## BAKER DONELSON

## **HEALTH CARE PROVIDER LIABILITY DURING THE COVID-19 CRISIS:** LIMITS, IMMUNITIES, CONSIDERATIONS, AND GUIDELINES – BY STATE<sup>1</sup>

STATE	EMERGENCY POWERS (STATUTES)	GUIDELINES FOR ALLOCATION OF SCARCE RESOURCES	LEGAL IMMUNITIES ("GOOD SAMARITAN," ETC.)	EMERGENCY LICENSURE AND CREDENTIALING
ALABAMA	AL Code § 31-9-16: immunity from liability for torts resulting from emergency management activities; declares that emergency management workers (state employees or volunteers), individuals, partnerships, associations, or corporations complying with or reasonably attempting to comply with any order, rule, or regulation promulgated pursuant to the Alabama Emergency Management Act or other precautionary measures enacted by any political subdivision of the state, shall not be liable for injury, death, or damages related to such activity, except in cases of willful misconduct, gross negligence, or bad faith.	<u>Alabama Crisis Standards of Care</u> <u>Guidelines</u>	AL Code § 6-5-332: licensed health care providers who render first aid or emergency care, gratuitously and in good faith, will not be liable for civil damages as a result of acts or omissions in rendering first aid or emergency care, and will not be liable for civil damages as a result of acts or failures to act to provide or arrange for further medical treatment or care for the injured person.	AL Code § 31-9-16: exemptions of emergency management workers from license requirements; establishes that any requirement for a license to practice any professional or other skill shall not apply to any authorized emergency management worker who practices such a profession during an emergency management emergency – for state employees or volunteers.
Florida	FL ST § 252.944: tort liability is only addressed with respect to the commission and the committees for emergency management as being state agencies, and that the members of such are	Pandemic Influenza: Triage and Scarce Resource Allocation Guidelines (DRAFT)	FL ST § 768.13: any person, including those licensed to practice medicine, who gratuitously and in good faith renders emergency care or treatment either in direct response to emergency situations	E.O. 20-52: medical professionals with valid licenses issued by other states may render services in Florida during this emergency for persons affected if such services are rendered free of

<sup>1</sup> This chart identifies information available as of April 6, 2020. Please note that this chart is not intended to be an exhaustive list of all liability limits, immunities, considerations, and guidelines in each state, and confirmation of such is recommended, as states may change their laws and guidelines over time and without notice.

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FLORIDA (CONTINUED)	officers, employees, or agents of the state for the purpose of sovereign immunity in accord with <u>§ 768.28</u> .		related to and arising out of a public health emergency, a state of emergency, or at the scene of an emergency outside a hospital, doctor's office, or other place having proper medical equipment, without objection of the injured victim, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as a reasonably prudent person would have acted under the same or similar circumstances; any health care provider, including a licensed hospital, providing emergency services pursuant to statutory obligations shall not be held liable for civil damages as a result of such medical care or treatment unless such damages result from providing, or failing to provide, medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of another; any person whose acts or omissions are not otherwise covered by this statute and who participate in emergency response activities under the direction of or in connection with a community emergency response team, local emergency management agencies, the Division of Emergency Management, or FEMA is not liable for civil damages as a result of care, treatment, or	charge and under the auspices of the American Red Cross or the Florida Department of Health (§ 7).

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FLORIDA ( <i>continued</i> )			services provided gratuitously in such capacity and resulting from any act or failure to act in such capacity in providing or arranging further care, treatment, or services, if such person acts as a reasonably prudent person would have acted under the same or similar circumstances.	
GEORGIA	Ga. Code Ann. § 38-3-35: neither the state nor any political subdivision of the state, nor the agents or representatives 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; neither the state nor any political subdivision of the state, nor the employees, agents, or representatives thereof, nor any volunteer or auxiliary emergency management activity complying with or reasonably attempting to comply with this Emergency Management chapter, or any order, rule, regulation, or precautionary measure enacted thereby, or pursuant to any ordinance relating to precautionary measures enacted by any political subdivision of the state, shall be liable for the death of or injury to a person or for damage to property as a result of any such activity, except in cases of willful	Sustaining Essential Health Services in a Crisis Care Environment: A Scarce Resource Decision Framework (DRAFT)	Ga. Code Ann. § 31-11-8: no licensed ambulance service provider, or physician advising such ambulance service provider, shall be civilly liable for damages resulting from acts or omissions by such persons in rendering emergency care to a victim (for the physician, the damages cannot be the result of willful or wanton negligence), when said emergency services are performed for no remuneration. Ga. Code Ann. § 51-1-29: any person, including any person licensed to practice medicine and licensed to render services ancillary thereto, who in good faith renders emergency care at the scene of an accident or emergency to the victims thereof without making any charge therefore shall not be liable for any civil damages as a result of any act or omission by such person in rendering emergency care as a result of any act or failure to act to provide or arrange for further medical treatment or care for the injured person.	E.O. 03.23.20.02: allows the grant of temporary licenses to physicians and nurses who apply for a temporary license and are currently licensed equivalently in good standing by corresponding boards in other states to assist with the needs of this public health emergency.

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GEORGIA (CONTINUED)	misconduct, gross negligence, or bad faith.		Ga. Code Ann. § 51-1-29.1: unless it is established that injuries or death were caused by gross negligence or willful or wanton misconduct, no licensed health care provider who voluntarily and without expectation or receipt of compensation provides professional services for and at the request of a hospital, nonprofit organization, or agency of the state, nor the licensed hospital or nonprofit organization, shall be liable for damages or injuries alleged to have been sustained by the person nor for damages for the injury or death of the person when the injuries or death are alleged to have occurred due to an act or omission in the rendering of such services. Ga. Code Ann. § 51-1-29.2: any person and any association, entity, and the officers, employees, and agents of such, when working in coordination and under the direction of an appropriate state agency, who voluntarily and without expectation or receipt of compensation provides services or goods in preparation for, anticipation of, or during a time of emergency as declared by the Governor shall not be civilly liable to any natural person receiving assistance as a result of any act or omission in rendering such service if such person, association, or entity	

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GEORGIA (continued)			<ul> <li>was acting in good faith and unless the damage or injury was caused by the willful or wanton negligence or misconduct of such natural person, association, or entity.</li> <li><u>Ga. Code Ann. § 51-1-29.5</u>: provides definitions for specified terms in related statutes.</li> </ul>	
LOUISIANA	La. Rev. Stat. Ann. § 29:771(B)(2)(c): during a state or 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; "health care provider" is defined as a clinic, person, corporation, facility, or institution – or any employee or agent thereof (La. Rev. Stat. Ann. § 1731.1 ( <i>note: proposed legislation is pending</i> ): medical personnel who, in good faith and regardless of compensation, render or fail to render emergency care, health care services, or first aid during a declared state of emergency when the state of emergency affects the rendering of medical care shall not be liable for any civil damages or injury as a result of any act or omission related to the rendering of or failure to render services, unless the damages or injury were caused by gross negligence or willful and wanton misconduct.	State Hospital Crisis Standard of Care Guidelines in Disasters	La. Rev. Stat. Ann. § 37:1731: a licensed physician, surgeon, physician assistant, or nurse who in good faith gratuitously renders emergency care or services at the scene of an emergency to a person in need shall not be liable for any civil damages as a result of any act or omission in rendering such care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care, unless the damage or injury was caused by willful or wanton misconduct or gross negligence; a licensed physician, etc., who in good faith responds to an imminent life-threatening emergency within a hospital or facility, and whose actual duty in the hospital or facility did not require a response to an emergency situation shall not be liable for civil damages resulting from any act or omission in rendering emergency care or services or from failure to provide or arrange for further medical care or treatment of the person involved, unless the damage or injury was	La. Rev. Stat. Ann. § 29:764(A)(9): allows for the provision of temporary appointment, licensing, or credentialing of health care providers who are willing to assist in responding to the public health emergency (as referenced in <u>State</u> <u>Executive Department Proclamation</u> 25 JBE 2020).

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LOUISIANA (CONTINUED)			caused by willful or wanton misconduct or gross negligence; an on-call physician who gratuitously attends, assists, or treats a patient who comes into an emergency room or department, including any appropriate standard of care treatment necessitated by the patient's emergent condition, shall not be liable for civil damages resulting from any act or omission in rendering the emergency care or service to a patient, with whom there has been no prior relationship or from failure to provide or arrange for further medical care or treatment to such patient unless the damage or injury was caused by willful or wanton misconduct or gross negligence; any physician who is not licensed to practice in Louisiana but who holds a valid license to practice in any other state who gratuitously renders care or services at the scene of an emergency shall not be charged with violation of the Louisiana Medical Practice Act; no EMT who in good faith gratuitously renders emergency care or services at the scene of an emergency to a person in need shall be liable for any civil damages as a result of any act or omission in rendering the care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care.	

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MARYLAND	Maryland Public Safety § 14-3A-06: a health care provider is immune from civil or criminal liability if the health care provider acts in good faith and under a catastrophic health emergency proclamation; "health care provider" is noted to include most health care facilities (§ 14-3A-01(e) (1)-(3)).	Maryland Framework for the Allocation of Scarce Life-Sustaining Medical Resources in a Catastrophic Public Health Emergency A Maryland AG opinion interpreting § 5-603 establishes that it immunizes a "provider who acts in accordance" with mandatory ventilator allocation protocols established by the state and "likely" immunizes clinicians who comply with voluntary state-approved protocols, "regardless of the negative consequences arising from the withdrawal of a patient's ventilator."	Maryland Courts and Judicial Proceedings § 5-603: a licensed health care provider is not civilly liable for any act or omission in giving assistance or medical care if the act or omission is not one of gross negligence, the assistance or medical care is provided without fee or other compensation, and the assistance or medical care is provided at the scene of an emergency, in transit to a medical facility, or through communications with personnel providing emergency assistance; individuals not otherwise covered herein are not civilly liable for any act or omission in providing assistance or medical aid to a victim at the scene of an emergency if the assistance or aid is provided in a reasonably prudent manner, without fee or other compensation, and the individual relinquishes care of the victim when someone who is licensed or certified to provide medical care or services becomes available to take responsibility.	<b>E.O. 9</b> : establishes that licensing, certification, and credentialing of health care practitioners is to be modified to expand the practice capabilities, permissions, and authorizations of those who already hold a Maryland license and those who are licensed in other states; establishes that all licenses, permits, registrations, and other authorizations issued by the state or its agencies that would expire during the state of emergency will be extended until the 30th day after the state of emergency is lifted; allows interstate reciprocity of health care licenses for persons who hold valid, unexpired licenses issued by another state and engage in activities authorized under said license at a health care facility in Maryland if doing so is necessary to allow the health care facility to meet required staffing ratios or to otherwise ensure the continued and safe delivery of health services and if the Health Occupations Article allows the issuance of a temporary license to such person; allows inactive practitioners to engage in activities at health care facilities in Maryland that would have been authorized under the inactive license without reinstating the inactive license if the provider is determined competent to engage in such activities by the facility's supervisory personnel, if

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MARYLAND (CONTINUED)				doing so is necessary to allow the facility to meet required staffing ratios or otherwise ensure the continued and safe delivery of services, and if the person could not reasonably reinstate the inactive license in a sufficient timeframe; expands the scope of practice for health care professionals to allow practitioners to engage in activities not authorized under the practitioner's license if doing so is necessary to allow the health care facility to meet required staffing ratios or to otherwise ensure the continued and safe delivery of services and if qualified supervisory personnel at the facility reasonably conclude that the practitioner can competently engage in such activities and reasonably supervise the practitioner (effective March 16, 2020, until the state of emergency has been terminated) (§§ IV-VI, IX, and XII).
MISSISSIPPI	Miss. Code Ann. § 33-15-21: neither the state nor any political subdivision thereof, nor other agencies, nor the agents, employees, or representatives of any of them, engaged in any emergency management activities, while complying with or attempting to comply with this article or any rule or regulation promulgated pursuant to the provisions of this article, shall be liable for the death of or injury to any persons, or damage to property,	<u>Crisis Standards of Care</u>	Miss. Code Ann. § 73-25-37: no duly licensed health care provider or any other person who, in good faith and in the exercise of reasonable care, renders emergency care to any injured person at the scene of an emergency or in transporting the injured person to a place where medical assistance can reasonably be expected, shall be liable for any civil damages to the injured person as a result of any acts or omissions committed in good faith and in the exercise of reasonable care	Mississippi State Board of Medical Licensure Amended Proclamation of March 24, 2020: establishes that out-of-state physicians are allowed to continue to see patients in Mississippi if they have a pre-existing relationship with the patient.

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MISSISSIPPI (CONTINUED)	as a result of such activity, except in cases of willful misconduct.		by such person in rendering the emergency care to the injured person; the immunity (subsection (1)); except in cases of gross negligence or willful misconduct, civil immunity shall apply to any licensed physician or pharmacist who prescribes or recommends to an eligible patient regarding prescription for or treatment with an investigational drug, biological product, or device under § 41-141- 1, and the applicable State Board shall be prohibited from taking any adverse action against the license of such provider based solely on the provider's actions. <u>Miss. Code Ann. § 73-25-38</u> : any licensed physician, physician assistant, or certified nurse practitioner who voluntarily provides needed medical or health services to any person without the expectation of payment due to the inability of such person to pay for said services shall be immune from liability for any civil action arising out of the provision of such medical or health services provided in good faith on a charitable basis (with the exception of acts of willful or gross negligence) (requires a written waiver in advance of providing care, except in cases rendering emergency care pursuant to § 73-25-37); any licensed physician, physician assistant, or certified nurse	Mississippi State Board of Medical Licensure: extended the deadline for CME to December 31, 2020, and announced that licenses must still be renewed during the renewal period from May 1 through June 30, 2020.

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MISSISSIPPI (CONTINUED)			practitioner assisting with emergency management, emergency operations, or hazard mitigation in response to any emergency who voluntarily provides needed medical or health services without fee or other compensation shall not be liable for civil damages on the basis of any act or omission if the provider was acting in good faith and within the scope of their license, education, and training, and the acts or omissions were not caused from gross, willful or wanton acts of negligence; any physician who voluntarily renders any medical service under a special volunteer medical license under § 73-25-18 without any payment or compensation shall be immune from liability for any civil action arising out of any act or omission resulting from the rendering of the medical service unless the act or omission was the result of the physician's gross negligence or willful misconduct (requires a written or oral agreement in advance); any licensed physician, or any physician who is retired from active practice and who has been previously issued an unrestricted license to practice in any state or who has been issued a special volunteer medical license under § 73-25-18 shall be immune from liability for any civil action arising out of any medical care or treatment provided while voluntarily serving	

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MISSISSIPPI (CONTINUED)			as "doctor of the day" for members of the State Legislature, legislative or other state employees, or any visitor to the State Capitol on the date of such service (with the exception of acts of willful or gross negligence).	
SOUTH CAROLINA	SC Code § 44-4-570: any health care provider appointed during a state of public health emergency must not be held liable for any civil damages as a result of medical care or treatment, including but not limited to trauma care and triage assessment, related to the appointment of the health care provider and the prescribed duties unless the damages result from providing, or failing to provide, medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of the patient; this subsection applies if the health care provider does not receive payment from the state other than as allowed by § 8-25-40 for the appointed services and prescribed duties; if the provider is an employee of the state, the provider may continue to receive compensation from their employer; this subsection applies whether the health care provider was paid, should have been paid, or expected to be paid for the services at the time they were rendered.	South Carolina Prepares for Pandemic Influenza: An Ethical Perspective	SC Code § 15-1-310: any person who in good faith gratuitously renders emergency care at the scene of an accident or emergency to the victim thereof shall not be liable for any civil damages for any personal injury as a result of any act or omission by such person in rendering the emergency care or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the injured person, except acts or omissions amounting to gross negligence or willful or wanton misconduct.	The Board of Medical Examiners and the Board of Nursing have instituted procedures to issue temporary licenses on an expedited basis (by application for out-of-state physicians, physician assistants, respiratory therapists, and non- compact state nurses); South Carolina is part of the Enhanced Nursing Licensure Compact, which allows license reciprocity for RNs and LPNs in 32 other states who have multi-state licenses.

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TENNESSEE	Tenn. Code Ann. § 58-2-107: if the Governor declares an emergency in response to a catastrophic or major disaster, voluntary health care providers, including hospitals and community mental health care centers, participating in the Emergency Management Assistance Compact or Southern Regional Emergency Management Assistance Compact are immune from liability in providing health care to victims, 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; if additional medical resources are required, the Governor, by executive order, may provide limited liability protection to health care providers, including hospitals and community mental health care centers, etc., who render services within the limits of their license, certification, or authorization to victims of such emergencies, provided that this protection may not include any act or omission caused by gross negligence or willful misconduct.	Guidance for the Ethical Allocation of Scarce Resources. During a Community-Wide Public. Health Emergency as Declared by the Governor of Tennessee	Tenn. Code Ann. § 63-6-218: any licensed health care provider or any member of a volunteer first aid, rescue, or emergency squad that provides emergency public first aid and rescue services, who, in good faith, renders or participates in rendering emergency services during a medical emergency, in route to and while at a medical facility, or at a public event, shall not be liable to victims or persons receiving emergency care for any civil damages as a result of an act or omission by such person, or as a result of any act or failure to act to provide or arrange for further medical treatment or care, except for such damages as may result from the gross negligence of the person rendering such emergency care; a receiving medical facility shall not be liable for any civil damages as a result of any act or omission of any member of a volunteer first aid, rescue, or emergency squad that provides emergency public first aid and rescue services while such person is assisting medical personnel at the receiving facility.	E.O. 15 and E.O. 20: Tennessee statutes are suspended to the extent necessary to give the Commissioner of Health the discretion to allow a health care professional who is licensed in another state, and who would otherwise be subject to the licensing requirements of Tennessee, to engage in the practice of such individual's profession in Tennessee, if such individual is a health care professional who is assisting in the medical response to COVID-19, including treating routine or other medical conditions, with form for practicing under this provision as posted on the Tennessee Department of Health's Professional Boards webpage; Tenn. Code Ann. § 68-11-201(20) is suspended to the extent necessary to allow health care professionals who would otherwise be subject to licensing requirements to provide localized treatment of patients in temporary residences; Nurse Practitioner and Physician Assistant requirements for certain prescription collaboration requirements are relaxed; existing health care professional licenses that are set to expire during the time of the E.O. will carry over and can be renewed, without fine or penalty, within three months from the expiration date; initial health care license fee and notary requirements are suspended;

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TENNESSEE (CONTINUED)				the Commissioner of Health has authority to grant a license, certificate, or registration to a health care professional who has been out of practice (e.g., retired) for a period of time without requiring demonstration of continued competency or licensing board interview, provided that the individual satisfies all other requirements for licensure, certification, or registration; proof of completion of continuing education or demonstration of continuing competence requirements for reinstatement of a health care provider's license, certification, or registration are suspended; Department of Health inspections or investigations of various facilities are suspended (however, the Department of Health reserves the right to inspect or investigate, in their sole discretion, when public health, safety, or welfare necessitates); hospital Certificate of Need requirements are suspended to the extent necessary to temporarily increase the number of licensed hospital beds at any location or temporarily establish hospital and diagnostic services at any location, if necessary for the treatment of COVID-19 patients, and to the extent necessary to facilitate other authorized activities; health care professionals who are licensed in another state who are authorized to

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TENNESSEE (continued)				temporarily practice in Tennessee are permitted to engage in telemedicine services with patients in Tennessee to the extent the scope of practice of the applicable professional license in this state would authorize the professional to diagnose and treat patients; prohibitions on telemedicine services by pain management clinics are suspended; telehealth services restrictions of Tenn. Code Ann. § 63-1-155(a)(1) are suspended, regardless of the provider's authority to diagnose (¶ 2, 4-7, 10, 38).
TEXAS	Tex. Code Ann. § 418.043(18): requires the Texas Division of Emergency Management to establish a liability awareness program for volunteers, including medical professionals, for emergency management ( <i>but note: the confines of</i> <i>the extent of liability are not indicated</i> <i>in the statute</i> ).	No relevant guidelines found	Tex. Code Ann. § 74.151: a person who in good faith administers emergency care is not liable for civil damages for an act performed during the emergency, unless the act is willfully or wantonly negligent; this section does not apply to care administered for or in expectation of remuneration.	The Texas Medical Board is automatically extending license and permit expiration dates for physicians, physician assistants, respiratory care practitioners, surgical assistants, and others; continuing education requirements related to the renewal extension will be waived. The Texas Medical Board, pursuant to Tex. Code Ann. § 172.20 and § 172.21, is allowing out-of-state physicians and other types of health care professionals to obtain a limited emergency licenses or hospital-to- hospital credentialing.
VIRGINIA	VA Code Ann. § 44-146.23: neither the Commonwealth nor any political subdivision thereof, nor federal agencies, nor other public or private agencies, nor, except in the cases of willful misconduct, public or private employees, nor	Critical Resource Shortages Planning Guide, with Hospital Template (note: VA Code Ann. § 8.01-225.02 discusses liability immunities when resource shortages exist)	VA Code Ann. § 8.01-225: any person who, in good faith, renders emergency care or assistance, without compensation, to any ill person at an emergency scene, at a screening location, or en route to a hospital, medical clinic, or doctor's office,	The <u>Department of Health</u> <u>Professions</u> issued a waiver of requirements for reinstating or reactivating licenses for physicians, physician assistants, and respiratory therapists who held unrestricted active licenses that were issued within the

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VIRGINIA (CONTINUED)	representatives of any of them, engaged in any emergency services activities, while complying with or attempting to comply with this chapter or any rule, regulation, or executive order promulgated pursuant to the provisions of this chapter, shall be liable for the death of, or any injury to, persons or damage to property as a result of such activities; representatives of public or private employees shall include but not be limited to volunteers in state and local services who serve in a Medical Reserve Corps unit or on a Community Emergency Response Team; if any person holds a license, certificate, or other permit issued by any state evidencing the meeting of qualifications for professional skills, the person, without compensation other than reimbursement for actual and necessary expenses, may render aid involving that skill in the Commonwealth during a disaster, and such person shall not be liable for negligently causing the death of or injury to any person; no legal entity or any representative or agent thereof who, provides services or facilities pursuant to a Governor- declared emergency and at the request and direction of the State Department of Emergency Management or a county or city employee whose responsibilities include emergency management,		shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care or assistance. <u>VA Code Ann. § 8.01-225.02</u> : in the absence of gross negligence or willful misconduct, any health care provider who responds to a disaster shall not be liable for any injury or wrongful death of any person arising from the delivery or withholding of health care when a state or local emergency has been declared and the emergency and subsequent conditions caused a lack of resources, attributable to the disaster, rendering 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 and which resulted in the injury or wrongful death at issue.	past four years. The <b>Board of Medicine</b> is streamlining its licensing process for physicians, surgeons, physician assistants, podiatrists, and respiratory therapists; the process for license verification now allows for immediate verification. <b>E.O. 42</b> and <b>E.O. 51</b> : a license issued to a health care practitioner by another state, and in good standing with such state, shall be deemed to be an active license issued by the Commonwealth to provide health care or professional services as a health care practitioner of the same type for which such license is issued in another state, provided such health care practitioner is engaged by a hospital, licensed nursing facility, or dialysis facility in the Commonwealth for the purpose of assisting that facility with public health and medical disaster response operations (and hospitals, nursing facilities, and dialysis facilities must submit out-of- state practitioner information to the applicable licensing authority in the Commonwealth).

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VIRGINIA (continued)	without compensation other than reimbursement for actual and necessary expenses, shall be liable for the death or injury to any person where such death or injury was proximately caused by the circumstances of the actual emergency (with an exception that the immunities shall not preclude liability for civil damages as a result of gross negligence, recklessness, or willful misconduct).			
WASHINGTON, D.C.	D.C. Code Ann. § 7-2304.01 (note: proposed legislation is pending): a public health emergency executive order may include terms that exempt licensed health care providers, either from D.C. or other jurisdictions, from civil liability for damages for any actions taken within the scope of the provider's employment or voluntary service to implement the provisions of the D.C. response plan, except in instances of gross negligence, and solely for actions taken during the public health emergency (but note: the confines of the extent of liability are not indicated in the statute).	Modified Delivery of Critical Care Services in Scarce Resource Situations	D.C. Code Ann. § 7-401: any person who in good faith renders emergency medical care or assistance to an injured person at the scene of an emergency outside of a hospital, without the expectation of receiving or intending to seek compensation from such injured person for such service, shall not be liable in civil damages for any act or omission, not constituting gross negligence, in the course of rendering such care or assistance; if the Mayor declares a state of emergency pursuant to § 7-2304, any act or omission of a paramedic or EMT performed while providing life support shall not impose liability on the provider so long as the care was provided in good faith and does not constitute gross negligence.	D.C. Health Regulation & Licensing Administration, Administrative Order 2020-02: licensure, registration, or certification requirements, permits, and fees shall be waived for health care practitioners appointed as temporary agents; any provider licensed in their home jurisdiction in their field of expertise who is providing health care in the District shall be deemed a temporary agent of the District so long as they are providing health care services to patients at licensed facilities or so long as the provider has an existing relationship with a patient who has returned to the District and the provider is providing continuity of care services to the patient via telehealth; any facilities utilizing the services of a temporary agent is responsible for verifying their credentials and license status to ensure compliance and must maintain a list of temporary agent providers.