



VERSION-4

PUBLIC HEALTH EMERGENCY DECLARATION

PLAYBOOK



SELECTED SOURCE OF LEGAL AUTHORITY	STATE STATUTE, CODE OR LOCAL ORDINANCE
✦ Emergency or disaster declaration: Emergency powers of governor; termination; authorization for adjutant general; limitation.	➤ A.R.S. § 26-303 (Emergency or disaster Declaration)
✦ Public health authority during state of emergency or state of war when there is an imminent threat of an illness or health condition caused by bioterrorism, an epidemic, or pandemic disease.	➤ A.R.S. § 36-787 ((Medical Licensing Waiver: § 36-787 A-(6) (7))
✦ Contact investigation: Enhanced surveillance advisory, and Patient Tracking.	➤ A.R.S. § 36-782 (Enhanced surveillance advisory) ➤ A.R.S. § 36-784 (Patient Tracking)
✦ Mandatory examination and testing of people (Public health authority during state of emergency or state of war emergency).	➤ A.R.S. § 36-787 (B-1: Mandate medical examinations for exposed persons)
✦ Mandatory treatment and vaccination of persons who are diagnosed with an illness resulting from exposure (Public health authority during state of emergency or war emergency).	➤ A.R.S. § 36-787 (C-1: Mandate treatment or vaccination of persons)
✦ Isolation and quarantine: a) Isolation and quarantine during a state of emergency or state of war emergency b) Due process for isolation and quarantine during a state of emergency or state of war emergency.	➤ A.R.S. § 36-788: (Isolation and quarantine) ➤ A.R.S. § 36-789 (Due process for isolation and quarantine)
✦ Control and use non-governmental personnel for response actions.	➤ A.R.S. § 26-301. (Definitions); A.R.S. § 26-310. (Use of professional skills) ➤ Arizona Administrative Code (AAC): ➤ (R8-2-702: Registration; R8-2-703: Required Registration Information; R8-2-704: Registration Denial or Revocation; Denied Compensation)
✦ Liability protections and immunity for the disaster responders.	➤ A.R.S. § 26-314. Immunity of state, political subdivisions and officers, agents, employees and emergency workers; limitation; rules; definitions. ➤ A.R.S. § 36-790. Privileges and immunities.
✦ Commandeer and use of facilities and supplies.	➤ A.R.S. § 26-303. Emergency powers of governor; termination; authorization for adjutant general; limitation.
✦ CRISIS STANDARD OF CARE (CSC) PLAN -Activation.	➤ A.R.S. § 36-791. Crisis standards of care plan; crisis guidelines or standards; requirements; modification of existing plan, guidelines or standards; definition.
✦ ARIZONA SURGE LINE - Executive Order 2020-38 (ensuring statewide access to care for COVID-19)	➤ Governor’s Executive Order for Utilizing Arizona Surge Line
✦ COVID-19 Pandemic -Public Health Emergency Declaration in Arizona	➤ Declaration of Emergency- (COVID-19 Pandemic)
✦ Enhanced Surveillance Advisory – Executive Order 2020-07 ○ Monitoring and Preventing the Spread of COVID-19	➤ Enhanced Surveillance Advisory – A.R.S. § 36-782 ➤ Governor’s Executive Order for Enhanced Surveillance
✦ ARIZONA DEPARTMENT OF HEALTH SERVICES-ADMINISTRATIVE ORDER 2020-13	➤ ADMINISTRATIVE ORDER 2020-13 -(Emergency Measures for COVID-19)
✦ Slowing the Spread of COVID-19: Reporting Requirements -EMERGENCY MEASURE 2022-01	➤ EMERGENCY MEASURE 2022-01
HISTORY OF ARIZONA EMERGENCY DECLARATIONS →	❖ STATE DISASTER DECLARATION: 108 (From 1950-2023) ❖ STATE PUBLIC HEALTH DECLARATION: 2 ➤ COVID-19 Pandemic (2020-2022) on March 11th 2020 ➤ Opioid Overdose Epidemic-Enhanced Surveillance Advisory June 5th 2017

LEVEL OF EMERGENCY DECLARATION

FEDERAL DECLARATION

The [Stafford Act](#) enables the President to declare a “major disaster or emergency” allowing federal assistance when a response overwhelms the capacity of state and local governments.

STATE DECLARATION

[Disaster or emergency declaration authority](#) also exists at the state level. Such declarations are typically proclaimed by the governor.

LOCAL DECLARATION

Disaster or emergency declaration authority may be held by the city council, board of supervisors, mayor, health official, or other entities named by local statute or regulation.

PRE-DISASTER EMERGENCY DECLARATION

A governor or local/tribal entity may request an emergency declaration in advance or anticipation of the imminent impact of an incident that threatens such destruction as could result in a major disaster.

HIGHLIGHTS

- The emergency declaration process is **MULTILAYERED** in ARIZONA
- State emergency declarations are usually **PROCLAIMED** by the GOVERNOR
- An local emergency declaration can be **MADE** at the LOCAL OR STATE LEVEL
- Locally declared emergencies may require **APPROVAL** by a **LOCAL LEGISLATIVE BODY, STATE EXECUTIVE OFFICERS, AND/OR THE STATE LEGISLATURE**

MAJOR DISASTER EMERGENCY VS. PUBLIC HEALTH EMERGENCY

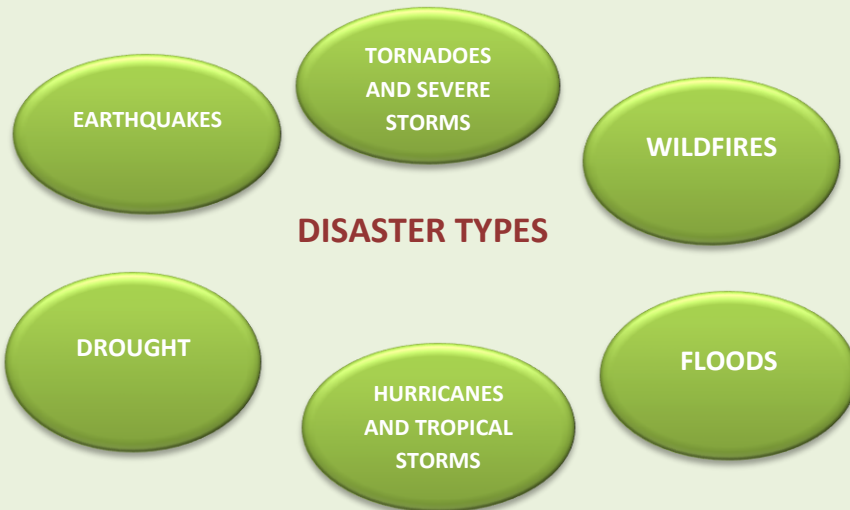
DISASTER-EMERGENCY

An occurrence of a natural catastrophe, technological accident, or human caused event that has resulted in severe property damage, multiple injuries and deaths. A "large-scale disaster" is one that exceeds the response capability of the local jurisdiction and requires State, and potentially Federal involvement.

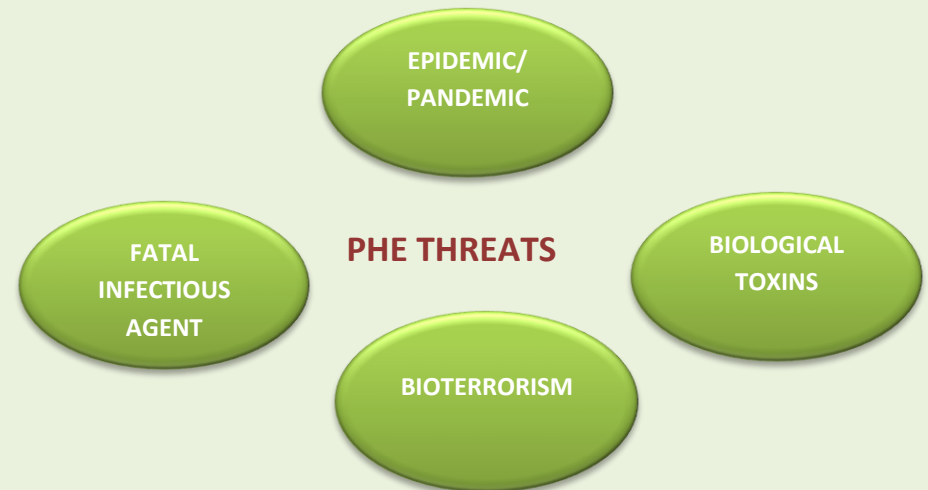
PUBLIC HEALTH EMERGENCY (PHE)

A public health emergency (is defined as "an occurrence or imminent threat of an illness or health condition caused by bioterrorism, epidemic or pandemic disease, or (a) novel and highly fatal infectious agent or biological toxin".

MOST COMMON DISASTERS TYPES



PUBLIC HEALTH EMERGENCY (PHE) THREATS



STANDARD DECLARATION VS. PUBLIC HEALTH DECLARATION

STANDARD DISASTER DECLARATION

PUBLIC HEALTH EMERGENCY DECLARATION

A [governor](#) (or a mayor) may declare a *state of emergency* within their jurisdiction when it is believed that a disaster has occurred or may be imminent that is severe enough to require state aid to supplement local resources in preventing or alleviating damages, loss, hardship or suffering.

There are *two types of disaster declarations* provided for in the [Stafford Act](#): emergency declarations and major disaster declarations. Both declaration types authorize the *President* to provide supplemental federal disaster assistance.

All requests for a declaration by the President that a major disaster exists shall be made by the Governor of the affected state.

<https://www.fema.gov/disaster-declaration-process>

The Stafford Act created the system in place today by which a presidential disaster declaration or an emergency declaration triggers financial and physical assistance through the Federal Emergency Management Agency (FEMA).

STATE
DECLARATION

A [governor](#) may declare a *state of public health emergency* within their jurisdiction when it is believed that an occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic/pandemic disease, or highly fatal infectious agent.

Under [Section 319 of the Public Health Service \(PHS\) Act](#), the *Secretary of the Department of Health and Human Services* may declare a Public Health Emergency (PHE) if they determine, after consulting with such public health officials as may be necessary, that:

- ❖ A disease or disorder may present a PHE, OR
- ❖ A PHE, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists.

<https://www.phe.gov/Preparedness/legal/Pages/phe-ga.aspx>

The declaration would be routed through our Regional Emergency Coordinator (REC) to the HHS secretary. In the United States, a public health emergency declaration *releases resources* meant to handle an actual or potential public health crisis.

FEDERAL
DECLARATION

INCIDENT MANAGEMENT SYSTEM FOR PUBLIC HEALTH

1. ADHS incorporates elements of the National Incident Management System ([NIMS](#)) into its emergency response plans

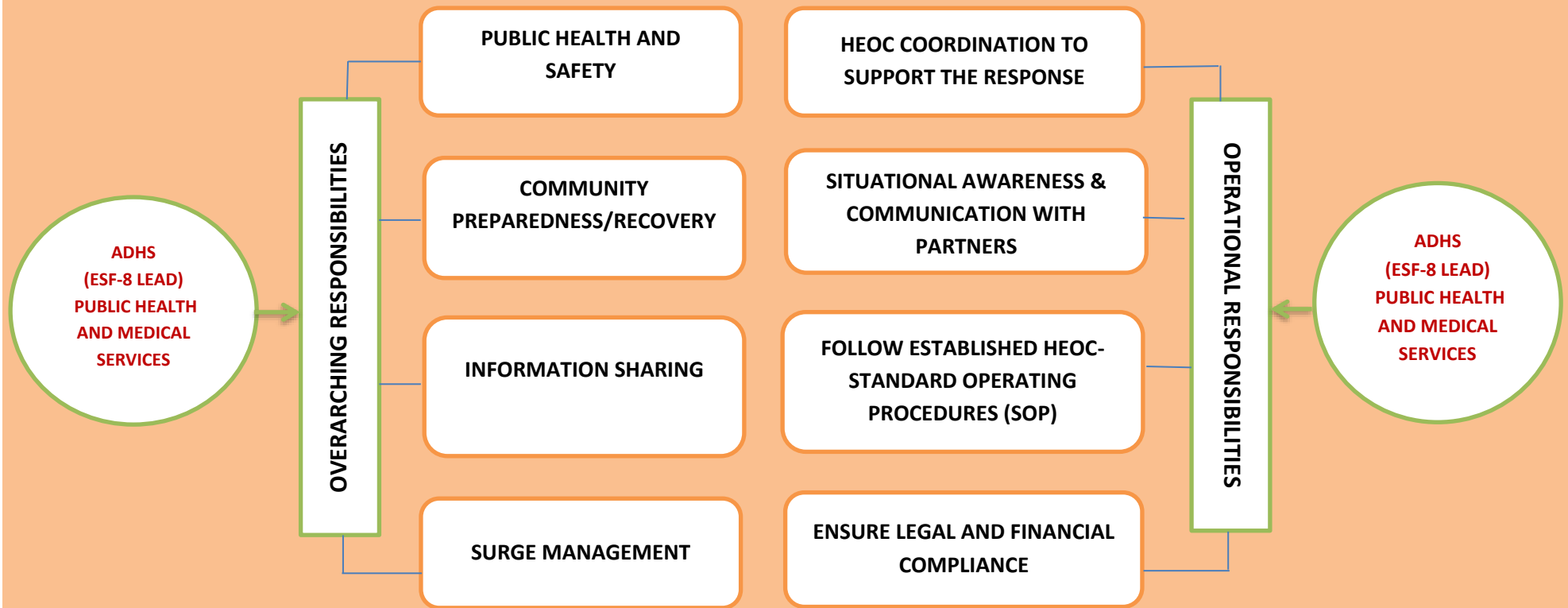
2. ADHS utilizes the Health Emergency Operations Center (HEOC) to manage public health responses as directed by the ADHS Health Emergency Operation Center (HEOC) Standard Operating Procedure (SOP).

PUBLIC HEALTH INCIDENT MANAGEMENT

3. The ADHS incident command system, the Public Health Incident Management System (PHIMS), is NIMS compliant.

4. PHIMS provides a cohesive response system for an emergency; and can expand or contract to fit the nature of emergency.

PUBLIC HEALTH EMERGENCY RESPONSE ROLES AND RESPONSIBILITIES



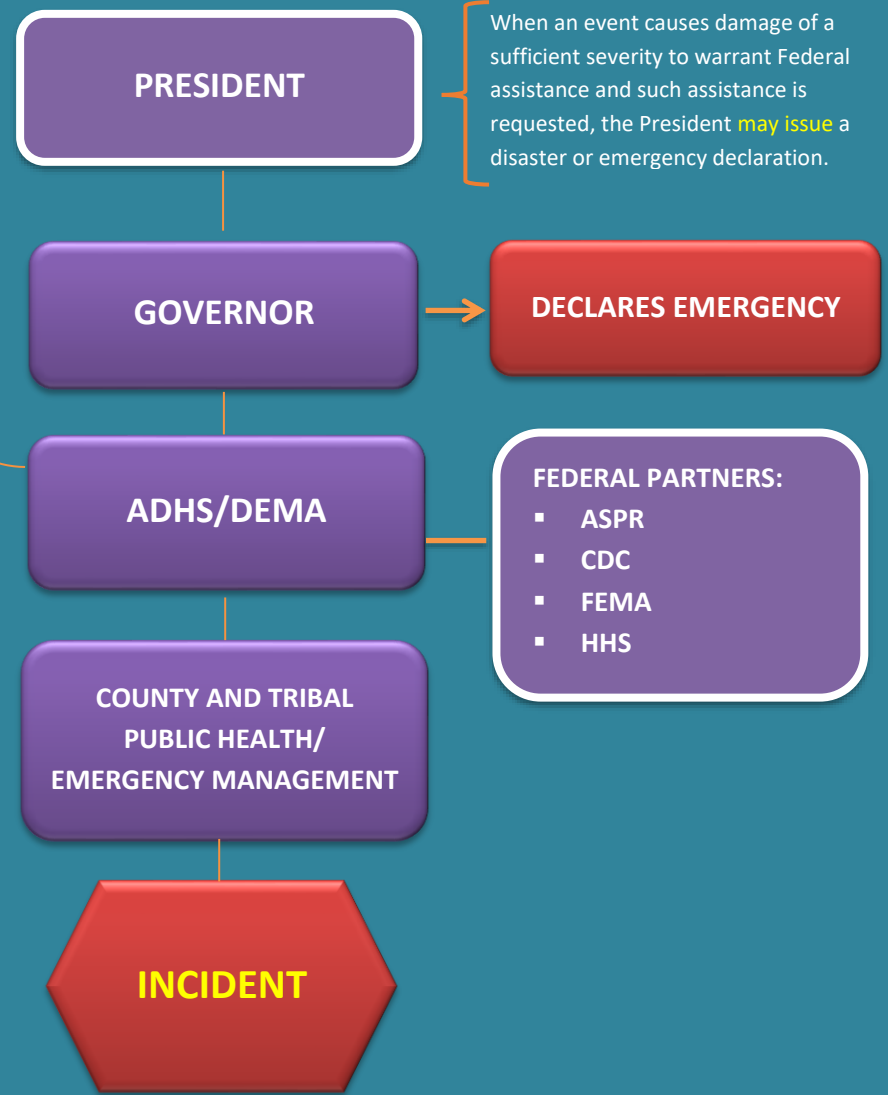
ARIZONA'S EMERGENCY COLLABORATION SYSTEM

ADHS ACTIVATES HEOC

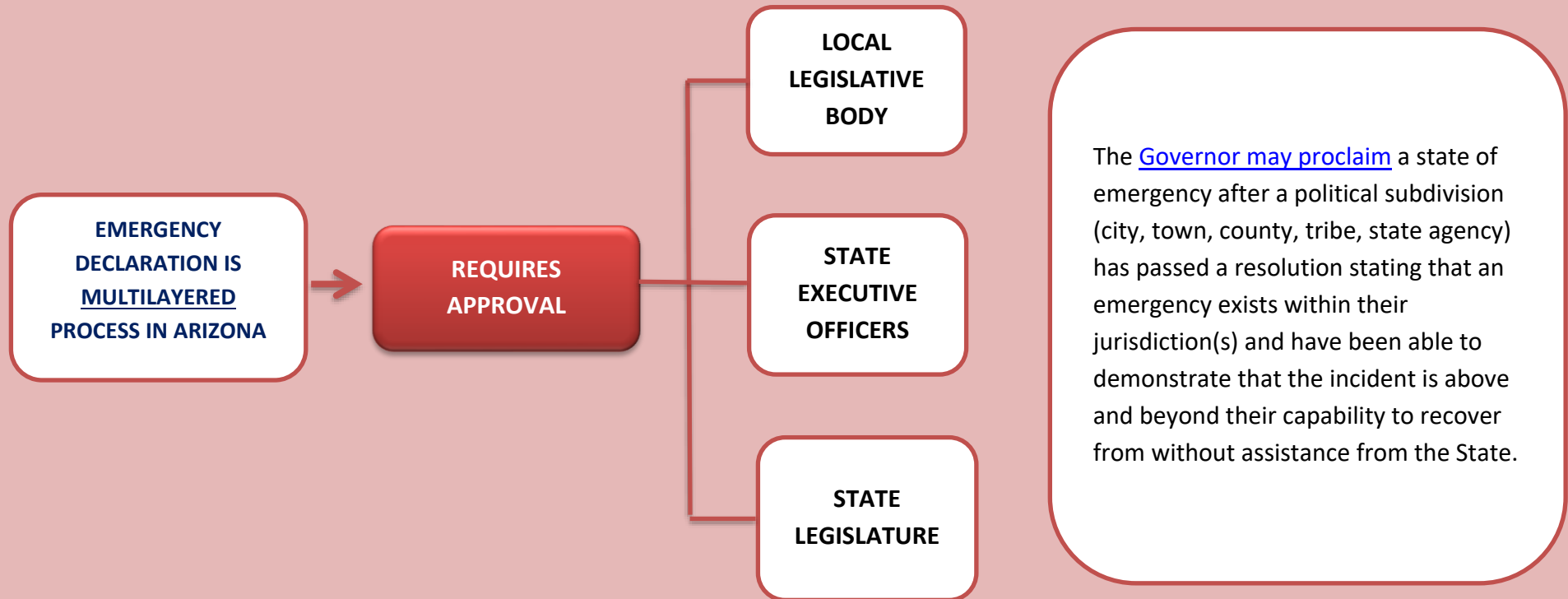
- Maintains common operating picture.
- Manages consequences caused by the incident (resource coordination, evacuation).
- Provides support and coordination.

This flowchart depicts the process utilized for all emergency events, regardless of size and scope. **All events begin and end at the local level.** This collaborative system is built and sustained through daily engagement, strong partnership, and mutually beneficial relationships. In the event of a disaster or a Public Health Emergency, this collaborative system coordinates with Health Care Coalitions, emergency management and first responders to:

- Communicate timely, accurate, and actionable public information.
- Provide the environment to make decisions that reduce the impact of disasters and emergencies on people, property and the environment.
- Manage survivors' expectations of the scope and availability of state and federal assistance programs.



EMERGENCY DECLARATION PROCESS IN ARIZONA AT LOCAL LEVEL



- Arizona is a 'Home Rule' state. Roughly 17,000 local governments operate within Arizona's borders. These include counties, tribes, municipalities (cities and towns), and districts. Some local governments enjoy greater autonomy through home rule and have power to make a public health emergency declaration at the local level: <https://definitions.uslegal.com/h/home-rule>

PUBLIC HEALTH EMERGENCY DECLARATION-CRITERIA

Deciding that a public health emergency (PHE) exists



If the Director determines that a public health emergency exists, he/she may authorize investigation of the cause, treatment, or prevention of the disease or disorder underlying the public health emergency.

What is a PHE?

A public health emergency (PHE) is any adverse event (natural or man-made) that compromises the health of the population and has the potential to cause widespread illness.

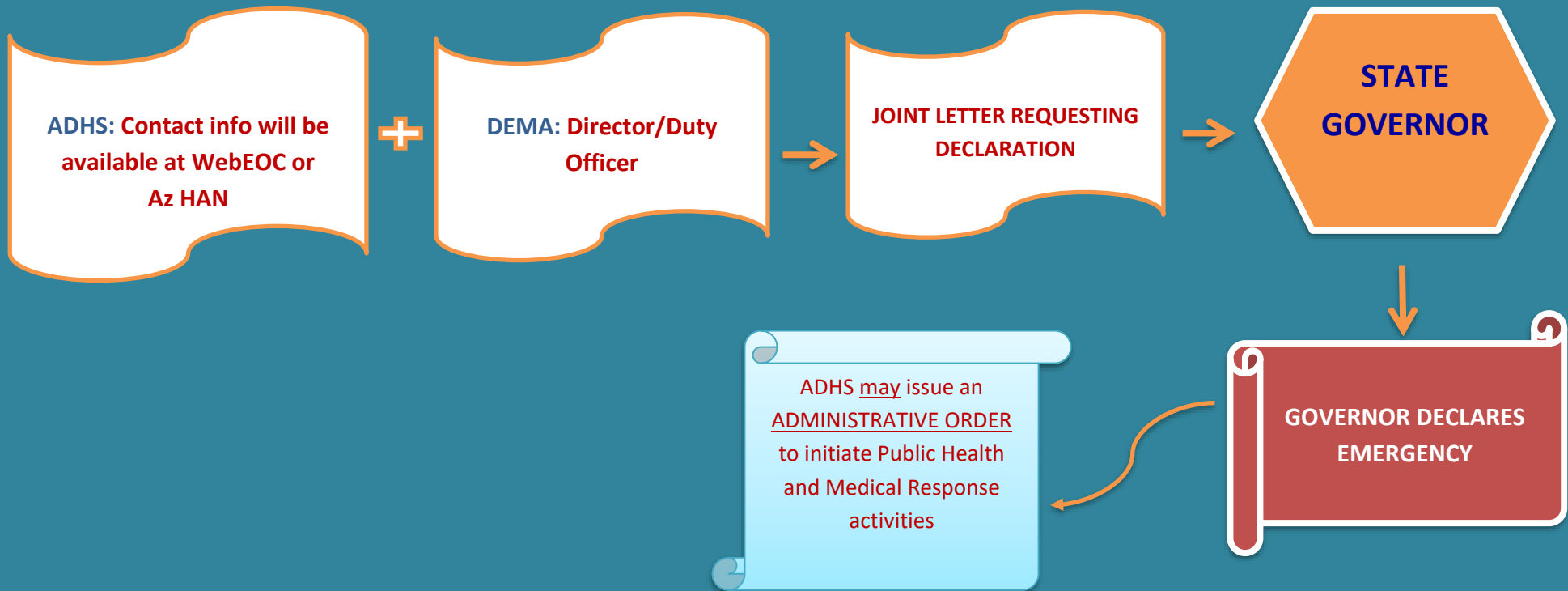
Once the determination of PHE is made, the Department of Health Services Director works with sister government agencies to submit a joint letter to the state Governor requesting PHE Declaration by the State.

If the Governor declares a PHE, additional funding for advanced surveillance and intervention activities may become available.

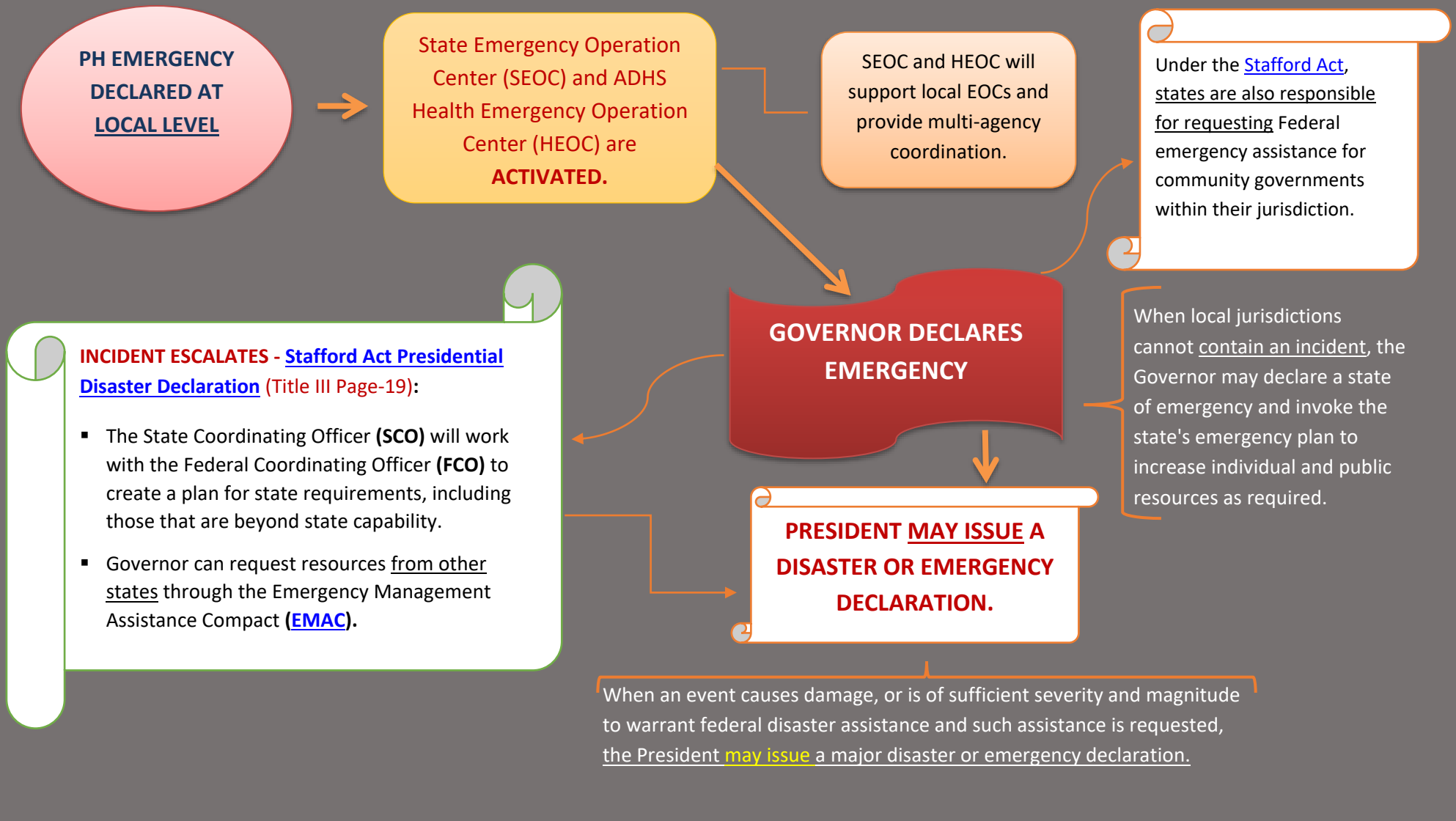
PUBLIC HEALTH EMERGENCY (PHE) DECLARATION PROCESS

STATE LEVEL

ARIZONA'S PHE-DECLARATION
IS MULTILAYERED PROCESS



Escalating the Local Public Health Emergency Declaration to Federal Level PROCESS



EMERGENCY DECLARATION PROCESS-STATE LEVEL

EMERGENCY DECLARATION

DECLARATION OF OPIOID EMERGENCY And NOTIFICATION OF ENHANCED SURVEILLANCE ADVISORY *Opioid Overdose Epidemic*

WHEREAS, the Arizona Department of Health Services has confirmed 790 deaths due to opioids in Arizona in 2016, which equates to an average of more than two Arizonans per day; and

WHEREAS, the Arizona Department of Health Services has confirmed that the number of opioid deaths has increased 74% from 2012-2016, with 2016 showing Arizona's highest number of deaths; and

WHEREAS, opioids are powerful pain killers that are highly addictive; and

WHEREAS, of the 1,497 drug overdose deaths in 2016, 52.7% noted opioids as primary cause of death; and

WHEREAS, these deaths as a result of overdose are preventable; and

WHEREAS, the opioid overdose epidemic affects all Arizonans; and

WHEREAS, in Arizona, law enforcement and first responders have the authority to carry and administer the lifesaving drug Naloxone; and

WHEREAS, the Arizona Department of Health Services requires more robust and more accurate data to successfully combat the opioid overdose epidemic; and

WHEREAS, the Governor and the Director of the Arizona Department of Health Services have reasonable cause to believe that the disease, illness, and the health conditions, including deaths, are being caused by opioid overdose epidemic; and

WHEREAS, it is necessary and appropriate to take action to ensure that the residents of Arizona remain safe and healthy; and

WHEREAS, the Governor is authorized to declare an emergency pursuant to A.R.S. § 26-303(D)

NOW, THEREFORE, I, Douglas A. Ducey, Governor of the State of Arizona, by virtue of the authority vested in me by Constitutions and Laws of the State, do hereby determine that the opioid overdose epidemic present in Arizona justifies a declaration of a State of Emergency and issuance of an Enhanced Surveillance Advisory, pursuant to A.R.S. §26-303(D), 36-787, and I do hereby:

- Declare that a State of Emergency exists in Arizona due to the Opioid Overdose Epidemic, effective June 5, 2017; and
- Direct that the State of Arizona Emergency Response and Recovery plan be used to direct and control State and other assets, and authorize the Director of the Arizona Department of Emergency and Military Affairs to coordinate State assets; and

- Authorize the Director of the Arizona Department of Health Services to coordinate all matters pertaining to public health emergency response of the State in accordance with A.R.S. § 36-787(A)(2); and
- Require the Director of the Arizona Department of Health Services to:
 - Within seven days of this order, provide consultation to the Governor on identifying and recommending the necessary elements for an Enhanced Surveillance Advisory pursuant to A.R.S. § 36-787(B); and
 - Initiate emergency rule making with Arizona Attorney General's Office in order to develop rules for opioid prescribing and treatment within health care institutions pursuant to A.R.S. § 36-405; and
 - Develop guidelines to educate healthcare providers on responsible prescribing practices; and
 - Develop and provide training to local law enforcement agencies on proper protocols for carrying, handling, and administering Naloxone in overdose situations; and
 - Provide a report on findings and recommendations, including additional needs and response activities, and preliminary recommendations that require legislative action to the Governor by September 5, 2017.

This Emergency Declaration will be eligible for termination upon my receipt and acceptance of the Arizona Department of Health Services' Opioid Overdose Epidemic Response Report.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.



Douglas A. Ducey
GOVERNOR

DONE, at the Capital in Phoenix on this 5th day of June in the Year Two Thousand Seventeen and of the Independence of the United States of America, the Two Hundred and Forty First.

ATTEST:

Michele Reagan
Secretary of State

DECLARATION OF EMERGENCY

COVID-19

WHEREAS, the World Health Organization declared a Public Health Emergency of International Concern on January 30, 2020, the United States Department of Health and Human Services declared a Public Health Emergency related to the COVID-19 outbreak on January 31, 2020, and the World Health Organization officially declared a pandemic due to COVID-19 on March 11, 2020; and

WHEREAS, globally there are 124,908 total confirmed cases and 4,591 total deaths to-date related to COVID-19, and the situation is rapidly evolving with person-to-person transmission and continued community transmission; and

WHEREAS, COVID-19 was first discovered in Wuhan, China, and is known to cause respiratory illness, which can result in severe disease complications and death; and

WHEREAS, Arizona is proactively leading on the COVID-19 response in the United States, as the third of 39 states that have confirmed cases of COVID-19; and

WHEREAS, the Arizona Department of Health Services and local public health departments have identified 9 cases of COVID-19, including cases spreading in the community, and have additional patients under investigation linked to the global outbreak; and

WHEREAS, COVID-19 poses a serious public health threat for infectious disease spread to Arizona residents and visitors if proper precautions recommended by public health are not followed; and

WHEREAS, the Arizona Department of Health Services in partnership with the Centers for Disease Control and Prevention (CDC) and local public health departments have implemented disease surveillance and testing for confirmed COVID-19 case(s) and patients under investigation; and

WHEREAS, in Arizona, public health and health care systems have identified precautions and interventions that can mitigate the spread of COVID-19; and

WHEREAS, the Arizona Department of Health Services requires a more robust and integrated response to successfully combat the COVID-19 outbreak; and

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WHEREAS, the Governor and the Director of the Arizona Department of Health Services have reasonable cause to believe the spread of COVID-19 can lead to severe respiratory illness, disease complications, and death for Arizona residents, particularly those with underlying medical conditions or the elderly, and

WHEREAS, it is necessary and appropriate to take action to ensure the spread of COVID-19 is controlled and that the residents of Arizona remain safe and healthy; and

WHEREAS, the Governor is authorized to declare an emergency pursuant to A.R.S. § 26-303(D) and in accordance with A.R.S. § 26-301(15).

WHEREAS, pursuant to A.R.S. § 26-307(A), a state agency, when designated by the Governor, may make, amend and rescind orders, rules and regulations necessary for emergency functions;

WHEREAS, pursuant to A.R.S. § 36-787(A), during a state of emergency declared by the Governor as a result of an occurrence or imminent threat of illness or health condition caused by an epidemic that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability, the Arizona Department of Health Services shall coordinate all matters pertaining to the public health emergency response of the State; and

WHEREAS, pursuant to A.R.S. § 36-787(B) and (C), during a state of emergency declared by the Governor, the Governor, in consultation with the Director of the Arizona Department of Health Services, may issue orders pertaining to the public health emergency response of the State; and

WHEREAS, pursuant A.R.S. § 36-788 and 36-789, during a state of emergency declared by the Governor, the Arizona Department of Health Services, to protect the public health, may establish and maintain places of isolation and quarantine and require the isolation or quarantine of any person who has contracted or been exposed to a highly contagious and fatal disease;

WHEREAS, the Legislature has authorized the expenditure of funds in an event of an emergency pursuant to A.R.S. § 35-192; and

WHEREAS, Executive Order 2017-06 establishes the Arizona Emergency Response and Recovery Plan to assist in responding to emergencies including public health emergencies; and

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COVID-19 EMERGENCY DECLARATION-CONTINUED

NOW, THEREFORE I, Douglas A. Ducey, Governor of the State of Arizona, by virtue of the authority vested in me by the Constitution and Laws of the State, do hereby determine that the COVID-19 outbreak presents conditions in Arizona, which are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any single county, city or town, and which require the combined efforts of the State and the political subdivision, and thus justifies a declaration of a State of Emergency; accordingly, pursuant to A.R.S. § 26-303(D) and 36-787, I do hereby:

- a. Declare that a State of Emergency exists in Arizona due to the COVID-19 outbreak, effective March 11, 2020; and
- b. Direct that the State of Arizona Emergency Response and Recovery Plan be used, and the Division of Emergency Management to be engaged, as necessary or requested, to assist the Arizona Department of Health Services' coordination of the public health emergency response and authorize the use of state assets as necessary; and
- c. Authorize the Director of the Arizona Department of Health Services to coordinate all matters pertaining to the public health emergency response of the State in accordance with A.R.S. Title 36, Chapter 6, Article 9;

This Emergency Declaration will be eligible for termination upon the resolution of the outbreak as determined by the Arizona Department of Health Services.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.




GOVERNOR

DONE at the Capitol in Phoenix on this 11th day of March in the Year Two Thousand Twenty and of the Independence of the United States of America the Year Two Hundred and Forty-Fourth.

ATTEST: Secretary of State

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EMERGENCY DECLARATION PROCESS-STATE LEVEL
ENHANCED SURVEILLANCE ADVISORY- MARCH 26, 2021

GOVERNOR DOUGLAS A. DUCEY STATE OF ARIZONA
EXECUTIVE ORDER: 2021-07

Enhanced Surveillance Advisory Monitoring and Preventing the Spread of COVID-19:

Archived at: <https://azmemory.azlibrary.gov/nodes/view/95630>

WHEREAS, on January 31, 2020, Secretary Alex Azar ("Secretary") of the United States Department of Health and Human Services ("HHS"), declared a public health emergency to address COVID-19; and

WHEREAS, on March 11, 2020, pursuant to Arizona Revised Statutes ("A.R.S.") § 26-303 and 36-787, I, as Governor of the State of Arizona, issued a declaration of a Public Health State of Emergency due to the necessity to prepare for, prevent, respond to, and mitigate the spread of COVID-19; and

WHEREAS, pursuant to A.R.S. § 36-787, during a public health state of emergency, the Arizona Department of Health Services shall coordinate all matters pertaining to the public health emergency; and

WHEREAS, on March 30, 2020, the Director of the Arizona Department of Health Services ("ADHS" or the "Department"), based on an epidemiological assessment of Arizona specific data and in alignment with the Centers for Disease Control and Prevention ("CDC") guidance, recommended the State implement enhanced mitigation strategies which are continuing; and

WHEREAS, as of March 26, 2021, there have been 838,558 diagnosed cases of COVID-19 in Arizona including 16,898 deaths; and

WHEREAS, the significant COVID-19 spread in July 2020 followed by the increase in cases during December 2020 and January 2021 resulted in space and staff constraints in Arizona's hospitals, with fewer than 9% of intensive care unit (ICU) beds reported available for several days in July, December, and January; and

WHEREAS, COVID-19 can cause serious complications, including pneumonia and even death; and

WHEREAS, ADHS requires continued robust and accurate data to successfully combat the COVID-19 pandemic through specimen testing; and

WHEREAS, there are currently three COVID-19 vaccines with an approved United States Food and Drug Administration ("FDA") Emergency Use Authorization ("EUA"); and

WHEREAS, immunization with a safe and effective COVID-19 vaccine is a critical component of the whole government strategy to reduce COVID-19 related illnesses, hospitalizations, and deaths and to help restore societal functioning; and

WHEREAS, access to immunization and vaccine administration data is critical to the whole government response to the COVID-19 public health emergency; and

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WHEREAS, the CDC, an agency of the United States Department of Health and Human Services (HHS), requires the State's COVID-19 immunization and vaccine administration data to assist in: rapidly assessing patterns of vaccination among populations; identifying pockets of under vaccination; assisting in determining vaccine resource allocation to address the needs of the State; monitoring vaccine effectiveness and safety, assessing spectrum of illness, disease burden, risk factors for severe disease and outcomes, and helping to understand the impact of COVID-19 on the healthcare system and communities; and

WHEREAS, pursuant to A.R.S. § 36-664, communicable disease-related information is confidential and prohibited from release except in specific circumstances when the information can be released, such as when authorized by state or federal law and provides that a person to whom communicable disease related information is disclosed shall not disclose the information to another person except as authorized by A.R.S. Title 36, Chapter 6, Article 4; and

WHEREAS, A.R.S. § 36-664(A)(9) authorizes the release of communicable disease-related information to a federal, state or local government agency authorized by law to receive the information; and

WHEREAS, A.R.S. § 36-664(A)(15) authorizes the release of communicable disease-related information to a person or entity as required by federal law; and

WHEREAS, A.R.S. § 36-664(C)(1) and (4) authorizes the release of communicable disease-related information if specifically authorized by federal or state law or for the purposes of research as authorized by state and federal law; and

WHEREAS, A.R.S. § 36-664(G) provides a person to whom communicable disease-related information is disclosed shall not disclose the information to another person except as authorized by A.R.S. Title 36, Chapter 6, Article 4; and

WHEREAS, according to 42 United States Code ("U.S.C.") § 247d-4 Congress has found that the CDC has an essential role in defending against and combatting public health threats and requires secure and modern facilities, and expanded, improved, and appropriately maintained capabilities related to public health emergencies, sufficient to enable the CDC to conduct this important mission; and

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EMERGENCY DECLARATION PROCESS-STATE LEVEL
EXECUTIVE ORDER: 2021-07 (ENHANCED SURVEILLANCE ADVISORY) CONTINUED

WHEREAS, 42 U.S.C. § 247d-4(a)(3) provides the Secretary shall expand, improve, enhance and appropriately maintain the capabilities of the CDC relating to preparedness for and responding to public health emergencies, which may include improving capabilities for public health surveillance and reporting activities; and

WHEREAS, 42 U.S.C. § 247d-4(b)(1) provides that the Secretary, directly or through awards of grants, contracts, or cooperative agreements, shall provide for the establishment of an integrated system or systems of public health alert communications and surveillance networks between and among federal, state and public health officials as well as public and private health-related laboratories, hospitals, immunization information systems, and other health care facilities; and

WHEREAS, 42 U.S.C. § 247d-4(b)(2) provides that the Secretary shall develop a plan to, and ensure that networks developed pursuant to 42 U.S.C. § 247d-4(b)(1) allow for timely sharing and discussion, in a secure manner and in a form readily usable for analytical approaches, of essential information concerning a public health emergency, or recommended methods for responding to such an emergency, allowing coordination to maximize all-hazards medical and public health preparedness and response to minimize duplication of effort; and

WHEREAS, 42 U.S.C. § 247d-4(c)(1) provides that the Secretary, in collaboration with State, local, and tribal public health officials, shall establish, and improve as applicable and appropriate, a near real-time electronic nationwide public health situational awareness capability through an interoperable network of systems to share data and information to enhance early detection of, rapid response to, and management of, potentially catastrophic infectious disease outbreaks, novel emerging threats, and other public health emergencies that originate domestically or abroad; and

WHEREAS, 42 U.S.C. § 241(a) provides that the Secretary of HHS shall promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical impairments; and

WHEREAS, 45 Code of Federal Regulations ("C.F.R.") § 164.501 provides a public health authority is an agency or authority of the United States, a State, or a person or entity acting under a grant of authority from or contract with such public agency, that is responsible for public health matters as part of its official mandate; and

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WHEREAS, the CDC is a public health authority as defined in 45 C.F.R. § 164.501; and
WHEREAS, pursuant 45 C.F.R. § 164.512(b), public health authorities are authorized to collect and receive protected health information for the purpose of preventing or controlling disease, injury, or disability and the conduct of public health surveillance, public health investigations, and public health interventions; and

WHEREAS, immunization information systems ("IIS") support health care providers, families and public health through consolidating immunization information into one reliable source; and

WHEREAS, according to the CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, the CDC not only requires jurisdictions to facilitate and monitor IIS reporting by enrolled vaccination providers, but also requires vaccination providers enrolled in the COVID-19 Vaccination Program to report certain data elements for each dose administered within twenty-four hours of administration; and

WHEREAS, pursuant to A.R.S. § 36-782(A), an Enhanced Surveillance Advisory may be issued in consultation with the Director of ADHS, if there is reasonable cause to believe that an illness or health condition caused by a pandemic disease has or may occur; and

WHEREAS, pursuant to A.R.S. § 36-782(B), after considering the least restrictive measures necessary that are consistent with public health and safety, an Enhanced Surveillance Advisory shall direct the following:

(1) Those persons and entities required to report; (2) The clinical syndromes, any illness or health condition that may be associated with a specific illness or health care conditions to be reported; (3) Patient tracking; (4) Information sharing; and (5) Specimen testing coordination, and

WHEREAS, pursuant to A.R.S. § 36-782(C) and (D), the Director of ADHS has notified local health authorities about the intent to issue this Enhanced Surveillance Advisory or if because of an immediate threat to public health ADHS and local health authorities are not able to hold a meeting Enhanced Surveillance Advisory is issued, the meeting must take place within seventy-two hours after the issuance of the Enhanced Surveillance Advisory, and ADHS has committed to complying with this requirement; and

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EMERGENCY DECLARATION PROCESS-STATE LEVEL
EXECUTIVE ORDER: 2021-07 (ENHANCED SURVEILLANCE ADVISORY) CONTINUED

WHEREAS, pursuant to A.R.S. § 36-782(E), to the extent possible, ADHS and local health authorities shall share Department and local health authority personnel, equipment, materials, supplies and other resources to assist persons and institutions affected to implement the terms of the Enhanced Surveillance Advisory; and

WHEREAS, pursuant to A.R.S. § 36-783(A), a health care provider or medical examiner shall report to the local health authority all cases of any illness, health condition or clinical syndrome and any additional information specified in an Enhanced Surveillance Advisory; and

WHEREAS, pursuant to A.R.S. § 36-783(D), reports required by an Enhanced Surveillance Advisory must be in writing or by any method directed by ADHS or local public health authority, and must be submitted within twenty-four hours after identifying the reportable circumstance; all persons required to report pursuant to an Enhanced Surveillance Advisory must cooperate with ADHS and a local health authority in effecting the Enhanced Surveillance Advisory, and failure to report pursuant to an Enhanced Surveillance Advisory is an act of unprofessional conduct; and

WHEREAS, pursuant to A.R.S. § 36-783(E), ADHS and a local public health authority shall maintain as confidential:

(1) Any information or a particular part of information provided pursuant to the Enhanced Surveillance Advisory that, if made public, would divulge the trade secrets of a person or business; and (2) Other information likely to cause substantial harm to the person's or business' competitive position; and

WHEREAS, pursuant to A.R.S. § 36-784(A), during an Enhanced Surveillance Advisory, ADHS and local health authorities may access confidential patient information, including medical records, wherever and by whomever held and whether or not patient identity is known to identify, treat and track persons who may have been exposed to an illness or health condition identified in the Enhanced Surveillance Advisory; and

WHEREAS, pursuant to A.R.S. § 36-784(C), any medical information or other information from which a person might be identified that is received by ADHS or a local health authority in the course of an Enhanced Surveillance Advisory is confidential and is not available to the public; and

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WHEREAS, pursuant to A.R.S. § 36-786(A), the Arizona State Laboratory shall coordinate specimen testing related to an Enhanced Surveillance Advisory, and if necessary at State expense for testing specimens; ADHS may designate other laboratories to assist it in testing specimens; and

WHEREAS, pursuant to A.R.S. § 36-786(B), ADHS shall determine the criteria necessary for private or public laboratories to conduct clinical or environmental testing associated with any illness or health condition subject to an Enhanced Surveillance Advisory; and

WHEREAS, pursuant to A.R.S. § 36-786(C) and during an Enhanced Surveillance Advisory, a public safety authority, if requested by ADHS, shall coordinate and provide transportation of clinical or environmental samples to the Arizona State Laboratory or other testing laboratory designated by ADHS; and

WHEREAS, pursuant to A.R.S. § 36-787(A), during a state of emergency declared by the Governor, ADHS has primary jurisdiction, responsibility and authority for:

(1) Planning and executing public health emergency assessment, mitigation, preparedness response and recovery for the State; (2) Coordinating public health emergency response among State, local and tribal authorities; (3) Collaborating with relevant federal government authorities, elected officials of other states, private organizations and private sector companies; (4) Coordinating recovery operations and mitigation initiatives subsequent to public health emergencies; and (5) Organizing public information activities regarding state public health emergency response operations; and

WHEREAS, pursuant to A.R.S. § 36-790(A), the physician patient privilege does not prevent a person or health care provider from complying with the duty to report or provide personal information and medical information to ADHS or local health authority in accordance with A.R.S. Title 36, Chapter 6, Article 9; and

WHEREAS, public release of an individual's personal information gathered by public health, including home address, can result in a fear of reporting by those potentially infected and decrease the ability of health departments to control outbreaks of communicable diseases; and

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EMERGENCY DECLARATION PROCESS-STATE LEVEL

EXECUTIVE ORDER: 2021-07 (ENHANCED SURVEILLANCE ADVISORY) CONTINUED

WHEREAS, Arizona is committed to containing the spread and reducing the adverse outcomes associated with COVID-19 while maintaining confidential health information.

NOW, THEREFORE, I, Douglas A. Ducey, Governor of the State of Arizona, by virtue of the authority vested in me by the Constitution and laws of this state including A.R.S. §§ 26-303 and 36-787, hereby order as follows:

1. The COVID-19 pandemic in Arizona justifies the issuance of an Enhanced Surveillance Advisory pursuant to A.R.S. § 36-782(A) and such advisory is issued by this Executive Order.
2. This Enhanced Surveillance Advisory supersedes reporting requirements set forth in Executive Orders 2020-13, 2020-22, 2020-23, 2020-30(10), 2020-37, and 2020-48(3) and (6), 2020-56, 2020-57, and 2021-01 but all other provisions of these orders are renewed and remain in effect for the duration of this order.
3. Nothing in this Enhanced Surveillance Advisory requires a person to obtain a vaccine for COVID-19. However, employers may implement policies for employees that are law for such a requirement.
4. Pursuant to the Enhanced Surveillance Advisory and A.R.S. §§ 36-782(B)(1) and (4), 36-783(A), (D) and (F), and 36-787(A), all licensed hospitals as defined in Arizona Administrative Code ("A.A.C.") R9-10-101, excluding Special Hospitals only providing psychiatric services, shall report through EMResource or alternative form to the ADHS every twenty-four hours:
 - A line list of all COVID-19 confirmed patients containing name, date of birth, gender, race/ethnicity, residential address, phone number, whether the patient was admitted, hospital admission date;and
 - If they are operating in conventional, contingency, or crisis care.
5. All licensed hospitals as defined in A.A.C. R9-10-101, shall continue to implement plans to ensure sufficient staffing levels to staff every licensed and proposed surge intensive care unit and medical surgical bed. Licensed hospitals shall attest to ADHS through an approved method that they meet the requirements of this section.

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6. A licensed hospital as defined in A.A.C. R9-10-101, excluding Special Hospitals only providing psychiatric services, shall report through EMResource or some other approved method the following to ADHS within one week of this Enhanced Surveillance Advisory:
 - Number of current licensed med-surg beds;
 - Number of current licensed ICU beds;
 - Number of additional identified ICU beds pursuant to Executive Order 2020-16;
 - Number of additional identified mcd-surg beds pursuant to Executive Order 2020-16; Number of additional med-surg beds pursuant to this Enhanced Surveillance Advisory; and
 - Number of additional ICU beds pursuant to this Enhanced Surveillance Advisory.
7. All Nursing Care Institutions as defined in A.R.S. § 36-401(34), Specialty Hospitals providing Long Term Acute Care as defined in A.A.C. R9-10-101(216), Hospice Inpatient Facilities as defined in A.A.C. R9-10-101(108), Behavioral Health Inpatient Facilities as defined in A.A.C. R9-10-101(31), Assisted Living Centers as defined in A.R.S. § 36-401(8), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) as defined by A.R.S. 8 36-401(29), Medical Group Homes for the Individuals with Developmental Disabilities as defined by A.R.S. § 36-401(29), Home Health Agencies as defined by A.A.C. R9-10-101(104), and Recovery Care Centers as defined in A.R.S. S 36-448.51 shall update the Post Acute Care Capacity Tracker (PACCT) for potential participation in interfacility transfer of patients with suspected or confirmed COVID-19 outside of their healthcare system.
8. Pursuant to the Enhanced Surveillance Advisory, a hospital, as defined in Arizona Administrative Code R9-10-101, shall report the following through EMResource or alternative form to ADHS every twenty-four hours:

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EMERGENCY DECLARATION PROCESS-STATE LEVEL

EXECUTIVE ORDER: 2021-07 (ENHANCED SURVEILLANCE ADVISORY) CONTINUED

- Number of ED beds in use; Number of ED beds available for use; Number of inpatient COVID-19 positive patients or patients with suspected COVID-19; Number of ventilators in use by COVID-19 positive patients or patients with suspected COVID-19; Number of ICU beds in use by COVID-19 positive patients or patients with suspected COVID-19; and Number of COVID-19 positive patients or patients with suspected COVID-19 seen in the Emergency Department per day.
9. Pursuant to the Enhanced Surveillance Advisory, a laboratory as defined in A.R.S. § 36-451(4) shall report all COVID-19 test results by name (positive, negative, and lineage) to ADHS in an electronic format as follows:
- For laboratories reporting to ADHS through electronic lab reporting (“ELR”), results of all COVID-19 tests.
 - For laboratories not reporting to ADHS through ELR, in a Department approved flat file format to a secure FTP site or secure email as outlined in guidance at <https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epi-demioogy/index.php?novel-coronavirus-lab-resources>.
 - For each specimen the report shall include:
 1. The name and address of the laboratory;
 2. The name and telephone number of the director of the clinical laboratory;
 3. The name and, as available, the address, telephone number, and email address of the subject;
 4. The date of birth of the subject
 5. The gender of the subject;
 6. The laboratory identification number;
 7. The specimen type;
 8. The date of collection of the specimen;
 9. The date of the result of the test;
 10. The type of test completed on the specimen;
 11. The test result, including quantitative values and reference ranges, if applicable;
 12. The date and result of genomic sequencing, if applicable; and
 13. The ordering health care provider's name, address, telephone number, and, if available, email address.
10. Pursuant to the Enhanced Surveillance Advisory, the following COVID-19 specimen testing shall be coordinated:

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- a. The Arizona State Public Health Laboratory shall coordinate specimen testing relating to COVID-19;
 - b. ADHS shall determine the criteria necessary for private or public laboratories to conduct clinical or environmental testing associated with COVID-19;
 - c. If requested by ADHS or a local health authority, a public safety authority shall coordinate and provide transportation of clinical or environmental samples to the Arizona State Laboratory or other testing laboratory designated by ADHS; and
 - d. A clinical or commercial lab shall submit an isolate or specimen for sequencing to the Arizona State Public Health Laboratory as applicable, only by request.
10. Pursuant to the Enhanced Surveillance Advisory, A.R.S. §§ 36-782(B)(4) and 36-787(A)(3) and as authorized by A.R.S. § 36-664(A)(9) and (C)(1) and (4), ADHS shall collaborate with the following:
- a. The CDC and HHS by sharing the State's COVID-19 immunization and vaccine administration information with the CDC and HHS pursuant to and in accordance with its Data Use and Sharing Agreement;
 - b. The Association of Public Health Laboratories by sharing the State's COVID-19 immunization and vaccine administration information with the Immunization Gateway Project pursuant to and in accordance with its Data Use agreement; and
 - c. Signatories of the Public Health IIS Interjurisdictional Memorandum of Understanding (“MOU”), with the American Immunization Registry Association serving as the administrator, by sharing the State's COVID-19 immunization and vaccine administration information pursuant to and in accordance with its MOU.
11. Pursuant to the Enhanced Surveillance Advisory and A.R.S. §8 36-782(B)(1) and (4), 36-783(A), (D) and (F), and 36-787(A), an individual, healthcare provider, or local health agency who administers COVID-19 vaccine shall report the following through a Department required format to ADHS every twenty-four hours:

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EMERGENCY DECLARATION PROCESS-STATE LEVEL
EXECUTIVE ORDER: 2021-07 (ENHANCED SURVEILLANCE ADVISORY) CONTINUED

- a. The individual's name, date of birth, gender, race/ethnicity, residential address, phone number, and vaccine priority group;
- b. The vaccine product information, including CVX, dose number, lot number, manufacturer, and expiration date;
- c. The route of administration and administration site on the patient's body;
- d. The month, day, and year of each immunization;
- e. The facility administration site details including facility name, type, address, and ASIIS Pandemic PIN number; and
- f. Attest to providing the individual with follow up information if a second dose is required.

13. If any provision of this Executive Order, any associated orders or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order, which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

14. The orders contained herein may be revised at any time by the Director of the Arizona Department of Health Services and shall automatically terminate after sixty (60) days, unless renewed.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.



GOVERNOR

DONE at the Capitol in Phoenix on this twenty-sixth day of March in the year Two Thousand and Twenty; One and of the Independence of the United States of America the Two Hundred and Forty-Fifth.

ATTEST

Secretary of State

EMERGENCY DECLARATION PROCESS-STATE LEVEL
EXECUTIVE ORDER: 2022-02 (ENHANCED SURVEILLANCE ADVISORY)

EXECUTIVE ORDER 2022-02

Monitoring and Preventing the Spread of COVID-19

Archived @ <https://azmemory.azlibrary.gov/nodes/view/95630>

WHEREAS, on January 31, 2020, Secretary Alex Azar ("Secretary") of the United States Department of Health and Human Services ("HHS"), declared a public health emergency to address COVID-19; and

WHEREAS, on March 11, 2020, pursuant to Arizona Revised Statutes ("A.R.S.") §§ 26-303 and 36-787, I, as Governor of the State of Arizona, issued a declaration of a Public Health State of Emergency due to the necessity to prepare for, prevent, respond to, and mitigate the spread of COVID-19; and

WHEREAS, pursuant to A.R.S. § 36-787, during a public health state of emergency, the Arizona Department of Health Services shall coordinate all matters pertaining to the public health emergency; and

WHEREAS, on March 30, 2020, the Director of the Arizona Department of Health Services ("ADHS" or the "Department"), based on an epidemiological assessment of Arizona specific data and in alignment with the Centers for Disease Control and Prevention ("CDC") guidance, recommended the State implement enhanced mitigation strategies which are continuing; and

WHEREAS, as of February 17, 2022, there have been 1,959,866 diagnosed cases of COVID-19 in Arizona including 27,398 deaths; and

WHEREAS, the continued spread of COVID-19 and the increase in cases beginning in 2021 resulted in space and staff constraints in Arizona's hospitals, with fewer than 6% of intensive care unit (ICU) beds reported available for several days in January 2022 and COVID patients accounting for approximately 36% of all ICU beds in the state; and

WHEREAS, COVID-19 can cause serious short and long-term complications, including pneumonia and even death; and

WHEREAS, ADHS requires continued robust and accurate data to successfully combat the COVID-19 pandemic through specimen testing; and

WHEREAS, there are currently two COVID-19 vaccines with full United States Food and Drug Administration ("FDA") approval, including one for use in individuals older than 16 years and one for use in individuals over 18 years; and

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WHEREAS, there is currently an additional COVID-19 vaccine under an Emergency Use Authorization ("BUA") for those between 5 and 16 years; and

WHEREAS, immunization with a safe and effective COVID-19 vaccine is a critical component of the whole government strategy to reduce COVID-19 related illnesses, hospitalizations, and deaths and to help restore societal functioning; and

WHEREAS, access to immunization and vaccine administration data is critical to the whole government response to the COVID-19 public health emergency; and

WHEREAS, as of February 17, 2022, 4,978,648 individuals have received at least one dose of COVID-19 vaccine and 4,247,192 are fully vaccinated; and

WHEREAS, in furtherance of the federal government response efforts, the CDC, an agency of HHS requires the State's COVID-19 immunization and vaccine administration data for a range of purposes, including: rapidly assessing patterns of vaccination among populations; identifying pockets of undervaccination; assisting in determining vaccine resource allocation to address the needs of State; monitoring vaccine effectiveness and safety, assessing spectrum of illness, disease burden, risk factors for severe disease and outcomes; and helping to understand the impact of COVID-19 on the healthcare system and communities; and

WHEREAS, in furtherance of local response efforts, ADHS requires continued robust and accurate information sharing between and among ADHS, the Arizona Health Care Cost Containment System (AHCCCS), health care providers and health plans to combat the COVID-19 pandemic; and

WHEREAS, pursuant to A.R.S. § 36-664, communicable disease-related information is confidential and prohibited from release except in specific circumstances when the information can be released, such as when authorized by state or federal law and provides that a person to whom communicable disease related information is disclosed shall not disclose the information to another person except as authorized by A.R.S. Title 36, Chapter 6, Article 4; and

WHEREAS, A.R.S. § 36-664(A)(9) authorizes the release of communicable disease-related information to a federal, state or local government agency authorized by law to receive the information; and

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EMERGENCY DECLARATION PROCESS-STATE LEVEL
EXECUTIVE ORDER: 2022-02 (ENHANCED SURVEILLANCE ADVISORY) CONTINUED

WHEREAS, A.R.S. § 36-664(A)(15) authorizes the release of communicable disease-related information to a person or entity as required by federal law; and

WHEREAS, A.R.S. § 36-664(C)(l) and (4) authorize the release of communicable disease-related information if specifically authorized by federal or state law or for the purposes of research as authorized by state and federal law; and

WHEREAS, A.R.S. § 36-664(C)(5) authorizes the release of communicable disease-related information to a nonprofit health information organization as defined in A.R.S. § 36-3801 that is designated by the Department as the State's official health information exchange organization; and

WHEREAS, A.R.S. § 36-664(0) provides a person to whom communicable disease-related information is disclosed shall not disclose the information to another person except as authorized by A.R.S. Title 36, Chapter 6, Article 4; and

WHEREAS, according to 42 United States Code ("U.S.C.") § 247d-4 Congress has found that the CDC has an essential role in defending against and combatting public health threats and requires secure and modern facilities, and expanded, improved, and appropriately maintained capabilities related to public health emergencies, sufficient to enable the CDC to conduct this important mission; and

WHEREAS, 42 U.S.C. § 247d-4(a)(3) provides the Secretary shall expand, improve, enhance and appropriately maintain the capabilities of the CDC relating to preparedness for and responding to public health emergencies, which may include improving capabilities for public health surveillance and reporting activities; and

WHEREAS, 42 U.S.C. § 247d-4(b)(l) provides that the Secretary, directly or through awards of grants, contracts, or cooperative agreements, shall provide for the establishment of an integrated system or systems of public health alert communications and surveillance networks between and among federal, state and public health officials as well as public and private health-related laboratories, hospitals, immunization information systems, and other health care facilities; and

WHEREAS, 42 U.S.C. § 247d-4(b)(2) provides that the Secretary shall develop a plan to, and ensure that networks developed pursuant to 42 U.S.C. § 247d-4(b)(l) allow for timely sharing and discussion, in a secure manner and in a form readily usable for analytical approaches, of essential information concerning a public health emergency, or recommended methods for responding to such an emergency, allowing coordination to maximize all-hazards medical and public health preparedness and response to minimize duplication of effort; and

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WHEREAS, 42 U.S.C. § 247d-4(c)(l) provides that the Secretary, in collaboration with State, local, and tribal public health officials, shall establish, and improve as applicable and appropriate, a near real-time electronic nationwide public health situational awareness capability through an interoperable network of systems to share data and information to enhance early detection of, rapid response to, and management of, potentially catastrophic infectious disease outbreaks, novel emerging threats, and other public health emergencies that originate domestically or abroad; and

WHEREAS, 42 U.S.C. § 241(a) provides that the Secretary of HHS shall promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical impairments; and

WHEREAS, 45 Code of Federal Regulations ("C.F.R.") § 164.501 provides a public health authority is an agency or authority of the United States, a State, or a person or entity acting under a grant of authority from or contract with such public agency, that is responsible for public health matters as part of its official mandate; and

WHEREAS, the CDC is a public health authority as defined in 45 C.F.R. § 164.501; and

WHEREAS, pursuant 45 C.F.R. § 164.512(b), public health authorities are authorized to collect and receive protected health information for the purpose of preventing or controlling disease, injury, or disability and the conduct of public health surveillance, public health investigations, and public health interventions; and

WHEREAS, immunization information systems ("IIS") support health care providers, families and public health through consolidating immunization information into one reliable source; and

WHEREAS, according to the CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, the CDC not only requires jurisdictions to facilitate and monitor IIS reporting by enrolled vaccination providers, but also requires vaccination providers enrolled in the COVID-19 Vaccination Program to report certain data elements for each dose administered within twenty-four hours of administration; and

WHEREAS, Health Current-a nonprofit health information organization as defined in A.R.S. § 36-3801 that is designated by ADHS as this state's official health information exchange organization-provides for the secure and confidential exchange of protected health information between and among health care providers and health plans for purposes permitted by the health insurance portability and accountability act privacy standards (45 Code of Federal Regulations part 160 and part 164, subpart E), including but not limited to treatment, care coordination and case management activities; and

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EMERGENCY DECLARATION PROCESS-STATE LEVEL
EXECUTIVE ORDER: 2022-02 (ENHANCED SURVEILLANCE ADVISORY) CONTINUED

WHEREAS, although the Department may disclose communicable disease-related information to Health Current pursuant to A.R.S. § 36-664(C)(5), Health Current is prohibited from re-disclosing the communicable disease-related information pursuant to A.R.S. § 36-664(G); and

WHEREAS, it is vital for Health Current, the entity designated by ADHS as the state's official health information exchange organization, to have the authority to exchange COVID-19 immunization and vaccine administration data between and among, ADHS, AHCCCS, health care providers and health plans to assist in coordinating the distribution and administration of COVID-19 vaccines to individuals in Arizona; and

WHEREAS, secure and confidential information sharing through the statewide health information exchange is critical to tracking vaccination progress and outcomes, as well as helping health care providers to contact high-risk patients and those due to receive the second dose of the vaccine; and

WHEREAS, pursuant to A.R.S. § 36-782(A), an Enhanced Surveillance Advisory may be issued in consultation with the Director of ADHS, if there is reasonable cause to believe that an illness or health condition caused by a pandemic disease has or may occur; and

WHEREAS, pursuant to A.R.S. § 36-782(B), after considering the least restrictive measures necessary that are consistent with public health and safety, an Enhanced Surveillance Advisory shall direct the following:

- 1) Those persons and entities required to report;
- 2) The clinical syndromes, any illness or health condition that may be associated with a specific illness or health care conditions to be reported;
- 3) Patient tracking;
- 4) Information sharing; and
- 5) Specimen testing coordination; and

WHEREAS, pursuant to A.R.S. § 36-782(C) and (D), the Director of ADHS has notified local health authorities about the intent to issue this Enhanced Surveillance Advisory or if because of an immediate threat to public health ADHS and local health authorities are not able to hold a meeting before the Enhanced Surveillance Advisory is issued, the meeting must take place within seventy-two hours after the issuance of the Enhanced Surveillance Advisory, and ADHS has committed to complying with this requirement; and

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WHEREAS, pursuant to A.R.S. § 36-782(E), to the extent possible, ADHS and local health authorities shall share Department and local health authority personnel, equipment, materials, supplies and other resources to assist persons and institutions affected to implement the terms of the Enhanced Surveillance Advisory; and

WHEREAS, pursuant to A.R.S. § 36-783(A), a health care provider or medical examiner shall report to the local health authority all cases of any illness, health condition or clinical syndrome and any additional information specified in an Enhanced Surveillance Advisory; and

WHEREAS, pursuant to A.R.S. § 36-783(O), reports required by an Enhanced Surveillance Advisory must be in writing or by any method directed by ADHS or local public health authority, and must be submitted within twenty-four hours after identifying the reportable circumstance; all persons required to report pursuant to an Enhanced Surveillance Advisory must cooperate with ADHS and a local health authority in effecting the Enhanced Surveillance Advisory, and failure to report pursuant to an Enhanced Surveillance Advisory is an act of unprofessional conduct; and

WHEREAS, pursuant to A.R.S. § 36-783(E), ADHS and a local public health authority shall maintain as confidential:

- 1) Any information or a particular part of information provided pursuant to the Enhanced Surveillance Advisory that, if made public, would divulge the trade secrets of a person or business; and
- 2) Other information likely to cause substantial harm to the person's or business' competitive position; and

WHEREAS, pursuant to A.R.S. § 36-784(A), during an Enhanced Surveillance Advisory, ADHS and local health authorities may access confidential patient information, including medical records, wherever and by whomever held and whether or not patient identity is known to identify, treat and track persons who may have been exposed to an illness or health condition identified in the Enhanced Surveillance Advisory; and

WHEREAS, pursuant to A.R.S. § 36-784(C), any medical information or other information from which a person might be identified that is received by ADHS or a local health authority in the course of an Enhanced Surveillance Advisory is confidential and is not available to the public; and

WHEREAS, pursuant to A.R.S. § 36-786(A), the Arizona State Laboratory shall coordinate specimen testing related to an Enhanced Surveillance Advisory, and if necessary at State expense for testing specimens; ADHS may designate other laboratories to assist it in testing specimens: and

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EMERGENCY DECLARATION PROCESS-STATE LEVEL
EXECUTIVE ORDER: 2022-02 (ENHANCED SURVEILLANCE ADVISORY) CONTINUED

WHEREAS, pursuant to A.R.S. § 36-786(B), ADHS shall determine the criteria necessary for private or public laboratories to conduct clinical or environmental testing associated with any illness or health condition subject to an Enhanced Surveillance Advisory; and **WHEREAS**, pursuant to A.R.S. § 36-786(C) and during an Enhanced Surveillance Advisory, a public safety authority, if requested by ADHS, shall coordinate and provide transportation of clinical or environmental samples to the Arizona State Laboratory or other testing laboratory designated by ADHS; and

WHEREAS, pursuant to A.R.S. § 36-787(A), during a state of emergency declared by the Governor, ADHS has primary jurisdiction, responsibility and authority for:

- 1) Planning and executing public health emergency assessment, mitigation, preparedness response and recovery for the State;
- 2) Coordinating public health emergency response among State, local and tribal authorities;
- 3) Collaborating with relevant federal government authorities, elected officials of other states, private organizations and private sector companies;
- 4) (4) Coordinating recovery operations and mitigation initiatives subsequent to public health emergencies; and
- 5) Organizing public information activities regarding state public health emergency response operations; and

WHEREAS, pursuant to A.R.S. § 36-790(A), the physician patient privilege does not prevent a person or health care provider from complying with the duty to report or provide personal information and medical information to ADHS or local health authority in accordance with A.R.S. Title 36, Chapter 6, Article 9; and

WHEREAS, public release of an individual's personal information gathered by public health, including home address, can result in a fear of reporting by those potentially infected and decrease the ability of health departments to control outbreaks of communicable diseases; and

WHEREAS, ADHS understands the importance of protecting an individual's private data and ensures that such information remains private and is protected from release; and

WHEREAS, Arizona is committed to containing the spread and reducing the adverse outcomes associated with COVID-19 while maintaining confidential health information.

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NOW, THEREFORE, I, Douglas A. Ducey, Governor of the State of Arizona, by virtue of the authority vested in me by the Constitution and laws of this state including A.R.S. §§ 26-303 and 36-787, hereby order as follows:

1. The COVID-19 pandemic in Arizona justifies the issuance of an Enhanced Surveillance Advisory pursuant to A.R.S. § 36-782(A) and such advisory is issued by this Executive Order.
2. This Enhanced Surveillance Advisory supersedes reporting requirements set forth in Executive Orders 2020-13, 2020-22, 2020-23, 2020-30, 2020-37, and 2020-48(3) and (6), 2020-56, 2020-57, 2021-01, 2021-07, 2021-14, 2021-19, 2021-21 but all other provisions of these orders are renewed and remain in effect for the duration of this order.
3. No person shall be required by this state, or any city, town or county to obtain a COVID-19 vaccine but a health care institution licensed pursuant to A.R.S. Title 36, Chapter 4 may require the institution's employees to be vaccinated.
4. Pursuant to the Enhanced Surveillance Advisory and A.R.S. §§ 36-782(B)(I) and (4), 36-783(A), (D) and (F), and 36-787(A), all licensed hospitals as defined in Arizona Administrative Code ("A.A.C.") R9-10-101, excluding Special Hospitals only providing psychiatric services, shall report through EMResource or alternative form to the ADHS every twenty-four hours:
 - A line list of all COVID-19 confined patients containing name, date of birth, gender, race/ethnicity, residential address, phone number, whether the patient was admitted, hospital admission date; and
 - If they are operating in conventional, contingency, or crisis care.
5. All licensed hospitals as defined in A.A.C. R9-10-101, shall continue to implement plans to ensure sufficient staffing levels to staff every licensed and proposed surge intensive care unit and medical surgical bed. Licensed hospitals shall attest to ADHS through an approved method that they meet the requirements of this section.
6. All Nursing Care Institutions as defined in A.R.S. § 36-401(34), Specialty Hospitals providing Long Term Acute Care as defined in A.A.C. R9-10-101(216), Hospice Inpatient Facilities as defined in A.A.C. R9-10-101(108), Behavioral Health Inpatient Facilities as defined in A.A.C. R9-10-101(31), Assisted Living Centers as defined in A.R.S. § 36-401(8), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) as defined by A.R.S. § 36-401(29), Medical Group Homes for the Individuals with Developmental Disabilities as defined by A.R.S. § 36-401(29),

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EMERGENCY DECLARATION PROCESS-STATE LEVEL
EXECUTIVE ORDER: 2022-02 (ENHANCED SURVEILLANCE ADVISORY) CONTINUED

Home Health Agencies as defined by A.A.C. R9-10-101(104), and Recovery Care Centers as defined in A.R.S. § 36-448.51 shall update the Post Acute Care Capacity Tracker (PACCT) every 24 hours for potential participation in interfacility transfer of patients with suspected or confirmed COVID-19 outside of their healthcare system.

7. Pursuant to the Enhanced Surveillance Advisory, a hospital, as defined in A.A.C. R9-10-101, shall report the following through EMResource or alternative form to ADHS at noon every twenty-four hours through February 28. Beginning the week of February 28, 2022, the following data shall be reported through EMResource or an alternative form to ADHS at noon each Tuesday:
- Number of ventilators in use;
 - Number of ventilators available for use;
 - Number of ICU beds in use;
 - Number of ICU beds available for use;
 - Number of inpatient beds in use;
 - Number of inpatient beds available for use;
 - Number of ED beds in use;
 - Number of ED beds available for use;
 - Number of patients pending transfer out of system, greater than 24 hours;
 - Number of holds awaiting an inpatient bed;
 - Number of inpatient COVID-19 positive patients or patients with suspected COVID-19;
 - Number of ventilators in use by COVID-19 positive patients or patients with suspected COVID-19;
 - Number of ICU beds in use by COVID-19 positive patients or patients with suspected COVID-19;
 - Number of COVID-19 positive patients or patients with suspected COVID-19 seen in the Emergency Department per day;
 - Number of intubations performed each day for respiratory distress; and
 - Number of COVID-19 positive patients or patients with suspected COVID-19 discharged per day.

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8. Pursuant to the Enhanced Surveillance Advisory, a hospital, as defined in A.A.C. R9-10-101, with an ECMO program shall report the following to ADHS in a Department-required format every twenty-four hours:
- Number of total ECMO circuits at the facility;
 - Number of ECMO circuits in use at the facility;
 - Number of ECMO circuits available for ECMO candidates;
 - Number of ECMO circuits anticipated to open today;
 - Number of ECMO circuits not reserved, but not able to be used due to staff, supplies, or administrative restrictions; and
 - Number of ECMO candidates on the facility's waitlist.
9. Pursuant to the Enhanced Surveillance Advisory, a laboratory as defined in A.R.S. § 36-451(4) shall report all COVID-19 test results by name (positive, negative, and lineage) to ADHS in an electronic format as follows:
- For laboratories reporting to ADHS through electronic lab reporting ("ELR"), results of all COVID-19 tests.
 - For laboratories not reporting to ADHS through ELR, in a Department-approved flat file format to a secure FTP site or secure email as outlined in guidance at <https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-lab-resources>.
 - For each specimen the report shall include:
 1. The name and address of the laboratory;
 2. The name and telephone number of the director of the clinical laboratory;
 3. The name and, as available, the address, telephone number, and email address of the subject;
 4. The date of birth of the subject;
 5. The gender of the subject;
 6. The laboratory identification number;
 7. The specimen type;
 8. The date of collection of the specimen;
 9. The date of the result of the test;
 10. The type of test completed on the specimen;

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EMERGENCY DECLARATION PROCESS-STATE LEVEL
EXECUTIVE ORDER: 2022-02 (ENHANCED SURVEILLANCE ADVISORY) CONTINUED

11. The test result, including quantitative values and reference ranges, if applicable;
 12. The date and result of genomic sequencing, if applicable; and
 13. The ordering health care provider's name, address, telephone number, and, if available, email address.
- 10.** Pursuant to the Enhanced Surveillance Advisory, the following COVID-19 specimen testing shall be coordinated:
- a. The Arizona State Public Health Laboratory shall coordinate specimen testing relating to COVID-19;
 - b. ADHS shall determine the criteria necessary for private or public laboratories to conduct clinical or environmental testing associated with COVID-19;
 - c. If requested by ADHS or a local health authority, a public safety authority shall coordinate and provide transportation of clinical or environmental samples to the Arizona State Laboratory or other testing laboratory designated by ADHS; and
 - d. A clinical or commercial lab shall submit an isolate or specimen for sequencing to the Arizona State Public Health Laboratory as applicable, only by request.
- 11.** Pursuant to the Enhanced Surveillance Advisory, A.R.S. §§ 36-782(B)(4) and 36-787(A)(3) and as authorized by A.R.S. § 36-664(A)(9) and (C)(l) and (4), ADHS shall collaborate with the following:
- a. The CDC and HHS by sharing the State's COVID-19 immunization and vaccine administration information with the CDC and HHS pursuant to and in accordance with its Data Use and Sharing Agreement;
 - b. The Association of Public Health Laboratories by sharing the State's COVID-19 immunization and vaccine administration information with the Immunization Gateway Project pursuant to and in accordance with its Data Use agreement; and
 - c. Signatories of the Public Health ITS Interjurisdictional Memorandum of Understanding ("MOU"), with the American Immunization Registry Association serving as the administrator, by sharing the State's COVID-19 immunization and vaccine administration information pursuant to and in accordance with its MOU.

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- 12.** Pursuant to the Enhanced Surveillance Advisory and A.R.S. §§ 36-782(B)(l) and (4), 36-783(A), (D) and (F), and 36-787(A), an individual, healthcare provider, or local health agency who administers COVID-19 vaccine shall report the following through a Department-required format to ADHS every twenty-four hours:
- a. The individual's name, date of birth, gender, race/ethnicity, residential address, phone number, and vaccine priority group;
 - b. The vaccine product information, including CVX, dose number, lot number, manufacturer, and expiration date;
 - c. The route of administration and administration site on the patient's body;
 - d. The month, day, and year of each immunization;
 - e. The facility administration site details including facility name, type, address, and ASIIS Pandemic PIN number; and
 - f. Attest to providing the individual with follow up information if a second dose is required.
- 13.** Pursuant to the Enhanced Surveillance Advisory, all clinics, healthcare providers, healthcare facilities, or pharmacies who administer COVID-19 therapies allocated through ADHS, including monoclonal antibodies (mAbs) and antivirals, shall report utilization at the frequency designated by the U.S. Department of Health and Human Services (HHS) through the designated HHS reporting portal.
- a. Entities requesting COVID-19 therapies must ensure their requests are accurate and reflect true facility needs and supply.
- 14.** Pursuant to the Enhanced Surveillance Advisory statutes, A.R.S. §§ 36-782(B)(4) and 36-787(A)(3) and consistent with A.R.S. § 36-664(A) & (C), ADHS shall collaborate with Health Current, AHCCCS, health care providers and health plans to make all COVID-19 related data-including but not limited to COVID-19 immunization and vaccine administration information that is received by ADHS, a local health authority or public health authority-accessible through the statewide health information exchange for any purpose permitted by the health insurance portability and accountability act privacy standards (45 Code of Federal Regulations part 160 and part 164, subpart E), including but not limited to for treatment, care coordination and case management purposes. Such information sharing may be permitted, regardless of whether any individuals have opted out of having their individually identifiable health information accessible through the health information organization pursuant to A.R.S. § 36-3803.

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EMERGENCY DECLARATION PROCESS-STATE LEVEL
EXECUTIVE ORDER: 2022-02 (ENHANCED SURVEILLANCE ADVISORY) CONTINUED

15. If any provision of this Executive Order, any associated orders or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order, which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.
16. The orders contained herein may be revised at any time by the Director of the Arizona Department of Health Services and shall automatically terminate after sixty (60) days, unless renewed.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.

GOVERNOR

DONE at the Capitol in Phoenix on this eighteenth day of February in the year Two Thousand and Twenty-Two and of the Independence of the United States of America the Two Hundred and Forty-Sixth.

ATTEST:
Secretary of State

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EMERGENCY DECLARATION PROCESS-STATE LEVEL

ADHS ADMINISTRATIVE ORDER-2020-13

ARIZONA DEPARTMENT OF HEALTH SERVICES

ADMINISTRATIVE ORDER 2020-13

(Emergency Measures for COVID-19)

WHEREAS, the World Health Organization officially declared a pandemic due to COVID-19 on March 11, 2020; and

WHEREAS, the Governor of the State of Arizona, in response to the COVID-19 pandemic issued a Declaration of Emergency on March 11, 2020, authorizing the Director of the Arizona Department of Health Services to coordinate all matters pertaining to the public health emergency response of the State in accordance with A.R.S. Title 36, Chapter 6, Article 9; and

WHEREAS, the Director of the Arizona Department of Health Services, pursuant to the Declaration of Emergency and as authorized by Arizona Revised Statutes ("A.R.S.") 88 26-307(A) and 36-787(A), may make, amend, and rescind orders, rules, and regulations necessary for emergency functions and shall coordinate all matters pertaining to the public health emergency response of the State; and

WHEREAS, the Director of the Arizona Department of Health Services, pursuant to the Declaration of Emergency and as authorized by A.R.S. 836-787(A)(7), may temporarily waive the health care institution licensure requirements in A.R.S. Title 36, Chapter 4, and Arizona Administrative Code ("A.A.C.") Title 9, Chapter 10 for implementation of any measures required to adequately address the State of Emergency; and

WHEREAS, due to the emergency caused by COVID-19, it is necessary to waive health care institution licensure requirements to ensure assisted living facilities can effectively and efficiently respond to the emergency.

NOW, THEREFORE, I, Cara Christ, M.D., M.S., by virtue of the authority vested in me as the Director of the Arizona Department of Health Services and in order to address the State of Emergency, do hereby order as follows:

1. A.A.C. R9-10-803(C)(1)(e) (i) and (M) are temporarily waived for assisted living facilities.
2. Notwithstanding the above waiver, if the Arizona Department of Health Services becomes aware of actions taken by an assisted living facility as result of the waiver that jeopardize the health, safety and welfare of those in assisted living facilities, the Arizona Department of Health Services will take additional action as necessary to protect the health, safety and welfare of those individuals.
3. If the Arizona Department of Health Services becomes aware of the need to temporarily waive additional assisted living facility or other health care institution licensure requirements, the Arizona Department of Health Services will take additional action as necessary to protect the health, safety and welfare of those served by such facilities.
4. This Administrative Order and all temporary waivers of regulations contained herein shall be in effect for sixty days unless terminated earlier.

Having authority to do so under Arizona law, I have executed this Administrative Order on this 18th day of December, 2020.

SIGNED BY

Cara Christ, M.D., M.S., Director, Arizona Department of Health Services

ON this 18th day of December, 2020, Cara Christ, M.D., M.S., Director of the Arizona Department of Health Services, signed and acknowledged this document in my presence.

NOTARY PUBLIC

ANGIE V. MCNAMARA -Notary Public -
State of Arizona; MARICOPA COUNTY
Commission #684502 Expires May 30, 2024

EMERGENCY DECLARATION PROCESS-STATE LEVEL

EMERGENCY MEASURE 2022-01

ARIZONA DEPARTMENT OF HEALTH SERVICES

EMERGENCY MEASURE 2022-01

(Slowing the Spread of COVID-19: Reporting Requirements)

WHEREAS, the World Health Organization officially declared a pandemic due to COVID-19 on March 11, 2020; and

WHEREAS, the Governor of the State of Arizona, in response to the COVID-19 pandemic issued a Declaration of Emergency on March 11, 2020, authorizing the Director of the Arizona Department of Health Services ("Director") to coordinate all matters pertaining to the public health emergency response of the State in accordance with Arizona Revised Statutes ("A.R.S.") Title 36, Chapter 6, Article 9; and

WHEREAS, the American Academy of Pediatrics has noted that in-person learning is critical to both a child's education, and to their developmental, behavioral and emotional well-being; and

WHEREAS, as of February 18, 2022, there have been 1,962,920 diagnosed cases of COVID-19 in Arizona including 27,513 deaths; and

WHEREAS, to mitigate the spread of COVID-19, it is necessary that all Arizonans who need to be tested or treated for COVID-19 have access to testing and treatment; and

WHEREAS, prompt detection of cases and their close contacts, followed by rapid implementation of infection control measures, is necessary to control the spread of COVID-19; and

WHEREAS, the ADHS requires more robust and accurate data and more resources to successfully combat the COVID-19 pandemic; and

WHEREAS, Arizona Administrative Code ("A.A.C.") R9-6-203 and Table 2.2 in 9 A.A.C. 6 contain the communicable disease reporting requirements for an administrator of a school, child care establishment, or shelter as defined in A.A.C. R9-6-101(70), (17) and (73), respectively; and

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WHEREAS, A.A.C. R9-6-203 and Table 2.2 do not require an administrator of a school, child care establishment, or shelter, as defined in A.A.C. R9-6-101(70), (17) and (73), respectively, to report COVID-19 case information; and

WHEREAS, pursuant to A.R.S. § 36-664, communicable disease-related information is confidential;

WHEREAS, A.R.S. § 36-664 prohibits the release of communicable disease-related information but also provides for specific circumstances when such information can be released, such as when authorized by state or federal law; and

WHEREAS, pursuant to A.A.C. R9-6-102, ADHS is entitled to protected health information when requested for the purpose of detecting, preventing, or controlling a communicable disease; and

WHEREAS, the Director, pursuant to the Declaration of Emergency and as authorized by A.R.S. §8 26-307(A) and 36-787(A), may make, amend, and rescind orders, rules, and regulations necessary for emergency functions and shall coordinate all matters pertaining to the public health emergency response of the State; and

WHEREAS, pursuant to A.R.S. § 36-787(A)(1) and (2), the ADHS has primary jurisdiction, responsibility, and authority for planning and executing the public health emergency mitigation response for the State and coordinating the public health emergency response among State, local and tribal authorities, and

WHEREAS, the Director, pursuant to A.R.S. & 36-136(H), may define and prescribe emergency measures for detecting, reporting, preventing or controlling communicable or infectious diseases or conditions if the Director has reasonable cause to believe that a serious threat to public health and welfare exists. Emergency measures are effective for no longer that eighteen months; and

WHEREAS, pursuant to A.R.S. §§ 36-661(14) and 36-664(A), a person who obtains communicable disease related information in the course of activities related to detection, reporting, prevention and control of a communicable disease shall not disclose or be compelled to disclose that information except as authorized by state or federal law; and

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EMERGENCY DECLARATION PROCESS-STATE LEVEL

EMERGENCY MEASURE 2022-01-CONTINUED

WHEREAS, having access to COVID-19 information in school, child care and shelter settings would be useful to guardians in decision making and taking additional precautions to avoid contracting the virus; and

WHEREAS, COVID-19 health information is confidential and must be protected, such information must also be balanced against the ability of individuals who are at risk of exposure to protect themselves while also ensuring that any dissemination is limited to the minimum necessary for protecting those impacted; and

WHEREAS, Arizona is committed to containing the spread and reducing adverse outcomes associated with COVID-19; and

WHEREAS, it is necessary and appropriate to take action to ensure that the COVID-19 pandemic is stopped to ensure that the residents of Arizona remain safe and healthy; and

WHEREAS, to prevent and control the continued spread of COVID-19, which still poses a serious threat to public health and welfare, it is necessary to prescribe emergency measures to establish the COVID-19 reporting requirements for schools, child care establishments and shelters.

NOW, THEREFORE, I, Don Herrington, by virtue of the authority vested in me as the Interim Director of ADHS, in order to address the State of Emergency and the serious threat to public health and welfare posed by the continued spread COVID-19 hereby prescribe the following Emergency Measure:

1. Pursuant to this Emergency Measure, an administrator of a school, child care establishment, or shelter, as defined in A.A.C. R9-6-101(70)(a)-(d), (17) and (73), respectively, shall submit a report to the local health department, in an ADHS provided format, within 24 hours of identification:
 - a. Suspected outbreaks of COVID-19: defined as three (3) or more suspected or confirmed COVID-19 cases among students, children in care, residents, or staff with onsets within 14 days and transmission is believed to have occurred at the setting.

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- b. This report shall include:
 - I. The name and address of the school, child care establishment, or shelter;
 - II. The number of individuals with the disease, infestation, or symptoms;
 - III. The date and time that the disease or infestation was detected or that the symptoms began;
 - IV. The number of rooms, grades, or classes affected and the identification of each;
 - V. The following information about each individual with the disease, infestation, or symptoms:
 1. Name;
 2. Date of birth or age;
 3. If the individual is a child, name and contact information for the individual's parent or guardian;
 4. Residential address and telephone number; and
 5. Whether the individual is a staff member, a student, a child in care, or a resident;
 - vi. The number of individuals attending or residing at the school, child care establishment, or shelter, and
 - vii. The name, address, telephone number, and, if available, email address of the individual making the report.
2. Schools, child care establishments and shelters, as defined in A.A.C. R9-6-101 (70)(a)-(d), (17), and (73), respectively, shall report to current staff, faculty, students, and students' parents and guardians if an outbreak due to COVID-19 occurs within the population of the school, child care establishment or shelter within 24 hours of confirming such information, and provide regular updates on their activities to keep current staff, faculty, students, students' parents and guardians safe.

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EMERGENCY DECLARATION PROCESS-STATE LEVEL

EMERGENCY MEASURE 2022-01-CONTINUED

3. ADHS or the local health agency shall provide technical assistance to schools, child care establishments and shelters to facilitate the communication of information to current staff, faculty, students, and student's parents and guardians.
4. Information provided through this Emergency Measure shall only be used for the purposes of individual decision making by current staff, faculty, students, students' parents and guardians. Such information shall not be used or disclosed for any other reason.
5. If any provision of this Emergency Measure or its application to any person, entity or circumstance is held invalid by a court of competent jurisdiction, this invalidity does not affect any other provision or application of this Emergency Measure, which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Emergency Measure are declared to be severable.
6. This Emergency Measure shall remain in effect for no longer than eighteen months.

Having authority to do so under Arizona law, I have executed this Emergency Measure on this 18th day of February, 2022.

SIGNED BY

Don Herrington, Interim Director, Arizona Department of Health Services

Don Herrington, Interim Director of the Arizona Department of Health Services, signed and acknowledged this document in my presence.

NOTARY PUBLIC

Vanessa Renee Gonzales-Notary Public
Arizona- Maricopa County Commission #
595757 Expires Feb 21-2025

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THE ARIZONA SURGELINE

BACKGROUND

- The Arizona Surge Line facilitates the interfacility transfer of patients during an emergency hospital or healthcare facility surge. It was created (on April 21, 2020) to optimize Arizona's patient management through the COVID-19 pandemic, but could be applied to any threat that would lead to a healthcare surge.

MISSION OF THE SURGE LINE (*FOR COVID-19 RESPONSE)

- The mission of the call line is to work with Arizona healthcare facilities to do the following, with efficiency, consistency and ethical consideration:
 - Expedite transfer of patients with presumed or confirmed COVID-19* to a higher level of care.
 - Expedite transfer of patients with presumed or confirmed COVID-19* to a lower level of care.
 - Equalize and optimize patient numbers across hospital facilities.
 - Optimize clinician time spent doing patient care.
 - Support clinicians managing COVID-19* and end-of-life care.

Arizona Governor, Douglas. A. Ducey, issued an [Executive Order 2020-38](#) (ensuring statewide access to care for COVID-19 cases) on May 28, 2020 as follows:

1. A hospital, as defined in Arizona Administrative [Code R9-10-101](#), shall:
 - a. Utilize the Arizona Surge Line for interfacility transfer of patients with suspected or confirmed COVID-19 outside of their healthcare system;
 - b. Accept and transfer patients as directed by the Arizona Surge Line, when clinically appropriate and resources allow;
 - c. Create internal protocols to complete the bed placement within thirty minutes; and
 - d. Electronically update bed and ventilator status in a format and frequency specified by the Arizona Department of Health Services.
2. Alternate care sites designated by State or local health departments shall:
 - a. Utilize the Arizona Surge Line for interfacility transfer of patients with suspected or confirmed COVID-19;
 - b. Accept and transfer patients as directed by the Arizona Surge Line when clinically appropriate and resources allow;
 - c. Create internal protocols to complete the bed placement within thirty minutes; and
 - d. Electronically update bed and ventilator status in a format and frequency as specified by the Arizona Department of Health Services
3. The Arizona Department of Insurance, in conjunction with the Arizona Department of Health Services, shall require that all insurers regulated by the State cover COVID-19 transfer and treatment to and from all hospitals, healthcare institutions, or alternate care sites designated by the Arizona Department of Health Services at in-network rates without regard to whether the facility is in-network if the patient's transfer is facilitated by the Arizona Surge Line. Transfer and treatment shall be covered on the basis of admission date, and in-network coverage for treatment shall remain in place for the duration of a patient's admission facilitated by the Arizona Surge Line...

SCOPE OF THE SURGE LINE

- The Arizona Surge Line is a 24/7 toll-free call line that acts as a "doorway" for clinicians to other facility transfer centers and independent clinical consultants.
- The Arizona Surge Line is a free service to hospital providers and systems. It is facilitated by the Arizona Department of Health Services and protocolized by the input from hospital facilities and post-acute care facilities in Arizona.

KEYS TO SUCCESS ON THE ARIZONA SURGE LINE

- Initiate early, before hospitals overwhelmed
- Hospital bed visibility
- Executive Order for participation
- Transparency of data for all hospital partners
- Steering committee comprised of all hospitals
- Clear governance

EXAMPLE 1

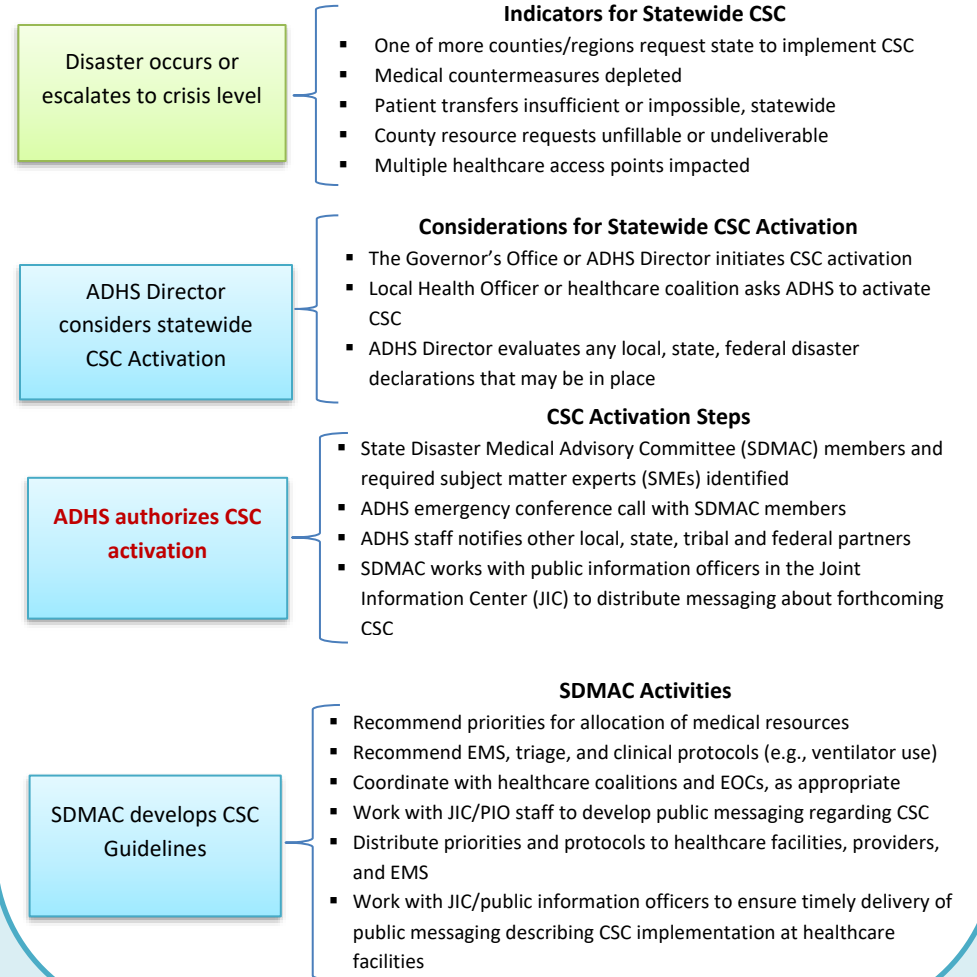
MAY REQUIRE STATE OR FEDERAL EMERGENCY DECLARATION CRISIS STANDARD OF CARE (CSC) PLAN

BACKGROUND

- Arizona’s CSC Plan was originally published in 2015; the [4th edition of the CSC plan](#) we published in 2021.
- Statewide CSC activation will only occur during the most extreme disasters that dramatically impact the healthcare system.
- A CSC disaster has the following attributes:
 - 1) most or all of the community’s infrastructure is impacted;
 - 2) local officials are unable to perform their usual roles for a period of time, extending well beyond the initial aftermath of the incident;
 - 3) most or all routine community functions are immediately and simultaneously disrupted; and
 - 4) surrounding communities are similarly affected, and thus there are no regional resources (IOM, 2012)

	CONVENTIONAL	CONTINGENCY	CRISIS
SPACE	Usual patient care space fully utilized	Patient care areas repurposed	Facility unsafe/damaged or non-patient care areas (classrooms, etc.) used for patients
STAFF	Usual staff called in	broader groups of patients, change in responsibilities or documentation, etc.)	Trained staff unavailable or unable to adequately care for volume of patients even with extension techniques
SUPPLIES	Cached and usual supplies used	Conservation, adaptation, and substitution of supplies	Critical supplies lacking, possible reallocation of life-sustaining resources
STANDARD OF CARE	Usual care	Functionally equivalent care	Crisis Standard of Care

HOW IS IT ACTIVATED?



CRISIS STANDARD OF CARE PLAN (CONTINUED)

WHAT DOES CRISIS STANDARD OF CARE ACTIVATION MEANS FOR THE HC FACILITIES, COUNTIES AND STATE?

TACTICS FOR HEALTHCARE FACILITIES

Conventional Tactics for Healthcare Facilities

- Place facility Incident Command staff on standby
- Notify county PHEP and/or emergency management partners of conventional surge conditions

Contingency Tactics for Healthcare Facilities

- Activate incident command and Emergency Operations Plan/Emergency Response Plan
- Notify county PHEP and/or emergency management partners of contingency surge conditions

Crisis Tactics for Healthcare Facilities

- Notify PHEP/emergency management partners of crisis level
- Consider alternate care sites
- Implement facility CSC plans and procedures
- Re-use and repurpose supplies
- Assign primary, secondary, and tertiary Triage Officers, as needed

TACTICS FOR COUNTIES

Conventional Tactics for Counties

- Place emergency operations/incident command staff on standby
- Notify state PHEP and emergency management partners of surge conditions

Contingency Tactics for Counties

- Activate EOC
- Participate in unified command with on scene operations and state EOC
- Process space, staff, and supply requests from facilities

Crisis Tactics for Counties

- Activate state-designated healthcare coalition to implement CSC locally
- Participate in public information activities with the Joint Information Center (JIC)
- Activate medical countermeasure, medical materiel, volunteer management, and alternate care site plans

TACTICS FOR THE STATE

Conventional Tactics for the State

- Place emergency operations/incident command staff on standby
- Notify statewide partners of surge conditions

Contingency Tactics for the State

- Activate state EOCs
- Participate in unified command with on scene operations and local EOCs
- Process space, staff, and supply resource requests from local jurisdictions
- Notify SDMAC committee of possible activation
- Notify federal partners of medical surge

Crisis Tactics for the State

- Activate SDMAC to develop and implement CSC
- Direct statewide public information activities
- Activate state medical countermeasure, medical materiel, volunteer management, and alternate care site/system plans

EXAMPLE 2

REQUIRING PRESIDENTIAL EMERGENCY DECLARATION (1135 WAIVERS)

BACKGROUND

Under [Section 1135 of the Social Security Act](#) (SSA), the HHS Secretary may waive or modify certain requirements as necessary to ensure to the maximum extent feasible that, in an emergency area during an emergency period, sufficient health care items and services are available to meet the needs of individuals enrolled in SSA programs (including Medicare, Medicaid, and SCHIP) and that providers of such services in good faith who are unable to comply with certain statutory requirements are reimbursed and exempted from sanctions for noncompliance, absent fraud or abuse. There must also be a Presidential declaration of an emergency or disaster in order to exercise this authority.

HOW IS IT ACTIVATED?

- When the President declares a disaster or emergency under the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to waive certain requirements for health care providers.
- 1135 waivers can only be granted in a Federally-identified disaster area.

WHAT DOES 1135 WAIVER DO?

The following requirements may be waived or modified:

- (1) (A) conditions of participation or other certification requirements for an individual health care provider or types of providers,
(B) program participation and similar requirements for an individual health care provider or types of providers, and
(C) pre-approval requirements;
- (2) requirements that physicians and other health care professionals be licensed in the State in which they provide such services, if they have equivalent licensing in another State and are not affirmatively excluded from practice in that State or in any State a part of which is included in the emergency area;
- (3) actions under section 1867 (relating to examination and treatment for emergency medical conditions and women in labor) for—
 - (A) a transfer of an individual who has not been stabilized in violation of subsection (c) of such section if the transfer arises out of the circumstances of the emergency;
 - (B) the direction or relocation of an individual to receive medical screening in an alternative location—
 - (i) pursuant to an appropriate State emergency preparedness plan; or
 - (ii) in the case of a public health emergency described in subsection (g)(1)(B) that involves a pandemic infectious disease, pursuant to a State pandemic preparedness plan or a plan referred to in clause (i), whichever is applicable in the State;
- (4) sanctions under section 1877(g) (relating to limitations on physician referral);
- (5) deadlines and timetables for performance of required activities, except that such deadlines and timetables may only be modified, not waived;
- (6) limitations on payments under section 1851(i) for health care items and services furnished to individuals enrolled in a Medicare + Choice plan by health care professionals or facilities not included under such plan; and
- (7) sanctions and penalties that arise from the noncompliance with the following requirements (as promulgated under the authority of section 264(c) of the Health Insurance Portability and Accountability Act of 1996[135] (42 U.S. C. 1320d-2 note)—
 - (A) section 164.510 of title 45, Code of Federal Regulations, relating to—
 - (i) requirements to obtain a patient's agreement to speak with family members or friends; and
 - (ii) the requirement to honor a request to opt out of the facility directory;
 - (B) section 164.520 of such title, relating to the requirement to distribute a notice; or
 - (C) section 164.522 of such title, relating to—
 - (i) the patient's right to request privacy restrictions; and
 - (ii) the patient's right to request confidential communications.

EXAMPLE 3

REQUIRING PRESIDENTIAL EMERGENCY DECLARATION EMERGENCY PRESCRIPTION ASSISTANCE AND MEDICAL EQUIPMENT REPLACEMENT PROGRAM (EPAP)

What is EPAP?

BACKGROUND

The purpose of EPAP is to provide pharmaceutical supplies, limited durable medical equipment (DME), and personnel during emergency response operations. As directed by and in coordination with the Federal Emergency Management Agency (FEMA), the U.S. Department of Health and Human Services (HHS) will activate a federally qualified contractor to administer a national network of pharmacies and sufficient personnel to address emergency response requirements through EPAP.

HOW IS IT ACTIVATED?

- EPAP can only be used in a federally identified disaster area.
- FEMA, or its designee, will identify evacuee populations who may be eligible for EPAP prescription and DME assistance.
- EPAP provides “essential assistance” to support State and local jurisdictions as defined in Section 403 of the Stafford Act, 42 USC 5170b.

HOW DOES IT WORK?

- 1) EPAP helps people affected by a disaster who do not have health insurance.
- 2) EPAP only covers items prescribed by a licensed healthcare provider.
- 3) Eligible people can receive a free 30-day supply of their medications when EPAP is activated.
- 4) Prescriptions can be renewed under EPAP for free every 30 days for as long as EPAP is active.
- 5) People can also use the program to receive vaccinations or to replace certain medical supplies or some forms of medical equipment that were lost or damaged because of the emergency or while evacuating.
- 6) HHS/FEMA would incur no costs for prescription drugs or DME until after the product is dispensed by a participating pharmacy to an eligible individual.
- 7) The State incurs a 25% cost share – State signature is required for EPAP activation.
- 8) Product inventory dispensed through the EPAP will flow through the normal supply chain distribution, so neither FEMA nor its shelter operations will be responsible for physical possession, storage, or distribution of product inventory.

EXAMPLE 4

REQUIRING PRESIDENTIAL EMERGENCY DECLARATION FEDERAL MEDICAL STATION (FMS)

BACKGROUND

- A FMS consists of equipment and supplies to operate a temporary medical facility for up to 250 patients within an appropriate “building of opportunity.”
- Supplies are adequate for three days of clinical care before resupply is required.
- FMSs provide surge clinical bed capacity to meet patients’ needs for low acuity or chronic medical and nursing care, and behavioral health care.
- FMSs require significant logistical wrap around services, as well as proper staffing (local, state, or federal) to support disaster-impacted health systems.
- Often, an FMS supports a health system by temporarily meeting the needs of patients displaced from their usual local or home health care options and those evacuated from skilled nursing facilities.
- Before an FMS is shipped to the requestor, the “building of opportunity” and facility point of contact must have been identified, and the facility assessed for suitability (based on building space and layout, accessibility, utilities, hygiene facilities, safety, potable hot and cold water, and other attributes).
- The logistical wrap around services must also have been planned and coordinated. These include, but are not limited to security, material handling equipment, housekeeping and hazardous waste removal, patient feeding, laundry services, medical oxygen, availability of EMS, and mortuary support.
- The State will work with local emergency management on site location if not previously approved.

HOW IS IT ACTIVATED?

- The decision to deploy an FMS occurs after the depletion of local health system capability during a large-scale public health emergency or other disaster.
- Local public health, emergency management, ADHS, HHS, and other experts evaluate the situation and determine the need for additional sub-acute care within the disaster area.
- If required, the Governor requests the FMS through the HHS Regional Emergency Coordinator (REC).
- The State incurs a 25% cost share— State signature is required for FMS activation.
- Federal, state and local Public Health/Emergency Management will discuss potential locations of FMS, based on specific selection criteria.
- Once an FMS request has been approved, equipment and supplies will be delivered within 24-48 hours. A typical set up normally takes up to 24 hours.

HOW DOES IT WORK?

- A 50-bed FMS is shipped in one 53’ tractor trailer and one refrigerated box truck; it requires about 15,000 square feet of climate controlled space.
- A 250-bed FMS is shipped in four 53’ tractor trailers and one refrigerated box truck; it requires about 40,000 square feet of climate controlled space.
- Number of beds requested is flexible based on identified needs.
- Each FMS includes a three-day supply of medical and pharmaceutical resources.
- Materiel arrives packed in durable tri-wall shipping containers that must be unloaded, moved into the facility, unpacked and set up.
- Staffing for an FMS may be provided using displaced local, regional or EMAC providers, or may be provided by the federal government. Primary federal staff are Officers of the U.S. Public Health Service Commissioned Corps.

EXAMPLE 5

REQUIRING PRESIDENTIAL EMERGENCY DECLARATION NATIONAL AMBULANCE CONTRACT

BACKGROUND

- The purpose of the Federal National Ambulance and Para-transit Support Services contract is to provide a full array of licensed ground and air ambulance services and para-transit services that may be ordered as needed to supplement the federal and military response to a disaster, act of terrorism, or other public health emergency.

HOW DOES IT WORK?

- **The role of EMS during a disaster may include:**
 - Patient triage, treatment, and transport.
 - Symptom surveillance and reporting.
 - On-scene medical standby.
 - Redistribution of patients to free up hospital beds.
 - Distributing immunizations and administering vaccine.
 - Staffing shelters.
 - Staffing emergency departments.
 - Setting up mobile medical units.
- **Ambulance contract assets include:**
 - 300 Ground Ambulances typically with 60% ALS and 40% basic life support BLS units.
 - 25 air ambulances including helicopter and/or fixed wing.
 - Para-transit (e.g. wheel chair accessible vehicles) capability for up to 3,500 individuals, not 3,500 vehicles.

HOW IS IT ACTIVATED?

- State/locals identify numbers needing specific type of support during planning- advanced life support ALS, basic life support (BLS), and para-transit.
- State incorporates [EMAC](#) assets in planning.
- The State has to demonstrate that no EMAC assets are available.
- State works with ASPR Region IX Regional Emergency Coordinator (REC) to process the federal request.
- Standard FEMA Action Request Form (ARF) process applies.
- State determines need and requirements.
- ARF is crafted and signed by DEMA.
- ARF is forwarded to FEMA for action.
- FEMA will consult with HHS to validate request prior to activation of contract.
- The State incurs a 25% cost share - FEMA will not process without State signature.
- HHS prepares list of detailed requirements based on the capabilities and numbers requested and forwards to FEMA Operations/Logistics and ESF #8 in the National Response Coordination Center (NRCC).
- FEMA will forward approved request to the contracting officer.
- Contracting officer executes Task Order.

EXAMPLE 6

REQUIRING PRESIDENTIAL EMERGENCY DECLARATION STRATEGIC NATIONAL STOCKPILE (SNS)



What is SNS?

BACKGROUND

The SNS is the nation's largest supply of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency severe enough to cause local supplies to run out. The stockpile ensures the right medicines and supplies are available when and where needed to save lives. When state, local, tribal, and territorial responders request federal assistance to support their response efforts, the stockpile ensures that medicine and supplies get to those who need them most during an emergency. Organized for scalable response to a variety of public health threats, the repository contains enough supplies to respond to multiple large-scale emergencies, simultaneously.

ADHS maintains a SNS Plan and a full time SNS coordinator position.

HOW IS IT ACTIVATED?

- The decision to deploy SNS assets occurs after the depletion of local assets during a large-scale public health emergency or other disaster.
- Local public health, emergency management, ADHS, HHS, and other experts collaborate with local jurisdictions, evaluate the situation, and determine a prompt course of action.
- If required, the Governor or designee requests the SNS through the HHS REC.
- After delivery to the State, SNS assets are then distributed to the affected areas
- The State may not incur a cost share requirement for SNS assets, however, State signature is required.
- Requesting agencies will need to provide Essential Element of Information (EEI) and data to support their request for SNS.
- Local public health will coordinate local distribution and dispensing operations.
- Products from the SNS may require an Emergency Use Authorization (EUA), which is granted by the U.S. Food and Drug Administration (FDA).

HOW DOES IT WORK?

- SNS assets are distributed from the federal stockpile to the State's Receipt Storage and Staging (RSS) site.
- The State's RSS then delivers assets to partner local distribution sites.
- Partner distribution sites are used to distribute assets within local communities.
- If necessary, state and local law enforcement are tasked with providing security for SNS assets during storage and transport.
- SNS assets may include: antibiotics, vaccines, chemical antidotes, antitoxins, life-support medications, IV administration kits, airway maintenance supplies, surgical items, and general protective equipment.

PUBLIC HEALTH EMERGENCY (PHE) PLAYBOOK

SUMMARY

- The PHE Playbook draws attention to the complex and multilayered PHE declaration process in Arizona.
- ADHS recommends streamlining the declaration process to avail additional authorities to carryout emergency response operations effectively.
- Public Health Emergency declaration releases resources meant to handle an actual or potential public health crisis and protect lives.
- Additional funding means supplementing local resources, providing needed services and protecting lives.

DISCLAIMER

- This document was created using official or best practice information taken from multiple organizations that was vetted and assembled by subject matter experts.
- The information contained in this playbook is intended as a planning resource, and will be incorporated into agency standard operating procedures.
- Inclusion of specific references and resources is offered as an acknowledgement of their contribution of material, but does not constitute endorsement or vouch for accuracy or applicability of the referenced documents.

