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911 Caller COVID-19 Disclosure

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Executive Summary

This white paper discusses the legal framework surrounding public safety answering points (PSAPs) and emergency call centers (ECCs) screening callers for COVID-19 status, and whether telecommunicators may disclose callers' status to first responders. **This document should not be construed as legal advice, and PSAP officials should consult with counsel to ensure that their practices are consistent with applicable federal, state, and local law.**

First, if a caller voluntarily shares COVID status information, this often satisfies relevant compliance requirements. Second, the Health Insurance Portability and Accountability Act (HIPAA) likely does not apply to PSAP/ECCs regarding a caller's COVID-19 status. Finally, PSAP/ECCs should work with local public health authorities to implement privacy best practices.

The white paper also includes a 50-state chart mapping current PSAP/ECC practices around screening callers and state health privacy laws that may be applicable to PSAP/ECC COVID-19 caller queries.

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Discussion

In the ongoing COVID-19 pandemic, state and local governments must balance individual privacy with protecting public health and safety. To strike this balance, public safety answering points (PSAPs), also known as emergency call centers (ECCs), who seek to protect first responders by relaying a caller's COVID-19 (confirmed or suspected) positive status must also consider the relevant privacy laws and principles.

First, the source of the COVID-19 status information is of particular importance; if the caller voluntarily shares status information, this often satisfies relevant compliance requirements. Second, the Health Insurance Portability and Accountability Act (HIPAA) likely does not apply to PSAP/ECCs with regard to a caller's COVID-19 status because they are not "covered entities." Even if it did, the PSAP/ECCs could relay the information under the public health authority disclosure exception. The Center for Disease Control (CDC) recommends that PSAP/ECCs question callers about possible SARS-CoV-2 (COVID-19) infection or exposure. Finally, in light of this framework, PSAP/ECCs should work with local public health authorities to implement privacy best practices.

I. PSAP/ECCs can likely relay caller-disclosed COVID-19 status to first responders without violating health privacy laws.

Flow of information is central to determining compliance with most privacy laws. The flow of information concerns (1) what the information is, (2) who the information is about, (3) who is sharing that information, and (4) with whom. Even where a law may prevent a doctor from disclosing one's test results to a third party, the patient may disclose her results however she wishes.

In the PSAP/ECC context, this means that PSAP/ECCs may not be able to get COVID-19 status information from the doctor or hospital, but they may receive that same information from a willingly disclosing caller. Therefore, if callers voluntarily share their COVID-19 status with the PSAP/ECC, then that information sharing will often be legal.[1] Moreover, with respect to state laws, HIPAA sets the floor for health privacy, allowing states to enact stronger laws. In other words, if a specific state has a law that protects health information outside of the healthcare context, there is almost always a consent exception.[2]

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[1] *See, e.g.*, Mich. Admin. Code R. 325.181 (providing consent exception to general ban on disclosing health information); Tex. Health & Safety Code Ann. § 81.046 (c)(5), (7) (consent and public health exceptions).

[2] See discussion *infra*, Part V.

On the other hand, the challenges exist where a caller does not disclose information directly to the PSAP/ECC. This includes circumstances where a PSAP/ECC gets a caller's COVID-19 status from another source such as a local public health department database that is not publicly available.[3] Further, some state laws may prevent public health authorities from granting PSAP/ECCs blanket access to a COVID-19 infection database.[4]

Thus, simply asking callers for information is likely to improve the likelihood of complying with the relevant law in many jurisdictions. Of course, this may present the risk of COVID-19 exposure for first responders in the event of callers self-reporting false negatives. Because callers may not be forthcoming in disclosing that they have COVID-19, the risk of exposure for first responders may not be clear. On the other hand, those risks should be mitigated by best practices of universal caution—given asymptomatic carriers and non-universal testing, it would be best practice for first responders to take virus exposure mitigation precautions for every caller, and follow CDC guidelines.[5]

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[3] *See, e.g., Georgia OEMS COVID-19 Guidance for First Responders (EMS, Fire, Law Enforcement)*, Ga. Dep't Pub. Health, https://dph.georgia.gov/EMS/oems-covid-19 (last updated April 4, 2020) (noting that Georgia Emergency Management and Homeland Security will share access to the Department of Public Health's COVID-19 database with Georgia PSAPs "so that any first responder being dispatched to an address with a confirmed case…will be notified oof the presence of the confirmed case at the address."); *see also ND EMS Update – COVID-19,* N.D. Health (Mar. 28, 2020) https://www.health.nd.gov/media/2428/03282020_ems_update.pdf (The North Dakota Health Department has implemented a non-disclosure agreement with PSAP employees, "in order to initiate the release of address locations for individuals with a positive COVID-19 test to ND PSAPs."). *Contra* Utah Code Ann. § 26–6–27 (prohibiting such a database).

[4] *See, e.g.*, Tex. Health & Safety Code § 81.001 et seq. (allowing hospitals to share communicable disease information with EMS providers in close contact with the patient); *contra* Mich. Admin. Code R. 325.181 (preventing disclosure to public unless the local health officer determines that it is necessary to protect the public health; "Medical and epidemiological information which identifies an individual and which is gathered in connection with an investigation is confidential and is not open to public inspection without the individual's consent or the consent of the individual's guardian, unless public inspection is necessary to protect the public health as determined by a local health officer or the director.").

[5] The CDC recommends the implementation of universal PPE use in areas with moderate to substantial community transmission. *See Guidance for EMS*, CDC,

II. PSAP/ECCs are not covered by HIPAA.

Despite a common misconception that HIPAA restricts what PSAP/ECCs can do, those entities typically are not governed by HIPAA. PSAP/ECCs are not governed by HIPAA because they do not accept insurance, and are therefore not a 'covered entity.'

For HIPAA requirements to apply to an organization, (1) the organization must be (1) a defined "covered entity," (2) that processes health insurance, and (3) shares information that qualifies as protected health information (PHI). Although PSAP/ECCs potentially handle PHI that is individually identifiable, the other two elements are not satisfied. First, PSAP/ECCs are likely not "covered entities"[6] as defined by HIPAA. While emergency medical services are likely "covered entities" because they process health insurance, this does not mean that the dispatch services are covered.[7] Second, PSAP/ECCs do not process health insurance.

Even if HIPAA applied to a PSAP/ECC, the U.S. Department of Health and Human Services (HHS) Office for Civil Rights issued guidance that permits COVID-19 status disclosure to first responders under the public health authority permitted disclosure. [8] According to the guidance, "a covered entity [under

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https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html [hereinafter CDC EMS Guidance] (also recommending that first responders wear the required PPE when in contact with COVID-19 positive person; where the information regarding one's COVID-19 status is unavailable, the CDC recommends "EMS personnel should exercise caution when responding to any patient," and all patients should wear masks if possible).

[6] "Covered entities" are healthcare clearinghouses, health plans, and healthcare providers that transmit health information electronically in electronic form in connection with a transaction that HIPAA covers (i.e. processing health insurance). *See* 45 C.F.R. § 160.103. Since PSAP/ECCs are none of these, they are not covered entities.

[7] PSAP/ECCs are not covered entities because they do not fall into any of the three categories provided in the statute. *See* 45 C.F.R. § 160.103. HIPAA also extends to "business associates" of covered entities, but PSAP/ECCs do not fall within that either. *See id.*

[8] *COVID-19 and HIPAA: Disclosures to law enforcement, paramedics and other first responders and public health authorities,* U.S. Dep't Health & Hum. Services Off. C.R., https://www.hhs.gov/sites/default/files/covid-19-hipaa-and-first-responders-508.pdf (last visited Dec. 1, 2020) [hereinafter HHS Guidance]; 45 C.F.R. § 164.512 (b) ("A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling

HIPAA] may disclose PHI to a first responder who may have been exposed to COVID-19, or may otherwise be at risk of contracting or spreading COVID-19, if the covered entity is authorized by law, such as state law, to notify persons as necessary in the conduct of a public health intervention or investigation."[9] This implicitly includes disclosures at the direction of the public health authority.[10]

Moreover, HIPAA lacks a private right of action.[11] This means that individual callers cannot sue for violations of HIPAA.[12] Instead, HHS is the sole enforcer of the HIPAA Privacy and Security rules. Thus, the HHS guidance signaling that disclosure would be permissible under the public health exception is evidence that HIPAA compliance should not be a significant concern for disclosure to first responders at the direction of public health authority or part of a public health intervention.[13]

Where the public health authority exception might not apply, HHS permits disclosure (a) where necessary to provide treatment, (b) when first responders are at risk of infection, and (c) to prevent or lessen serious and immediate threat to public health.[14] Therefore, if the rationale for the disclosure of the caller's COVID infection falls into one of these three exceptions, the disclosure would be permissible.

Moreover, the CDC recommends that the COVID-19 status information be shared with first responders. The CDC recommends that "911 Public Safety Answering Points/Emergency Communication Centers (PSAP/ECCs) should question callers and determine whether the call concerns a person who might

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disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority").

[9] HHS Guidance at 2.

[10] *See id.*

[11] *See* 42 U.S.C. § 1320d-5.

[12] *Id.*

[13] However, it should be noted that this is merely guidance and HHS is not legally bound to follow it. PSAP/ECCs should continue to check updated HHS guidance.

[14] HHS Guidance at 2 (citing 5 C.F.R. § 164.512(j)). *See also FAQs COVID-19 and Health Data*, Network for PHL. https://www.networkforphl.org/resources/faqs-covid-19-and-health-data-privacy/#Framework (last visited Dec. 1, 2020).

have SARS-CoV-2 infection (e.g., ask about signs and symptoms of COVID-19 or recent close contact with someone with SARS-CoV-2 infection)." [15] That information should be relayed to the first responders before their arrival to limit the number of exposed personnel.[16] The CDC also recommends that all individuals wear masks when it is possible.[17] The CDC also recommends that the PSAP/ECCs consult the local or state health department regarding protocols.[18]

III. Recommendations for PSAP/ECCs.

As best practices, PSAP/ECCs should consult with relevant state health authorities, as well as stay up-to-date with CDC and HHS guidance.[19] Also, PSAP/ECCs should remind telecommunicators of the duty of confidentiality in the context of caller COVID-19 status.[20] Additionally, PSAP/ECCs should follow information privacy best practices to minimize privacy harms to the caller as directed by their legal support.

Collection limitation. PSAP/ECCs should limit the collection of data by discontinuing COVID-19 queries when no longer appropriate based on local health authority and CDC guidance.

Data quality. PSAP/ECCs collecting information about COVID-19 status should ensure that it is as accurate as possible. This can be achieved by updating query protocol per CDC and local health authority recommendations as understanding of the virus evolves.

Purpose specification and use limitation. PSAP/ECCs collecting information about COVID-19 exposure should specify the purpose for that collection. For example, if circumstances allow, the telecommunicator should make sure to convey to the caller that the telecommunicator will convey the caller's COVID-19 status information to the first responder(s). Ideally, the only purpose for that collection is to protect public health and safety by limiting spread to first

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[15] CDC EMS Guidance.

[16] *Id.*

[17] *Id.*

[18] *Id.* In addition to PSAP/ECC screening, the CDC recommends that EMS personnel ask the patient when arriving on site about possible SARS- CoV-2 infection. This is a different information flow, the information collected by the EMS provider would likely be covered by HIPAA.

[19] *See* HHS Guidance at 4.

[20] *See, e.g.*, *COVID-19 and Confidential Information*, Mass. 911 Dep't https://www.mass.gov/doc/here-10/download.

responders. There should not be any subsequent use of the caller's COVID-19 information that is not within the specified purpose, unless the caller provides consent or the PSAP/ECC has legal authority to use the data for other purposes.

Security safeguards. PSAP/ECCs should have in place reasonable security safeguards to keep the caller's COVID-19 status private. This includes limiting access to status information, destroying the information after use where retention is not required by public records or related laws, and limiting disclosure—to the extent permitted by other law, regulation, or policy. Additionally, dispatch relaying information about a caller's COVID-19 status should use a secure, non-public radio channel.[21]

Transparency. PSAP/ECCs should have a general policy of openness about developments, practices, and policies regarding the collection of a caller's COVID-19 status. Because it is not practical to relay this information to the caller in an emergency, the PSAP/ECCs should work with local authorities to make this information publicly available, such as on the PSAP/ECC or city website. For example, this could include notice whether the caller's COVID-19 status is included in mandatory record-keeping.

Accountability. Finally, in line with privacy best practices, PSAP/ECCs should be accountable for complying with measures that give these principles effect. For example, this could include reporting requirements by the PSAP/ECCs.

IV. State laws and practices relevant to PSAP/ECC COVID-19 disclosure

Below is a chart (updated as of December 3, 2020) intended to assist PSAP/ECCs with locating resources to assist in compliance with local laws. **It is not guaranteed to be exhaustive and readers should not rely on it as legal guidance.** As of December 3, 2020, most states, if not all,[22] were screening callers for COVID-19 infection or exposure. Additionally, only a handful of states—North Carolina and Texas—appeared to have state-level health privacy laws that impact PSAP/ECC disclosure of a caller's COVID-19 status to first responders. Nevertheless, it is important that all PSAP/ECCs follow the guidance of their local public health departments and authorities.

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[21] *See, e.g.*, Georgia's approach: "The case information must not be broadcast on an open channel and must only be made available to the individuals responding to the call." *Contra* N.C. Gen. Stat. §130A-143 (potentially requiring secure communications, but unclear here how it interacts with HIPAA).

[22] Delaware, Pennsylvania, Idaho, South Dakota, Tennessee, Vermont, and Washington did not have publicly available information indicating that their PSAP/ECCs are screening callers for COVID-19 infection or exposure. However, this does not indicate that they are not screening.

State	Is there a health privacy law that applies to PSAP/ECC 9-1-1 calls that document provided COVID-19 status information?[23]	Are local PSAP/ECCs screening callers for their COVID-19 status?[24]
Alabama	No	Yes[25]
Alaska	No	Yes[26]
Arizona	Yes[27]	Yes[28]
Arkansas	No	Yes[29]

[23] In other words, does the state law cover PHI that would not be covered by HIPAA? Is there a state law that would apply to PSAP/ECCs? This does not necessarily include all state-level administrative regulations, so PSAP/ECCs should consult with their local health departments to ensure compliance.

[24] A "yes" in this column indicates that at the very least the local health department or the state government generally is encouraging local PSAP/ECCs to implement the CDC guidelines to screen callers for COVID-19 status.

[25] *COVID-19-related Resources for Policy and Decision Makers*, Ala. 911 Board (Feb. 28, 2020) https://al911board.com/sites/default/files/2020.02.28%20COVID-19%20Information%20Resource.pdf.

[26] *Information for EMS on COVID-19,* Alaska Dep't Health & Soc. Services https://content.govdelivery.com/accounts/AKDHSS/bulletins/27c7ec5.

[27]Ariz. Rev. Stat. § 36-664. This statute requires confidentiality regarding communicable disease related information that is obtained from a health care provider, but allows the same exceptions as HIPAA. Thus, it is unlikely that this law would even apply to PSAP/ECCs—for the law to apply the PSAP would have to get that information from the health care provider—and even if it applied, the HIPAA public safety exception would still permit the disclosure.

[28] *COVID-19 Resources for PSAPs,* Ariz. 9-1-1 Program, https://az911.gov/covid-19

[29] *COVID-19 Guidance for EMS,* Ark. Dep't Health, https://www.healthy.arkansas.gov/programs-services/topics/covid-19-guidance-for-ems

California	No	Yes[30]
Colorado	No	Yes[31]
Connecticut	No	Yes[32]
Delaware	No[33]	Unclear
Florida	No	Yes[34]
Georgia	No	Yes[35]
Hawaii	No	Yes[36]
Idaho	No	Unclear[37]

[30] *Interim Emergency medical Services Guidelines for COVID-19*, Emergency Med. Services Authority, https://emsa.ca.gov/wp-content/uploads/sites/71/2020/03/COVID-19-Memo-to-EMS-Partners-007-1.pdf.

[31] *COVID-19 Resources Page,* Colo. 911 Program, https://sites.google.com/state.co.us/colorado911program/covid-19-resources#h.1g0p89ve1xun.

[32] *Connecticut COVID-19 Response: Information for First Responders*, Conn. https://portal.ct.gov/Coronavirus/Pages/Public-Health-Resources/First-Responders Also provides citation to HHS Guidance about HIPAA compliance.

[33] 16 Del. Code § 1212 (permitting disclosures of PHI that are also permitted by federal law).

[34] *Covid-19 Recommendations for 911 Public Safety Answering Points,* Fla. Health https://flnena.starchapter.com/images/downloads/covid19_911_psap_inforgraphic_3_5_20__002_.pdf .

[35] *Georgia OEMS COVID-19 Guidance for First Responders (EMS, Fire, Law Enforcement)*, Ga. Dep't Pub. Health, https://dph.georgia.gov/EMS/oems-covid-19 (last updated April 4, 2020).

[36] *See, e.g., What Happens on the Other End of Your 911 Call*?*,* Honolulu Emergency Services Dep't https://www.honolulu.gov/esdems/emscalling911.html (noting callers to "anticipate COVID-19 screening questions when calling Honolulu EMS").

[37] The researcher did not find state or local statements publicly endorsing the CDC approach of screening callers for COVID-19 exposure. However, the state Coronavirus website refers visitors to CDC guidance generally, so it is likely they state and local authorities are also following CDC guidance with respect to PSAP screening. *See Resources,* Idaho https://coronavirus.idaho.gov/idaho-resources/ Check with local health department for more information.

Illinois	No	Yes[38]
Indiana	No	Yes[39]
Iowa	No	Yes[40]
Kansas	No	Yes[41]
Kentucky	No	Yes[42]
Louisiana	No	Yes[43]
Maine	No	Yes[44]
Maryland	No	Yes[45]

[38] *Updated EMS Guidance*, Ill. Dep't Pub. Health, https://www2.illinois.gov/sites/sfm/CurrentFocus/Documents/20200310_Updated_EMS_First_Response_.pdf (last updated Mar. 10, 2020) ("Development of these modified caller queries should be closely coordinated with an EMS medical director and informed by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC").

[39] *COVID-19 Guidance for Public Safety Answering Points (PSAPs)*, Ind. State Dep't of Health https://www.in.gov/isdh/files/IN_COVID-19_PSAPs%2003.11.2020.pdf.

[40] 2019 Novel Coronavirus (COVID-19)Fact Sheet for 911 Answering Points, Iowa Dep't Pub. Health, https://idph.iowa.gov/Portals/1/userfiles/7/PSAP%20Guidance%20COVID%2003192020.pdf.

[41] *COVID-19 PSAP Resources,* Kan. 911 https://www.kansas911.org/covid-19-psap-resources/ (also citing to the HHS HIPAA guidance).

[42] *911 COVID-19 Clearinghouse*, Ky. 911 Services Board https://app.smartsheet.com/b/publish?EQBCT=116fb04ef0ad44eba6e06a0b01746cb3

[43] *See Louisiana Interoperability Newsletter*, La. Governor's Off. Homeland Security & Emergency Preparedness https://gohsep.la.gov/ABOUT/UNIFIED-COMMAND-GROUP/Interoperability-Subcommittee/SIEC/Interoperability-Newsletter.

[44] *Coronavirus (COVID-19) EMS Resource Page*, Maine EMS https://www.maine.gov/ems/protocols-resources/coronavirus.

[45] *Infectious Diseases Program: Resources*, Institute for Emergency Services Systems, http://www.miemss.org/home/infectious-diseases

Massachusetts	No	Yes[46]
Michigan	Yes[47]	Yes[48]
Minnesota	No	Yes[49]
Mississippi	No	Yes[50]
Missouri	No	Yes[51]
Montana	No	Yes[52]

[46] *COVID-19 Update,* Massachusetts State 911 Dep't https://www.mass.gov/doc/here-8/download.

[47] Mich. Admin. Code R. 325.181 ("Medical and epidemiological information which identifies an individual and which is gathered in connection with an investigation is confidential and is not open to public inspection without the individual's consent or the consent of the individual's guardian, unless public inspection is necessary to protect the public health as determined by a local health officer or the director."). Michigan PSAP/ECCs should thus (1) get consent to disclose the COVID-10 screening information, and/or (2) get determination from the local health officer or director that the disclosure is necessary to protect public health.

[48] *Updated Guidance on PSAP/EMD Focused Screening for COVID-19 and EMS-Related Communications*, MDHHS Bureau of EMS, Trauma, and Preparedness (Mar. 11, 2020) https://www.michigan.gov/documents/mdhhs/Communication_to_EMS_PSAPS_EMD_Revison_2_Final_3.11.2020_683597_7.pdf.

[49] *See What's different about 911 calls during the COVID-19 emergency?* Dep't of Pub. Safety Blog (Mar. 26, 2020) https://dps.mn.gov/blog/Pages/20200326-911-calls-covid-19-emergency.aspx.

[50] *See COVID-19 EMS Response and Treatment Guidance*, Miss.State Dep't of Health, https://msdh.ms.gov/msdhsite/handlers/printcontent.cfm?ContentID=22027&ThisPageURL=http%3A%2F%2Fmsdh%2Ems%2Egov%2Fmsdhsite%2Findex%2Ecfm%2Findex%2Ecfm&EntryCode=22027&GroupID=47.

[51] *See COVID-19 Resources,* Mo. Dep't of Health & Senior Services https://health.mo.gov/safety/ems/index.php (providing link to CDC Guidance).

[52] *See Coronavirus Disease 2019 (COVID-19): Infection Control and EMS Guidance* https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt#9247810172-infection-control-and-ems-guidance (providing link too CDC Guidance).

Nebraska	No	Yes[53]
Nevada	No	Yes[54]
New Hampshire	No	Yes[55]
New Jersey	No	Yes[56]
New Mexico	No	Yes[57]
New York	No	Yes[58]
North Carolina	Yes[59]	Yes[60]

[53] *Coronavirus Disease 2019 (COVID-19) Emergency Medical Services (EMS) Guidance,* Neb. DHHS http://dhhs.ne.gov/OEHS%20Program%20Documents/EMS%20COVID%2019%20Statement%20Final.pdf.

[54] Emergency Medical Systems (EMS),Dep't of Health and Hum. Services Nev. Division Pub. & Behavioral Health http://dpbh.nv.gov/Reg/EMS/EMS-home/

[55] *See Emergency Protocol–COVID-19*, N.H. Dep't of Safety, Division of Fire Standards & Training & Emergency Med. Services https://nasemso.org/wp-content/uploads/NH-COVID-19-Protocol-alternative-transport-options.pdf

[56] *PSAP Planning for COVID-19,* N.J. Off. Info. Tech., Off. Emergency Telecomms. Services https://www.nj.gov/911/home/highlights/alerts.html

[57] *See COVID-2019 Preparedness and Guidance for 911 Call Centers, 911 EMS Response, Decontamination, and Transfer of Highly Suspected or Confirmed COVID-19 Patients,* N.M. Emergency Med.l services https://www.nmhealth.org/publication/view/guide/5650/

[58] *Information Bulletin on COVID-19 for 9-1-1 Public Safety Answering Points*, N.Y. Dep't of Health (Mar. 18, 2020) http://dmna.ny.gov/covid19/docs/all/DOH_COVID19_911PSAPGuidance_031820.pdf

[59] N.C. Gen. Stat. §130A–143. This statute bans disclosure, but delineates exceptions. Under this law, the disclosure could occur where "release is necessary to protect the public health and is made as provided by the Commission in its rules regarding control measures for communicable diseases and conditions." *Id.*

[60] *High Consequence Pathogens*, N.C. Off. Emergence Med. Services https://www.ncems.org/latest/latest-sc2-respiratory-disease-uneditable.pdf (at least advising COVID-19 screening ono calls that require and emergency medical response).

North Dakota	No[61]	Yes[62]
Ohio	No	Yes[63]
Oklahoma	Yes[64]	Yes[65]
Oregon	No	Yes[66]

[61] N.D. Cent. C. §23–01.3-04. This law permits disclosures to "a public health authority" when it (a) has a "specific nexus" between the person's identity and "a threat of a specific disease…or to the public health", and (b) the disclosure of their identity allows "the public health authority to prevent or significantly reduce the possibility of disease, injury or death to any individual or the public health." However, the scope of this paper is whether PSAP/ECCs are able to disclose caller status information to *first responders.* This statute permits disclosure to public health authorities, which likely does not include first responders. *See* N.D. Cent. C. §23–01.3–01 (defining "public health authority").

[62] *ND EMS Update – COVID-19,* N.D. Health (Mar. 28, 2020) https://www.health.nd.gov/media/2428/03282020_ems_update.pdf; *EMS Management and Transport Considerations: COVID-19 (coronavirus)*, N.D. Health (Mar. 19, 2020) https://nasemso.org/wp-content/uploads/EMS-Management-and-Transport-Considerations-COVID-19-ND.pdf.

[63] *Police/EMS – COVID-19 Checklist*, Oh. Dep't of Health (Mar. 19, 2020) https://coronavirus.ohio.gov/wps/portal/gov/covid-19/checklists/english-checklists/police-ems-covid-19-checklist.

[64] *See* 63 Okl. St. § 1–502.2. This statute permits the disclosure to first responders at risk of exposure to the disease. Additionally, release of the information is permitted where "release is necessary as determined by the State Department of Health to protect the health and well-being of the general public and such release is authorized." *Id.*

[65] *See COOP Plan Examples*, Okla. 9-1-1 Management Authority https://www.ok.gov/911/Resources/COVID_-_19_PSAP_Resources_/index.html (encouraging PSAPs to include COVID-19 screening questions into call protocols); *see also* 63 Okl. St. §1–502.1(requiring state agencies employing first responders, among others, to implement certain CDC guidance about the spread of communicable diseases).

[66] *COVID-19 Crisis Care Guidance for Emergency Medical Services Surge,* Oregon Emergency Medical Services https://nasemso.org/wp-content/uploads/Oregon-Crisis-Care-Guidance-EMS.pdf

Pennsylvania	No	Likely[67]
Rhode Island	No	Yes[68]
South Carolina	No[69]	Yes[70]
South Dakota	No	Unknown[71]
Tennessee	No	Likely[72]
Texas	Yes[73]	Yes[74]
Utah	No	Yes[75]
Vermont	No	Unknown[76]
Virginia	No	Yes[77]

[67] *See COVID-19 Resource Center*, Ambulance Assoc. Penn. https://www.aa-pa.org/covid-19 (citing to CDC Guidance).

[68] *Coronavirus Disease 2019 (COVID-19) Information for EMS Providers*, R.I. Health https://health.ri.gov/diseases/ncov2019/for/ems/.

[69] *See* S.C. Code Ann. § 44–4–560 (permitting disclosure to "appropriate state or federal agencies or authorities when necessary to protect public health").

[70] *First Responders (COVID-19)*, S.C. DHEC https://scdhec.gov/covid19/guidance-healthcare-professionals-covid-19/first-responders-covid-19

[71] Unable to find public-facing resources that indicate whether or not South Dakota is screening callers for COVID-19.

[72] *See COVID-19 Resources for Local Governments*, U. Tenn. http://www.ctas.tennessee.edu/covid19 .

[73] Tex. Health & Safety Code Ann. § 81.046. The statute provides that the information can be disclosed with consent of the individual, and even without consent it may be shared with first responders (but in that case, only the minimum necessary information).

[74] *COVID-19: Information on Personal Protective Equipment (PPE)*, Tex. Dep't Health & Hum. Services https://www.dshs.state.tx.us/coronavirus/docs/DSHS-InformationOnPPE.pdf (citing CDC Guidance).

[75] *COVID-19: Recommendations for 911 PSAPs,* Utah Dep't of Health https://coronavirus.utah.gov/wp-content/uploads/COVID19-911-PSAP-Inforgraphic.pdf?x79842 .

[76] Unable to find public-facing resources that indicate whether or not Vermont is screening callers for COVID-19.

[77] *CDC Guidance for EMS for COVID-19 Response*, Va. Dep't Health https://www.vdh.virginia.gov/emergency-medical-services/covid19emsguidance/

Washington	No	Unknown[78]
West Virginia	No	Yes[79]
Wisconsin	No	Yes[80]
Wyoming	No	Yes[81]

[78] Unable to find public-facing resources that indicate whether or not Washington state is screening callers for COVID-19.

[79] *Law enforcement, EMS, and 911*, W. Va. Emergency Mgmt. https://emd.wv.gov/COVID-19_EM/Pages/Resources-for-Law-Enforcement-and-First-Responders.aspx (citing CDC Guidance).

[80] *Interim Guidance for Emergency Medical Services (EMS) Systems, Practitioners and Public Safety Answering Points (PSAPs) Regarding COVID-19*, Wisc. Dep't Pub. Health (Mar. 3, 2020) https://www.dhs.wisconsin.gov/dph/memos/ems/20-02.pdf.

[81] *Coronavirus Disease 2019 (COVID-19)*, Wyo. Emergency Med. Services https://health.wyo.gov/publichealth/ems/.