

COVID-19 Executive Orders Affecting Health and Human Services

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PLEASE NOTE, THIS REPORT IS CURRENT AS OF MARCH 22, 2021.
FOR A MORE RECENT SUMMARY OF THE GOVERNOR'S EXECUTIVE
ORDERS PLEASE SEE OLR REPORT:

COVID-19 EXECUTIVE ORDERS EXTENDED PAST APRIL 20.

Notice to Readers

This report provides brief summaries of the governor's COVID-19 executive orders concerning health and human services. The governor declared public health and civil preparedness emergencies on [March 10, 2020](#), in response to the COVID-19 pandemic. He renewed this declaration on [September 1, 2020](#), and [January 26, 2021](#), while also declaring new states of emergency on both of these dates.

The report includes all related executive orders since the governor's March 10, 2020, declaration, through March 21, 2021. Each summary indicates the Executive Order (EO) number and enactment date. Not all provisions of the orders are included. The orders are grouped by category for ease of reference.

Three additional reports summarize the governor's COVID-19 executive orders concerning (1) education and child care, (2) business, labor, and housing, and (3) state and local government and elections. All four reports are available on OLR's website: <https://www.cga.ct.gov/olr/>. The reports will be updated promptly as the governor issues new related orders. For additional OLR reports on COVID-19 related policy topics, visit the dedicated [OLR COVID-19 page](#).

Readers are encouraged to obtain the full text of the orders, and related state agency actions taken in response to the COVID-19 pandemic, from the governor's website: <https://portal.ct.gov/Coronavirus/Pages/Emergency-Orders-issued-by-the-Governor-and-State-Agencies>.

Effective Period for COVID-19 Executive Orders

The state is currently in its third declared period of public health and civil preparedness emergencies of the COVID-19 pandemic. (The emergencies were originally declared on [March 10, 2020](#), and renewed on [September 1, 2020](#), and [January 26, 2021](#).) Below we describe three executive orders the governor issued that broadly extend unexpired EOs from one emergency period to the next.

- On September 8, 2020, the governor issued [EO 9A](#), which reissued all executive orders made under the March 10, 2020, declaration of public health and civil preparedness emergencies (i.e., EOs 7-7000) that were unexpired and in effect as of September 8. With certain exceptions, EO 9A established an expiration date of November 9, 2020, for all such orders.
- On November 9, 2020, the governor issued [EO 9L](#), which generally extended, through February 9, 2021 (unless earlier modified or terminated by the governor), COVID-19 executive orders that were in effect as of November 9. Under EO 9L, orders scheduled to expire on any other specific date (e.g., January 1, 2021) remained in effect until that specific date.
- On February 8, 2021, the governor issued [EO 10A](#) (§ 1), which extends, through April 19, 2021 (unless earlier modified or terminated by the governor), all COVID-19 executive orders that were in effect as of February 8. Unlike EOs 9A and 9L, EO 10A's extension applies to all such orders, including those scheduled to expire on a specific date (e.g., April 1, 2021).

EO 10A (§ 2) similarly establishes April 19, 2021, as the expiration date for certain orders (unless earlier modified or terminated by the issuing authority or a subsequent EO) issued by any official, agency, department, municipality, or entity pursuant to an unexpired executive order. Specifically, it applies to any order, rule, regulation, directive, or guidance that by its own terms provides that it will remain effective for the duration of the public health and civil preparedness emergencies. (EOs 9A and 9L had collectively established February 9, 2021, as the expiration date for these orders.)

The full text of the orders, including their original expiration dates, may be obtained from the governor's website: <https://portal.ct.gov/Coronavirus/Pages/Emergency-Orders-issued-by-the-Governor-and-State-Agencies>.

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Children’s Programs and Services

Childcare Services Infrastructure

EO 7T:

- Authorizes the Office of Early Childhood (OEC) commissioner to waive certain laws, regulations, rules, and policies on child care funding to maintain sufficient capacity of child care services or stabilize child care providers during the declared public health and civil preparedness emergencies (hereafter “declared emergencies”)
- Applies to provisions governing Head Start, Care-4-Kids, and other grant and school readiness programs
- Allows the commissioner to issue any necessary implementing order ([EO 7T](#), § 4, Apr. 2, 2020; [OEC COVID-19 Waivers](#), Apr. 2, 2020)

Children Placed in DCF Custody

EO 7I:

- Authorizes the Department of Children and Families (DCF) commissioner to issue orders that restrict visitation with children placed in DCF custody to protect the health and welfare of children and staff ([EO 7I](#), § 6, Mar. 21, 2020)

DCF Facilities for Psychiatric Disabilities

EO 7I:

- Allows the DCF commissioner and the heads of the (1) Albert J. Solnit Children's Center North and South campuses and (2) Wilderness School to issue orders restricting visitors to protect the health and welfare of patients, residents, and staff ([EO 7I](#), § 7, Mar. 21, 2020)

DCF Facilities With Limited Visitor Access

EO 7I:

- Waives the personal service requirement (i.e., delivering notice or service to a person in a legal action) for a child or youth in a DCF facility with restricted visitor access and instead allows service to the facility’s administrator or designee who then must serve the named child or youth
- Waives requirements for in-person meetings, hearings, and screenings and allows these actions to take place by any other method that lets interested parties participate ([EO 7I](#), § 8, Mar. 21, 2020)

Group Sizes in Childcare Facilities

EO 7Q:

- Limits to 10, the number of children in one space in childcare facilities, including childcare centers, group and family childcare homes, youth camps, and facilities exempt from licensing requirements
- Requires childcare operations seeking to care for more than 30 children in one facility to obtain the OEC commissioner's approval and show that groups in the facility are sufficiently separated ([EO 7Q](#), § 1, Mar. 30, 2020)

Health Procedures in Childcare Facilities

EO 7Q:

- Requires all childcare facilities to implement enhanced cleaning and disinfection practices to prevent the spread of COVID-19
- Requires all children and childcare workers to be screened for any observable illness and confirm that their body temperature is below 100 degrees Fahrenheit before entering a childcare facility
- Requires all staff to practice enhanced handwashing and health practices and help children do the same ([EO 7Q](#), § 2, Mar. 30, 2020)

COVID Recovery Facilities and Nursing Home Transfers

Designated COVID-19 Recovery Facilities

EO 7Y:

- Authorizes Sharon Health Care Center, Northbridge Healthcare Center, or other nursing facilities the Department of Public Health (DPH) designates as COVID Recovery Facilities, to transfer residents who do not have COVID-19 to another nursing home facility, where they will be quarantined for 14 days ([EO 7Y](#), § 2, Apr. 11, 2020; [DPH Implementation Order](#), Apr. 11, 2020)

Emergency Transfer of Nursing Home Residents With COVID-19 Infection

EO 7Y:

- Amends the definition of "emergency" in statutory provisions governing the transfer or discharge of nursing home residents to include COVID-19 transfers (i.e., the transfer of residents with COVID-19 infections to COVID Recovery Facilities or Alternate COVID Recovery Facilities)

- Allows nursing homes to make COVID-19 transfers without providing advanced written notice of the transfer to the resident or the resident’s legally liable representative, as is required under existing law
- Requires nursing homes to instead provide the notification as soon as practicable after the COVID-19 transfer ([EO 7Y](#), § 3, Apr. 11, 2020)

Medicaid Nursing Home Bed Moratorium

EO 7AA:

- Suspends, as of April 13, 2020, part of the state’s nursing home bed moratorium, which generally prohibits DSS from approving nursing home requests unless certain conditions are met, including obtaining a certificate of need to add new beds
- Applies only to (1) entities DPH designates as Alternate COVID Recovery Facilities and (2) additional beds required at existing nursing homes to receive COVID-19 transfers (i.e., transfers of COVID-19 negative residents from facilities designated as COVID Recovery Facilities)
- Requires DSS to temporarily certify these beds in response to COVID-19 and decertify beds at the end of the declared public health and civil preparedness emergency ([EO 7AA](#), § 1, Apr. 15, 2020)

Notice of Discharge Plans for COVID-19 Patients

EO 7Y:

- Allows COVID Recovery Facilities and Alternate COVID Recovery Facilities to discharge residents no longer infected with COVID-19 to non-institutional settings without providing residents a discharge notice or discharge plan (hereafter “COVID-19 Recovered Discharges”)
- Requires COVID Recovery Facilities and Alternate COVID Recovery Facilities to comply with [DPH regulations](#) on discharge planning requirements for COVID-19 Recovered Discharges
- For these discharges, suspends the requirement that facilities stay involuntary discharges that are appealed (1) pending the decision of the DSS commissioner, or her designee, and (2) for discharges the commissioner or designee deems lawful, for at least 15 days after the resident or the resident’s legally liable representative receives the decision ([EO 7Y](#), § 4, Apr. 11, 2020)

Reserving Nursing Home Beds for COVID-19 Patients

EO 7Y:

- Suspends the requirement that nursing homes reserve the bed of a hospitalized private-pay or Medicaid resident if the hospital notifies the home that post-hospitalization, the resident will be transferred to a COVID Recovery Facility or Alternate COVID Recovery Facility due to a COVID-19 infection
- Requires nursing homes to allow the resident's return only if (1) a bed is available and (2) the resident has tested negative for COVID-19 on two separate laboratory tests at least 24 hours apart ([EO 7Y](#), § 1, Apr. 11, 2020)

Transfer of Individuals Under Conservatorship

EO 7Y:

- Eliminates requirements for probate court hearings and orders for certain long-term care facility (e.g., nursing home) transfers or discharges for someone under conservatorship
- Applies to (1) transfers of hospital patients to COVID Recovery Facilities or Alternate COVID Recovery Facilities; (2) COVID-19 transfers (i.e., transfers of COVID-19 negative residents from designated COVID Recovery Facilities to other facilities); and (3) COVID-19 recovered discharges ([EO 7Y](#), § 5, Apr. 11, 2020)

Transfer of Medicaid Residents

EO 7L:

- Extends, from 60 days to up to one year, the timeframe for a Medicaid applicant to transfer from a nursing home (1) that is closing or under receivership or (2) where the applicant was placed following the closure of his or her prior residence (by law, nursing homes may bypass their wait lists to admit these applicants) ([EO 7L](#), § 5, Mar. 24, 2020)

EO 7Y:

- Applies the above extension to an applicant who (1) was subject to a COVID-19 transfer (see above) or (2) transferred to a COVID Recovery Facility and tested negative for COVID-19 infection ([EO 7Y](#), § 6, Apr. 11, 2020)

Coronavirus Relief Funds for Nursing Homes and COVID Recovery Facilities

Authorization of CRF Fund Distribution

EO 7EEE:

- Requires the Office of Policy and Management (OPM) to authorize the DSS commissioner to distribute Coronavirus Relief Funds (CRF) the state receives under the federal CARES Act to nursing homes and other healthcare institutions or providers using funding distribution methods the DSS commissioner establishes in consultation with OPM
- Requires OPM to authorize the DSS commissioner to distribute COVID-specific CRF grants of \$600 per bed per day to COVID Recovery Facilities and Alternate COVID Recovery Facilities to cover necessary expenditures incurred due to the COVID-19 pandemic
- Requires DSS, under OPM's direction, to complete monthly cost and expense reviews of each COVID Recovery Facility and Alternate COVID Recovery Facility receiving grants, to consider expenses that were not reimbursed by other payors
- Requires nursing homes, COVID Recovery Facilities, Alternate COVID Recovery Facilities, and other healthcare institutions or providers to use CRF funds to cover necessary expenditures incurred due to the COVID-19 pandemic and report to DSS that the funds were used on eligible expenditures in accordance with related federal requirements and guidance
- Amends prior order ([EO 7NN](#), §§ 5 & 6, May 13, 2020; [EO 7EEE](#), § 1, Jun. 30, 2020)

Additional CRF Hardship Relief for Nursing Homes

EO 7NN:

- Allows the DSS commissioner, under OPM's direction, to distribute additional CRF funds to nursing homes that request additional CRF hardship relief funding
- Requires the DSS commissioner to consult with OPM when reviewing requests for additional CRF hardship relief funding and consider various factors, such as whether the nursing home has (1) explored other COVID-19 federal funding opportunities and (2) complied with infection control measures, guidance on personal protective equipment, and required staffing configurations to reduce transmission of COVID-19
- Authorizes the DSS commissioner to require nursing homes to demonstrate that these hardship relief funds were used for eligible COVID-19 related expenditures in accordance with the CRF and related federal requirements and guidance ([EO 7NN](#), § 7, May 13, 2020)

Rehearing and Appeal of CRF Determinations

EO 7EEE:

- Allows the DSS commissioner and OPM secretary to establish additional standards or policies on distributing CRF funds that they deem appropriate
- Specifies that DSS and OPM determinations on CRF distributions and allocations to nursing homes, COVID Recovery Facilities, Alternate COVID Recovery Facilities, and other healthcare institutions or providers are not considered Medicaid payments and are not subject to reconsideration, rehearing, or appeal
- Amends prior order ([EO 7NN](#), § 8, May 13, 2020, [EO 7EEE](#), § 1, Jun. 30, 2020)

Health Care Institutions and Professions

Advanced Practice Registered Nurse and Physician Assistant Supervision Requirements

EO 7DD:

- Temporarily suspends the requirement that a physician be physically present in a facility where surgery is taking place when medically directing an APRN who is prescribing and administering medical therapeutics during surgery ([EO 7DD](#), § 7, Apr. 22, 2020)
- Temporarily suspends the requirement that a physician supervising a PA (1) personally review a PA's practice or services in accordance with a written delegation agreement, (2) review the PA's charts and records on a regular basis, and (3) delineate a predetermined plan for emergency situations ([EO 7DD](#), § 6, Apr. 22, 2020)

CON and Other Health Care Facility Laws

EO 7B:

- Authorizes the Office of Health Strategy (OHS) to waive various laws, such as those on certificate of need (CON) approval for health care facilities, to provide for adequate health care resources and facilities ([EO 7B](#), § 7, Mar. 14, 2020; [OHS guidance](#) on the CON process; [OHS guidance](#) on the waiver of certain CON requirements)
- Read OLR Report [2020-R-0116](#), *Certificate of Need Waivers During COVID-19 Public Health Emergency*

Continuing Medical Education

EO 7DD:

- Suspends continuing education and reporting requirements for various DPH-licensed and -certified health care professionals, such as clinical social workers, dentists, nurses, physicians, professional counselors, psychologists, and veterinarians
- Suspends these requirements for one year for professions with annual education requirements and six months for all other professions ([EO 7DD](#), § 9, Apr. 22, 2020)

DDS Facility Visitor Restriction

EO 7C:

- Authorizes the Department of Developmental Services (DDS) and Department of Public Health (DPH) commissioners to issue orders restricting entrance into Southbury Training School and other DDS facilities ([EO 7C](#), § 9, Mar. 15, 2020; [DDS Implementation Order](#), Mar. 17, 2020)

DPH License Renewal and Inspection Requirements

EO 70:

- Authorizes the DPH commissioner to waive license renewal and inspection requirements ([EO 70](#), § 1, Mar. 27, 2020; [DPH Implementation Order](#), Mar. 30, 2020)

DPH Regulatory Requirements

EO 7K:

- Authorizes the DPH commissioner to waive, modify, or suspend regulatory requirements (adopted by DPH or state licensing boards) regarding health care professions, health care facilities, emergency medical services, and other specified topics ([EO 7K](#), § 4, Mar. 23, 2020; [DPH Implementation Order](#) on out-of-state practitioners, Mar. 23, 2020; [DPH Implementation Order](#), Jul. 14, 2020)

Embalmer's Affidavit Regarding Communicable Disease Deaths

EO 7GG:

- Authorizes a licensed embalmer who is filing the death certificate of someone who had a communicable disease at the time of death to state on a DPH form, under penalty of false statement, that the body was disinfected in accordance with the Public Health Code, rather than by filing a signed and sworn affidavit to that effect ([EO 7GG](#), § 5, Apr. 30, 2020)

Graduate Medical Education

EO 7DD:

- Allows an individual to participate in a medical intern or resident physician program or U.S. Medical Officer candidate training program before DPH issues a permit required by law if the hospital administrator documents that the individual has satisfied permit requirements ([EO 7DD](#), § 4, Apr. 22, 2020)
- Allows an individual to participate in a resident physician assistant program in a short-term hospital that provides an accredited post-graduate medical education program without a DPH-issued license, temporary permit, or training permit if the hospital administrator documents that the individual (1) will be appointed a resident physician assistant in the hospital and (2) has satisfied statutory education and training requirements ([EO 7DD](#), § 5, Apr. 22, 2020)

Health Care Institution Personal Service Requirements

EO 7F:

- Waives the requirement for personal service (i.e., delivering notice or service to a person in a legal action) in facilities with restricted visitor access and instead allows service to the facility's administrator or designee who must then serve the named party
- Waives requirements for in-person meetings, hearings, and screenings and allows these actions to take place in any other way that allows interested parties to participate
- Applies explicitly to probate and other proceedings related to conservatorship; commitment, voluntary admission, release, transfer, and treatment of individuals with psychiatric disabilities; plenary and limited guardians for individuals with intellectual disabilities; and probate court hearings on whether individuals with conservators or guardians are competent to vote in elections ([EO 7F](#), § 4, Mar. 18, 2020)

Health Care Institution Rate Re-hearings for Temporary Increases

EO 7T:

- Suspends provisions allowing health care institutions to obtain certain re-hearings when aggrieved by a Department of Social Services (DSS) decision
- Applies only to re-hearings on the overall magnitude and methodology of temporary rate increases paid to institutions in response to the COVID-19 pandemic ([EO 7T](#), § 5, Apr. 2, 2020)

Health Care Provider Identification Badges

EO 70:

- Allows health care providers to provide direct patient care at a health care facility or institution, with the facility's or institution's permission, using an identification badge from a different facility or institution if all other information on the badge conforms to state requirements ([EO 70](#), § 2, Mar. 27, 2020)
- Authorizes the public health commissioner to establish policies and procedures, and related orders, regarding identification badges for COVID-19 response personnel if she or her designee deems it necessary to rapidly move staff due to the need for mass care with limited resources ([EO 70](#), § 2, Mar. 27, 2020)

Health Information Sharing and Mental Health Treatment

EO 7C:

- Authorizes DPH and local health directors to disclose communications or records relating to a patient's mental health treatment as necessary to report COVID-19 cases and prevent spread of the disease ([EO 7C](#), § 10, Mar. 15, 2020)

Immunity From Civil Liability for Health Care Providers and Institutions

EO 10A:

- Provides immunity from civil liability generally to health care providers (including retired professionals and approved volunteers) and facilities for injuries or deaths allegedly caused by their good faith actions and omissions while providing services as part of the state's COVID-19 response
- Applies, but does not limit, the immunity specifically if a lack of resources caused by the pandemic renders the provider or facility unable to provide the otherwise required standard of care
- Specifies that the immunity does not apply to crimes, fraud, malice, gross negligence, willful misconduct, or false claims
- Specifies that provisions applicable to health care facilities expire on March 1, 2021; provisions applicable to health care providers are effective through the duration of the declared emergencies
- Amends a previous order ([EO 10A](#), § 4, Feb. 8, 2021; [EO 7V](#), § 6, Apr. 7, 2020; [EO 7U](#), § 1, Apr. 5, 2020)

Out-of-State Health Care Providers

EO 9S:

- Allows specified out-of-state health professionals to practice in Connecticut by permitting DPH to temporarily suspend license, certification, and registration requirements for the duration of the declared emergencies for such professionals who work in Connecticut during that period
- Applies to various health professionals, such as dentists, emergency medical services professionals, nursing home administrators, nurses, physical and occupational therapists, physicians, radiographers, and respiratory care practitioners
- Amends a prior order ([EO 9S](#), § 2, Dec. 18, 2020; [EO 7DD](#), § 3, Apr. 22, 2020; [EO 7HHH](#), § 1, Jul. 14, 2020; [DPH Implementation Order](#), May 15, 2020; [DPH Implementation Order](#), May 15, 2020; [DPH Implementation Order](#), Jul. 14, 2020)

Pharmacists' Administration of Vaccinations

EO 9Q:

- Authorizes pharmacists to administer the following vaccinations:
 - For adult patients or patients over the age of 10: a coronavirus vaccine (alone or as part of a combination vaccine) that is approved or authorized by the FDA for the applicable age group, and
 - For patients over the age of 10: a flu vaccine approved by the FDA for that age group
- Requires that a pharmacist's administration of vaccines under this EO be on the order of a licensed health care provider and in compliance with DCP regulations on vaccinations by pharmacists; existing law already authorizes pharmacists to administer the flu vaccine and certain other vaccines to adults, pursuant to a health care provider's order (typically a standing order) and certain other requirements in DCP regulations
- Requires that any current order from a health care provider to a pharmacy pursuant to those regulations be updated to reflect this EO
- Requires pharmacists who administer the flu vaccine to patients under age 18 and obtain the vaccine from the Connecticut Vaccine Program to electronically report to the state immunization registry in a form and manner DPH prescribes ([EO 9Q](#), §§ 1 & 2, Dec. 7, 2020)

Pharmacists Authorized to Order COVID-19 Tests

EO 7KK:

- Authorizes licensed pharmacists to order FDA-authorized COVID-19 testing consistent with the Clinical Laboratory Improvement Amendments (CLIA), including serology tests that do not require venipuncture
- Requires pharmacists to report to DPH all testing and any other information the department requires in accordance with related orders, guidance, or directives ([EO 7KK](#), § 1, May 7, 2020)

Practice Before Licensure for Certain Health Care Profession Applicants and Graduates

EO 7V:

- Extends the legally allowable duration of pre-licensure practice for certain health care profession applicants and graduates, under specified conditions
- Applies to physical therapists (PT) and PT assistants, radiographers, registered nurses, nurse practitioners, clinical nurse specialists, and nurse anesthetists
- Additionally, allows for pre-licensure practice for marital and family therapy associates and professional counselor associates, for graduates who meet certain requirements
- Authorizes the DPH commissioner to issue implementing orders ([EO 7V](#), §§ 3-5, Apr. 7, 2020)

Psychiatric Facilities Visitor Restrictions

EO 7C:

- Authorizes the Department of Mental Health and Addiction (DMHAS) and DPH commissioners to issue orders restricting entrance into any inpatient or outpatient hospital, clinic, or other facility that diagnoses, observes, or treats people with psychiatric disabilities, including Whiting Forensic Hospital
- Authorizes the commissioners to take this action to protect the health and welfare of facility patients, residents, and staff ([EO 7C](#), § 8, Mar. 15, 2020; [DMHAS Implementation Order](#), Mar. 17, 2020)

Respiratory Care Students

EO 7DD:

- Allows respiratory care therapist students and respiratory care technician students to provide services even if the services are not a required component of their course of study, if the students meet other statutory requirements (e.g., the student is acting under the direct and immediate supervision of a licensed respiratory care practitioner) ([EO 7DD](#), § 8, Apr. 22, 2020)

Temporary Nurse Aides

EO 7SS:

- Creates a statutory definition of “temporary nurse aide” that means an individual who (1) provides nursing or nursing-related services to nursing home residents under the direction of a licensed nurse and (2) completed specified training (it excludes health professionals otherwise licensed or certified and volunteers)
- Prohibits temporary nurse aides from engaging in any activity that requires a state nursing license
- Allows the DPH commissioner to (1) grant registration of a temporary nurse aide who complies with the department’s related policies and (2) adopt, amend, suspend, and revoke related scope of practice, training, competency, and temporary hiring policies
- Specifies that DPH regulations regarding temporary nurse aides are not subject to Uniform Administrative Procedure Act procedures for reviewing and approving regulations ([EO 7SS](#), May 27, 2020)

Temporary Permits for Certain Health Care Professionals

EO 7V:

- Waives application fees and extends the legally allowable duration of temporary, pre-licensure permits for certain health care professionals, under specified conditions
- Applies to athletic trainers, master social workers, physician assistants, occupational therapists (OT) and OT assistants, and respiratory care practitioners
- Authorizes the DPH commissioner to issue implementing orders ([EO 7V](#), § 2, Apr. 7, 2020)

Temporary Waiver for Practitioners' Controlled Substance Registration

EO 7GG:

- Authorizes certain out-of-state health practitioners, working within their scope of practice and pursuant to DPH order, to prescribe controlled substances without obtaining a DCP controlled substance registration
- Authorizes the DPC commissioner to issue any necessary associated implementing orders ([EO 7GG](#), § 6, Apr. 30, 2020)

Health Insurance

This section summarizes executive orders affecting health insurance. Sections summarizing provisions that have been entirely repealed or superseded appear in gray.

60-Day Grace Period on Insurance Premiums

EO 7S:

- Prohibits insurers from cancelling or not-renewing a life, health, property, casualty, or other insurance policy due to premium or interest nonpayment for 60 days, beginning April 1, 2020
- Applies to insureds who sustained significant economic loss due to COVID-19, including being furloughed or fired, or for businesses, experiencing significant reductions in operations
- Deems an insurer that already instituted a 60-day grace period for March and April under Connecticut Insurance Department [Bulletin IC-40](#) to be in compliance with the order
- Exempts self-insured plans from the order ([EO 7S](#), § 2, Apr. 1, 2020)

COVID-19 Out-of-Network Treatment

EO 7U:

- Required out-of-network health care providers to bill, and health carriers to reimburse, at the in-network rate for emergency services
- Suspended the ability of health carriers and providers to mutually agree on a higher rate ([EO 7U](#), § 2, Apr. 5, 2020)
- Repealed by [EO 7CC](#), § 9, Apr. 21, 2020

EO 7CC:

- Repeals [EO 7U](#) §§ 2(a) & 2(b), retroactive to their effective date (April 5, 2020), which generally required out-of-network health care providers to bill, and health carriers to reimburse, at the in-network rate for emergency services.
- Accounts for the federal “Coronavirus Aid, Relief, and Economic Security Act” or “CARES Act” (P.L. 116-136), under which providers receiving federal relief funds [cannot charge](#) more for COVID-19 related care than what a patient would have paid in-network
- Otherwise, applies state law under which (1) providers may bill carriers for out-of-network emergency services at the greatest of the in-network amount, the usual and customary rate, or the Medicare rate and (2) carriers and providers can agree together on a higher rate ([EO 7U](#), § 2, Apr. 5, 2020; [EO 7CC](#), § 9, Apr. 21, 2020)

COVID-19 Treatment for the Uninsured

EO 7U:

- Prohibits hospitals from collecting from uninsured patients, or their estates, more than the Medicare rate as payment in full for COVID-19-related treatment and services
- Prohibits hospitals, health systems, and hospital-based facilities from collecting from uninsured COVID-19 patients more than the Medicare facility fee rate
- Prohibits hospitals, health systems, and hospital-based facilities from billing uninsured patients not covered by any public or private health plan, until an additional executive order clarifies how federal funding may be available to cover these costs and requires facilities to keep records identifying these patients for potential federal reimbursement ([EO 7U](#), § 2, Apr. 5, 2020)

Out-of-Network COVID-19 Immunization

EO 9Q:

- Requires out-of-network health providers that administer a COVID-19 immunization to accept the amount that would be paid by Medicare for the same service ([EO 9Q](#), § 3, Dec. 7, 2020), as payment in full from certain health insurers.

Long-Term Care and Older Adults

Additional Support for Caregiver Relatives

EO 7NN:

- Authorizes the Department of Aging and Disability Services (ADS) commissioner to provide the following additional support for caregiver relatives under the National Family Caregiver Support Program:
- Increases the maximum amount Area Agencies on Aging (AAAs) can provide to family caregivers for respite care services (from \$3,500 to \$7,500 annually) and supplemental services (from \$750 to \$1,500 annually)
- Temporarily suspends the (1) 20% percent cap on program funds that AAAs may use to provide supplemental services to caregivers and (2) 10% cap on program funds for services to grandparents and older adults who are relative caregivers under existing regulations
- Authorizes this additional support for as long the ADS commissioner determines it is necessary, but no longer than the duration of the public health and civil preparedness emergencies ([EO 7NN](#), § 3, May 13, 2020)

Investigations of Suspected Elder Abuse

EO 7G:

- Authorizes the DSS commissioner to waive the required in-person visit to an elderly person concerning an investigation of reported (1) suspected elder abuse, neglect, exploitation, or abandonment (“abuse”) or (2) need for protective services ([EO 7G](#), § 6, Mar. 19, 2020)
- Requires investigators, if possible and appropriate, to use different means to conduct these in-person visits ([EO 7G](#), § 6, Mar. 19, 2020)
- Authorizes the DSS commissioner to extend, by up to 90 days, the requirement that the commissioner disclose the investigation results to the person who reported the suspected elder abuse or need for protective services, within 45 days after completing the investigation ([EO 7G](#), § 7, Mar. 19, 2020)

Involuntary Discharge of Nursing Home and Residential Care Home Residents

EO 7XX:

- Suspends the involuntary transfer of nursing home and residential care home residents to homeless shelters

- Immediately stays any related hearing or decision, including level of care hearings or decisions, except for (1) emergency situations where failure to immediately discharge a resident would endanger the health, safety, or welfare of other facility residents or staff (e.g., a resident's refusal to comply with infection control or social distancing measures) or (2) COVID-19 discharges (see above section on COVID-19 Recovery Facilities) ([EO 7XX](#), §§ 3 & 4, Jun. 5, 2020)

Long-Term Care Facility Visitor Restrictions

EO 7A:

- Authorizes the DPH commissioner to issue orders restricting entrance into nursing homes, residential care homes or chronic disease hospitals that the commissioner deems necessary to protect the health and welfare of facility residents and staff
- Amends a previous order ([EO 7](#), § 2, Mar. 12, 2020; [EO 7A](#), Mar. 13, 2020; [DPH Implementation Order](#), Mar. 13, 2020; [DPH Implementation Order](#), Apr. 21, 2020; [DPH Implementation Order](#), May 9, 2020; [DPH Implementation Order](#), Jun. 12, 2020; [DPH Implementation Order](#), Aug. 27, 2020; [DPH Implementation Order](#), Sept. 25, 2020)
- Read OLR Report [2020-R-0140](#), *Nursing Home Visitor Restrictions During the COVID-19 Pandemic*

Long-Term Care Provider Background Check Program

EO 7K:

- Suspends the requirement that long-term care facilities submit to DPH state and national criminal records searches of volunteers, direct care employees, and contractors before they begin volunteering or working at the facility
- Allows facilities, during the suspension period, to offer conditional, supervised employment or volunteer work for up to 60 days (DPH may extend this period under certain circumstances) to individuals who sign a statement stating that they have not committed any disqualifying offense ([EO 7K](#), § 5, Mar. 23, 2020)

Managed Residential Community and Nursing Home Census Reports

EO 7EE:

- Requires managed residential communities (MRCs) and nursing homes operating in the state to participate in and provide daily census reports in the way requested by the Connecticut Hospital and Long-Term Care Mutual Aid Plan

- Subjects facilities that fail to comply with the reporting requirement to a civil penalty of up to \$5,000 per violation (for nursing homes, it is classified as a class A violation) ([EO 7EE](#), §§ 1-3, Apr. 23, 2020)

Mandatory COVID-19 Testing for Certain Long-Term Care Facility Staff

EO 7AAA:

- Requires mandatory weekly COVID-19 testing for certain staff of private and municipal nursing homes, managed residential communities (MRCs), and assisted living services agencies (ALSAs)
- Requires facilities to test only those staff who have not previously tested positive for the illness and start such testing by the week of (1) June 14 for nursing homes and (2) June 28 for ALSAs and MRCs
- Requires the weekly testing to continue through the earlier of (1) the duration of the declared public health and civil preparedness emergencies or (2) until there are no new positive test results for residents or staff for at least 14 days since the most recent positive result
- Requires facilities to perform the weekly testing in accordance with the most recent DPH guidance and restart the testing if a new case of COVID-19 is identified among residents or staff
- Defines “staff” as all personnel working in these facilities, such as administrators, per diem staff, contractors with a regular presence at the facility, and volunteers
- Requires facilities to obtain medical orders to test staff from an appropriately licensed practitioner capable of issuing the orders within his or her scope of practice or by law, including an executive order
- Replaces a previous order ([EO 7AAA](#), § 4, Jun. 17, 2020; [EO 7UU](#), § 1, Jun. 1, 2020)

Medicaid

Delivery Receipts for Medical Equipment, Devices, and Supplies

EO 7EE:

- Allows the DSS commissioner to waive, suspend, or modify requirements that Medicaid providers obtain a signed delivery receipt from the Medicaid recipient as a condition of payment for medical equipment, devices, and supplies
- Applies to requirements in state law, regulations, policies, rules, or other directives
- Authorizes the DSS commissioner to issue any order and take other actions to implement this provision ([EO 7EE](#), § 6, Apr. 23, 2020)

Home Health Services Regulations

EO 7II:

- Authorizes the DSS commissioner to temporarily waive, modify, or suspend by written order any DSS regulations on medical assistance in order to increase Medicaid member access to home health services ([EO 7II](#), § 2, May 5, 2020)

HUSKY B Copayments Suspended

EO 7I:

- Suspends HUSKY B copayments and authorizes DSS to include the copayment amount in its provider reimbursement
- Requires families to keep paying other forms of HUSKY B cost sharing, including monthly premiums, co-insurance, and dental services allowances
- Authorizes the DSS commissioner to issue any necessary implementing order or change to statutory requirements ([EO 7I](#), § 3, Mar. 21, 2020)

HUSKY Medication Refill Limits

EO 7I:

- Authorizes the DSS commissioner to reimburse providers for supplies of maintenance and non-maintenance medications for a period of up to 90 days, regardless of the supply quantity, and to issue any necessary implementing order
- Excludes controlled substances ([EO 7I](#), § 4, Mar. 21, 2020)

Medicaid Payments to Certain Group Homes

EO 7FFF:

- Authorizes the DSS commissioner to temporarily waive, suspend, or modify requirements in Medicaid regulations, policies, rules, or directives, including requirements for Medicaid payments to private non-medical institutions (PNMI) facing staffing or other constraints due to COVID-19
- Authorizes the DSS commissioner to (1) decrease, from 40 to 25, the minimum number of hours of rehabilitative services a PNMI must provide per month in order to receive a Medicaid payment and (2) waive or modify the requirement that DSS base these Medicaid rates on semi-annual studies of facility staff hours related to rehabilitative services ([EO 7FFF](#), Jul. 6, 2020)

Medicaid Payments to ICF-IIDs for Reserved Beds

EO 7EE:

- Allows the DSS commissioner to waive, suspend, or modify requirements for payments to intermediate care facilities for individuals with intellectual disabilities (ICF-IIDs) to reserve beds for residents who are on home leave or hospitalized, including the maximum day limit for such payments
- Applies to requirements in state law, regulations, policies, rules, or other directives for medical assistance programs
- Authorizes the DSS commissioner to issue any order and take other actions to implement this provision ([EO 7EE](#), § 5, Apr. 23, 2020)

Medicaid Prior Authorization Requirements

EO 7EE:

- Allows the DSS commissioner to waive, suspend, or modify any prior authorization or other utilization review requirements required by (1) state law for hospital admissions and lengths of stay or (2) regulations, policies, rules, or other directives for medical assistance programs
- Authorizes the DSS commissioner to issue any order and take other actions to implement this provision ([EO 7EE](#), § 4, Apr. 23, 2020)

Medicaid Waivers and State Plan Amendments

EO 7S:

- Suspends legislative oversight of emergency waivers related to the declared emergencies

- Applies to Medicaid waivers and certain Medicaid state plan amendments, suspending requirements that DSS submit them to the Appropriations and Human Services committees for public hearing and approval after a 30-day public notice and comment period
- Applies retroactively to March 10, 2020, and allows the DSS commissioner to exercise waiver flexibilities on an expedited basis ([EO 7S](#), § 5, Apr. 1, 2020)

Other Public Assistance Programs

Excluding Stimulus Payments in Eligibility for State-Funded Programs

EO 10:

- Excludes stimulus payments individuals receive that are excluded under federally funded programs from eligibility determinations for benefits or assistance under a state-funded or partially state-funded program during the COVID-19 emergency
- Amends a prior order ([EO 7CC](#), § 3, Apr. 21, 2020; [EO 10](#), § 1, Feb. 4, 2021)

Farmers' Market Vouchers

EO 7II:

- Waives the following in-person signature requirements for participants in the Connecticut Farmers' Market Women, Infants and Children Program:
 - When received, vouchers must be (a) signed for on the distributing agency's voucher registry and (b) signed in the presence of agency staff
 - When used at the farmers' market, vouchers must be countersigned in the presence of the certified vendor
- Authorizes the agriculture commissioner to accept written confirmation, including electronically, from participants that they received the vouchers, instead of having participants sign the voucher registry
- Authorizes any adult, instead of only a parent or legal guardian for a child or a husband for a wife, to be a proxy for an eligible participant to pick up vouchers from a distribution site and redeem them at a farmers' market ([EO 7II](#), § 3, May 5, 2020)

In-Person DSS Fair Hearings Suspended

EO 7E:

- Authorizes the DSS commissioner to suspend the requirement that aggrieved individuals requesting a fair hearing on an agency decision appear in-person at the hearing ([EO 7E](#), § 5, Mar. 17, 2020)

Public Assistance Eligibility Redeterminations Suspended

EO 7I:

- Authorizes the DSS commissioner, to the extent permitted by federal law, to (1) suspend or extend the time frames for establishing eligibility redeterminations for public assistance programs and (2) issue any required implementing orders she deems necessary ([EO 7I](#), § 1, Mar. 21, 2020)

Public Assistance Overpayments

EO 7E:

- Authorizes the DSS commissioner, to the extent permitted by federal law, to temporarily suspend recoupment of non-fraudulent overpayment for public assistance programs
- Applies to Temporary Family Assistance (TFA), State Supplement Program, Medicaid and HUSKY Health, State Administered General Assistance, and the Supplement Nutrition Assistance Program ([EO 7E](#), § 4, Mar. 17, 2020)

TFA 21-Month Limit Suspended

EO 7N:

- Excludes TFA cash benefits received during the declared emergencies from the statutory 21-month time limit ([EO 7N](#), § 6, Mar. 26, 2020)
- Read OLR Report [2020-R-0126](#), *Temporary Family Assistance During COVID-19*

TFA Interviews and Compliance

EO 7B:

- Authorizes the DSS commissioner to waive the requirement that TFA applicants attend an employment services interview and participate in developing an employment service plan before receiving assistance
- Authorizes DSS to consider the effects of the COVID-19 pandemic and responses to it as good cause when assessing TFA participants compliance with program requirements (e.g., work requirements) ([EO 7B](#), § 5, Mar. 14, 2020)

- Read OLR Report [2020-R-0126](#), *Temporary Family Assistance During COVID-19*

Pharmacy and Prescription Drugs

Medical Marijuana Program

EO 7L:

- Permits medical marijuana patients to be certified and receive follow-up care via telehealth
- Extends certain expiration dates for patient and caregiver registrations by 90 days and waives the fee for lost or misplaced registration certificates
- Allows dispensary and laboratory staff to work at multiple facilities and modifies dispensary staffing requirements to limit the impact of staffing shortages ([EO 7L](#), § 4, Mar. 24, 2020)

Medicare Part D Copayments for Dual Eligibles Suspended

EO 7I:

- Eliminates Medicare Part D copayments of up to \$17 per month (total for all prescriptions) for dually eligible Medicaid beneficiary medications covered by Medicare Part D and authorizes DSS to cover the copayment amounts in full, after any other insurer has paid
- Authorizes the DSS commissioner to issue any related implementing order or modification to the statutory requirements that she deems necessary ([EO 7I](#), § 2, Mar. 21, 2020)

Methadone Access for Homebound Patients

EO 7J:

- Allows methadone maintenance clinics to deliver methadone to homebound drug-dependent patients who a medical professional determines are unable to travel to the treatment facility
- Allows the Department of Consumer Protection (DCP) commissioner to issue any related implementing order ([EO 7J](#), § 3, Mar. 22, 2020; [DCP Implementation Order](#), Mar. 22, 2020)

Pharmacist Authority to Refill Prescriptions

EO 7I:

- Allows pharmacists to refill non-controlled substance prescriptions for up to 30 days if, among other things, they are unable to contact the prescribing practitioner ([EO 7I](#), § 9, Mar. 21, 2020)

Pharmacists Authorized to Make Hand Sanitizer

EO 7B:

- Permits the DCP commissioner to allow pharmacists to make and sell hand sanitizer without registering as a manufacturer
- Requires the commissioner to issue an implementing order ([EO 7B](#), § 2, Mar. 14, 2020; [DCP Implementation Order](#), Mar. 15, 2020)
- Read OLR Report [2020-R-0118](#), *Broadened Authority to Produce Hand Sanitizer During COVID-19 Pandemic*

Pharmacy Garbing Requirements Suspended

EO 7B:

- Suspends, as long as personal protective equipment is in short supply, garbing requirements for non-hazardous compounding of sterile pharmaceuticals and allows the DCP commissioner to issue any necessary implementing order ([EO 7B](#), § 3, Mar. 14, 2020)

Pharmacy Regulations Modified or Waived

EO 7I:

- Allows the DCP commissioner, rather than the Commission of Pharmacy, to waive or modify pharmacy operation regulations ([EO 7I](#), § 10, Mar. 21, 2020; [DCP Implementation Order](#), Mar. 27, 2020)

Social Distancing and Safety Measures

This section summarizes executive orders affecting social distancing and safety measures. Sections summarizing provisions that have been entirely repealed or superseded appear in gray.

Authorization to Issue Certain Fines

EO 9B:

- Authorizes the following individuals and entities to issue fines for violations related to mask and face covering requirements and gathering size restrictions (for the fine amounts and related information, see *Face Coverings in Public* and *Size Limits for Gatherings* below):
 - the DPH commissioner, local or district health directors, and their designees
 - municipal chief executive officers and their designees
 - state and municipal police officers and other peace officers

- special police forces at UConn, the Connecticut state universities, and community-technical colleges
- higher education public safety departments
- Requires all fines to be distributed to the General Fund
- Applies existing procedures for infractions and certain violations, which allow the fines to be paid by mail without making a court appearance ([EO 9B](#), § 2, Sept. 15, 2020)

Civil Penalty for Violating DECD Size or Capacity Limit Rules

EO 9N:

- Sets a \$10,000 civil penalty for the owner or person in control of a non-residential property who violates the size or capacity limits set forth in the DECD Sector Rules, DECD Gatherings Capacity Limits, or other rules on the DECD [website](#) (see below, *Size Limits for Gatherings*)
- Exempts from the penalty private residential gatherings, religious gatherings, and graduations, as long as they are not held in places otherwise covered by the DECD rules, but they remain subject to other applicable laws and rules
- Authorizes local or district health directors or designated municipal officials or employees to impose the penalty
- Allows the person or entity subject to the penalty to appeal to DPH within three business days of receiving it
- Specifies that a person or entity subject to this \$10,000 penalty is not also subject to the \$500 fine for violating size gathering limits under [EO 9B](#) (see below) ([EO 9N](#), § 1, Nov. 24, 2020)

Commuter Parking Facilities for COVID-19 Testing and Vaccination

EO 10:

- Suspends laws prohibiting trailer parking at commuter parking facilities and restricting their use to carpools, vanpools, and mass transit in order to allow these facilities to be used for COVID-19 testing and vaccination sites, as well as other activities necessary for the state's COVID-19 response ([EO 10](#), § 4, Feb. 4, 2021)

DPH Enforcement Authority

EO 9N:

- Requires the DPH commissioner to take measures to ensure enforcement of a law, Public Health Code regulation, or [EO 9N](#), if she determines that a local health department, district, or other official is not effectively doing so
- Requires DPH to inform the local health department or district of any of these measures ([EO 9N](#), § 2, Nov. 24, 2020)

Face Coverings in Public

EO 7NNN:

- Requires people to wear masks or face coverings (1) in public, whether indoors or outdoors, if they do not maintain a distance of approximately six feet from other people or (2) if using taxis, ride-sharing services, or mass transit or within any semi-enclosed transit stop or waiting area
- Exempts people for whom face coverings would be contrary to a medical condition
 - Requires individuals claiming this exemption to provide medical documentation from a licensed medical provider, DDS, or another state agency that provides or supports services for people with emotional, intellectual, or physical disabilities (the documentation is not required to name or describe the medical condition)
- Also exempts children under age two
- Exempted children in child care settings (superseded by [EO 9](#), Sept. 4, 2020; see OLR's [COVID-19 Executive Orders Affecting Education and Child Care](#) for full explanation)
- Supersedes and preempts any contrary municipal order
- Replaces a previous order ([EO 7BB](#), § 1, Apr. 17, 2020; [EO 7NNN](#), § 1, Aug. 14, 2020)

EO 9B:

- Establishes a \$100 fine for failing to wear a mask or face covering in public or other locations where such action is required by EO 7NNN, the Department of Economic and Community Development's (DECD) Sector Rules, or other lawful authority
- Imposes this fine on the employer, not the individual employee, if an employee fails to wear a required mask or face covering while at work

- Exempts people who (1) qualify for EO 7NNN's medical exemption or (2) maintain an approximately six foot distance from other people while outdoors ([EO 9B](#), § 2, Sept. 15, 2020; see *Authorization to Issue Certain Fines* above for related information)

Manufacturing Hand Sanitizer and Medical Devices

EO 70:

- Waives the manufacturer registration requirement for entities making alcohol-based hand sanitizer and medical devices, including personal protective equipment, as long as certain federal standards are met ([EO 70](#), § 3, Mar. 27, 2020; [DCP Resources and Guidelines](#))
- Read OLR Report [2020-R-0118](#), *Broadened Authority to Produce Hand Sanitizer During COVID-19 Pandemic*

Prohibition on Social and Recreational Gatherings of a Certain Size

EO 7PP:

- Extended the prohibition of social and recreational gatherings of six or more people (e.g., community or civic events, sporting events, concerts, festivals); **see below, *Size Limits for Gatherings***, for modified order allowing larger groups starting in June
- Specified that this prohibition applied to (1) groups seated together at outdoor dining establishments and (2) any other group activity permitted by any [business sector rules](#) or the Department of Economic and Community Development's (DECD) [Essential Business Guidance](#)
- Allowed religious gatherings of fewer than 50 people (instead of fewer than six people), as long as they employed reasonable distancing measures; **see below, *Size Limits for Gatherings***, for modified order allowing larger groups starting in June
- Amended prior orders ([EO 7](#), § 1, Mar. 12, 2020; [EO 7D](#), § 1, Mar. 16, 2020; [EO 7N](#), § 1, Mar. 26, 2020; [EO 7X](#), § 3, Apr. 10, 2020; [EO 7PP](#), § 3, May 18, 2020)
- Amended by [EO 7ZZ](#), Jun. 16, 2020

Size Limits for Gatherings

EO 10D:

- Allows social and recreational gatherings that comply with DECD's [Rules for Gatherings and Venues](#) and Sector Rules for Outdoor Events (also see below, *Sector Rules for Private Gatherings*)

- For example, effective March 19, 2021, the limits on various gatherings are as follows, with masks and social distancing required (see DECD [Rules](#) for other types of gatherings or venues):
 - Private, social, and recreational gatherings at commercial venues: up to 50% capacity for indoor gatherings, capped at 100 people; 200 people for outdoor gatherings; capacity count does not include event staff;
 - Private, social, and recreational gatherings at private residences: 25 people for indoor or 100 people at outdoor gatherings; capacity count does not include event staff; and
 - Outdoor event venues (e.g., amphitheaters): 25% capacity; set to increase to 50% capacity on April 2, with a cap of 10,000 people (if a private gathering, the limit for commercial venue outdoor gatherings applies)
- Makes it a public nuisance to violate DECD’s Rules for Gatherings and Venues and authorizes designated municipal employees or officials to order the closure of facilities that do not comply with these rules
- For indoor or outdoor religious gatherings, removes prior capacity limits except those provided by applicable law, as long as participants (1) wear masks (except for designated speakers speaking from designated safe locations) and (2) stay six feet apart from people not from their own household
- Does not set a size limit for religious gatherings where people stay in vehicles if the (1) windows are closed or (2) vehicles are at least six feet apart and people wear masks or cloth face coverings
- Amends prior orders ([EO 7](#), § 1, Mar. 12, 2020; [EO 7D](#), § 1, Mar. 16, 2020; [EO 7N](#), § 1, Mar. 26, 2020; [EO 7X](#), § 3, Apr. 10, 2020; [EO 7PP](#), § 3, May 18, 2020; [EO 7TT](#), § 2, May 29, 2020; [EO 7XX](#), § 1, Jun. 5, 2020; [EO 7ZZ](#), §§ 2 & 3, Jun. 16, 2020; [EO 9F](#), §§ 1 & 2, Oct. 8, 2020; [EO 9K](#), § 2, Nov. 5, 2020; [EO 10](#), § 7, Feb. 4, 2021; [EO 10D](#), § 1, Mar. 18, 2021)

EO 7NNN:

- Allows the DECD commissioner to issue or amend Sector Rules setting size limits for private gatherings of people who do not live in the same household, regardless of whether a business organized the gathering ([EO 7NNN](#), § 2, Aug. 14, 2020)

EO 9B:

- Establishes a \$500 fine for any person or business entity who organizes, hosts, or sponsors a gathering that violates the size restrictions set forth in DECD's [Rules for Gatherings and Venues](#) and [Sector Rules for Outdoor Events](#)
- Establishes a \$250 fine for any person who attends a gathering that violates the size restrictions set forth in these DECD rules ([EO 9B](#), § 2, Sept. 15, 2020)

Sports Safety Rules

EO 9M:

- Authorizes the DECD commissioner, in consultation with the DPH commissioner, to set mandatory rules for safely playing sports
- Replaces a prior order ([EO 9K](#), § 4, Nov. 5, 2020; [EO 9M](#), § 1, Nov. 20, 2020)

Municipal Authority to Revert to More Restrictive Limits for Gatherings (REPEALED)

EO 9J:

- Required DPH to report weekly on its website, the 14-day average of new COVID-19 cases per 100,000 residents for each municipality ("Municipal Case Average"), excluding cases in long-term care and correctional facilities
- Allowed municipalities with a "Municipal Case Average" of 10 or more new cases per day ("Elevated Case Rate") to give DECD written notice of their choice to impose DECD's rules and limits in effect on October 7th and the limits for religious gatherings in EO 7TT, Section 2 (i.e., the lessor of 25% capacity of the indoor space or a maximum of 100 people)
- Required (1) municipalities to provide this notice to DECD electronically and (2) DECD to post on its website a clear comparison of the two sets of rules
- Required stricter, pre-October 8th rules for these gatherings and activities to take effect 48 hours after a municipality with an Elevated Case Rate provides written notice to DECD
- Allowed a municipality, at least 14 days after implementing more restrictive, pre-October 8th rules, to electronically notify DECD of its decision to return to the less strict rules for these gatherings and activities, which take effect 48 hours after the notice is given
- Required municipalities that choose stricter, pre-October 8th rules to automatically revert back to the less strict rules if DPH reports on its website for two weeks in a row that they

have not experienced an Elevated Case Rate; the less strict rules take effect 48 hours after DPH posts the second report

- Replaced a prior order ([EO 9G](#), Oct. 13, 2020; [EO 9J](#), Oct. 29, 2020)
- Repealed by [EO 9K](#), § 1, Nov. 5, 2020

Mandatory Self-Quarantine by Travelers From Other States or Countries (REPEALED)

EO 9S:

- Generally required people entering or returning to Connecticut to self-quarantine if, within the prior 10 days, they spent at least 24 hours in an “affected state” or “affected country” and would remain in Connecticut for at least 24 hours (“affected travelers”)
 - An “affected state” was a state or territory, other than New York, New Jersey, or Rhode Island
 - An “affected country” was one other than the United States
- Required these “affected travelers” to (1) self-quarantine for 10 days from their last contact with the affected state or country (the self-quarantine period only applied while they were in Connecticut) and (2) comply with any further federal requirements that applied to them
- Required these travelers to complete and submit a Travel Health Form developed by the DPH commissioner, on which they had to disclose, among other things, their name, contact information, the last affected state or country in which they spent 24 hours, and the address of their designated self-quarantine location in Connecticut
- Exempted from the self-quarantine requirements:
 - Affected travelers who provided proof of having a negative COVID-19 test within 72 hours before arriving in Connecticut or any time after arriving in the state (all types of COVID-19 tests were acceptable except for antibody tests; the DPH commissioner could expand or modify the types of acceptable tests in her travel advisory)
 - Workers in critical infrastructure whose travel was related to their work (including students in exempt health care professions and government officials and employees traveling in their official capacity)

- Subjected affected travelers to the 10-day self-quarantine requirement whose test results were still pending until submitting a negative test result (test must have been taken no earlier than 72 hours before arrival in Connecticut)
- Subjected affected travelers who violated specified requirements (refusing or failing to self-quarantine, submit the Travel Health Form, or complete the form truthfully and accurately) to a civil penalty of up to \$500 for each violation; DPH could issue written notices of these penalties or delegate this authority to local or district health directors
 - Gave such travelers who received a notice of this penalty the right to request a hearing under the Uniform Administrative Procedure Act within 10 business days; the hearing had to be held within 30 business days of receipt of the request
 - Required DPH to prove the violation by a preponderance of the evidence and authorized DPH to issue subpoenas, compel testimony, and order the production of relevant documents
 - Allowed DPH to waive or modify the penalty under terms it deemed proper or necessary
- Required the DPH commissioner to issue a travel advisory and communicate it widely at all major entry points into the state, including on highway message boards and in all state airports
- Authorized the DPH commissioner to issue additional protocols for other extraordinary circumstances or when self-quarantine was not possible, provided these protocols continued to safeguard the public health
- Applied for the duration of the declared emergencies
- Amended prior orders (EO 7III, § 2, Jul. 21, 2020; EO 9B, § 1, Sept. 15, 2020; EO 9C, § 1, Sept. 16, 2020; EO 9I, Oct. 27, 2020; EO 9S, § 1, Dec. 18, 2020)
- Repealed by EO 10D, § 2, Mar. 18, 2021

Self-Quarantine by Travelers From States Experiencing High Infection Rates (REPEALED)

EO 7BBB:

- Required the DPH commissioner to issue a travel advisory that required travelers entering Connecticut to self-quarantine for 14 days if they came from a state with either (1) a positive COVID-19 test rate higher than 10 per 100,000 residents or (2) higher than a 10% test positivity rate over a seven-day rolling average
- Made the travel advisory effective 12:01 a.m. on June 25 and required the commissioner to communicate the advisory widely at all major entry points into the state, including on highway message boards and in all state airports
- Authorized the DPH commissioner to issue additional protocols for essential workers or other extraordinary circumstances when a quarantine was not possible, provided these protocols continued to safeguard the public health
- Required the DPH commissioner to coordinate the criteria and protocols with New York and New Jersey to ensure the tri-state area was protected from COVID-19 community transmission while still allowing free travel between and among the states ([EO 7BBB](#), § 1, Jun. 24, 2020)
- Repealed by [EO 7III](#), § 1 Jul. 21, 2020

Telehealth Services

Extension of Legislative Action to Expand Access to Telehealth Services

EO 10C:

- Extends from March 15 to April 20, 2021, the telehealth provisions in [PA 20-2, July Special Session](#) unless they were previously modified or terminated by the governor or superseded by law
- Specifies that the telehealth EOs listed below remain in effect unless they are superseded by PA 20-2, July Special Session ([EO 10C](#), Mar. 14, 2021)

Authorized Telehealth Providers Expanded

EO 7DD:

- Adds licensed art therapists, behavior analysts, dentists, genetic counselors, music therapists, and veterinarians to the list of health care providers authorized to provide telehealth services ([EO 7DD](#), § 1, Apr. 22, 2020)

Expanded Medicaid Coverage

EO 7F:

- Authorizes the DSS commissioner to enable the Connecticut Medical Assistance Program (e.g., Medicaid and HUSKY B) to cover applicable services provided through audio-only telehealth services
- Authorizes the commissioner to issue orders, waive regulatory requirements, and take other actions to implement coverage ([EO 7F](#), § 3, Mar. 18, 2020)

Licensure and Certification Requirements

EO 7DD:

- Suspends licensure, certification, and registration requirements for telehealth providers who are Medicaid providers or in-network providers for fully-insured private health insurance plans, in accordance with any related DPH orders
- Allows authorized telehealth providers to provide telehealth services if their license or certification cannot be renewed during the emergency
- Allows out-of-state health professionals to practice telehealth in Connecticut by temporarily suspending license requirements for up to 60 days for out-of-state health professionals who work in Connecticut during the declared emergencies
- Amends a prior order ([EO 7G](#), § 5(b), Mar. 19, 2020; [EO 7DD](#), § 2(b), Apr. 22, 2020)

Payment

EO 7DD:

- Requires providers who provide telehealth services to patients not covered by Medicaid or a fully-insured private health plan (e.g., self-insured plans) to determine if the patient has coverage for telehealth services before providing services
- Prohibits providers who receive payment under these other health plans from billing patients any additional charges beyond the reimbursement received under the plans

- Requires providers to (1) accept the Medicare reimbursement rate for telehealth services as payment in full when payment is unavailable under another health plan or the patient is uninsured and (2) offer financial assistance to patients who are uninsured or otherwise unable to pay, to the extent required under state and federal law ([EO 7G](#), § 5(d), Mar. 19, 2020; [EO 7DD](#), § 2(d), Apr. 22, 2020)

Service Delivery

EO 7FF:

- Allows telehealth providers who are Medicaid providers or in-network providers for fully-insured private health insurance plans providing covered telehealth services to patients to provide these services via audio-only telephone ([EO 7G](#), § 5(a), Mar. 19, 2020; [EO 7DD](#), § 2(a), Apr. 22, 2020; [EO 7FF](#), Apr. 24, 2020)
- Modifies the requirement that telehealth services and health records comply with HIPAA to allow these telehealth providers to use additional information and communication technologies in accordance with HIPAA requirements for remote communication as directed by the federal Department of Health and Human Services' Office of Civil Rights during the COVID-19 pandemic (e.g., certain third-party video communication applications, such as Apple FaceTime, Skype, or Facebook Messenger) ([EO 7G](#), § 5(c), Mar. 19, 2020; [EO 7DD](#), § 2(c), Apr. 22, 2020)
- Waives regulatory requirements that telehealth services be provided from a provider's licensed facility ([EO 7G](#), § 5(e), Mar. 19, 2020; [EO 7DD](#), § 2(e), Apr. 22, 2020)
- Read OLR Report [2020-R-0138](#), *COVID-19 Executive Orders Concerning Telehealth*

Miscellaneous

Non-Congregant Housing for At-Risk Persons

EO 7P:

- Allows the emergency services and public protection, housing, and public health commissioners and OPM secretary to (1) issue orders providing or arranging non-congregant housing for those with an increased risk of COVID-19 exposure, infection, or transmission due to housing or working environments and (2) seek reimbursement for the cost from federal agencies or other sources ([EO 7P](#), § 1, Mar. 28, 2020; [DOH Implementation Order](#), Mar. 31, 2020; [DPH Implementation Order](#), Mar. 28, 2020)