a COVID-19 infection |
| Education Law Article 139  PHL Section 576-b  10 NYCRR Section 58-1.7 | Nurse scope of practice | To the extent necessary to permit registered nurses to order the collection of throat or nasopharyngeal swab specimens from individuals suspected of being infected by COVID-19, for purposes of testing |
| ~~Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law)~~  Reinstated as of July 7, 2020 by EO 202.48 | ~~Hydroxychloroquine/chloroquine~~ | ~~No pharmacist shall dispense hydroxychloroquine or chloroquine except when written as prescribed for an FDA-approved indication; or as part of a state approved clinical trial related to COVID-19 for a patient who has tested positive for COVID-19, with such test result documented as part of the prescription. No other experimental or prophylactic use shall be permitted, and any permitted prescription is limited to one fourteen-day prescription with no refills~~ |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law) | Professional licensure | Any licensed health insurance company shall deliver to the Superintendent, no later than March 24, 2020 a list of all persons who have a professional licensure or degree, whether physician’s assistant, medical doctor, licensed registered nurse, licensed nurse practitioner or licensed practical nurse, and whether or not the person has a currently valid, or recently (within past five years) expired license in the state of New York. The Department of Financial Services shall poll such individuals to determine whether or not such professionals would serve in the COVID-19 response effort |
| EO 202.11 – Effective March 27, 2020; Modifications most recently extended through July 5, 2021[[11]](#footnote-11); Directives most recently extended through July 5, 2021[[12]](#footnote-12) | | |
| ~~Mental Hygiene Law Sections 16.03 and 16.05~~  ~~14 NYCRR Part 619~~  Reissued in EO 202.13 | ~~Operating certificate requirements to serve individuals with developmental disabilities~~ | ~~To the extent that they limit the provision of certain services to certified settings provided, however, that use of such settings shall require the approval of the commissioner of OPWDD~~ |
| ~~Education Law Sections 6802, 6808, and 6841~~  ~~8 NYCRR Sections 29.7 (10) and 63.6~~  Reissued in EO 202.18 | ~~Pharmacy alternative location~~ | ~~To the extent necessary to permit pharmacy technicians and pharmacists to practice at an alternative location, including their home, as long as there is adequate security to prevent any Personal Health Information from being compromised~~ |
| ~~Public Officers Law Section 17(11) and any associated regulations~~  ~~Public Officers Law Section 17(1)(a) and any associated regulations~~ | ~~Defense and Indemnification of State Employees~~ | ~~To the extent necessary to ensure that physicians assisting in the State’s response to COVID-19 in a facility owned or leased by SUNY and operated by SUNY are not excluded from the provisions of section 17 of the Public Officers Law for the medical services provided as part of the State’s response to COVID-19~~  ~~To the extent that SUNY has designated a state volunteer program under this paragraph for SUNY Upstate Hospital, SUNY Stony Brook University Hospital, and University Hospital SUNY Downstate, that is comprised of both compensated and uncompensated volunteers~~ |
| ~~Education Law Sections 6951, 6952, 6953 and 6955~~  Reissued in EO 202.44 | ~~Midwife licensure~~ | ~~To the extent necessary to allow midwives licensed and in current good standing in any state in the United States, or in any province or territory of Canada, to practice in New York State without civil or criminal penalty related to lack of licensure~~ |
| 14 NYCRR Section 633.16 | Employee training | To the extent necessary to permit abbreviated training and/or extension of recertification deadlines for direct support professionals employed in programs and facilities certified pursuant to Article 16 of the Mental Hygiene Law that are experiencing staff shortages |
| Education Law Section 6808(1) and any associated regulations | Hand sanitizer | To the extent necessary to temporarily permit registered resident pharmacies and registered resident outsourcing facilities to compound certain alcohol-based hand sanitizer products, consistent with the Food and Drug Administration’s Policy for Temporary Compounding of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency (March 2020) |
| ~~Education Law Section 6907(5) and associated regulations~~  Reissued in EO 202.44 | ~~Nursing school graduates~~ | ~~To the extent necessary to permit graduates of registered professional nurse and licensed practical nurse licensure qualifying education programs registered by the State Education Department to be employed to practice nursing under the supervision of a registered professional nurse and with the endorsement of the employing hospital or nursing home for 180 days immediately following graduation~~ |
| ~~Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law), amending the Directive set forth in Executive Order 202.10~~ | ~~Hydroxychloroquine/chloroquine~~ | ~~No pharmacist shall dispense hydroxychloroquine or chloroquine except when written: as prescribed for an FDA-approved indication; for an indication supported by one or more citations included or approved for inclusion in the compendia specified in 42 U.S.C. 1396r–8(g)(1)(B)(i); for patients in inpatient settings and acute settings; for residents in a subacute part of a skilled nursing facility; or as part of a study approved by an Institutional Review Board. Any person authorized to prescribe such medications shall denote on the prescription the condition for which the prescription has been issued~~ |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law) | Preemption of State guidance over prior State guidance and local guidance | Any guidance issued by the New York State Department of Health related to prevention and infection control of COVID-19 shall be effective immediately and shall supersede any prior conflicting guidance issued by the New York State Department of Health and any guidance issued by any local board of health, any local department of health, or any other political subdivision of the State related to the same subject |
| EO 202.12 – Effective March 28, 2020 through June 6, 2020 | | |
| ~~Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law)~~ | ~~Labor/delivery~~ | ~~Any article twenty-eight facility licensed by the state, shall, as a condition of licensure permit the attendance of one support person who does not have a fever at the time of labor/delivery to be present as a support person for a patient who is giving birth~~ |
| EO 202.13 – Effective March 29, 2020; Most recently extended through July 5, 2021[[13]](#footnote-13) | | |
| Mental Hygiene Law Sections 16.03 and 16.05  14 NYCRR Part 619 | Operating certificate | To the extent that they limit the provision of certain services to certified settings provided, however, that use of such settings shall require the approval of the commissioner of OPWDD |
| Mental Hygiene Law Sections 16.33, 16.34, 31.35 and 19.20  14 NYCRR Sections 550, 633.5, 633.24 and 805 | Background check; Supervision | To the extent necessary to allow current employees of OPWDD or OPWDD approved providers . . ., OMH or OMH licensed, funded or approved programs who have previously undergone such background checks to be employed by a different OPWDD approved provider . . . and/or OMH licensed, funded or approved program without undergoing new background checks. These provisions are also waived to the extent necessary to allow providers the discretion to permit already qualified individuals and who are not listed on the Staff Exclusion List to work unsupervised while an updated background check is completed |
| ~~Modification of Executive Order 202.12~~ | ~~Labor/delivery~~ | ~~The directive of Executive Order 202.12 requiring a support person for a patient giving birth is modified insofar as to cover labor, delivery as well as the immediate postpartum period~~ |
| EO 202.14 – Effective April 7, 2020; Most recently extended through July 5, 2021[[14]](#footnote-14); Directives most recently extended through July 5, 2021[[15]](#footnote-15) | | |
| ~~Education Law Section 6524~~  ~~8 NYCRR Section 60.7~~  ~~10 NYCRR Section 405.4(g)(1)~~  Reissued in EO 202.15 | ~~Medical school graduates~~ | ~~To the extent necessary to allow any physician who will graduate in 2020 from an academic medical program accredited by a medical education accrediting agency for medical education by the Liaison Committee on Medical Education or the American Osteopathic Association, and has been accepted by an Accreditation Council for Graduate Medical Education accredited residency program within or outside of New York State to practice at any institution under the supervision of a licensed physician~~ |
| Surrogate’s Court Procedure Act Section 1726 subdivisions 1, 2,4, 5, 8, 9 | Standby guardians | Any parent, a legal guardian, a legal custodian, or primary caretaker who works or volunteers in a health care facility or who reasonably believes that they may otherwise be exposed to COVID-19, may designate a standby guardian by means of a written designation, in accordance with the process set forth in such subdivisions; and such designation shall become effective also in accordance with the process set forth in such subdivisions |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law) | Medical equipment | Any medical equipment, personal protective equipment (PPE), ventilators, respirators, bi-pap, anesthesia, or other necessary equipment or supplies as determined by the Commissioner of Health) that is held in inventory by any entity in the state, or otherwise located in the state shall be reported to DOH. DOH may shift any such items not currently needed or needed in the short-term future by a health care facility, to be transferred to a facility in urgent need of such inventory, for purposes of ensuring New York hospitals, facilities and health care workers have the resources necessary to respond to the COVID-19 pandemic and distribute them where there is an immediate need. The DOH shall either return the inventory as soon as no longer urgently needed and/or, in consultation with the Division of the Budget, ensure compensation is paid for any goods or materials acquired at the rates prevailing in the market at the time of acquisition, and shall promulgate guidance for businesses and individuals seeking payment |
| EO 202.15 – Effective April 9, 2020; Most recently extended through September 4, 2020[[16]](#footnote-16) | | |
| ~~Education Law 6808~~  ~~Article 137[[17]](#footnote-17) of the NYCRR~~ | ~~Receipt of drugs and medical supplies~~ | ~~To the extent necessary to allow that a New York-licensed pharmacy may receive drugs and medical supplies or devices from an unlicensed pharmacy, wholesaler, or third-party logistics provider located in another state to alleviate a temporary shortage of a drug or device that could result in the denial of health care under the following conditions:~~   * ~~The unlicensed location is appropriately licensed in its home state, and documentation of the license verification can be maintained by the New York pharmacy~~ * ~~The pharmacy maintains documentation of the temporary shortage of any drug or device received from any pharmacy, wholesaler, or third-party logistics provider not licensed in New York~~ * ~~The pharmacy complies with all record-keeping requirements for each drug and device received from any pharmacy, wholesaler, or third-party logistics provider not licensed in New York~~ * ~~All documentation and records required above shall be maintained and readily retrievable for three years following the end of the declared emergency~~   ~~The drug or device was produced by an authorized FDA registered drug manufacturer~~ |
| ~~Education Law Sections 6512 through 6516, and 6524~~  ~~8 NYCRR Part 60~~  Reissued in EO 202.44 | ~~Medical school graduates~~ | ~~To the extent necessary to allow individuals, who graduated from registered or accredited medical programs located in New York State in 2020, to practice medicine in New York State, without the need to obtain a license and without civil or criminal penalty related to lack of licensure, provided that the practice of medicine by such graduates shall in all cases be supervised by a physician licensed and registered to practice medicine in the State of New York~~ |
| ~~Subparagraphs (ii) and (iii) of paragraph (b) and paragraph (c) of subdivision (4) of section 2801-a of the Public Health Law, and subparagraph (ii) of paragraph (c) of subdivision (1) and paragraph (c) of subdivision (2) of section 3611-a of the Public Health Law~~ | ~~Transfer notices~~ | ~~To the extent necessary to limit the Department of Health’s review functions to essential matters during the pendency of the COVID-19 health crisis, and to toll any statutory time limits for transfer notices pertaining to operators of Article 28 and Article 36 licensed entities for the duration of this declaration of disaster emergency, and any subsequent continuation thereof~~ |
| ~~Education Law Sections 6512 through 6516, 8402, 8403, 8404, 8405~~  ~~8 NYCRR Parts 79-9, 79-10, 79-11 and 79-12~~ | ~~Mental health professional licensure~~ | ~~To the extent necessary to allow mental health counselors, marriage and family therapists, creative arts therapists and psychoanalysts licensed and in current good standing in any state in the United States to practice in New York State without civil or criminal penalty related to lack of licensure~~ |
| ~~Education Law Sections 6512 through 6516 and 8510~~  ~~8 NYCRR Part 79-4~~  Reissued in EO 202.44 | ~~Respiratory therapy technician licensure~~ | ~~To the extent necessary to allow respiratory therapy technicians licensed and in current good standing in any state in the United States to practice in New York State without civil or criminal penalty related to lack of licensure~~ |
| EO 202.16 – Effective April 12, 2020; Modifications most recently extended through July 5, 2021[[18]](#footnote-18); Directives most recently extended through July 5, 2021[[19]](#footnote-19) | | |
| Education Law Sections 8602 and 8603  10 NYCRR Section 58-1.5  Modified in EO 202.82 | Testing | To the extent necessary to permit individuals to perform testing for the detection of SARS-CoV-2, or its antibodies, in specimens collected from individuals suspected of suffering from a COVID-19 infection; individuals performing testing must meet the federal requirements for testing personnel appropriate to the assay or device authorized by the FDA or the New York State Department of Health |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B \ of the Executive Law) | Face coverings | For all essential businesses or entities, any employees who are present in the workplace shall be provided and shall wear face coverings when in direct contact with customers or members of the public. Businesses must provide, at their expense, such face coverings for their employees. This provision may be enforced by local governments or local law enforcement as if it were an order pursuant to section 12 or 12-b of the Public Health Law. This requirement shall be effective Wednesday, April 15 at 8 p.m. |
| EO 202.18 – Effective April 20, 2020; Most recently extended through July 5, 2021[[20]](#footnote-20) | | |
| ~~Education Law Sections 6512 through 6516, and 6905, 6906 and 6910~~  ~~8 NYCRR Part 64~~  Reissued in EO 202.44 | ~~Nurse licensure~~ | ~~To the extent necessary to allow registered nurses, licensed practical nurses, and nurse practitioners or a substantially similar title licensed and in current good standing in any province or territory of Canada, to practice in New York State without civil or criminal penalty related to lack of licensure~~ |
| ~~Education Law Sections 6512 through 6516, and 6524~~  ~~8 NYCRR Part 60~~  Reissued in EO 202.44 | ~~Physician licensure~~ | ~~To the extent necessary to allow physicians licensed and in current good standing in any province or territory of Canada, to practice medicine in New York State without civil or criminal penalty related to lack of licensure~~ |
| ~~Education Law Sections 6512-6516, and 6541~~  ~~8 NYCRR Part 60.8~~  Reissued in EO 202.44 | ~~PA licensure~~ | ~~To the extent necessary to allow physician assistants or a substantially similar title licensed and in current good standing in any province or territory of Canada, to practice in New York State without civil or criminal penalty related to lack of licensure~~ |
| PHL Sections 3502 and 3505  10 NYCRR Part 89 | Radiologic technologist licensure | To the extent necessary to permit radiologic technologists or a substantially similar title licensed and in current good standing in any province or territory of Canada, to practice in New York State without civil or criminal penalty related to lack of licensure |
| ~~Education Law Sections 6512 through 6516, 6548 and 6911~~  ~~8 NYCRR Sections 60.11 and 64.8~~  Reissued in EO 202.44 | ~~Nurse specialist certification~~ | ~~To the extent necessary to allow clinical nurse specialists, specialist assistants, and substantially similar titles certified and in current good standing in any state in the United States, or any province or territory of Canada, to practice in New York State without civil or criminal penalty related to lack of certification~~ |
| ~~Education Law Section 6502~~  ~~8 NYCRR Section 59.8~~  Reissued in EO 202.44 | ~~Professional registration~~ | ~~To the extent necessary to allow specialist assistants, respiratory therapists, respiratory therapist technicians, pharmacists, clinical nurse specialists, dentists, dental hygienists, registered dental assistants, midwives, perfusionists, clinical laboratory technologists, cytotechnologists, certified clinical laboratory technicians, certified histological technicians, licensed clinical social workers, licensed master social workers, podiatrists, physical therapists, physical therapist assistants, mental health counselors, marriage and family therapists, creative arts therapists, psychoanalysts and psychologists who have an unencumbered license and are currently in good standing in New York State but not registered in New York State to practice in New York State without civil or criminal penalty related to lack of registration~~ |
| ~~Education Law Section 6908 and associated regulations~~  Reissued in EO 202.44 | ~~Nursing school graduates~~ | ~~To the extent necessary to permit graduates of State Education Department registered, licensure qualifying nurse practitioner education programs to be employed to practice nursing in a hospital or nursing home for 180 days immediately following successful completion of a New York State Registered licensure qualifying education program, provided that the graduate files with the State Education Department an application for certification as a nurse practitioner~~ |
| ~~Education Law Section 8609 and associated regulations~~  Reissued in EO 202.44 | ~~Lab technology/technician school graduates~~ | ~~To the extent necessary to permit graduates of State Education Department registered, licensure qualifying clinical laboratory technology and clinical laboratory technician education programs to be employed to practice for 180 days immediately following successful completion of a New York State Registered licensure qualifying education program, in a clinical laboratory with a valid New York State permit, provided that the graduate files an application for a New York State clinical laboratory practitioner license and limited permit~~ |
| Education Law Section 6808  8 NYCRR 63.6 and 63.8 | Pharmacy registration | To the extent necessary to extend the triennial registrations of pharmacy establishments who are currently registered and whose registration is set to expire on or after March 31, 2020. An application for re-registration of such registrations shall be submitted no later than 30 days after expiration of Executive Order 202 |
| Education Law Sections 6802, 6808, and 6841  8 NYCRR Parts 29.7 (10) and 63.6 | Pharmacy alternative location | To the extent necessary to permit pharmacy technicians and pharmacists to practice at an alternative location, including their home, as long as there is adequate security to prevent any Personal Health Information from being compromised |
| Not-for-Profit Corporations Law Section 603(b) | Not-for-profit regulation | To the extent necessary to permit annual meetings of members to be held remotely or by electronic means |
| Education Law Article 165  10 NYCRR Section 58-1.3 | Testing; Supervision | To the extent necessary to allow clinical laboratory practitioners to perform testing in a clinical laboratory under remote supervision, provided a supervisor is on-site at least eight hours per week |
| EO 202.19 – Effective April 17, 2020; Modifications most recently extended through July 5, 2021[[21]](#footnote-21); Directives most recently extended through July 5, 2021[[22]](#footnote-22) | | |
| Labor Law Section 860-b (1) | Layoff notice requirements | To the extent necessary to allow a business that receives federal Paycheck Protection Program funding and subsequently rehires employees, to provide the notice required under this section as soon as practicable but not necessarily within ninety days, provided that a business that receives federal Paycheck Protection Program funding provided the notice required under this section when it initially laid off employees |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law) | Testing | The Department of Health shall hereby establish a single, statewide coordinated testing prioritization process that shall require all laboratories in the state, both public and private, that conduct COVID-19 diagnostic testing, to complete such COVID-19 diagnostic testing only in accordance with such process. Any such laboratories shall prioritize testing of entities or individuals as directed by this coordinated statewide process. Any such laboratories may not, without an exemption from the Department of Health, enter into an agreement that would reserve testing capabilities for any private or public entity and therefore impede the Departments’ ability to prioritize and coordinate COVID-19 testing in New York State. Any violation of this directive may result in a civil penalty not to exceed $10,000 or three times the value of such testing provided in violation of this section and provided further that the Commissioner is hereby empowered and may revoke any operating certificate or license of such laboratory |
| EO 202.24 – Effective April 25, 2020 through July 5, 2021[[23]](#footnote-23) | | |
| Education Law Section 6801  Modified in EO 202.82 | Pharmacist scope of practice | To the extent necessary to authorize licensed pharmacists to order COVID-19 tests, approved by the Food and Drug Administration (FDA), to detect SARS-CoV-2 or its antibodies, and to administer COVID-19 tests, including my standing order, subject to certificate of waiver requirements pursuant to the federal clinical laboratory improvement act of nineteen hundred eighty-eight, in patients suspected of a COVID-19 infection, or suspected of having recovered from COVID-19 infection, subject to completion of appropriate training developed by the Department of Health (DOH)[[24]](#footnote-24) |
| PHL Section 571(6) | Pharmacist scope of practice; Testing | To the extent necessary to permit licensed pharmacists to be designated as a qualified health care professional for the purpose of directing a limited-service laboratory, pursuant to subdivision 579(3) of the Public Health Law, to test patients suspected of a COVID-19 infection or its antibodies provided that such test is FDA-approved and waived for use in a limited-service laboratory and also test for COVID-19 infection using a rapid test as part of the enhanced economic activity plan authorized by DOH, provided that such test is FDA-approved and waived for the use in limited service laboratory[[25]](#footnote-25) |
| EO 202.25 – Effective April 29, 2020 through May 29, 2020 | | |
| ~~10 NYCRR Sections 401.3(a), 401.3(e), and 710.1~~  ~~NYCRR[[26]](#footnote-26) Parts 709 and 710~~  ~~Any other applicable regulations~~  Reissued in EO 202.44 | ~~Medical facilities; Birthing centers~~ | ~~To the extent necessary to allow for the approval and certification by the Commissioner of Health of temporary dedicated birthing sites operated by currently licensed birthing hospitals and currently licensed birthing centers~~ |
| ~~Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law) modifying Executive Orders 202.13 and 202.12~~ | ~~Labor/delivery~~ | ~~Any article twenty-eight facility, shall, as a condition of licensure, allow any patient giving birth to have present with them: a support person, who does not have symptoms of COVID-19, for the labor, delivery and also the remaining duration of the patient’s stay; and/or a doula, who does not have symptoms of COVID-19 for the labor, delivery, and the remaining duration of the patient’s stay. The presence of a support person and/or doula will be subject to exceptions for medical necessity determined by the Commissioner~~ |
| ~~Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law) modifying Executive Order 202.10~~ | ~~Elective surgery~~ | ~~To the extent necessary to authorize general hospitals to perform elective surgeries and procedures so long as the following criteria are met:~~   * ~~within a county, the total available hospital inpatient capacity is over thirty percent and the total available hospital ICU capacity is over thirty percent and the total change, from April 17, 2020 to April 27, 2020, in the number of hospitalized patients who are positive for COVID-19 is fewer than ten~~ * ~~for each hospital within county that has met the eligibility criteria, the available hospital inpatient capacity is over thirty percent and the available hospital ICU capacity is over thirty percent and the change, from April 17, 2020 to April 27, 2020, in the number of hospitalized patients who are positive for COVID-19 is fewer than ten~~   ~~The Commissioner of Health is authorized to issue guidance with respect to the implementation of these criteria.~~  ~~General hospitals that are authorized to perform elective surgeries and procedures must report, at a minimum, the number and types of surgeries and procedures performed to the Department of Health, in a manner prescribed by the Commissioner. General hospitals that do not meet the criteria to perform elective surgeries and procedures contained in this directive may seek a waiver from the prohibition, by submitting a plan that includes, at a minimum, their facility capacity, physical configuration, infectious disease protocols, and staffing capacity, including any applicable employment hardship information that includes any reductions in workforce, including furloughs, that have occurred due to the inability of such facility to perform elective surgeries or procedures, or any reductions in workforce, including furloughs, that may imminently occur due to the inability of such facility to perform elective surgeries or procedures, to the Department of Health, in a manner prescribed by the Commissioner. General hospitals shall not perform any elective surgery or procedure for patients until each such patient has tested negative for COVID-19 through an approved diagnostic test, and the hospital and patient have complied with the pre-operative and pre-procedure guidelines in a manner prescribed by the Commissioner~~ |
| EO 202.27 – Effective May 5, 2020; Most recently extended through July 5, 2020[[27]](#footnote-27) | | |
| ~~Extension of existing waivers and suspensions~~  Reissued by EO 202.44 | ~~Professional licensure; professional registration~~ | ~~Any suspension or modification of any law heretofore suspended in Executive Order 202, or any amended or modified Executive Order issued thereafter, which allowed for the practice of a profession in the state of New York without a current New York State licensure, or registration, including but not limited to those individuals who are validly licensed in another state or Canada, is hereby extended for a period of thirty days to allow those professionals the ability to continue to provide services necessary for the State’s COVID-19 response~~ |
| EO 202.28 – Effective May 7, 2020; Most recently through July 5, 2021[[28]](#footnote-28) | | |
| 10 NYCRR Section 405.9 | Privileges and credentialling | Except to the limited extent that it would allow a practitioner to practice in a facility where they are not credentialed or have privileges – for this purpose the regulation shall continue to be suspended |
| Reinstates all codes related to construction, energy conservation, or other building code, and all state and local laws, ordinances, and regulations which would have otherwise been superseded, upon approval by the Commissioner of OPWDD, as applicable only for temporary changes to physical plant, bed capacities, and services provided; for facilities under the Commissioners jurisdiction | Changes to physical plant and bed capacity; Construction of new facilities |  |
| EO 202.30 – Effective May 10, 2020 through February 26, 2021[[29]](#footnote-29) | | |
| ~~PHL Section 4656 (7)~~  ~~18 NYCRR Section 488.9(a)(5), Section 487.9(a)(8), and Section 415.26(c)(1)(v)(6)~~  Superseded EO 202.40 | ~~Testing~~ | ~~To the extent necessary to require that the operator and administrator of all nursing homes and all adult care facilities, including all adult homes, enriched housing programs, and assisted living residences to test or make arrangements for the testing of all personnel, including all employees, contract staff, medical staff, operators, and administrators, for COVID-19, twice per week, pursuant to a plan developed by the facility administrator and filed with the Department of Health no later than 5:00 pm on Wednesday, May 13, 2020. Any positive test result shall be reported to the Department of Health by 5:00 pm of the day following receipt of such test result, in a manner determined by the Commissioner of Health. Nothing therein shall prohibit staff of the Department of Health, or the local health department in the jurisdiction of the nursing home or adult care facility from having unrestricted access to the facility where such access is determined necessary in the discretion of the Commissioner of Health for purposes of testing all personnel for COVID-19, and provided further that in such circumstances the operator and administrator shall cooperate fully with Department of Health and local health department staff to facilitate such testing~~ |
| ~~Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law)~~  Reissued in EO 202.81 | ~~Testing; Transfer/admission/discharge~~ | ~~Any article 28 general hospital shall not discharge a patient to a nursing home, unless the nursing home operator or administrator has first certified that it is able to properly care for such patient. Provided further, that any article 28 general hospital shall not discharge a patient to a nursing home, without first performing a diagnostic test for COVID-19 and obtaining a negative result~~ |
| EO 202.32 – Effective May 21, 2020 through June 20, 2020 | | |
| ~~PHL Section 576-b(1)~~  ~~10 NYCRR Section 58-1.7 and 58-1.8~~  Reissued in EO 202.44 | ~~Testing~~ | ~~To the extent necessary to, in furtherance of EO 202.30 and any extensions thereof, allow clinical laboratories to accept and examine specimens for COVID-19 testing, from personnel of nursing homes and adult care facilities, as such personnel are defined in EO 202.30, without a prescription or order from an authorized ordering source, and to report the results of such tests to the appropriate operators and administrators of the nursing home or adult care facility for which the person for whom the test was performed provides services; provided that to ensure appropriate follow-up with patients who test positive for COVID-19, the facility administrator shall contact the local health department to ensure all facility personnel who test positive are provided appropriate clinical guidance as well as appropriate isolation orders~~ |
| ~~Education Law Section 6530~~  Reissued in EO 202.44 | ~~Testing~~ | ~~To the extent necessary to allow physicians to order COVID-19 tests authorized by the US Food and Drug Administration for self-collection, without otherwise having an initial physician-patient relationship with the patient~~ |
| EO 202.36 – Effective June 5, 2020; Most recently extended through July 5, 2021[[30]](#footnote-30) | | |
| Education Law Section 6530 or any section of the PHL | Testing | To the extent necessary to allow a questionnaire administered through an asynchronous electronic interface or electronic mail that is approved by a physician licensed in the State of New York to be sufficient to establish a practitioner-patient relationship for purposes of ordering a clinical laboratory test |
| EO 202.40 – Effective June 10, 2020 through December 3, 2020[[31]](#footnote-31) | | |
| ~~PHL Section 4656 (7)~~  ~~18 NYCRR Section 488.9 subdivision (a) paragraph (5), Section 487.9 subdivision (a) paragraph (8), and Section 415.26 subdivision (c) paragraph (1) subparagraph (v) clause (6)~~  Reissued in EO 202.73 | ~~Testing~~ | ~~As contained in EO 202.30, modifications are maintained, provided that such modification is amended only to the extent that the operator and administrator of all nursing homes and all adult care facilities, which are located in regions that have reached Phase Two of reopening, must test or make arrangements for the testing of all personnel, including all employees, contract staff, medical staff, operators, and administrators, for COVID-19, once per week~~ |
| EO 202.44 – Effective June 21, 2020 through July 5, 2021[[32]](#footnote-32) | | |
| Education Law Section 680 | Pharmacist scope of practice; Testing | To the extent necessary allow licensed pharmacists to order and administer COVID-19 tests or tests for its antibodies |
| Reinstates PHL Section 571(6) | Pharmacist scope of practice | To the extent necessary to permit licensed pharmacists to be designated as qualified health care professionals so they can direct a limited-service laboratory, pursuant to subdivision 579(3) of the Public Health Law, to test patients for COVID-19 or its antibodies |
| 10 NYCRR Sections 401.3(a), (e), 709, 710 and 710.1  Any other applicable regulations | Medical facilities; Birthing centers | To the extent necessary to allow for the Department of Health to approve and certify dedicated birthing sites operated by licensed birthing hospitals and centers |
| PHL Section 576-b(1)  10 NYCRR Sections 58-1.7 and 58-1.9 | Testing | To allow clinical labs to accept and examine specimens for COVID-19 testing from nursing home and adult care facilities personnel without a prescription or order and to report tests to the appropriate staff at the facilities and to require the facilities to report positives to the local department of health for treatment and isolation orders and to the extent necessary to permit a limited service laboratory, authorized to test for COVID-19 infection as part of the enhanced economic activity plan authorized by DOH and pursuant to this EO, to accept and examine specimens for COVID-19 rapid testing without a patient specific order or prescription or order from an authorized ordering source; provided that, limited service laboratories shall make available to patients (including via an online registration) the guidance to be issued by DOH related to rapid testing under this EO. A limited service lab may utilize this EO as the authorized ordering source in any laboratory repots and documentation associated with testing pursuant to the enhanced economic activity plan authorized by DOH guidance. Further, to ensure appropriate follow-up with patients who test positive for COVID-19 and to ensure appropriate isolation orders are issued if necessary, the limited service laboratory shall report any positive results within 24 hours to DOH through the Electronic Clinical Laboratory Reporting System (ECLRS), and the local department of health[[33]](#footnote-33) |
| Education Law 6530 | Testing | To the extent necessary to allow physicians to order COVID-19 tests for self-collection without having a physician-patient relationship |
| Reinstates directive (not a waiver of statute or regulation, but authorized under Executive Law Section 29-a of Article 2-B) modifying Executive Orders 202.12 and 202.13 | Labor/delivery | The directives of Executive Order 202.12 and 202.13 are modified insofar as to require any article twenty-eight facility, shall, as a condition of licensure, allow any patient giving birth to have present with them a support person and/or doula, who does not have symptoms of COVID-19, for the labor, deliver, and also the remaining duration of the patient’s stay. The presence of a support person and/or doula will be subject to exceptions for medical necessity determined by the Commissioner of Health |
| ~~Reinstatement of directive (not waiver of statute or regulation, but authorized under PHL Section 2803and 10 NYCRR Parts 400, 401, 405 (Reinstated by EO 202.28), 409, 710, 711 and 712) modifying Executive Order 202.10~~  Superseded by EO 202.45 | ~~Miscellaneous hospital requirements; Bed capacity~~ | ~~The directive of Executive Order 202.10 authorizing the Commissioner of Health to direct all general hospitals, ambulatory surgery centers, office-based surgery practices, and diagnostic and treatment centers to increase the number of beds available to patients, including by cancelling all elective surgeries and procedures, is hereby modified only to the extent necessary to authorize general hospitals to perform elective surgeries and procedures so long as the following criteria are met: within a county, the total available hospital inpatient capacity is over thirty percent and the total available hospital ICU capacity is over thirty percent and the total change, from April 17, 2020 to April 27, 2020, in the number of hospitalized patients who are positive for COVID-19 is fewer than ten; for each hospital within a county that has met the eligibility criteria. The Commissioner of Health is authorized to issue guidance with respect to the implementation of these criteria.~~  ~~General hospitals that are authorized to perform elective surgeries and procedures must report, at a minimum, the number and types of surgeries and procedures performed to DOH in a manner prescribed by the Commissioner of Health~~  ~~General hospitals that do not meet the criteria to perform elective surgeries and procedures may seek a waiver from the prohibition, by submitting a plan that includes, at a minimum, their facility capacity, physical configuration, infectious disease protocols, and staffing capacity, including any applicable employment hardship information that includes any reductions in workforce, including furloughs, that have occurred due to the inability of such facility to perform elective surgeries of procedures, or any reductions in workforce, including furloughs, that may imminently occur due to the inability of such facility to perform elective surgeries or procedures, to the Department of Health, in a manner prescribed by the Commissioner of Health.~~  ~~General hospitals shall not perform any elective surgery or procedure for patients until each such patient has tested negative for COVID-19 through an approved diagnostic test, and the hospital and patient have complied with the pre-operative and pre-procedure guidelines in a manner prescribed by the Commissioner of Health~~ |
| Extension of any suspension or modification on out-of-state health professional licensure or registration in Executive Order 202 or any Executive Order issued thereafter | Professional licensure; Professional registration | Any suspension or modification of any law heretofore suspended in Executive Order 202, or any amended or modified Executive Order issued thereafter, which allowed for the practice of a profession in New York State without a current New York State licensure or registration, including but not limited to those individuals who are validly licensed in another state or Canada |
| 10 NYCRR Section 405.4(g)(2)(ii) | Physician licensure; International medical graduates | To the extent necessary to allow graduates of foreign medical schools having at least one year of graduate medical education to provide patient care in hospitals, is modified so as to allow such graduates without licenses to provide patient care in hospitals if they have completed at least one year of graduate medical education |
| Education Law Section 6502  8 NYCRR 59.8 | PA registration | To the extent necessary to allow any physician assistant licensed and in current good standing in New York State but not registered in New York State to practice in New York State without civil or criminal penalty related to lack of registration |
| Education Law Section 6502  8 NYCRR 59.8 | Nurse registration | To the extent necessary to allow registered professional nurses, licensed practical nurses and nurse practitioners licensed and in current good standing in New York State but not registered in New York State to practice in New York State without civil or criminal penalty related to lack of registration |
| Education Law Section 6907(5) and associated regulations | Nursing school graduates | To the extent necessary to permit graduates of registered professional nurse and licensed practical nurse licensure qualifying education programs registered by the State Education Department to be employed to practice nursing under the supervision of a registered professional nurse and with the endorsement of the employing hospital or nursing home for 180 days immediately following graduation |
| Education Law Sections 6951, 6952, 6953 and 6955 | Midwife licensure | To the extent necessary to allow midwives licensed and in current good standing in any state in the United States, or in any province or territory of Canada, to practice in New York State without civil or criminal penalty related to lack of licensure |
| Education Law Section 6524  8 NYCRR Section 60.7  10 NYCRR Section 405.4(g)(1) | Medical school graduates | To the extent necessary to allow any physician who will graduate in 2020 from an academic medical program accredited by a medical education accrediting agency for medical education by the Liaison Committee on Medical Education or the American Osteopathic Association, and has been accepted by an Accreditation Council for Graduate Medical Education accredited residency program within or outside of New York State to practice at any institution under the supervision of a licensed physician |
| Education Law Sections 6512 through 6516 and 8510  8 NYCRR Part 79-4 | Respiratory therapy technician licensure | To the extent necessary to allow respiratory therapy technicians licensed and in current good standing in any state in the United States to practice in New York State without civil or criminal penalty related to lack of licensure |
| Education Law Sections 6512 through 6516, and 6524  8 NYCRR Part 60 | Medical school graduates | To the extent necessary to allow individuals, who graduated from registered or accredited medical programs located in New York State in 2020, to practice medicine in New York State, without the need to obtain a license and without civil or criminal penalty related to lack of licensure, provided that the practice of medicine by such graduates shall in all cases be supervised by a physician licensed and registered to practice medicine in the State of New York |
| Education Law Sections 6512 through 6516, and 6905, 6906 and 6910  8 NYCRR Part 64 | Nurse licensure | To the extent necessary to allow registered nurses, licensed practical nurses, and nurse practitioners or a substantially similar title licensed and in current good standing in any province or territory of Canada, to practice in New York State without civil or criminal penalty related to lack of licensure |
| Education Law Sections 6512 through 6516, and 6524  8 NYCRR Part 60 | Physician licensure | To the extent necessary to allow physicians licensed and in current good standing in any province or territory of Canada, to practice medicine in New York State without civil or criminal penalty related to lack of licensure |
| Education Law Sections 6512-6516, and 6541  8 NYCRR Part 60.8 | PA licensure | To the extent necessary to allow physician assistants or a substantially similar title licensed and in current good standing in any province or territory of Canada, to practice in New York State without civil or criminal penalty related to lack of licensure |
| Education Law Sections 6512 through 6516, 6548 and 6911  8 NYCRR Sections 60.11 and 64.8 | Nurse specialist certification | To the extent necessary to allow clinical nurse specialists, specialist assistants, and substantially similar titles certified and in current good standing in any state in the United States, or any province or territory of Canada, to practice in New York State without civil or criminal penalty related to lack of certification |
| Education Law Section 6502  8 NYCRR Section 59.8 | Professional registration | To the extent necessary to allow specialist assistants, respiratory therapists, respiratory therapist technicians, pharmacists, clinical nurse specialists, dentists, dental hygienists, registered dental assistants, midwives, perfusionists, clinical laboratory technologists, cytotechnologists, certified clinical laboratory technicians, certified histological technicians, licensed clinical social workers, licensed master social workers, podiatrists, physical therapists, physical therapist assistants, mental health counselors, marriage and family therapists, creative arts therapists, psychoanalysts and psychologists who have an unencumbered license and are currently in good standing in New York State but not registered in New York State to practice in New York State without civil or criminal penalty related to lack of registration |
| Education Law Section 6908 and associated regulations | Nursing school graduates | To the extent necessary to permit graduates of State Education Department registered, licensure qualifying nurse practitioner education programs to be employed to practice nursing in a hospital or nursing home for 180 days immediately following successful completion of a New York State Registered licensure qualifying education program, provided that the graduate files with the State Education Department an application for certification as a nurse practitioner |
| Education Law Section 8609 and associated regulations | Lab technology/technician school graduates | To the extent necessary to permit graduates of State Education Department registered, licensure qualifying clinical laboratory technology and clinical laboratory technician education programs to be employed to practice for 180 days immediately following successful completion of a New York State Registered licensure qualifying education program, in a clinical laboratory with a valid New York State permit, provided that the graduate files an application for a New York State clinical laboratory practitioner license and limited permit |
| EO 202.45 – Effective June 15, 2020; Modifications most recently extended through July 5, 2021[[34]](#footnote-34) | | |
| Reinstates directive (not waiver of statute or regulation, but authorized under PHL Section 2803and 10 NYCRR Parts 400, 401, 405 (Reinstated by EO 202.28), 409, 710, 711 and 712) modifying Executive Order 202.10 | Miscellaneous hospital requirements; Bed capacity | The directive contained in Executive Order 202.44 regarding elective surgeries is hereby amended to provide at the directive contained in Executive Order 202.10 authorizing the Commissioner of Health to direct all general hospitals, ambulatory surgery centers, office-based surgery practices and diagnostic and treatment centers to increase the number of beds available to patients, including by cancelling all elective surgeries and procedures, is hereby modified to authorize general hospitals to perform elective surgeries and procedures so long as the established criteria are met currently, whether or not such criteria were met on the dates set forth in such directive, and as modified by the June 14 Department of Health guidance |
| EO 202.61 – Effective September 9, 2020; Modifications most recently extended through May 27, 2021[[35]](#footnote-35); Directives most recently extended through July 5, 2021[[36]](#footnote-36) | | |
| ~~PHL Section 579 subdivision 1~~  Superseded by EO 202.72 | ~~Clinical lab~~ | ~~To the extent necessary to require immediate reporting (not more than 3 hours) of results of COVID-19 and influenza testing by additional clinical laboratories, including those operated by a licensed physician, osteopath, dentist, midwife, nurse practitioner, or optometrist who is authorized by the FDA or Department of Health to administer a point of care COVID-19 test and registered with the Department of Health as a physician office laboratory, in accordance with PHL Section 576-c and NYCRR Section 58-1.14; provided further as it relates to COVID-19 testing, containing information pertaining to attendance and employment in school as required by the directives included in this Executive Order~~ |
| ~~Directive (not a waiver of statute or regulation, but authorized under Section 29-a of the Executive Law)~~  Superseded by EO 202.72 | ~~Licensed professionals~~ | ~~Every licensed professional authorized by the Department of Health Physician Office Laboratory Evaluation Program to administer a test for COVID-19 or influenza, whether alone or in conjunction with any other test, shall report such results immediately (not more than 3 hours) to the Department of Health through the Electronic Clinical Laboratory Reporting System (ECLRS) when a result is received~~   * ~~Provided further that every professional authorized to administer a test for COVID-19 shall not take such sample or administer such test without inquiring, if such individual attends school, and if so, as to where such individual attends school and to report such data to ECLRS; and as to place of employment, and whether the individual works or volunteers in an elementary, secondary school, or post-secondary school, and if so, to report such data to ECLRS~~ * ~~Additionally, every professional authorized to administer a test for COVID-19 shall not take such sample or administer such test without inquiring as to the individual’s local address, if such address differs from the individual’s permanent address, and such local address must be reported to ECLRS~~ |
| ~~Directive (not a waiver of statute or regulation, but authorized under Section 29-a of the Executive Law)~~  Superseded by EO 202.72 | ~~Clinical lab~~ | ~~Every licensed laboratory in the state of New York shall require that, prior to processing any specimen for a COVID-19 test, alone or in conjunction with a test for any other communicable disease, information related to school or attendance, or place of employment or volunteer work for any adult, be transmitted to such laboratory along with such sample. Such information must be reported to the State Department of Health via ECLRS~~ |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of the Executive Law) | Local health department | Every local health department in the state of New York shall report to the Department of Health, on a daily basis, in a form and manner to be determined by the Department, all COVID-19 testing and diagnoses for any individual who is a student, teacher, and any other individual who is a school employee or volunteer, for both higher and lower education institutions and districts. Such daily report shall include any other data elements as the Commissioner of Health determines to be appropriate to the track of outbreaks of COVID-19 within higher and lower education institutions, schools, and school districts |
| EO 202.69 – Effective October 14, 2020 through July 5, 2021[[37]](#footnote-37) | | |
| PHL Section 6909(4)  Education Law Section 6527(6)  8 NYCRR Section 64.7 | Physician scope of practice; Nurse scope of practice; Testing | To the extent necessary to permit physicians and certified nurse practitioners to issue a non-patient specific regimen to nurses or any such other persons authorized by law or by this Executive Order to collect throat, nasopharyngeal, or saliva swab specimens from individuals suspected of suffering from a COVID-19 infection, for purposes of testing, or to perform such other tasks as may be necessary to provide care for individuals diagnosed or suspected of suffering from a COVID-19 infection |
| EO 202.72 – Effective October 14, 2020; Modifications most recently extended through July 5, 2021[[38]](#footnote-38); Directives most recently extended through July 5, 2021[[39]](#footnote-39) | | |
| PHL Section 579 subdivision 1 | Clinical lab | To the extent necessary to require reporting within 24 hours of results of COVID-19 and influenza testing by additional clinical laboratories, including those operated by a licensed physician, osteopath, dentist, midwife, nurse practitioner, or optometrist who is authorized by the FDA or Department of Health to administer a point of care COVID-19 test and registered with the Department of Health as a physician office laboratory, in accordance with PHL Section 576-c and NYCRR Section 58-1.14; provided further as it relates to COVID-19 testing, containing information pertaining to attendance and employment in school as required by the directives included in this Executive Order |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of the Executive Law) | Licensed professionals | Every licensed professional authorized by the Department of Health Physician Office Laboratory Evaluation Program to administer a test for COVID-19 or influenza, whether alone or in conjunction with any other test, shall report such results within 24 hours to the Department of Health through the Electronic Clinical Laboratory Reporting System (ECLRS) when a result is received, provided the Department may require more frequent reporting if deemed necessary   * Provided further that every professional authorized to administer a test for COVID-19 shall not take such sample or administer such test without inquiring, if such individual attends school, and if so, as to where such individual attends school and to report such data to ECLRS; and as to place of employment, and whether the individual works or volunteers in an elementary, secondary school, or post-secondary school, and if so, to report such data to ECLRS * Additionally, every professional authorized to administer a test for COVID-19 shall not take such sample or administer such test without inquiring as to the individual’s local address, if such address differs from the individual’s permanent address, and such local address must be reported to ECLRS |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of the Executive Law) | Clinical lab | Every licensed laboratory in the state of New York shall require that, prior to processing any specimen for a COVID-19 test, alone or in conjunction with a test for any other communicable disease, information related to school or attendance, or place of employment or volunteer work for any adult, be transmitted to such laboratory along with such sample. Such information must be reported to the State Department of Health via ECLRS |
| EO 202.73 – Effective November 9, 2020 through January 29, 2021[[40]](#footnote-40) | | |
| ~~PHL Section 4656 (7)~~  ~~18 NYCRR Section 488.9 subdivision (a) paragraph (5), Section 487.9 subdivision (a) paragraph (8), and Section 415.26 subdivision (c) paragraph (1) subparagraph (v) clause (6)~~  Superseded by EO 202. 88 | ~~Testing~~ | ~~To suspend the current modifications of law and regulation pursuant to EO 202.30 as modified by EO 202.40, as extended, that require nursing homes to test staff, is further extended and modified to require that nursing homes located in red, orange, or yellow zones as designated pursuant to EO 202.68 must test or make arrangement for the testing of all personnel, including all employees, contract staff, medical staff, operators, and administrators, for COVID-19, as directed by the Commissioner of Health~~ |
| EO 202.77 – Effective November 23, 2020; Modifications most recently extended through July 5, 2021[[41]](#footnote-41); Directives most recently extended through July 5, 2021[[42]](#footnote-42) | | |
| 10 NYCRR Sections 415.3(i) and 1001.7(a)  18 NYCRR Sections 487.4(c), 488.4(c), and 494.4(e) | Nursing facilities | To the extent necessary to comply with guidance issued pursuant to the directive contained therein for patients being released from a nursing home or adult care facility for a leave of absence to visit friends or relatives, in order to protect the health and safety of other residents at the facility upon such resident’s return |
| Directive authorized by Executive Law Article 2-B Section 29-a | Nursing facilities | Effective immediately, the Commissioner of Health is ordered and directed to establish guidelines for the acceptance of patients after being released from a nursing home or adult care facility for a leave of absence to visit friends and relatives. Any guidance issued shall be binding on all such facilities as required by Executive Order 202.30, including ability to implement transmission-based precautions for such resident |
| EO 202.79 – Effective December 2, 2020 through July 5, 2021[[43]](#footnote-43) | | |
| 10 NYCRR Section 405.9(7)(h) | Transfer/admission/discharge | To the extent necessary to permit general hospitals licensed pursuant to Article 28 of the PHL that are treating patients during the disaster emergency to rapidly transfer or receive such patients, and to enable inter- or intra-system patient load balancing as may be required by the Commissioner of Health, provided such facilities take all reasonable measures to protect the health and safety of such patients including safe transfer practices |
| EO 202.81 – Effective December 13, 2020 through May 6, 2021[[44]](#footnote-44) | | |
| ~~Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law)~~  Modified in EO 202.100 | ~~Testing; Transfer/admission/discharge~~ | ~~The directive contained in EO 202.30 as continued in EO 202.79 is thereby modified to allow an article 28 general hospital to discharge a patient who has not obtained a negative result to a COVID-19 test, provided that such patient is beyond the infectious period of time as required to be measured by CDC policy, only to a COVID-positive only facility if such facility first certifies that it is able to properly care for such patient~~ |
| EO 202.82 – Effective December 13, 2020; Modifications most recently extended through July 5, 2021[[45]](#footnote-45); Directives most recently extended through July 5, 2021[[46]](#footnote-46) | | |
| Insurance Law Sections 3216(i)(17)(E) and (F) and 4303(j)(3) | Vaccine administration; Health insurance | To apply to grandfathered health plans with regard to COVID-19 immunizations |
| Education Law Sections 6521 and 6902  Modified from EO 202 | Testing; Non-nursing staff scope of practice | Insofar as the regulations limit the execution of medical regimens prescribed by a licensed physician or other licensed and legally authorized health care provider to registered nurses licensed pursuant to the Education Law Article 139, to the extent necessary to permit non-nursing staff, as permitted by law or EO and upon completion of training deemed adequate by the Commissioner of Health, to (1) collect throat, nasal, or nasopharyngeal swab specimens, as applicable and appropriate, from individuals suspected of being infected by COVID-19 or influenza, for purposes of testing; (3) collect blood specimens for the diagnosis of acute or past COVID-19 disease; (3) administer vaccinations against influenza or COVID-19 pursuant to the most recent recommendations by the Advisory Committee for Immunization Practices (ACIP) and/or an applicable US Food and Drug Administration (FDA) approval or Emergency Use Authorization (EUA), subject to any other conditions set forth in this EO including but not limited to training and supervision, where applicable and (4) where applicable and to the extent necessary, to perform tasks, under the supervision of a nurse, otherwise limited to the scope of practice of a licensed of registered nurse to provide care for individuals diagnosed or suspected of suffering from COVID-19 or influenza infection |
| Education Law Section 6909(4) and Section 6527(6)  8 NYCRR Section 64.7  Modified from EO 202.1 | Testing; Standing orders | Include Education Law Section 6902(1), Section 6909(5), and Section 6527(7), and 8 NYCRR Section 63.9, in order to permit licensed physicians and certified nurse practitioners to issue a non-patient specific regiment to nurses, physician assistants, specialist assistants, pharmacists, or any such other persons authorized by law or by this EO and consistent with guidance as may be issued by the Commissioner to: (1) collect throat, nasal, or nasopharyngeal swab specimens, as applicable and appropriate, from individuals suspected of suffering from a COVID-19 or influenza infection, for purposes of testing; (2) collect blood specimens for the diagnosis of acute or past COVID-19 disease; (3) administer vaccinations against influenza or COVID-19 pursuant to the most recent recommendations by the ACIP and/or an applicable FDA approval or EUA, subject to any other conditions set forth in this EO including but not limited to conditions related to training and supervision, where applicable; or (4) where applicable and to the extent necessary, to perform tasks, under the supervision of a nurse, otherwise limited to the scope of practice of a licensed or registered nurse to provide care for individuals diagnosed or suspected of suffering from a COVID-19 or influenza infection |
| Education Law Section 6527(6) and Section 6909(5)  8 NYCRR Section 64.7 | Vaccine administration; Standing orders; Nurse scope of practice | To the extent necessary to permit non-patient specific regimens to be prescribed, ordered to, and executed by registered professional nurses for the administration of COVID-19 vaccine |
| Education Law Section 6902 | Vaccine administration; Standing orders; Nurse scope of practice | To permit non-patient specific regimens for the administration of COVID or influenza vaccination to be prescribed, ordered to, and executed by licensed practical nurses, so that for the purposes of this EO only such licensed practical nurses may administer COVID and influenza vaccinations at Points of Dispensing (POD) sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such licensed practical nurses must first receive training in: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of personal protective equipment (PPE) sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic cardiopulmonary resuscitation (CPR), which at a minimum must include a certification in basic CPR by an online program that has received accreditation from the American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for Continuing Medical Education |
| Laws of 2020 Chapter 110 | Vaccine administration; Pharmacist scope of practice | To the extent necessary, and subject to the certification by the Commissioners of Health and Education to permit licensed pharmacists to administer COVID-19 vaccine less than 90 days after approval of such vaccine by the FDA’s Center for Biologics Evaluation and Research |
| Education Law Section 6801(2) and (3)  8 NYCRR Section 63.9 | Vaccine administration, Standing orders, Pharmacist scope of practice | To permit patient specific orders or non-patient specific regimens for the administration of COVID vaccination to be prescribed, ordered to, and executed by licensed pharmacists certified to administer immunizations by the State Education Department (SED) as well as newly licensed pharmacist, as specified and permitted by this EO |
| Education Law Section 6801(2) and (3), Section 6527 (7), Section 6909(7), Section 6802 (22), and Section 6828(1)  8 NYCRR 63.9 | Vaccine administration, Standing orders; Pharmacist scope of practice | To permit non-patient specific regimens for the administration of COVID or influenza vaccination to be prescribed, ordered to, and executed by licensed pharmacists not certified to administer immunizations by the SED, so that for the purposes of this EO only such pharmacists may administer COVID and influenza vaccinations at POD sites overseen by the DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such pharmacists must first receive training in: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of PPE sufficient to provide the basic level of competence for such tasks; (3) a current certification in basic CPR by an online program that has received accreditation from the American Nurses Credentialing Center, the ACPE, or the Accreditation Council for Continuing Medical Education |
| Education Law Section 6801(2) and Section 6802(22)  8 NYCRR Section 63.9 | Vaccine administration; Standing orders; Pharmacist scope of practice | To permit licensed physicians and certified nurse practitioners, located in any county within New York State, to issue a patient specific prescription or a non-patient specific regimen for COVID-19 and influenza vaccination to a pharmacist who is not certified to administer vaccinations as well as to newly licensed pharmacists, as specified and permitted by this EO unless administering COVID-19 or influenza vaccinations at a POD site |
| Education Law Section 6801(2 and (3), Section 6527(7), Section 6909(7), Section 6802(22), and Section 6828(1)  8 NYCRR Section 63.9 | Vaccine administration; Pharmacist scope of practice | To permit newly licensed pharmacists, previously issued a limited permit with certification to administer immunizations pursuant to Education Law Section 6806 and 8 NYCRR Section 63.4, to continue to provide such immunizations in New York State for ninety days immediately following licensure and registration in New York State and pending certification of administration for which an application has been filed with the Department of Education |
| Education Law Section 6951  8 NYCRR Section 79-5.5 | Vaccine administration; Midwife scope of practice | Insofar as such provisions limit the practice of midwifery to management of normal pregnancies, childbirth, and postpartum care as well as primary preventative reproductive health care of essentially healthy women, and newborn evaluation, resuscitation, and referral for infants, and insofar as it limits the practice of midwifery to midwives who practice in accordance with collaborative relationships with licensed physicians or hospitals, so that for the purposes of this EO only, midwives may administer vaccinations against influenza and COVID-19 to any patient pursuant to a non-patient specific order at POD sites overseen or approved by DOH or local health departments, and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners. Provided, however that a midwife without a certificate issued by the SED for administering immunizing agents, must first receive training in the following areas, as determined by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of PPE sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic CPR, which at a minimum must include a certification in basic CPR by an online program that has received accreditation from the American Nurses Credentialing Center, the ACPE, or the Accreditation Council for Continuing Medical Education |
| Education Law Section 6601 | Vaccine administration; Dentist scope of practice | Insofar as it limits the practice of dentistry to the treatment of the mouth and adjacent tissue, to the exclusion of any other part of the human body, so that, for the purposes of this EO only, dentists may administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such dentists first receive training in the following areas, as determined by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of PPE sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic CPR, which at a minimum must include a certification in basic CPR by an online program that has received accreditation from the American Nurses Credentialing Center, the ACPE, or the Accreditation Council for Continuing Medical Education |
| Education Law Section 6606(1)  8 NYCRR Section 61.9 | Vaccine administration; Dental hygienist scope of practice | Insofar as they restrict the practice of dental hygiene to the performance of dental services and require that the practice of dental hygiene be conducted in the office of any licensed dentist or appropriately equipped school or public institution, under the supervision of a dentist, so that, for the purposes of this EO only, dental hygienists who have been issued a dental hygiene restricted local infiltration anesthesia/nitrous oxide analgesia certificate in accordance with Education Law Section 6605 and 8 NYCRR Section 61.17 may administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such dental hygienists first receive training in the following areas , as determined by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indication, precautions, contraindications, infection control practices; (2) use of PPE sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic CPR, which at a minimum must include a certification in basic CPR by an online program that has received accreditation from the American Nurses Credentialing center, the ACPE, or the Accreditation Council for Continuing Medical Education |
| Education Law Section 7001(2) | Vaccine administration; Podiatrist scope of practice | Insofar as it limits the practice of podiatry to the treatment of the foot, to the exclusion of any other part of the human body, so that, for the purposes of this EO only, podiatrists may administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such podiatrists first receive training in the following areas, as determined by the Commissioner oof Health after consultation with the Commissioner oof Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of PPE sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic CPR, which at a minimum must include a certification in basic CPR by an online program that has received accreditation from the American Nurses Credentialing Center, the ACPE, or the Accreditation Council for Continuing Medical Education |
| PHL Section 3001(6) and (7)  10 NYCRR Section 800.3(o) and (p) and Section 800.15 | Vaccine administration; EMT scope of practice | Insofar as they limit the responsibilities of emergency medical technicians (EMT) and advanced emergency medical technicians to administration of initial emergency medical care and transportation of sick or injured persons and insofar as they require EMTs and advanced EMTs to treat patients in accordance with applicable State-approved protocols unless authorized to do otherwise for an individual patient by a medical control physician, so that, for the purposes of this EO only, EMTs and advanced EMTs may administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such EMTs first receive training in the following areas, as determined by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of PPE sufficient to provide the basic level of competence for such tasks, and (3) a current certificate in basic CPR, which at a minimum must include a certification in basic CPR by an online program that has received accreditation from the American Nurses Credentialing Center, the ACPE, or the Accreditation Council for Continuing Medical Education |
| PHL Section 3001(7)  10 NYCRR Section 800.3(p) | Vaccine administration; EMT-paramedic scope of practice | To allow certified EMT-paramedics, providing community paramedicine services in accordance with EO 202 and with prior approval from DOH, to administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order and under the medical direction of a licensed physician. Provided, however, that EMT-paramedics must first receive training in the following areas, as determined by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of PPE sufficient to provide the basic level of competence for such tasks and (3) a current certificate in basic CPR, which at a minimum must include a certification in basic CPR by an online program that has received accreditation from American Nurses Credentialing Center, the ACPE, or the Accreditation Council for Continuing Medical Education |
| Education Law Section 6801(2)(a) and (b)  8 NYCRR Section 63.9(b)(5) | Vaccine administration; Reporting; Pharmacist scope of practice | Insofar as they require licensed pharmacists administering immunizing agents pursuant to a non-patient specific regimen to report such administrations to patients’ attending physicians and provide information to patients on the importance of having a primary health care practitioner, so that, for purposes of this EO only, licensed pharmacists may administer vaccinations against influenza and COVID-19 without reporting such administrations to patients’ attending physicians, but must, at a minimum, report the vaccination to the City Immunization Registry (CIR) or the New York State Immunization Information Registry (NYSIIS) |
| 8 NYCRR Section 64.7(a)(3)(ii) | Vaccine administration; Reporting; Nurse scope of practice | Insofar as it requires registered professional nurses administering immunizing agents pursuant to a non-patient specific regimen to report such administration to patients’ attending physicians, so that, for the purposes of this EO, registered professional nurses may administer vaccinations against influenza and COVID-19 without reporting such administrations to patients’ attending physicians, but at a minimum, must report the vaccination to the CIR or NYSIIS, as applicable |
| 8 NYCRR Section 29.2(a)(3) | Vaccine administration; Recordkeeping | Insofar as it makes it an act of professional misconduct for the professions listed within that section to fail to maintain and retain a record for each patient which accurately reflects the evaluation and treatment of the patient so that for the purposes of this EO only, persons practicing the professions listed within that section who are authorized to administer vaccinations pursuant to this EO are not required to maintain and retain such record for those to whom they administer vaccinations against influenza or COVID-19, provided that such persons must comply with all recordkeeping requirements directed by DOH |
| 8 NYCRR Section 64.7 (a)(3)(II) | Vaccine administration; Recordkeeping | Insofar as it requires a registered professional nurse administering an immunizing agent pursuant to a non-patient specific regimen to ensure that a record of all persons immunized is recorded, maintained, and retained in accordance with the regulations of the Board of Regents of the SED Section 29.2(a)(3), so that, for the purposes of this EO only, registered professional nurses are not required to ensure that a record is maintained and retained for those to whom they administer vaccinations against influenza or COVID-19, provided that such persons must comply with all recordkeeping requirements directed by DOH |
| 8 NYCRR Section 63.9(b)(5)(xi) | Vaccine administration; Recordkeeping; Pharmacist scope of practice | Insofar as it requires a pharmacist administering an immunizing agent pursuant to a non-patient specific regimen to ensure that a record of all persons immunized is recorded, maintained, and retained in accordance with the regulations of the Board of Regents of the SED Section 29.2(a)(3), so that, for the purposes of this EO only, pharmacists are not required to ensure that such a record is maintained and retained for those to whom they administer vaccinations against influenza and COVID-19, provided that such persons must comply with all recordkeeping requirements directed by DOH |
| 8 NYCRR Section 64.7(a)(2) | Vaccine administration; Nurse credentialing | Insofar as it requires a registered professional nurse authorized to administer immunization agents pursuant to a non-patient specific order to be currently certified in CPR to clarify that for the purpose of this EO, registered professional nurses must have a current certificate in basic CPR, which at minimum must include a certification in basic CPR by an online program that has received accreditation from the American Nurses Credentialing Center, the ACPE, or the Accreditation Council for Continuing Medical Education |
| Education Law Section 6542 paragraph 1  Modified from 202.10 | Vaccine administration; PA scope of practice; Supervision | Modify to the extent necessary to include any associated regulations, including but not limited to, 10 NYCRR Section 94.2(a) and (b) and 8 NYCRR Section 29.2(a)(5), in order to permit a physician assistant to provide medical services appropriate to their education, training, and experience without oversite from a supervising physician, including but not limited to, administering COVID-19 and influenza vaccine and medically supervising POD or other types of vaccination sites, as permitted by this EO, without civil or criminal penalty related to a lack of oversight by a supervising physician |
| Education Law Section 6902(3) and any associated regulations, including but not limited to, 10 NYCRR Sections 29.2, 29.14, and 64.5  Modified from EO 202.10 | Vaccine administration; Nurse scope of practice; Practice agreement; Collaborative relationship | Modify to the extent necessary to permit a nurse practitioner to provide medical services appropriate to the education, training and experience, without a written practice agreement or collaborative relationship with a physician, including but not limited to, administering COVID-19 and influenza vaccine and medically supervising POD or other types of vaccination sites, as permitted by this EO, without civil or criminal penalty related to a lack of written practice agreement, or collaborative relationship, with a physician |
| ~~PHL Section 2168~~  ~~10 NYCRR Section 66-1.2~~  Superseded by EO 202.88  Reissued in EO 202.89 | ~~Reporting~~ | To the extent necessary to: (1) suspend the requirement that persons 19 years of age ~~or older must consent to have their immunization information reported to NYSIIS or CIR, so that for the purposes of this EO, the New York State and New York City Commissioners of Health may include adult immunization information in NYSIIS or CIR, as applicable, without the consent of the vaccine, and subject to guidance issued by DOH; and (2) required all influenza and COVID-19 vaccinations for any individual (child or adult) to be reported to NYSIIS or CIR, as applicable, within 24 hours of administration of such vaccine. Nothing in this provision shall be read to permit the vaccination of any person without their consent, or the consent of another person legally authorized to provide such consent on their behalf such as a parent or guardian~~ |
| PHL Article 5 title V  10 NYCRR Parts 19 and 58  Modified from EO 202.10 | Clinical lab | Modify to the extent necessary to authorize certain laboratories to perform testing for the detection of SARS-CoV-2 specimens, to the extent necessary to further allow laboratories holding a CLIA certificate in the relevant specialty of testing and meeting the CLIA quality standards described in 42 CFR Subparts H, J, K, and M, upon approval from DOH, to perform testing for the detection of influenza virus, respiratory syncytial virus RNA, or other respiratory panels as approved by DOH, in specimens collected from individuals suspected of suffering from a COVID-19 infection including postmortem specimens |
| Education Law Sections 8602 and 8603  10 NYCRR Section 58-1.5  Modified in EO 202.16 | Testing | Modify to the extent necessary to authorize individuals to perform testing for the detection of SARS-CoV-2, or its antibodies, in specimens collected from individuals suspected of suffering from a COVID-19 infection, to the extent necessary to further allow such individuals to perform any clinical laboratory test on any specimen, provided such individual is under appropriate supervision and meets the federal requirements for testing personnel appropriate to the assay or device authorized by the FDA or DOH |
| Education Law Section 6801  Modified from EO 202.24 | Pharmacist scope of practice | Insofar as such modification authorized licensed pharmacists to order and administer COVID-19 tests, to the extent necessary to further allow licensed pharmacists to order and administer COVID-19 tests, to the extent necessary to further allow licensed pharmacists to order tests for the detection of influenza virus or respiratory syncytial virus RNA, in specimens collected from individuals suspected of suffering from a COVID-19 or influenza infection; and to administer tests for the detection of influenza virus or respiratory syncytial virus RNA, subject to certificate of waiver requirements pursuant to the federal clinical laboratory improvement act of nineteen hundred eighty-eight, in patients suspected of suffering from a COVID-19 or influenza infection, or suspected of having recovered from COVID-19 infection, upon completion of appropriate training developed by DOH |
| 10 NYCRR Parts 709 and 710  Modified from EO 202.1 | Changes to the physical plant and bed capacity; Construction of new facilities | Modify to the extent necessary to allow construction applications for temporary hospital locations and extensions to be approved by the Commissioner of Health without considering the recommendation of the health systems agency or the Public Health and Health Planning Council, is modified to clarify that such temporary location and extensions may include temporary vaccination sites |
| Education Law Section 6808 and any regulations promulgated thereunder | Vaccine transfer | To the extent necessary to permit an authorized vaccine provider within New York State to furnish federal COVID-19 vaccine and ancillary supplies (obtained as a result of enrollment in the CDC COVID-19 Vaccine Program) to another authorized vaccine provider within New York State, who has also enrolled in the CDC COVID-19 Vaccination Program, for the purposes of administering such vaccination at no cost and subject to applicable storage and handling requirements; the conditions set forth in CDC COVID-19 Vaccination Program Provider Agreement, and any guidance issued by DOH in consultation with SED |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law) | Vaccine administration; Students | Individuals enrolled in the following educational programs may administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order at POD sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such students have completed at least one year of clinical experience (unless otherwise specified in this EO) and first receive training in the following areas, as determined by and in accordance with guidance issued by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of PPE sufficient to provide the basic level of competence for such tasks; (3) a current certificate in basic CPR, which at a minimum must include a certification in basic CPR by an online program that has received accreditation from the American Nurses Credentialing Center, the ACPE, or the Accreditation Council for Continuing Medical Education; (4) subject to any other conditions as specified by the Commissioner of Health in consultation with the Commissioner of Education, including but not limited to requiring the applicable educational institutions and programs in which students are enrolled to assess such students’ vaccine administration skills and issue an attestation on a form to be approved by the Commissioners of Health and Education that such students have completed all required trainings and displayed competence in vaccine administration:   * A medical program approved and/or registered by SED pursuant to Education Law Article 131 and 8 NYCRR Part 60 * A registered professional nursing program or licensed practical nursing program approved and/or registered by SED pursuant to Education Law Article 139 and 8 NYCRR Part 64 * A physician assistant program approved and/or registered by SED pursuant to Education Law Article 131-B and 8 NYCRR Part 60 * A pharmacy program approved and/or registered by SED pursuant to Education Law Article 137 and 8 NYCRR Part 63. For the purposes of this EO, pharmacy students who have obtained a limited permit, including a certificate to administer immunizations, pursuant to Education Law Section 6806 and 8 NYCRR Section 63.4 shall be deemed to have the minimum necessary clinical experience to administer COVID-19 and influenza vaccinations in a POD setting, provided such students meet all other training requirements and adhere to all applicable guidance set forth above * A dentistry program approved and/or registered by SED pursuant to Education Law Article 133 and 8 NYCRR Part 61 * A podiatric medicine program approved and/or registered by SED pursuant to Education Law Article 141 and 8 NYCRR Part 65 * A midwifery program approved and/or registered by SED pursuant to Education Law Article 140 and 8 NYCRR Subpart 79-5 |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law) | Physician credentialing; Nurse credentialing; PA credentialing | Any licensed physician, licensed physician assistant, and certified nurse practitioner medically supervising POD or other types of vaccination sites, as permitted by this EO, and overseen or approved by DOH or local health departments must have a current certification in CPR |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law) |  | Within 60 days of this EO, all clinical laboratories permitted by DOH pursuant to PHL Title V article 5, and having more than 25 employees, must become qualified entity participants and connect to the SHIN-NY through a qualified entity, and must allow private and secure bi-directional access to patient information by other qualified entity participants authorized by law to access such patient information, pursuant to 10 NYCRR Part 300 |
| EO 202.83 – Effective December 18, 2020 through July 5, 2021[[47]](#footnote-47) | | |
| Education Law Section 6530 (32)  8 NYCRR Section 29.2 (a)(3)  10 NYCRR Sections 58-1.11 and 405.10 | Recordkeeping | Notwithstanding any law or regulation and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, provided such dentists first receive training in the following areas, as determined by the Commissioner of Health after consultation with the Commissioner of Education: (1) techniques, indications, precautions, contraindications, infection control practices; (2) use of p to the contrary, health care providers are relieved of recordkeeping requirements to the extent necessary for health care providers to perform tasks as may be necessary to respond to the COVID-19 outbreak, including, but not limited to requirements to maintain medical records that accurately reflect the evaluation and treatment of patients, or requirements to assign diagnostic codes or to create or maintain other records for billing purposes. Any person acting reasonably and in good faith under this provision shall be afforded absolute immunity from liability for any failure to comply with any recordkeeping requirement. In order to protect from liability any person acting reasonably and in good faith under this provision, requirements to maintain medical records |
| EO 202.86 – Effective December 28, 2020; Modifications most recently extended through July 5, 2021[[48]](#footnote-48) | | |
| Education Law Sections 6502, 6524, 6905, 6906, 6910  8 NYCRR Part 59.8 | Physician registration; Nurse registration; Retirees | To the extent necessary to authorize retired physicians, registered professional nurses, licensed practical nurses, and nurse practitioners licensed to practice and in current good standing in New York State, but not currently registered in New York State, to re-register through an expedited automatic registration form developed by the State and to waive any registration fee for the triennial registration period for such registrants |
| PHL Section 12 |  | Modified to permit the Department to assess the civil penalties established on this EO |
| ~~Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law)~~ | ~~Vaccine prioritization~~ | ~~To ensure that the State has complete and accurate information about who is receiving the State’s currently limited quantity of vaccine, and to inform the State’s efforts to understand the regions and communities that are receiving the vaccine, health care providers shall require any person who is receiving the vaccine to provide information, including but not limited to an attestation that they are a member of a specific priority group that has been determined by the Department of Health. Any licensed health care provider who administers the vaccine to an individual who has not certified to being a member of the priority group or where such provider otherwise has knowledge that the individual is not a member of the priority group may be subject to civil penalties of up to one million dollars per dose administered and/or the revocation of any state-issued license~~ |
| EO 202.87 – Effective December 30, 2020 through July 5, 2021[[49]](#footnote-49) | | |
| 10 NYCRR Part 405.4(b)(6) | Physician and postgraduate trainees; Working hours | To the extent necessary to remove limits on working hours for physicians and postgraduate trainees |
| EO 202.88 – Effective January 4, 2021 through July 5, 2021[[50]](#footnote-50) | | |
| PHL Section 2168  10 NYCRR Section 66-1.2 | Reporting | To the extent necessary to: (1) suspend the requirement that persons 19 years of age or older must consent to have their immunization information reported to NYSIIS or CIR, so that for the purposes of this EO, the New York State and New York City Commissioners of Health may include adult immunization information in NYSIIS or CIR, as applicable, without the consent of the vaccine, and subject to guidance issued by DOH; and (2) required all influenza and COVID-19 vaccinations for any individual (child or adult) to be reported to NYSIIS or CIR, as applicable, within 12 hours of administration of such vaccine. Nothing in this provision shall be read to permit the vaccination of any person without their consent, or the consent of another person legally authorized to provide such consent on their behalf such as a parent or guardian |
| PHL Section 12 |  | Is modified to the extent necessary to permit DOH to assess the civil penalties established in this EO |
| ~~Directive (not a waiver of statute or regulation, but authorized under Section 29-a of Article 2-B of the Executive Law)~~ |  | ~~Any healthcare facility, provider, or entity who has been allocated and has received COVID-19 vaccine, or who has received redistributed COVID-19 vaccine, must administer all such vaccine within one week of its receipt by such facility. Any health care facility, provider, or entity who is not on pace to administer all vaccine must notify DOH on the fifth day after receipt. This will be effective for any vaccine currently on hand at any health care facility, provider, or entity as of January 4, 2020[[51]](#footnote-51), and such remaining doses must be administered no later than January 8, 2020[[52]](#footnote-52). The failure to administer vaccine in accordance with this process may result in a civil penalty of up to $100,000, and/or reduction or elimination of future allocations of vaccine. Failure to notify the Department pursuant to this directive may also cause DOH to reduce or eliminate future allocations of vaccine to such facility, provider, or entity~~ |
| PHL Section 4656 (7)  18 NYCRR Section 488.9 subdivision (a) paragraph (5), Section 487.9 subdivision (a) paragraph (8), and Section 415.26 subdivision (c) paragraph (1) subparagraph (v) clause (6) | Testing | To suspend the current modifications of law and regulation pursuant to EO 202.30 as modified by EO 202.40 that require nursing homes to test staff, is hereby modified to authorize the Commissioner of Health to set forth testing of all personnel at such facility in any area of the state irrespective of location in a micro-cluster zone as provided in 202.68 |
| EO 202.89 – Effective January 7, 2021 through July 5, 2021[[53]](#footnote-53) | | |
| 10 NYCRR Section 405.3(f) |  | To extend the terms of such subdivision to COVID-positive only facilities, thereby enabling such a facility to engage a facility manager, provide that such facility manager is an established operator of a general hospital, and subject to the approval of the Commissioner of Health |
| PHL Section 2168  10 NYCRR Section 66-1.2 | Reporting | To the extent necessary to: (1) suspend the requirement that persons 19 years of age or older must consent to have their immunization information reported to NYSIIS or CIR, so that for the purposes of this EO, the New York State and New York City Commissioners of Health may include adult immunization information in NYSIIS or CIR, as applicable, without the consent of the vaccine, and subject to guidance issued by DOH; and (2) required all influenza and COVID-19 vaccinations for any individual (child or adult) to be reported to NYSIIS or CIR, as applicable, within 24 hours of administration of such vaccine. Nothing in this provision shall be read to permit the vaccination of any person without their consent, or the consent of another person legally authorized to provide such consent on their behalf such as a parent or guardian |
| EO 202.90 – Effective January 12, 2021; Modifications most recently extended through July 5, 2021[[54]](#footnote-54); Directives most recently extended through July 5, 2021[[55]](#footnote-55) | | |
| 8 NYCRR Section 29.7 (a)(21) | Pharmacist scope of work Supervision | To the extent that a licensed pharmacist shall be authorized to supervise up to a total of four persons who are either unlicensed assistants or pharmacy technicians holding a temporary license, as established pursuant to this EO |
| Extensions and modifications contained in EO 202.82 that permit licensed practical nurses, licensed pharmacists, midwives, dentists, dental hygienists, EMTs, advanced EMTs, and EMT-paramedics, to administer vaccinations against COVID-19 | Vaccine administration; Licensed practical nurse scope of practice; Pharmacist scope of practice; Midwife scope of practice; Dentist scope of practice; Dental hygienist scope of practice; EMT scope of practice; EMT-paramedic scope of practice | Modified only to the extent necessary to permit the aforementioned individuals to administer vaccinations against COVID-19 provided that such individuals meet conditions set by the Commissioner of Health |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of the Executive Law) | Vaccine administration; Pharmacy technician scope of practice | A person (a) holding a certification from a nationally accredited pharmacy technician certification program acceptable to the DOH, (b) being of good moral character, and (c) meeting such additional qualifications for licensure as required by the Commissioner of Health, in consultation with the Commissioner of Education, shall be eligible to be temporarily licensed as a “pharmacy technician” in the State of New York and, in such capacity, may administer COVID-19 vaccinations at POD sites overseen or approved by DOH or local health departments and operated under the medical supervision of licensed physicians, licensed physician assistants, or certified nurse practitioners, and under the direct supervision of a licensed pharmacist, and at pharmacy establishments under the direct supervision of a licensed pharmacist, provided such pharmacy technicians must first receive: (1) training in techniques, indications, precautions, contraindications, infection control practices; (2) training in use of PPE sufficient to provide the basic level of competence for such tasks; and (3) a current certificate in basic CPR, which at a minimum must include a certification in basic CPR by an online program that has received accreditation from the American Nurses Credentialing Center, the ACPE, or the Accreditation Council for Continuing Medical Education. Temporary licensure as a “pharmacy technician” shall not entitle any individual to rights or licensing status except for those granted herein and for the effective period of this order |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of the Executive Law) | Vaccine administration; Training | The suspensions and directives contained in EO 202.82 that permit individuals to administer vaccinations against COVID-19 are hereby modified only insofar as necessary to permit such individuals to administer vaccinations against COVID-19 provided that they meet all training requirements and conditions determined appropriate by the Commissioner of Health |
| EO 202.91 – Effective January 23, 2021; Modifications most recently extended through May 27, 2021[[56]](#footnote-56); Directives most recently extended through July 5, 2021[[57]](#footnote-57) | | |
| ~~Directive (not a waiver of statute or regulation, but authorized under Section 29-a of the Executive Law)~~[[58]](#footnote-58)  Modified in EO 202.97 | ~~Vaccine administration~~ | ~~Local health departments and county governments receive allocation for and must prioritize essential workers in the 1b category. Hospitals receive allocations for and must prioritize health care workers. Pharmacies are to prioritize individuals that are 65+. DOH approved general population mass vaccination sites are to prioritize 65+ and essential workers in the 1b category. We allocate dosages to these provider classes to represent the fair distribution. If a provider distributes to a group outside of their “prioritization” they will disrupt the fairness of the allocation~~ |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of the Executive Law)[[59]](#footnote-59) | Vaccine administration | Providers, unless otherwise directed should not schedule appointments until they receive an allocation and no more appointments should be scheduled than the actual allocation allows |
| EO 202.92 – Effective January 27, 2021 through July 5, 2021[[60]](#footnote-60) | | |
| Directive (not a waiver of statute or regulation, but authorized under Section 29-a of the Executive Law) |  | The Commissioner of Health is authorized to direct COVID-19 testing for all staff or to modify or eliminate visitation of leave for residents at any state, local, or voluntary not-for-profit congregate facility supervised or licensed by the Office of Mental Health, the Office of Addiction Services and Supports, the Department of Corrections and Community Supervision, the Office for People with Developmental Disabilities, or DOH on a regular schedule or in order to control an outbreak as necessary |
| EO 202.97 – Effective March 17, 2021 through May 6, 2021[[61]](#footnote-61) | | |
| ~~Directive (not a waiver of statute or regulation, but originally authorized on January 23, 2021 under Section 29-a of the Executive Law)~~  ~~Modified by the Laws of 2021 Chapter 71 to modify or extend any directive issued during this disaster emergency necessary to cope with such disaster~~  Modified in EO 202.99 | ~~Vaccine Administration~~ | ~~Effective March 10, 2021, pharmacies shall prioritize: (1) individuals age 60+; and (2) individuals who are P-12 school (public or non-public) teachers, substitute teachers, or student teachers. Effective March 17, 2021 all providers other than pharmacies are permitted to vaccinate any eligible individual~~ |
| EO 202.99 – Effective March 26, 2021 through May 27, 2021[[62]](#footnote-62) | | |
| ~~Directive (not a waiver of statute or regulation) pursuant to the Laws of 2021 Chapter 71~~ | ~~Vaccine Administration~~ | ~~Pharmacies shall prioritize: (1) individuals age eligible; and (2) individuals who are P-12 school (public or non-public) teachers, substitute teachers, or student teachers; and (3) individuals with comorbidities~~ |
| EO 202.100 – Effective March 31, 2021 through April 25, 2021 | | |
| ~~Directive (not a waiver of statute or regulation) pursuant to the Laws of 2021 Chapter 71~~  Modified in EO 202.101 | ~~Testing; Transfer/admission/discharge; Vaccine administration~~ | ~~The directive contained in EO 202.30, as extended and modified, which required that nursing home operators or administrators certify that they are able to properly care for a patient, and which required that the Article 28 general hospital obtain a negative COVID-19 diagnostic test result prior to discharge, is hereby further modified and extended to provide that no Article 28 general hospital shall discharge a patient to a nursing home, without first offering to medically eligible patients and, if the patient consents, providing a COVID-19 vaccine to such patient~~ |
| EO 202.101 – Effective April 6, 2021 through July 5, 2021[[63]](#footnote-63) | | |
| Directive (not a waiver of statute or regulation) pursuant to the Laws of 2021 Chapter 71 | Vaccine administration; Transfer/admission/discharge | The directive contained in 202.30, as extended and modified, is further modified and extended to provide that no Article 28 general hospital shall discharge a patient to a nursing home, adult care facility, or long-term care facility without first offering to medically eligible patients and, if the patient consents, providing a COVID-19 vaccine to such patient |

1. Executive Order 210 rescinded Executive Orders 202 through 202.111, effective June 25, 2021. [↑](#footnote-ref-1)
2. Incorrectly cited in EO 202. Should be NYCRR 405.9 (h)(7) [↑](#footnote-ref-2)
3. Extended by Executive Order 202.110 [↑](#footnote-ref-3)
4. Extended by Executive Order 202.110 [↑](#footnote-ref-4)
5. Executive Order 202 waived Part 405 “to the extent necessary to maintain the public health with respect to treatment or containment of individuals with or suspected to have COVID-19.” Executive Order 202.1 “amended” Executive Order 202, and, in doing so, did not restate Executive Order 202’s broad waiver of Part 405. Executive Order 202.5 then waived Part 405 “to the extent necessary to adopt existing policies and procedures in a general hospital at a new, temporary facility created for the purpose of treating patients during the COVID-19 outbreak.” Executive Order 202.10 also waived Part 405 “[t]o the extent necessary to permit and require general hospitals to take all measures necessary to increase the number of beds available to patients, in accordance with the directives set forth in Executive Order 202.10.” Other Executive Orders have waived specific sections within Part 405. Executive Order 202.28 reinstates Part 405, as well as Sections 405.10 and 405.9 (although Section 405.9 continues to be suspended to the limited extent necessary to allow a practitioner to practice in a facility where he or she is not credentialed or privileged). On one hand, it is possible that Governor Cuomo intended to reinstate all of Part 405, except for the continued, partial suspension of Section 405.9. On the other hand, it is possible that the Governor intended only to nullify his broad waivers of Part 405 but otherwise to continue the suspension of specific sections of Part 405 previously waived. [↑](#footnote-ref-5)
6. Executive Order 202.28 reinstates 14 N.Y.C.R.R. Section 636-1, which was separately suspended, to the extent necessary to temporarily deviate from an individual’s service plan and to the extent necessary to temporarily relocate individuals, under Executive Order 202.5. It is possible that the Governor intended also to reinstate 14 NYCRR 636-1.4, but it is also possible he intended just to nullify the waiver of Section 636-1 and not the waiver of 636-1.4. [↑](#footnote-ref-6)
7. Extended by Executive Order 202.110 [↑](#footnote-ref-7)
8. Extended by Executive Order 202.110 [↑](#footnote-ref-8)
9. There is no Part 409 in title 10. It is possible the Governor intended to waive Part 407: Primary Care Hospitals – Minimum Standards [↑](#footnote-ref-9)
10. 10 NYCRR 64.5 does not exist. It is possible the Governor intended to waive 8 NYCRR 64.5 [↑](#footnote-ref-10)
11. Extended by Executive Order 202.110 [↑](#footnote-ref-11)
12. Extended by Executive Order 202.110 [↑](#footnote-ref-12)
13. Extended by Executive Order 202.110 [↑](#footnote-ref-13)
14. Extended by Executive Order 202.110 [↑](#footnote-ref-14)
15. Extended by Executive Order 202.110 [↑](#footnote-ref-15)
16. Extended under Executive Order 202.55 [↑](#footnote-ref-16)
17. Article 137 of the NYCRR does not exist. We believe it refers to Article 137 of the Education Law, which governs pharmacies [↑](#footnote-ref-17)
18. Extended by Executive Order 202.110 [↑](#footnote-ref-18)
19. Extended by Executive Order 202.110 [↑](#footnote-ref-19)
20. Extended by Executive Order 202.110 [↑](#footnote-ref-20)
21. Extended by Executive Order 202.110 [↑](#footnote-ref-21)
22. Extended by Executive Order 202.110 [↑](#footnote-ref-22)
23. Extended by Executive Order 202.110 [↑](#footnote-ref-23)
24. Modified by Executive Order 202.92 to add that tests may be ordered and administered by standing order, as part of the enhanced economic activity plan authorized by DOH, provided that such test is FDA-approved and subject to certificate of waiver requirements pursuant to the federal clinical laboratory improvement act of 1988, and provided that such testing is performed by a limited service laboratory as part of such enhanced economic activity plan [↑](#footnote-ref-24)
25. Modified by EO 202.92 to add rapid testing [↑](#footnote-ref-25)
26. Title is omitted from the Executive Order. It is possible the intended reference was to Title 10 [↑](#footnote-ref-26)
27. Extended under Executive Order 202.37 [↑](#footnote-ref-27)
28. Extended by Executive Order 202.110 [↑](#footnote-ref-28)
29. Extended by executive order 202.92 [↑](#footnote-ref-29)
30. Extended by Executive Order 202.110 [↑](#footnote-ref-30)
31. Extended under Executive Order 202.72 [↑](#footnote-ref-31)
32. Extended by Executive Order 202.110 [↑](#footnote-ref-32)
33. Modified by Executive Order 202.92 [↑](#footnote-ref-33)
34. Extended by Executive Order 202.110 [↑](#footnote-ref-34)
35. Extended by Executive Order 202.105 [↑](#footnote-ref-35)
36. Extended by Executive Order 202.110 [↑](#footnote-ref-36)
37. Extended by Executive Order 202.110 [↑](#footnote-ref-37)
38. Extended by Executive Order 202.110 [↑](#footnote-ref-38)
39. Extended by Executive Order 202.110 [↑](#footnote-ref-39)
40. Extended by Executive Order 202.90 [↑](#footnote-ref-40)
41. Extended by Executive Order 202.110 [↑](#footnote-ref-41)
42. Extended by Executive Order 202.110 [↑](#footnote-ref-42)
43. Extended by Executive Order 202.110 [↑](#footnote-ref-43)
44. Extended by Executive Order 202.101 [↑](#footnote-ref-44)
45. Extended by Executive Order 202.110 [↑](#footnote-ref-45)
46. Extended by Executive Order 202.110 [↑](#footnote-ref-46)
47. Extended by Executive Order 202.110 [↑](#footnote-ref-47)
48. Extended by Executive Order 202.110 [↑](#footnote-ref-48)
49. Extended by Executive Order 202.110 [↑](#footnote-ref-49)
50. Extended by Executive Order 202.110 [↑](#footnote-ref-50)
51. Probably meant January 4, 2021 [↑](#footnote-ref-51)
52. Probably meant January 8, 2021 [↑](#footnote-ref-52)
53. Extended by Executive Order 202.110 [↑](#footnote-ref-53)
54. Extended by Executive Order 202.110 [↑](#footnote-ref-54)
55. Extended by Executive Order 202.110 [↑](#footnote-ref-55)
56. Extended by Executive Order 202.105 [↑](#footnote-ref-56)
57. Extended by Executive Order 202.110 [↑](#footnote-ref-57)
58. Extended on March 17, 2021 by the Laws of 2021 Chapter 71 to modify or extend any directive issued during this disaster emergency necessary to cope with such disaster [↑](#footnote-ref-58)
59. Extended on March 17, 2021 by the Laws of 2021 Chapter 71 to modify or extend any directive issued during this disaster emergency necessary to cope with such disaster [↑](#footnote-ref-59)
60. Extended by Executive Order 202.110 [↑](#footnote-ref-60)
61. Extended by Executive Order 202.101 [↑](#footnote-ref-61)
62. Extended by Executive Order 202.101 [↑](#footnote-ref-62)
63. Extended by Executive Order 202.110 [↑](#footnote-ref-63)