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COVID-19: Executive Orders by State on Dental, Medical, and Surgical Procedures

Updated on June 8, 2020

State	Order	Order Text	Date Issued	Date Expiration
AK	Health Mandate 5	Section II effective May 4, 2020. a. Surgeries and intensive procedures are permitted to proceed if delay is deemed to cause significant impact on health, livelihood, or quality of life, if the following conditions are met: i. Health care delivery can meet all of the standards outline in Section I of this mandate. ii. Health care is delivered by a provider listed in statue (see Section IV).	April 21, 2020	

- iii. Procedures are prioritized based on whether their continued delay will have an adverse medical outcome.
 - 1. Each facility should review these procedures with their task force that was created in the April 7, 2020 revision to COVID-19 Health Mandate 005.
 - 2. Strongly consider the balance of risks vs. benefits for patients in higher risk groups such as those over age 60 and those with compromised immune systems or lung and heart function.
- iv. Facility must maintain a plan to reduce or stop performing surgeries and procedures permitted by this Section II should a surge or resurgence of COVID-19 cases occur, or a shortage of PPE or testing in their facility or region.
- v. The health care can safely done with a surgical mask, eye protection and gloves.
- vi. Facility has adequate PPE supplies on hand.
- vii. Capacity at the facility (i.e., bed capacity and healthcare workforce) can accommodate an increase in both COVID-19 hospitalizations and increased post-procedure hospitalizations.
- viii. Facility has access to adequate testing capacity as required under this mandate.
- ix. If the procedure puts the health care worker at increased risk with aerosolizing procedures such as surgical suctioning, intubation, or breathing treatments then a negative PCR for SARS-CoV-2 must be obtained within 48 hours prior to the procedure.
- x. There are to be no visitors in health care facilities except for: end-of-life visits; a parent of a minor; a support person for labor and delivery settings; and only one (1) spouse or caregiver that resides with the patient will be allowed into the facility during the day of a surgery or procedure and at the time of patient discharge to allow for minimal additional exposure. If a caregiver does not reside with the patient, they can be with the patient at the time of discharge. Any of the allowed visitors must wear a fabric face covering.
- xi. Workers must maintain social distancing of at least 6 feet from non-patients and must minimize contact with the patient.
- xii. Exceptional environmental mitigation strategies must be maintained, including the protection of lobbies and front desk staff.

		xiii. Unlicensed assistive personnel necessary to conduct procedures under this section may be included in service delivery.		
AL		Medical procedures. Effective April 30, 2020, at 5:00 P.M., dental, medical, or surgical procedures may proceed unless the State Health Officer or his designee determines that performing such procedures, or any category of them (whether statewide or regionally), would unacceptably reduce access to personal protective equipment or other resources necessary to diagnose and treat COVID-19. Providers performing these procedures shall follow all applicable COVID-19-related rules adopted by a state regulatory board or by the Alabama Department of Public Health. In the absence of such rules, providers should take reasonable steps to comply with applicable COVID-19-related guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC, including “Re-opening Facilities to Provide Non-emergent NonCOVID-19 Healthcare: Phase I” from CMS, and “Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19)” from the CDC.	April 28, 2020	
AR	ADH Directive on Elective Surgeries	Hospitals and clinics will be able to resume performing elective surgeries on Monday that aren't expected to require overnight hospitalization. The surgeries will still be prohibited for a patient who has symptoms of covid-19, the disease caused by the coronavirus, or has had contact within the past 14 days with someone who was infected with the virus. Providers will also have to test the patient for the virus within 48 hours before the surgery. "Initially, we're going to encourage the facilities to start with a smaller volume and to build up and to make sure they have adequate supplies of" personal protective equipment, said Department of Health Secretary Nate Smith. Rural hospitals with fewer than 60 beds were exempt from the ban on elective procedures and won't be subject to the new requirements.	April 3, 2020	Elective surgery to resume on April 27, 2020
AZ	Executive Order 2020-32 Requesting Exemption from Executive Order 2020-10 Elective Surgeries	Those receiving an exemption from Executive Order 2020-10 may begin these surgeries on or after May 1, 2020. Hospitals, healthcare facilities, and providers (including dental surgery providers) must demonstrate in a request for exemption from Executive Order 2020-10 that shall include: a. A continuing supply of PPE that will support the hospital, healthcare facility or provider for more than 14 days and that is not reliant on the state or a county health department; and	April 22, 2020 (order effective May 1)	"shall remain in place until further notice, and shall be reconsidered for repeal or revision every two weeks in conjunction with review of Executive

		b. Adequate staffing and bed availability with no greater than 80% of total bed capacity occupied, if it is a hospital; and c. Implementation of a robust COVID-19 testing plan to test all at-risk healthcare workers and each patient prior to the scheduling of an elective, non-essential surgery or during the pre-operative time period; and d. Implementation of a process to identify, inventory and document the availability of PPE, test collection kits, and the availability of a lab that can run the COVID-19 diagnostic test; and e. Implementation of a universal symptom screening process for all staff, patients, and visitors prior to entry into the facility; and f. Implementation of an enhanced cleaning process for patient and waiting areas; and g. Implementation of policies and procedures for appropriate discharge planning of patients, including pre-discharge diagnostic COVID-19 testing for patients transferring to a nursing care institution, residential care institution setting, or Group Home for the Developmentally Disabled; and h. Implementation of policies and procedures that prioritize elective, non-essential surgeries based upon urgency following the Centers for Medicaid and Medicare Services (CMS) Adult Elective Surgery and Procedures Recommendations. The Arizona Department of Health Services shall implement a process for hospitals, healthcare facilities and providers to request an exemption from Executive Order 2020-10 and demonstrate they meet the minimum criteria to resume elective, non-essential surgeries. Those receiving an exemption from Executive Order 2020-10 may begin these surgeries on or after May 1, 2020. A hospital, healthcare facility or provider who has an exemption from Executive Order 2020-10 is not eligible to request or receive PPE distributed by the state or county health departments.		Order 2020-10."
CO	D 2020 045 order extended by Executive Order D 2020 080	A. Medical, dental, or veterinary voluntary or elective surgeries and procedures may resume as long as the healthcare facility, clinic, office or practice, surgical center, hospital, or other setting where health care services are provided (Facilities or Facility) follows protocols and criteria set forth in this Executive Order and any accompanying	Extension May 26, 2020	June 27, 2020

		Public Health Order (PHO) issued by CDPHE. A voluntary or elective surgery or procedure means that the surgery or procedure can be delayed for a minimum of three months without undue risk to the current or future health of the patient as determined by the guidelines developed by the Facility under paragraph II.E.1.xiii., ...		
DC	DC Health Rec	The District of Columbia Department of Health (DC Health) issued guidance for resuming elective non-emergency surgeries starting with phase 1.	May 26, 2020	
FL	Executive Order 20-112	Medical Procedures Effective May 4, 2020 Subject to the conditions outlined below, elective procedures prohibited by Executive Order 20-72 may resume when this order goes into effect. A hospital ambulatory surgical center, office surgery center, dental office, orthodontic office, endodontic office or other health care practitioners' office in the State of Florida may perform procedures prohibited by Executive Order 20-72 only if: A. The facility has the capacity to immediately convert additional facility-identified surgical and intensive care beds for treatment of COVID-19 patients in a surge capacity situation; B. The facility has adequate personal protective equipment (PPE) to complete all medical procedures and respond to COVID-19 treatment needs, without the facility seeking any additional federal or state assistance regarding PPE supplies; C. The facility has not sought any additional federal, state, or local government assistance regarding PPE supplies since resuming elective procedures; and D. The facility has not refused to provide support to and proactively engage with skilled nursing facilities, assisted living facilities and other long-term care residential providers.	April 29, 2020	
IA	New PROCLAMATION OF DISASTER EMERGENCY	A. A hospital, outpatient surgery provider, or outpatient procedure provider may conduct inpatient surgeries and procedures that, if further delayed, will pose a significant risk to quality of life and any outpatient surgeries or procedures if the hospital or provider complies with the following requirements: 1. A hospital or provider must have: a. Adequate inventories of personal protective equipment (PPE) and access to a reliable supply chain without relying on state or local	April 24, 2020 (effective April 27, 2020)	

- government PPE stockpiles to support continued operations and respond to an unexpected surge in a timely manner; and
 - b. A plan to conserve PPE consistent with guidance from the CDC and Iowa Department of Public Health;
2. A hospital or provider must have a plan for timely COVID-19 testing of symptomatic patients and staff to rapidly mitigate potential clusters of infection and as otherwise clinically indicated. Providers must comply with any relevant guidance related to testing requirements for patients and staff issued by the Iowa Department of Public Health, the CDC, or a provider's professional specialty society. For scheduled surgeries patients should have a negative COVID-19 test performed within 48 hours of surgery date. If a COVID-19 test is not available, a hospital or provider should consider alternative methods to determine the patient's probability of COVID-19. If the patient has symptoms of fever, cough, or low oxygen saturation, then postponing the surgery is recommended.
 3. A hospital must continue to accept and treat COVID-19 patients and must not transfer COVID-19 patients to create capacity for elective procedures.
 4. A hospital must reserve at least 30% of intensive care unit (ICU) beds and 30% of medical/surgical beds for COVID-19 patients.
 5. A hospital or provider that begins conducting surgeries or procedures as authorized by this paragraph but is no longer able to satisfy all these requirements must cease conducting such surgeries or procedures except as authorized by paragraph B. All hospitals and providers shall have a plan in place to monitor compliance and a transition plan to reduce or suspend procedures and surgeries as necessary.
- B. Except as provided in paragraph A, all nonessential or elective surgeries and procedures that utilize PPE must not be conducted by any hospital, outpatient surgery

		provider, or outpatient procedure provider, whether public, private, or nonprofit. C. A nonessential surgery or procedure is one that can be delayed without undue risk to the current or future health of a patient, considering all appropriate factors including, but not limited to any: 1. Threat to the patient's life if the surgery or procedure is not performed; 2. Threat of permanent dysfunction of an extremity or organ system; 3. Risk of metastasis or progression of staging; and 4. Risk of rapidly worsening to severe symptoms. D. Each hospital, outpatient surgery provider, and outpatient procedure provider shall limit all nonessential individuals in surgery and procedure suites and patient care areas where PPE is required. Only individuals essential to conducting the surgery or procedure shall be present in such areas. E. Each hospital, outpatient surgery provider, and outpatient procedure provider shall establish an internal governance structure to ensure that the principles outlined above are followed.		
IL	Illinois Department of Health Guidance	Beginning on May 11, 2020, hospitals and ASTCs may begin to perform procedures, provided that specific criteria have been met.	April 24, 2020	
IN	20-22 Extension Stay at Home	In addition, as long as sufficient personal protective equipment (PPE), staff and other supplies are available so as not to detract from what is necessary and appropriate to properly care for and treat patients who have or may have COVID-19, hospitals should conduct clinically indicated procedures meant to diagnose, screen and treat medical conditions that have the potential for short-term or long-term morbidity and/or mortality. These include, but are not limited to, cardiac, vascular, neurologic, cancer, gastrointestinal and respiratory procedures, as well as those procedures meant to reduce significant pain or symptoms making quality of life unacceptable. Furthermore, in connection with health care providers, whether medical~ dental or other, and health care facilities, whether hospitals, ambulatory surgical centers, dental facilities, plastic surgery centers, dermatology offices, abortion clinics, or veterinary practices, any current restrictions involving their medical procedures that have been imposed by an Executive Order will be re-evaluated for possible modifications, as warranted by the circumstances,	April 20, 2020	Effective April 27 with review every 7 days

		that would allow for them to resume commencing as of 11:59 p.m. on Sunday, April 26, 2020. In addition, these restrictions on medical procedures will be re-evaluated every seven (7) days thereafter for any appropriate and timely modifications that could be implemented		
KY	Cabinet for Health "Kentucky Healthcare Reopening"	Phase 2: • Begins Wednesday, May 6, 2020 • Outpatient/ambulatory surgery and invasive procedures may resume • All patients must have COVID-19 pre-procedure testing per professional association guidelines consistent with KDPH guidance • Each facility must maintain 14-day supply of all necessary PPE based on a projected 14 day burn rate for entire facility • Type and timing of cases determined by facility-specific procedure prioritization and oversight committee • For acute care hospitals, maintain at least 30% bed capacity, per facility surge plan, in both ICU and total beds for COVID-19 patients Phase 3: • Begins Wednesday, May 13, 2020 • Non-emergent/non-urgent inpatient surgery and procedures may resume at 50% of pre-COVID-19 shutdown volume • All surgical/procedural patients must have COVID-19 pre-procedure testing per professional association guidelines consistent with KDPH guidance • Each facility must maintain 14-day supply of all necessary PPE based on a projected 14-day burn rate for entire facility • Type and timing of cases determined by facility-specific procedure prioritization and oversight committee • For acute care hospitals, maintain at least 30% bed capacity, per facility surge plan, in both ICU and total beds for COVID-19 patients Phase 4: • Begins Wednesday, May 27, 2020 • Non-emergent/non-urgent inpatient surgery and procedures may resume at volume determined by each facility • All patients must have COVID-19 pre-procedure testing per professional association	April 27, 2020	

		guidelines consistent with KDPH guidance • Each facility must maintain 14-day supply of all necessary PPE based on a projected 14-day burn rate for entire facility • Type and timing of cases determined by facility-specific procedure prioritization and oversight committee • For acute care hospitals, maintain at least 30% bed capacity, per facility surge plan, in both ICU and total beds for COVID-19 patients		
LA	Updated Order 4.20.20 NOTICE #2020-COVID19-ALL-010	A. The Department hereby directs that any and all medical and surgical procedures SHALL ONLY be performed under the following conditions until further notice. 1. (i) Medical and surgical procedures are allowed in order to treat an emergency medical condition; for purposes of this Notice, “emergency medical condition” is the definition used in 42 CFR §489.24; such definition states that an “emergency medical condition” is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in: a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy b. Serious impairment to bodily functions; or c. Serious dysfunction of bodily organs. 2. Medical and surgical procedures are allowed to avoid further harms from underlying condition or disease. 3. Time-Sensitive Medical Conditions: a. Subject to paragraph (b) below, medical and surgical procedures are allowed to treat time-sensitive medical conditions, provided that the facility and/or healthcare provider ensure that each of the following conditions/requirements are met; if each of the following conditions/requirements is not met, then the facility/healthcare provider shall not perform any medical or surgical procedures to treat time-sensitive medical conditions:	March 27, 2020	

- i. Each patient undergoing such a medical or surgical procedure shall undergo an appropriate pre-operative clinical evaluation to minimize the risk that the patient has COVID-19; such clinical evaluation shall include appropriate COVID-19 testing, if available;
- ii. Each patient undergoing such a medical or surgical procedure shall be required to comply with strict social distancing measures from the time of the pre-operative clinical evaluation through the day of the surgery;
- iii. The facility and healthcare provider shall have an adequate and appropriate supply of personal protective equipment (PPE) to treat the patient, as well as treat any other patient, including COVID positive patients, in the facility. At no time shall a facility's PPE supply to treat COVID positive patient fall below a 5-day supply on hand at the facility. The facility shall not be dependent on the state or other governmental body to supply the 5-day requirement;
- iv. There is an adequate supply chain to the facility/healthcare provider for medical equipment, supplies, and medications;
- v. The facility/healthcare provider has adequate medical staff, including surgical, surgical support, recovery, and nursing staff, to meet the needs of all patients;
- vi. The facility/healthcare provider shall conduct constant monitoring of hospital, regional, and state resources, as well as ESF-8 reports, indicating coronavirus burden of disease and impact.

b. Medical and Surgical Procedures to Treat Time-Sensitive Medical Conditions SHALL BE IMMEDIATELY DISCONTINUED upon notice by the State Health Officer, who may consider any of the following

		criteria in making a decision to halt or discontinue medical and surgical procedures to treat time-sensitive medical conditions: i. Statewide or region-wide ventilator capacity; ii. Statewide or region-wide ICU bed availability; iii. Statewide or region-wide med surg bed availability; iv. The number of new admit COVID-19 cases; and v. Any other criteria that the State Health Officer deems appropriate.		
MA	Order of the Commissioner of Public Health	Accordingly, having received that authorization from the Council, and with the approval of the Governor, I issue the following Order: To protect patients and healthcare workforce and conserve resources, including personal protective equipment, a health care provider that has submitted an attestation to the state certifying that they meet clinical, capacity, safety standards, and governance requirements to resume providing high-priority preventative care and urgent procedures or services that cannot be delivered remotely and would lead to high risk or significant worsening of the patient's condition if deferred shall implement procedures published by the Department of Public Health regarding the scheduling and performance of such urgent elective invasive procedures. Any such health care provider that has not submitted the attestation shall not perform any non-essential elective invasive procedures. Providers subject to this order must continue to comply with all applicable statutes, regulations and guidance not inconsistent with this Order. This Order shall remain in effect from May 18, 2020, until the State of Emergency is terminated by the Governor, or until rescinded by me, whichever shall happen first.	May 18, 2020	Until the termination of the state of emergency
MD	AMENDED DIRECTIVE AND ORDER REGARDING VARIOUS HEALTHCARE MATTERS	B. Resumption of Elective and Non-Urgent Medical Procedures - Conditions All licensed healthcare facilities and healthcare providers may resume elective and non-urgent medical procedures and appointments at 7:00 A.M., May 7, 2020 provided all of the following measures are in place: I. Licensed healthcare providers shall exercise their independent professional judgment in determining what procedures are appropriate to perform, which appointments should occur, and which patients to see in light of	May 6, 2020	

		widespread COVID19 community transmission. II. Any licensed healthcare facility or healthcare provider resuming elective and non-urgent medical procedures shall have at least one week's supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients.		
MI	Executive Order 2020-96	Executive Order 2020-17, which imposed temporary requirements regarding the postponement of non-essential medical and dental procedures, is rescinded as of May 28, 2020 at 11:59 pm.	May 21, 2020	
MN	Emergency Executive Order 20-51	Beginning on May 10, 2020 at 11:59 p.m., healthcare facilities providing procedures that utilize PPE or ventilators—whether veterinary, medical, or dental—must complete the requirements set forth in this Executive Order.	May 5, 2020	It remains in effect until the peacetime emergency declared in Executive Order 20-01 is terminated or until it is rescinded by proper authority.
MS	Exec Order 1470	All licensed health care professionals and all licensed health care facilities shall postpone all surgeries and procedures that are not immediately medically.	April 10, 2020	April 27, 2020
NC	DHHS Letter	Effective March 23, 2020, as part of a unified response, I request all hospitals and ambulatory surgery centers suspend all elective and non-urgent procedures and surgeries. Elective and non-urgent procedures and surgeries are defined as any procedure or surgery that if not done within the next 4 weeks would cause harm to the patient. Beginning today, March 20, hospitals and ambulatory surgery centers should institute an explicit, real-time review of all non-time sensitive procedures and surgeries.	March 23, 2020	
NE	DHH 2020-009	Elective medical and dental surgeries and elective medical and dental procedures are hereby prohibited. For the purposes of this Order, this means a surgery or procedure that is scheduled in advance because it does not involve a medical or dental emergency. Surgeries or procedures that must be done to preserve the patient's life or physical health, but do not need to be performed immediately, are allowed by a case-by-case determination of the medical or dental provider.	April 3, 2020	May 4, 2020— Elective surgeries may resume as long as hospitals and health care facilities meet requirements for available bed capacity and have adequate supplies of personal protective

				equipment (PPE).
NJ	Executive Order 145	Beginning at 5:00 a.m. on Tuesday, May 26, 2020, the suspension on elective surgeries and invasive procedures instituted in Executive Order No. 109 (2020) is rescinded. 2. Elective surgeries and invasive procedures, as defined by Executive Order No. 109 (2020), may proceed at health care facilities, subject to limitations and precautions set forth in policies, which may include but are not limited to Executive Directives, to be issued by the Department of Health, in consultation with the Division of Consumer Affairs, by Monday, May 18, 2020. The policies to be issued by the Department of Health will address relevant considerations, such as the following: a. Which types of facilities can resume these procedures; b. Which specific facilities are eligible to resume these procedures, based upon their current or potential capacity; c. Whether facilities will be required to prioritize certain procedures, and if so, what considerations should guide these decisions; d. Personal Protective Equipment requirements for facilities that resume these procedures; e. Staffing requirements for facilities that resume these procedures; f. Whether facilities should cohort COVID-19 and non-COVID-19 patients; g. Requirements for patients seeking these procedures to undergo testing, self-quarantine, or other preventive measures, as applicable; h. Policies surrounding visitors; i. Policies surrounding discharge of patients after the procedures are completed; and j. Reporting metrics regarding the resumption of these procedures. 3. Elective surgeries and invasive procedures, as defined by Executive Order No. 109 (2020), performed by licensed health care providers practicing in outpatient settings not licensed by the Department of Health (e.g., health care professional offices, clinics, and urgent care centers) may proceed, subject to limitations and precautions set forth in policies, which may include but are not limited to rules and administrative orders, to be issued by the Division of Consumer Affairs, in	May 15, 2020	

		consultation with the Department of Health, by Monday, May 18, 2020.		
NM	PUBLIC HEALTH ORDER NEW MEXICO DEPARTMENT OF HEALTH APRIL 30, 2020	Medical practitioners may gradually resume operations in compliance with guidelines provided by the New Mexico Department of Health. The guidelines shall be entitled “Reopening Guidelines: Medical Offices.” The guidelines shall be publicly available on the Department of Health website and are subject to change as circumstances warrant. Hospitals and ambulatory surgical facilities may gradually resume operations in compliance with guidelines provided by the New Mexico Department of Health. The guidelines shall be called “Medically Necessary Surgery and Procedural Guidelines.” The guidelines shall be publicly available on the Department of Health website and are subject to change as circumstances warrant. To reopen or expand ambulatory or inpatient surgery, a facility must affirm past compliance with all current Public Health Emergency Orders.	April 30, 2020	for the duration of executive order 2020-004
NY	State Department of Health will issue guidance on resuming elective surgeries	April 28, 2020 if the hospital capacity is over 25 percent for the county and if there have been fewer than 10 new hospitalizations of COVID-19 patients in the county over the past 10 days. If a hospital is located in a county eligible to resume elective outpatient treatments, but that hospital has a capacity under 25 percent or has had more than 10 new hospitalizations in the past 10 days, that hospital is not eligible to resume elective surgeries. If a county or hospital that has resumed elective surgery experiences a decrease in hospital capacity below the 25 percent threshold or an increase of 10 or more new hospitalizations of COVID-19 patients, elective surgeries must cease. Further, patients must test negative for COVID-19 prior to any elective outpatient treatment. May 13, 2020 Update: Hospital and all ambulatory surgery centers are permitted to resume surgery. Restrictions on elective surgery will remain in place in Bronx, Queens, Rockland, Nassau, Westchester, Richmond, Kings, Suffolk, New York, and Erie Counties as the state continues to monitor the rate of new COVID-19 infections in the region.	May 8, 2020	General Restrictions extended to June 6, 2020. Counties permitted to perform limited surgery extended to May 29, 2020.
OH	Dept Health Order	1. Non-essential or elective surgeries and procedures that utilized PPE should not be conducted.	March 18, 2020	End of State of Emergency. April 16, 2020: Governor

		2. A non-essential surgery is a procedure that can be delayed without undue risk to the current or future health of a patient. Examples of criteria to consider include: a. Threat to the patient's life if surgery or procedure is not performed b. Threat of permanent dysfunction of an extremity or organ system c. Risk of metastasis or progression of staging d. Risk of rapidly worsening to severe symptoms (time sensitive)		requested a plan from Ohio Hospital Association for restarting elective surgery due by April 24.
OK	2020-7 4th	Order ending on April 24, 2020.	March 24, 2020	Governor changed order to end April 24, 2020 per announcement on April 15, 2020
OR	Oregon Health Authority	Announced lifting ban on and a framework for resuming "non-urgent" procedures starting May 1.	April 23, 2020	
PA		News reports that the state Health Department issued guidance to hospitals and ambulatory surgical facilities on the resumption of elective surgery based on the guidance provided by the ACS.	April 27, 2020	
SD	Executive Order 2020-20	New order repeals order 2020-12 that postponed all non-essential elective surgeries.	April 28, 2020	
TN	exec-orders-lee25	Governor Lee announced elective surgeries can resume May 1	April 8, 2020	April 30, 2020
TX	Executive Order No. GA-15 #3	Beginning at 11:59 pm on April 21 through 11:59 pm on May 8, all licensed health care professionals and all licensed health care facilities must continue to postpone all surgeries and procedures that are not medically necessary to diagnose or correct a serious medical condition of, or to preserve the life of, a patient who without timely performance of the surgery or procedure would be at risk for serious adverse medical consequences or death as determined by a patient's physician. Exceptions now include: • Any procedure that, if performed in accordance with the commonly accepted standard of clinical practice, would not deplete the hospital capacity or the PPE needed to cope with COVID-19 • Any surgery or procedure performed in a licensed health care facility that has certified in writing to Texas HHSC both (1) that it will reserve at least 25 percent of its hospital capacity for treatment of COVID-19 patients,	April 21, 2020	May 8, 2020

		accounting for the range of clinical severity of COVID-19 patients, and (2) that it will not request any PPE from any public source—whether federal, state, or local—for the duration of the COVID-19 disaster.		
UT	State Public Health Order	Each covered healthcare provider shall: a. implement the following protocols regarding the use of face masks: i. except as provided in Subsection (3)(a)(ii), require each individual in a healthcare facility, including each staff member, patient, and individual accompanying a patient, to wear a mask that covers the nose and mouth when within six feet of another individual; and ii. a patient is not required to wear a mask during a procedure involving a facial area of the patient the mask would otherwise cover; b. permit no more than one individual to accompany each patient; c. ensure that no individual is permitted to congregate in or near the healthcare facility, including to the extent practicable, requiring a patient to wait outside the healthcare facility or in the individual's vehicle and escorting the patient directly to a treatment room with minimal social interaction; d. remove any toy, magazine, and other similar item from each waiting room or area; e. screen each individual who enters the healthcare facility by: i. taking the individual's temperature; and ii. administering a questionnaire regarding any symptom consistent with COVID-19 experienced by the individual or a member of the individual's household or residence; f. require any individual who shows any symptom consistent with COVID-19, or who reports that a member of the individual's household or residence shows any symptom consistent with COVID-19, to leave the healthcare facility as soon as reasonably practicable under the circumstances; g. install a protective barrier that separates patients from front desk personnel or require front desk personnel to wear a mask that covers the nose and mouth;	April 22, 2020	May 1, 2020

		h. require each healthcare professional to wear a face shield or goggles that seal around the eyes when performing a treatment that creates an aerosol; and i. maintain using the Electronic Medical Records System, or other appointment log, patient contact information to assist with contact tracing efforts. 4. Each hospital and ambulatory surgical center operating in Utah shall follow the protocols developed by the Utah Hospital Association in consultation with the Utah Department of Health, titled "Utah Roadmap for Resuming Elective Procedures" and dated April 21, 2020.		
VA	Order of Public Health Emergency Two	Prohibiting all inpatient and outpatient surgical hospitals licensed under 12 VAC 5-410, freestanding endoscopy centers, physicians' offices, and dental, orthodontic, and endodontic offices in the Commonwealth from providing procedures and surgeries that require PPE, which if delayed, are not anticipated to cause harm to the patient by negatively affecting the patient's health outcomes, or leading to disability or death. This does not include outpatient visits delivered in hospital-based clinics. This Order does not apply to the full suite of family planning services and procedures nor to treatment for patients with emergency or urgent needs. Inpatient and outpatient surgical hospitals licensed under 12 VAC 5-410, free-standing endoscopy centers, physicians' offices, and dental, orthodontic, and endodontic offices may perform any procedure or surgery that if delayed or canceled would result in the patient's condition worsening. Outpatient surgical hospitals are encouraged to work with their local inpatient hospitals to assist with surge capacity needs.	March 25, 2020	May 1, 2020
VT	Executive Order No. 01-20 – Amendment to Addendum 3	...authorize the Commissioner of the Vermont Department of Public Health to issue mitigation requirements and procedures for the resumption of clinic visits, diagnostic imaging and such outpatient surgeries and procedures that have a minimal impact on inpatient hospital bed capacity and PPE levels, including those performed in the office or ambulatory surgical care setting. The Commissioner of the Department of Public Health, with the approval of the Governor, may, from time-to-time, update and modify the mitigation requirements and procedures regarding the resumption of additional adult elective surgery and medical and surgical procedures, including dental procedures	May 4, 2020	May 15, 2020
WA	PROCLAMATION BY THE	I hereby prohibit all medical, dental and dental specialty facilities, practices, and practitioners in	May 18, 2020	Until the termination of

	GOVERNOR AMENDING AND EXTENDING PROCLAMATIONS 20-05 AND 20-24 20-24.1 Reducing Restrictions on, and Safe Expansion of, Non-Urgent Medical and Dental Procedures	Washington State from providing non-urgent health care and dental services, procedures, and surgeries unless they act in good faith and with reasonable clinical judgment to meet and follow the procedures and criteria provided (in guidelines listed in the proclamation).		the state of emergency
WV	EXECUTIVE ORDER NO. 30-20	3. All clinics, offices, and other facilities operated by or with medical and health care professionals licensed or regulated by Chapter 30 Health Care Boards, except for the hospitals and ambulatory surgical centers subject to Section 1 of this Order, may resume all operations and procedures, including elective procedures, according to such guidance and best practices as is disseminated by the applicable Chapter 30 Health Care Board(s) pursuant to Section 2 of this Order...5. All clinics, offices, and other facilities that resume or expand operations under this Order shall ensure that sufficient occupationally appropriate PPE and other medical equipment and resources are sufficiently available and that such clinics, offices, and other facilities must be aware of statewide PPE, supplies, equipment, and medicine needs and must be prepared to contribute as necessary.	April 27, 2020	

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