



September 22, 2021

Public Health Emergency Order Addendum: Information Sheet

On September 22, Alaska Department of Health and Social Services Commissioner Adam Crum signed an addendum to his Public Health Emergency Order No. 1 (PHEO 1). The Commissioner's Public Health Emergency Order Powers were given by the Alaska Legislature when it passed House Bill 76 this year and was signed into law by Governor Mike Dunleavy.

PHEO 1 was issued by Commissioner Crum on April 30 and declared the State of Alaska was under a Public Health Emergency due to COVID-19.

The addendum to PHEO 1 articulates the limited liability for providers conducting crisis standards of care in Alaska while the state is under a public health emergency. The purpose of this document is to explain the addendum to the public.

This addendum is **NOT**:

- A state disaster declaration
- A mandate
- An action requiring new legislation

This addendum **IS**:

- An **enabling document** articulating the limited liability for providers acting in good faith in a time of limited resources. The limited liability protection was authorized by the Legislature upon the passage of House Bill 76.
- An addendum recognizing current COVID-19 cases and hospitalizations:
 - It articulates the good-faith effort immunity for hospitals, facilities and providers acting on behalf of the state.
 - This immunity does not apply to an act or omission that constitutes gross negligence, reckless misconduct or intentional misconduct.

This addendum is necessary **because**:

Alaska does not have Crisis Standards of Care in statute like many other states do. While some hospitals may have their own ability to do this, the addendum to PHEO 1 and attachments describes the process for providers to follow in order to act on behalf of the state and be covered by the civil liability clause passed by the Legislature in HB76.

What are Crisis Standards of Care (CSC)?

- Crisis Standards of Care give ethical guidelines to health care providers when they have too many patients and not enough resources to care for them all. If a hospital or facility thinks they need CSC, they can notify DHSS and the Crisis Care Committee (CCC) – made up of 15 people from around the state – will meet and help provide guidance on alternative strategies and other tools that may be available.
- CSC really means that the usual, expected level of care may be modified (Example: An intensive care unit nurse would normally only have two patients, but could be assigned three patients to maximize personnel)
- Some health care triaging steps have become commonplace during the pandemic, with hospitals postponing elective surgeries and some physicians switching to online visits rather than seeing patients in person. But more serious steps — such as deciding which patients must be treated in a normal hospital room or intensive care unit bed, and which patients can be cared for in a hospital lobby or classroom – have been rare.