

# State COVID-19 Liability Protection Measures

State	Action	Description
Alabama	<a href="#">AL Proclamation</a> , dated March 13, 2020	Allows health care facilities to implement alternative standards of care and limits liability for some by declaring them emergency management workers: “[A]ll health care workers and assisting personnel executing the alternative-standards-of-care in good faith are hereby declared to be ‘Emergency Management Workers’ ... for the purposes of <a href="#">Title 31 [31-9-16]</a> of the Code of Alabama.”
	<a href="#">AL Proclamation</a> , dated May 8, 2020	A proclamation made on May 8th provides health care providers (including facilities) with liability protections “for the death or injury to persons or for damage to property in any way arising from an act or omission related to, or in connection with, COVID-19 transmission or a covered COVID-19 response activity, unless a claimant shows by clear and convincing evidence that the [injury]... was caused by the... health care provider[s] ... wanton, reckless, willful, or intentional misconduct.” The declaration also limits damages in some instances where liability is established, applies a set standard of care, and adjusts remedies for causes of action relating to COVID-19 transmission or a covered COVID-19 response activity “where the cause of action accrued before the issuance of this proclamation and for which a court holds that the [emergency protection provisions] ... do not apply...” This proclamation is effective and retroactive for omissions occurring from March 13, 2020 until the State COVID-19 public health emergency is terminated.
Alaska	<a href="#">SB 241</a>	Except in the case of gross negligence, recklessness, or intentional misconduct, “a public health agent or health care provider who takes action based on a <a href="#">standing order</a> issued by the chief medical officer is not liable for civil damages resulting from an act or omission in implementing the standing order...” Under <a href="#">Title 18, chapter 15</a> of Alaska’s Health, Safety, and Housing statutes, a health care provider includes a “hospital, medical clinic or office, special care facility...”
Arizona	<a href="#">Exec. Order 2020-27</a>	Provides immunity from civil liability for facilities licensed pursuant to <a href="#">A.R.S. Title 36, Chapter 4</a> (which includes nursing homes) for “acts or omissions undertaken in good faith by one or more of their agents, officers, employees, representatives or volunteers while providing healthcare services in support of the State’s public health emergency declaration for COVID-19.” Health care professionals are also protected under the order.  The Executive Order does not provide immunity for gross negligence, reckless or willful misconduct “including, but not limited to, the healthcare professional volunteer or other individual rendering medical care services under the influence of alcohol or an intoxicating drug.”  This order was renewed by the governor on <a href="#">June 29</a> .

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Arkansas	<a href="#">Exec. Order 20-18</a>	Provides limited liability protections to some health care providers (physicians, PAs, specialist assistants, among others) with exclusions for gross negligence, willful misconduct, or bad faith.  Authorizes and requests that health care facilities participate in planning for and responding to the PHE, which in turn provides some protections.
	<a href="#">Exec. Order 20-34</a>	EO 20-34 requests and authorizes all health care (including “any partnership, association, corporation or other facility or institution that employs or contracts” with health care providers licensed, certified, or otherwise authorized to administer health care in AR), to provide “healthcare services which include acts or treatment performed or furnished by a Healthcare Provider to a patient” for the purposes of mitigating or treating COVID-19. This authorization provides Healthcare Providers immunity pursuant to Ark. Code Ann. <a href="#">§ 12-75-128</a> . The act or omission causing injury must have been taken in good faith and be related to the treatment or mitigation of COVID-19 (or of symptoms of COVID-19) during the PHE. Immunity does not extend to acts/omissions that are reckless, willful, or intentional misconduct.
California	CA Code <a href="#">GOV § 8659</a>	Existing law that provides liability protection to some providers, including hospitals, during a PHE:  “no liability for any injury sustained by any person by reason of those services, regardless of how or under what circumstances or by what cause those injuries are sustained; provided, however, that the immunity herein granted shall not apply in the event of a willful act or omission.”
Colorado	<a href="#">CO Rev Stat § 24-33.5-711.5 (2018)</a>	Existing emergency management law provides that a “hospital, physician, health insurer or managed health care organization, health care provider, public health worker, or emergency medical service provider... that in good faith comply completely with board of health rules regarding the emergency epidemic and with executive orders regarding the disaster emergency shall be immune from civil or criminal liability for any action taken to comply with the executive order or rule.”
Connecticut	<a href="#">Exec. Order No. 7V</a>	Supersedes liability provisions in Exec. Order 7U, Section 1, and provides that “...any health care professional or health care facility shall be immune from suit for civil liability for any injury or death alleged to have been sustained because of the individual's or health care facility's acts or omissions undertaken in good faith while providing health care services in support of the State's COVID-19 response...”  This immunity does not cover acts or omissions that “constitute a crime, fraud, malice, gross negligence, willful misconduct, or would otherwise constitute a false claim or prohibited act pursuant to Section 4-275 et seq. of the Connecticut General Statutes or 31 U.S.C. §§3729 et seq.”  “‘Health care facility’ means a licensed or state approved hospital, clinic, nursing home, field hospital or other facility designated by the Commissioner of the Department of Public Health for temporary use for the purposes of providing essential services in support of the State's COVID-19 response.”
Delaware	<a href="#">Del. Code Ann. Tit. 20, § 3129</a>  <a href="#">Del. Code Ann.</a>	Existing statute provides that qualified medical personnel “engaged in emergency or disaster relief operations and activities in connection with any emergency or disaster pursuant to this chapter,” shall not be held liable for death or injury to persons resulting from such relief operations and activities.  It appears as though firms and corporations may be deemed public employees (under <a href="#">§§ 4001-4002 of Title 10</a> ) if they render assistance at the request of the State during a

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	<a href="#">Titl. 20, § 3144</a>	state of emergency. This may extend these liability protections to nursing homes. The state also issued an <a href="#">order</a> extending the designation of “public health employees” to a variety of providers (“out-of-state health care provider, inactive health care provider, or qualified person appointed pursuant to this order shall be considered a public employee....”).
<b>District of Columbia</b>	<a href="#">D.C. Act 23-283</a>	<p>Provides liability protection for health care providers for those giving care or treatment to “a potential, suspected or diagnosed individual with COVID-19” from damages relating to that treatment or failure to act in providing/arranging medical treatment for COVID during the PHE. Also covers some right to try and other COVID related scenarios.</p> <p>The definition of health care provider under the District’s public health statutes includes “any person or entity who provides health care services, including hospitals... special care facilities...” (<a href="#">§ 7-2301</a>).</p> <p>Expired July 9, 2020, unclear at time of publication if an extension has been approved.</p>
<b>Florida</b>		No current state action.
<b>Georgia</b>	<p><a href="#">Exec. Order</a> published April 14, 2020</p> <p><a href="#">SB 359</a> (Delivered to the Governor, unsigned as of publication)</p>	<p>Employees, staff, and contractors of healthcare institutes and medical facilities (defined to include nursing homes) are considered auxiliary emergency management workers, but only in facilities where services are provided or performed during the public health emergency (PHE).</p> <p>Services provided or performed by health care institutions and medical facilities (including nursing homes) are considered emergency management activities.</p> <p>Under <a href="#">§ 38-3-35</a>, “either the state nor any political subdivision of the state, nor the agents or representatives of the state or any political subdivision thereof, shall be liable for personal injury or property damage sustained by any person appointed or acting as a volunteer emergency management worker or member of any agency engaged in emergency management activity.”</p> <p>Among other protections, SB 359 states that health care facilities and professionals cannot be held liable for damages “involving a COVID-19 liability claim... unless the claimant proves that the actions of the healthcare facility, healthcare provider, entity, or individual, showed: gross negligence, willful and wanton misconduct, reckless infliction of harm, or intentional infliction of harm.” The Act will become effective once signed by the Governor or on August 7, 2020, whichever occurs first.</p>
<b>Hawaii</b>	<a href="#">Exec. Order 20-05</a>	<p>“Health care facility” means any program, institution, place, building, or agency, or portion thereof, private or public, other than federal facilities or services, whether organized for profit or not used, operated, or designed to provide medical diagnosis, treatment, nursing, rehabilitative, or preventive care to any person or persons.”</p> <p>Health care facilities complying with state and federal orders regarding the emergency, in good faith, are immune from “civil liability for any death or injury to persons, or property damage alleged to have been caused by any act or omission by the health care facility, which death of or injury to persons, or property damage occurred at a time when the health care facility was engaged in the course of rendering assistance to the State by providing health care services in response to the COVID-19 outbreak, unless it is established that such death or injury to persons, or property damage was caused by willful misconduct, gross negligence, or recklessness of the health care facility.” Health care professionals acting in good faith are provided similar protections.</p>

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Idaho	<a href="#">Idaho Code § 39-1391c</a>	Preexisting provision protects physicians and surgeons (and the hospitals where care is provided) to render emergency care if necessary despite training/specialty if they believe it is in the best interest of the patient.
Illinois	<a href="#">Exec. Order 2020-19</a>	Provides health care facilities with immunity “from civil liability for any injury or death alleged to have been caused by any act or omission by the Health Care Facility.” However, the injury or death must have occurred at “a time when the Health Care Facility was engaged in the course of rendering assistance to the State by providing health care services in response to the COVID-19 outbreak.” Health care professionals are given similar protections.  This measure does not provide immunity for injuries or deaths caused by gross negligence or willful misconduct.
	<a href="#">Exec Order 2020-37</a>	<b>May 13, 2020:</b> Governor issued guidelines clarifying this policy esp. with regard to what “rendering assistance” entails with respect to health care facilities
Indiana	<a href="#">Indiana Code 34-30-13.5-3</a>	Preexisting measure dictates that a facility providing health care services in response to a declared disaster emergency “may not be held civilly liable for an act or omission relating to the provision of health care services in response to that event by a health professional licensed to provide the health care service under Indiana law or the law of another state if the person is acting during an event that is declared as a disaster emergency, regardless of whether the provision of health care services occurred before or after the declaration of a disaster emergency.”  The state’s <a href="#">Guidance Concerning Liability for Healthcare Providers and Facilities</a> , published April 3, 2020, indicates that any facility that provides “health care services by a professional licensed under Indiana state law or the law of another state,” so long as the care is “in response to and during the COVID-19 emergency declaration,” may receive immunity from civil liability.
Iowa	<a href="#">Senate File 2338</a> Signed by Gov. on Jun. 18, 2020	Health care providers, including skilled nursing and other facilities, are not liable for “civil damages for causing or contributing... to the death or injury of an individual as a result of the health care provider’s acts or omissions while providing or arranging health care in support of the state’s response to COVID-19.”  This includes injuries or deaths related to the screening, diagnosis and care of COVID-19. It also covers off-label use of potential COVID treatments. Care that is unrelated to COVID treatment but that is undertaken in support of the state’s response (e.g. delaying non-urgent/elective surgeries, etc.) is also encompassed.
Kansas	<a href="#">Exec. Order 20-26</a> (Expired on May 31, 2020)	Provided liability protections for health care providers (including nursing facilities) treating COVID-19 patients or those reasonably presumed to have COVID-19. The care must be “rendered in response to any Kansas Department of Emergency Management mission related to the COVID-19 outbreak...” The provision does not extend to “willful misconduct, gross negligence, recklessness, or bad faith of such a facility or health care provider.” Expired on May 31, 2020.
	<a href="#">HB 2016</a> Signed by the Gov. on June 4, 2020	Healthcare providers, which include any “person or entity that is licensed, registered, certified or otherwise authorized by the state of Kansas to provide healthcare services” in the state, are immune from civil liability for “damages, administrative fines or penalties for acts, omissions, healthcare decisions or the rendering of or the failure to

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		render healthcare services, including services that are altered, delayed or withheld, as a direct response to any state of disaster emergency declared pursuant to K.S.A. 48-924, and amendments thereto, related to the COVID-19 public health emergency.” These protections do not extend to acts, omissions or healthcare decisions that “constitut[e] gross negligence or willful, wanton or reckless conduct.”
<b>Kentucky</b>	<a href="#">Sen. Bill 150</a>	SB 150 includes protections for “health care providers” including immunity from civil liability for “ordinary negligence” for health care providers rendering care or treatment in good faith to COVID-19 patients during the PHE. While the bill does not define “health care providers,” it is speculated that it will include nursing facilities.
<b>Louisiana</b>	<a href="#">LA Rev Stat § 29:771</a>	An existing statute provides that “[d]uring a state of public health emergency, any health care providers shall not be civilly liable for causing the death of, or, injury to, any person or damage to any property except in the event of gross negligence or willful misconduct.” A definition of health care provider in this chapter includes “clinic, person, corporation, facility, or institution which provides health care or professional services by a physician, dentist, registered or licensed practical nurse...” <a href="#">§ 29:762</a>
	<a href="#">Act. No. 362</a>	Act No. 362 provides that “no natural or juridical person... shall be liable for damages or personal injury resulting from or related to an actual or alleged exposure to COVID-19 in the course of or through the performance or provision of... business operations unless [he]... failed to substantially comply with the applicable COVID-19 procedures established by the federal, state, or local agency which governs the business operations and the injury or death was caused by [his]...gross negligence or wanton or reckless misconduct.”
<b>Maine</b>	<a href="#">MRS Title 37-B, §784-A</a>	An existing provision allows for those called by the Maine Emergency Management Agency and local organizations for emergency management to be “deemed to be an employee of the State for purposes of immunity from liability.”
	<a href="#">Title 37-B, Section 822</a>	There is debate as to whether the referenced statute allows for this provision to apply to a facility as it will depend on the state’s definition of a “person”: “[n]either the State nor any of its agencies or political subdivisions nor a person called out pursuant to section 784-A... may... be liable for the death of or injury to any person, or damage to property, as a result of those activities....”
<b>Maryland</b>	<a href="#">MD Public Safety Code § 14-3A-06</a>	“Health care providers who act in good faith under [the] <a href="#">catastrophic health emergency proclamation</a> , including orders issued under the proclamation by the Governor and by other State officials acting at the direction of or under delegated authority from the Governor...” have immunity from civil or criminal liability per § 14-3A-06 of the Public Safety Code. Maryland’s general health statutes define health care provider to include health care facilities, which in turn includes nursing facilities. See <a href="#">§ 14-3A-01</a> , <a href="#">§ 19-114(d)(1)</a> and <a href="#">§ 19-301</a> .
<b>Massachusetts</b>	<a href="#">An Act to Provide Liability Protections for Health Care Workers and Facilities During the COVID-19 Pandemic</a>	Provides immunity from civil liability during the COVID-19 public health emergency. This Act covers practitioners and facilities (including skilled nursing facilities and assisted living residences).  The Act also includes providers licensed by the board of nursing home administrators and health care facility administrators, including executives, board members, or supervisors responsible for directing the facility or its personnel.  Requirements include that: “(i) the health care facility or health care professional is arranging for or providing health care services pursuant to a COVID-19 emergency rule and in accordance with otherwise applicable law; (ii) arranging for or providing care or

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		<p>treatment of the individual was impacted by the health care facility's or health care professional's decisions or activities in response to treatment conditions resulting from the COVID-19 outbreak or COVID-19 emergency rules; and (iii) the health care facility or health care professional is arranging for or providing health care services in good faith."</p> <p>These protections do not apply to acts or omissions that constitute gross negligence, recklessness or conduct with an intent to harm or discriminate.</p>
<b>Michigan</b>	<p><a href="#">Exec. Order 2020-61</a> (rescinded by <a href="#">Exec. Order No. 2020-150</a>)</p>	<p>Michigan did provide liability protections to health care providers in Executive Order 2020-30, which was later rescinded by Exec. Order 2020-61. This order stated that: "Consistent with MCL 30.411(4), any licensed health care professional or designated health care facility that provides medical services in support of this state's response to the COVID-19 pandemic is not liable for an injury sustained by a person by reason of those services, regardless of how or under what circumstances or by what cause those injuries are sustained, unless it is established that such injury or death was caused by the gross negligence, as defined in MCL 30.411(9), of such health care professional or designated health care facility." The order also includes provisions to protect unlicensed volunteers or students at designated health care facilities.</p> <p><a href="#">MCL 30.411(4)</a> extends to a "persons licensed to practice medicine or osteopathic medicine and surgery or a licensed hospital," as well as other individuals such as registered nurses, dentists, veterinarians, etc.</p> <p>Executive Order 2020-61 was rescinded by Exec. Order No. 2020-150 on July 13, 2020.</p>
	<p><a href="#">SB 0899</a></p>	<p>SB 0899 was approved by the Michigan House and Senate. It was presented to Governor Whitmer on July 29, 2020. The bill would provide immunity for health care providers and facilities (including nursing homes) providing health care services "during, and in support of the state's response to a state disaster or emergency declared by the governor..."</p>
<b>Minnesota</b>	<p><a href="#">Minn. Stat. 12.61</a></p>	<p>Existing law provides that during a national emergency, the governor may issue an emergency executive order "upon finding that the number of seriously ill or injured persons exceeds the emergency hospital or medical transport capacity of one or more regional hospital systems and that care for those persons has to be given in temporary care facilities." Responders in the impacted area are not liable for civil damages for rendering emergency care, assistance, or advice in good faith.</p>
<b>Mississippi</b>	<p><a href="#">Exec. Order No. 1471</a></p> <p>(Extended by Exec. Orders 1485, 1494, 1497, 1503; now expired)</p>	<p>Health facilities, including nursing homes, and healthcare professionals "shall be immune from suit for civil liability for any injury or death alleged to have been sustained because of... acts or omissions while providing healthcare services including, but not limited to, screening, assessing, diagnosing, treating patients for COVID-19 or otherwise acting in support of the State's COVID-19 response..." This includes acts/omissions undertaken due to a lack of resources attributable to the pandemic but does not extend to omissions or acts that constitute crime, fraud, malice, reckless disregard, willful misconduct, or would otherwise constitute a false claim. This order appears to have expired on July 31, 2020.</p>
	<p><a href="#">Senate Bill 3049</a> (signed by Governor, July 8, 2020)</p>	<p>Health care facilities ("any facility in which health care services are provided, including, but not limited to, any licensed or state-approved facility...") and health care professionals "shall be immune from suit for any injury or death directly or indirectly sustained because of the health care professional's or health care facility's acts or omissions while providing health care services related to a COVID-19 state of emergency... The immunity includes, but is not limited to, injury or death resulting from</p>

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		<p>screening, assessing, diagnosing or treating persons in relation to the COVID-19 state of emergency or the medical conditions causing the COVID-19 state of emergency, or acts or omissions while providing health care services to persons unrelated to the COVID-19 state of emergency when those acts or omissions were intended to support the state's response to the COVID-19 state of emergency..." The bill includes a non-exhaustive list of these acts which includes delaying or cancelling non-urgent procedures, using equipment or supplies outside of the product's normal use, and administering a pharmaceutical for off-label use related to the COVID-19 emergency.</p> <p>Additionally, the bill provides immunity from suit for civil damages related to actual or alleged exposure or potential exposure to COVID-19 for persons or agents of a person who "attempt[] in good faith to follow applicable public health guidance"</p>
<b>Missouri</b>	<a href="#">Senate Bill 662</a>	<p>"Any health care provider who in good faith renders care or assistance, with or without compensation, in connection with the COVID-19 pandemic, including, but not limited to, taking measures to coordinate, arrange for, respond to, provide, or address issues related to the delivery of health care services, shall not be liable for any civil damages for any acts or omissions that occur during the period there is in effect an executive order of the governor of Missouri declaring that a state of emergency exists, other than damages occasioned by gross negligence or by willful or wanton acts or omissions in rendering the care or assistance.." Health care provider includes long-term care facilities.</p> <p>Passed Senate and House May 5, 2020, must return to the Senate for another vote due to amendments made by the House.</p>
<b>Montana</b>	<a href="#">MT Code Ann. § 10-3-110</a>	Existing state law provides protections for health care professionals during declared emergencies. This provision does not appear to extend to facilities.
<b>Nebraska</b>		No state action.
<b>Nevada</b>	<a href="#">Emergency Directive 011</a>	Designates "all providers of medical services related to COVID-19" as performing emergency management services, thereby affording them immunity under <a href="#">NRS 41.110</a> (which provides immunity against liability for death or injury except in cases of willful misconduct, gross negligence, or bad faith).
<b>New Hampshire</b>	<a href="#">NH Rev. Stat. § 21-P:41</a>	Preexisting measure protects individuals and organizations engaged in emergency management activities from liability for deaths or injuries resulting from those activities.
<b>New Jersey</b>	<a href="#">Exec. Order 112</a>	<p>Provides immunity from civil liability for long-term care and skilled nursing facilities for acts or omissions in support of the state's COVID-19 response. These acts or omissions must be undertaken in good faith by employees, agents, or officers. Health care professionals receive similar protections under the order.</p> <p>This order does not extend to acts that constitute a crime, actual fraud, actual malice, gross negligence, or willful misconduct.</p>
	<a href="#">SB 2333</a>	SB 2333 provides immunity to health care professionals for injuries or death "alleged to have been sustained as a result of an act or omission... in the course of providing medical services in support of the State's response to the [COVID-19 PHE]..." The bill also protects health care facilities or systems, stating that they "shall not be criminally or civilly liable for damages for injury or death alleged to have been sustained as a result of an act or omission by the facility or system or one or more of the facility's or system's agents, officers, employees, servants, representatives or volunteers during

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		the public health emergency and state of emergency... in connection with the allocation of mechanical ventilators or other scarce medical resources, if the health care facility or system adopts and adheres to a scarce critical resource allocation policy that at a minimum incorporates the core principles identified by the Commissioner of Health in an executive directive or administrative order...” Additionally, SB 2333 notes that “agents, officers, employees, servants, representatives and volunteers” of the facility or system are also protected.
<b>New Mexico</b>		No state action with respect to liability.
<b>New York</b>	<a href="#">Emergency or Disaster Treatment Protection Act</a>	Grants health care professionals and facilities immunity from civil and criminal liability when arranging for or providing care pursuant to a COVID-19 emergency rule if they are acting in good faith, as well as in instances when “treatment of [an] individual is impacted by the health care facilities or health care professional’s decisions or activities in response to or as a result of the COVID-19 outbreak and in support of the state’s directives.”  It does not extend to willful or intentional criminal misconduct, gross negligence, reckless misconduct or intentional infliction of harm.
	<a href="#">SB 8835</a>	SB 8835 amends the Emergency or Disaster Treatment Protection Act so that immunity is only provided to those assessing or caring for an individual “as it relates to COVID-19, when such an individual has a confirmed or suspected case of COVID-19.” As of August 8, 2020, SB 8835 had been delivered to Governor Cuomo but had not yet been signed.
<b>North Carolina</b>	<a href="#">Sen. Bill 704</a>	Provides that “any health care facility, health care provider, or entity that has legal responsibility for the acts or omissions of a health care provider shall have immunity from any civil liability for any harm or damages alleged to have been sustained as a result of an act or omission in the course of arranging for or providing health care services” if those services were arranged for or provided during the COVID-19 PHE, the arrangement or provision of services is impacted by decisions/activities in response to the PHE, and the services were provided or arranged for in good faith. These protections do not extend to gross negligence, reckless misconduct, or intentional infliction of harm.
	<a href="#">Exec. Order 130</a> (appears to have expired)	Exec. Order requests all persons licensed or otherwise authorized under the EO to perform professional skills in the field of health care to provide emergency services to respond to COVID-19, which thereby extends the designation of “emergency management workers” to these individuals and extends liability protection under an existing statute as well. This EO appears to have expired.
<b>North Dakota</b>		No state action.
<b>Ohio</b>	<a href="#">OH Rev. Code § 2305.2311</a>	Existing statute provides protections to health care providers (“Health care provider” means an advanced practice registered nurse, a registered nurse, a pharmacist, a dentist, an optometrist, a physician, a physician assistant, or a hospital”) providing emergency care. These protections do not extend to acts or omissions that “constitute reckless disregard...”
	<a href="#">SB 308</a>	SB 308 was passed by the Senate on June 3, 2020 and introduced in the House on June 9, 2020. This bill would “expand tort action immunity granted to certain health care providers....”



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Oklahoma	<a href="#">SB 300</a>	Provides liability protections for health care facilities (including nursing homes, <a href="#">63 OK Stat § 63-6104 (2014)</a> ) or provider “from civil liability for any loss or harm to a person with a suspected or confirmed diagnosis of COVID-19 caused by an act or omission by the facility or provider that occurs during the COVID-19 public health emergency...” The act or omission must have occurred during the treatment of, or arrangement of treatment for the person who was impacted by “the decisions, activities or staffing of, or the availability or capacity of space or equipment by, the health care facility or provider in response to or as a result of the COVID-19 public health emergency.” Protections do not extend to acts considered to be gross negligence, willful or wanton misconduct  Specifies that the immunity does not apply to the treatment of a patient who did not have or was not suspected of having COVID-19
Oregon	<a href="#">ORS § 401.667</a>	The Oregon Health Authority may designate all or part of a health care facility as an emergency health care center. Those facilities would then be considered agents of the state and have some degree of protection from liability while acting under the order of a public body. Health care providers are offered similar protections.
Pennsylvania	<a href="#">Exec. Order, (Renewed June 3, 2020)</a>	Establishes that health care practitioners operating in a variety of health care settings, including nursing homes and assisted living facilities, “engaged in emergency services activities or the provision of disaster services activities related to the Commonwealth's COVID-19 disaster emergency response...” are agents of the Commonwealth for the purposes of immunity from civil liability.  Does not extend to gross negligence, willful misconduct.
Rhode Island	<a href="#">Exec. Order 20-21</a>  Extended by Exec. Order <a href="#">20-33</a> , <a href="#">20-59</a>	The order provides immunity from liability for death or injury caused by “disaster response workers” which include “health care workers providing community-based health care... nursing facilities and alternative nursing care sights...” This immunity does not extend to instances of willful misconduct, gross negligence, or bad faith.
South Carolina	<a href="#">SC Code § 44-4-570</a>	Existing law provides some protection to health care providers appointed by the state to administer treatment under the Emergency Health Powers Act. These measures do not extend to acts or omissions that constitute a “reckless disregard for the consequences so as to affect the life or health of the patient.”
South Dakota		No state action.
Tennessee	<a href="#">Tenn. Code Ann. § 58-2-107</a>	Existing law provides liability protection to voluntary health providers (including hospitals) “participating in the Emergency Management Assistance Compact or Southern Regional Emergency Management Assistance Compact are immune from liability in providing the health care to victims or evacuees of the catastrophic or major disaster, as long as the services are provided within the limits of the provider's license, certification or authorization, unless an act or omission was the result of gross negligence or willful misconduct.”
	<a href="#">Exec. Order 53</a>	Executive Order 53 provides “limited COVID-related liability protection for health care providers except in cases of gross negligence or willful misconduct.” These protections extend to “health care providers licensed, certified, or authorized under titles 33, 63, or

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		68” of the Tennessee Code which appears to include nursing home personnel. Statements by the governor also indicate that his intent was to provide protections to nursing homes. The EO was extended on July 31, 2020.
<b>Texas</b>		No state action.
<b>Utah</b>	<a href="#">SB 3002</a>	Health care providers (including nursing and assisted living facilities [ <a href="#">78B-3-403(11-12)</a> ]) are immune from civil liability for acts or omissions in the course of providing care for patients suffering from the “illness or condition that resulted in the declared major public health emergency.”  The care must have been provided in good faith and the act or omission was the “direct result of providing health care to a patient for the illness or condition that resulted in the declared major public health emergency.” These liability protections do not extend to intentional or malicious conduct or gross negligence.
<b>Vermont</b>	<a href="#">Exec. Order 01-20; Addendum 9</a> (extended through <a href="#">August 15</a> )	“The intent of this rule is to clarify that under protections afforded by <a href="#">20 V.S.A. § 20</a> [“Emergency Management”], Health Care Facilities, Health Care Providers, and Health Care Volunteers would be immune from civil liability for any death, injury, or loss resulting from COVID-19 related emergency management services or response activities, except in the case of willful misconduct or gross negligence.”  The order notes that State licensed nursing homes, as defined in <a href="#">33 V.S.A. § 7102(7)</a> , are considered “health care facilities.”
<b>Virginia</b>	<a href="#">Exec. Order No. 60</a>	Clarifies that <a href="#">§§ 8.01-225.01</a> and <a href="#">8.01-225.02</a> of the Code of Virginia, which provide liability protections to healthcare providers (including nursing homes, <a href="#">§ 8.01-581.1</a> ) during disasters, “are meant to protect healthcare providers providing healthcare in response to the COVID-19 health emergency.” The order also offers clarity with respect to which actions will be considered response to a disaster and a non-exhaustive list of “[e]mergency and subsequent conditions caus[ing] a lack of resources, attributable to the disaster, [which render] the health care provider unable to provide the level or manner of care that otherwise would have been required in the absence of the emergency.”
<b>Washington</b>		No state action.
<b>West Virginia</b>		No state action.
<b>Wisconsin</b>	<a href="#">Wisconsin Act 185</a>	Provides immunity for health care providers (including nursing homes, <a href="#">146.38 (1)(b)</a> , <a href="#">146.81(1)(m)</a> , <a href="#">50.135 (1)</a> ) for “the death or injury to any individual or any damages caused by actions or omissions that...” were committed during the provision of services during the state of emergency declared by Exec. Order 70 or during the 60 days following the termination of the state of emergency. The act or omission must have been in good faith and substantially consistent with the directions, guidance, or recommendation by federal, state or local officials responding to the emergency, as well as “any guidance published by the department of health services, the federal department of health and human services, or any divisions or agencies of the federal department of health and human services relied upon in good faith.” The actions or omissions may not have been reckless, wanton or intentional misconduct.
<b>Wyoming</b>	<a href="#">WY Stat. § 35-4-114</a>	Existing statute allows for “any health care provider or other person, including a business entity, who in good faith follows the instructions of a state, city, town or county health officer or who acts in good faith in responding to the public health emergency is

State	Action	Description
		immune from any liability arising from complying with those instructions or acting in good faith.... This immunity [does] not apply to acts or omissions constituting gross negligence or willful or wanton misconduct.”
	<a href="#">SF 1002</a>	SF 1002 provides liability protection for health care providers, including business entities, following the instructions of a state, city, town, or county health officer in responding to the public health emergency. These actions must be undertaken in good faith, and the immunity does not extend to “acts or omissions constituting gross negligence or willful or wanton misconduct.” Additionally, the act or omission must be tied to complying with the instructions.