

Executive Order Number	Policy Changes Under the EO	Successor Statute, Rule, or Order
<a href="#">2020-55</a>	Establishes the coronavirus task force focusing on racial disparities. In part, the task force will recommend actions to increase transparency in reporting data on racial and ethnic impacts, remove barriers to accessing physical and mental healthcare, reduce the impact of medical bias in testing and treatment, mitigate environmental and infrastructure factors leading to increased risk, and improve systems for supporting long-term economic recovery.	Still in effect (No emergency required).
<a href="#">2020-61</a>	Provides for temporary relief from restrictions and requirements related to the practice of various health professionals. It temporarily suspends all provisions in the public health code relating to scope of practice, supervision, and delegation to allow licensed, registered, or certified health care professionals to provide medical services necessary to support the response to the pandemic that are deemed appropriate by the facility. This EO also allows for medical students to work within the facility in whatever role deemed necessary and appropriate by the facility. The EO allows medical students, physical therapists, and EMT's to volunteer to work as "respiratory therapist extenders" under the supervision of qualified providers, and allows qualified or unlicensed volunteers to perform certain activities in support of the COVID response. The EO grants immunity from liability to licensed healthcare professionals and designated healthcare facilities for medical services in response to the coronavirus pandemic. The EO also allows healthcare professionals licensed and in good standing in another state to work in Michigan, and allows authorized drug manufacturers or	HB's <a href="#">6159</a> , <a href="#">6030</a> , <a href="#">6031</a> and <a href="#">6032</a> passed by both chambers and awaiting governor's signature.

	<p>wholesale distributors licensed and in good standing in another state to distribute and ship-controlled substances in MI. Certain providers licensed in another country who have practiced for at least five years and have practiced in one of the previous five years are eligible for appropriate Michigan equivalent licenses as well. All exams, fingerprinting requirements, and continuing education required for licensure is temporarily suspended. Expiring professional certifications in basic life support, advanced cardiac life support and first aid shall continue to remain in effect. Any deadlines for telecommunicators and those in training are suspended until 60 days after the end of the emergency.</p>	
<p><a href="#">2020-64</a></p>	<p>Requires hospitals to establish and implement protocols to ensure equitable allocation of medical resources in shortages and prohibits medical decisions being made on a long list of personal factors. The EO also requires facilities to permit the use of interpreters when needed, and report to DHHS regarding resource availability and transfer ability.</p>	<p>None at this time.</p>
<p><a href="#">2020-76</a></p>	<p>Makes several changes to expand unemployment eligibility, improve benefits, and ease the burden on employers. This includes adding several COVID-related situations as acceptable reasons to be eligible for unemployment unless that person is already on sick leave or disability. Those reasons include being immuno-compromised, exhibiting COVID-related symptoms, coming in contact with someone with COVID in the last 14 days, caring for someone with COVID, and having a family care directive as a result of a government directive. This EO also raised the maximum weeks of state unemployment benefits from 20 weeks to 26 weeks and waives ineligibility for not seeking work. It makes several changes to make employer-shared work plans more flexible, and ensures that paid benefits will not be charged to employers while the EO is in</p>	<p>SB <a href="#">886</a> passed unanimously by both chambers, awaiting governor's signature.</p>

	effect, so long as employers are not found to be misclassifying workers.	
<a href="#">2020-104</a>	Encourages further expansion of COVID-19 testing by allowing more providers to order tests and loosening regulatory restrictions on community testing sites. The EO directs DHHS to ensure that any individual who meets at least one of the COVID-19 testing prioritization criteria set by the Chief Medical Executive receive a test without any out-of-pocket cost. The EO allows Physician’s Assistants, APRN’S, LPN’S, RPN’S and Pharmacists to establish and operate a COVID-19 testing service without an additional license, though they must be authorized to order a moderate or high complexity laboratory test. The EO establishes the requirements for operating a temporary COVID-19 testing service and allows for unlicensed individuals to perform tasks at testing site so long as they are supervised by someone who is. Samples must be ultimately tested by a CLIA certified or accepted facility. The EO clarifies that the order is not intended to alter any obligation of a health insurance company or intended to supersede the medical judgement of any health care provider.	HB <a href="#">6293</a> passed unanimously by the House, awaiting senate vote.
<a href="#">2020-128</a>	Extends EO 2020-125 through the end of the states of emergency and disaster. This EO ensures that COVID-19 employees are eligible for protections under the Workers’ Disability Compensation Act (WDCA). COVID-19 employees include those that work in an ambulance operations, county medical facilities, emergency response services, a home for the aged, a hospice, a hospital, or a nursing home. The Michigan Department of Labor and Economic Opportunity is authorized to issue orders and directives to implement the EO.	Department of Labor and Economic Opportunity <a href="#">Emergency Rules</a> .
<a href="#">2020-135</a>	Establishes a COVID-19 nursing home preparedness task force. The task force will analyze data on COVID-19 in nursing facilities and make recommendations to the governor on improving data quality. According to the	Still in effect (no emergency required).

	<p>announcement, the task force must “produce a recommendation to the governor for an action plan on how to prepare nursing homes for any future wave of COVID-19 cases” by Aug. 31. The task force will include individuals from state government, a representative of the Michigan Long Term Care Ombudsman Program, bipartisan representation from both houses of the Legislature, and thirteen other members appointed by the governor, including individuals with a personal or professional interest in the health, safety, and welfare of nursing home residents and workers. DHHS will provide assistance and personnel to staff the task force.</p>	
<p><a href="#">2020-138</a></p>	<p>Revises EO 2020-86 to reflect the changes to state law achieved by HB’s 5412 through 5416. Those bills were signed into law by Governor Whitmer on June 24, codifying significant portions of 2020-86 that are no longer needed in the EO. 2020-138 encourages the use of telehealth and extends the remaining provisions in 2020-86 through the end of the states of emergency or disaster. This includes removing the requirement for written consent for telehealth treatment, removing the requirement for an in-person examination before administering medication (except for methadone), and allowing for telehealth services to be provided by a licensed provider from another state. Members should note that all providers must still abide by guidance issued by SAMSHA, CMS, CDC, and the DEA when providing telehealth services.</p>	<p>None at this time.</p>
<p><a href="#">2020-150</a></p>	<p>Rescinds and amends EO 2020-61, which provided for temporary relief from restrictions and requirements related to the practice of various health professionals. EO 2020-150 provides narrower relief than previous versions. This EO will continue to suspend continuing education requirements but only temporarily suspends exams for licensure, certification or registration if the exam has been canceled during the state of emergency. Fingerprinting</p>	<p>None at this time.</p>

	<p>requirements are only suspended if LARA determines that locations to have fingerprints taken are substantially unavailable on account of closures. Professional certifications of individuals in life support and first aid services will remain in effect through the end of the pandemic, and any deadlines for emergency service telecommunicators are suspended until 60 days after the end of the state of emergency. This order remains in effect until the end of the declared state of emergency.</p>	
<p><a href="#">2020-152</a></p>	<p>Rescinds and amends EO 2020-124, which provided pharmacies with temporary relief from regulatory restrictions. EO 2020-152 provides much more limited relief, only extending those provisions that relate to the training of student pharmacists. 2020-152 allows pharmacists to supervise pharmacy technicians remotely through real-time audio/visual feed, though pharmacy techs may not perform compounding. This order will remain in effect through the end of the declared states of emergency and disaster.</p>	<p>None at this time.</p>
<p><a href="#">2020-153</a></p>	<p>Rescinds and amends EO 2020-147 which requires individuals to wear a mask when in any indoor public space, outdoors and unable to socially distance, or when waiting for or riding on public transportation. 2020-153 now also clarifies that wearing a mask at a polling place is not required and that public safety officers must wear a face covering unless doing so would seriously interfere in job performance. 2020-153 also clarifies that businesses may not assume that an unmasked customer cannot medically tolerate a face covering, but may accept a verbal statement to that effect. The EO provides multiple exemptions. A mask is not required for children under 5, for those medically unable to wear one, or for those receiving or performing a service in which they cannot reasonably wear one. Businesses are required to deny entry or service to individuals who do not meet an</p>	<p><a href="#">MDHHS Epidemic Order</a> signed October 9.</p> <p><a href="#">MIOSHA Emergency Rules</a> on COVID-19.</p>

	exemption and refuse to wear a mask. A willful violation of the order is a misdemeanor.	
<a href="#">2020-172</a>	Prohibits employers from retaliating against employees for staying home, having had close contact with someone who has the virus, or showing principal symptoms of the virus. This version of the EO specifies that it protects individuals until 24 hours have passed since their fever has passed, 10 days since the symptoms first appeared or since they were tested positive, and that it does not protect those who have tested negative for COVID. This version of the EO specifies that individuals in close contact with someone who has tested positive should quarantine for 14 days. Please note that healthcare professionals, employees of a healthcare facility, first responders, CPS workers, child care employees, and correctional facility employees are NOT protected under this EO. The EO prohibits employers from discharging, disciplining, or otherwise retaliating against an employee for staying home from work and requires employers to treat such situations as a qualified absence under the Paid Medical Leave Act. If the employee has no paid leave, the leave may be unpaid. It does not protect employees who can return to work but decline to do so.	<a href="#">HB 6032</a> passed by both chambers, awaiting governor's signature
<a href="#">2020-184</a>	Establishes pandemic workplace safety standards for all businesses, including healthcare facilities. For healthcare facilities, the EO mandates that they must post signs to require facemasks, limit waiting areas to ensure social distancing, enable contactless sign-in, add special hours for vulnerable patients, conduct common screening protocol, offer hand sanitizer, require patients and staff to maintain face coverings, install physical barriers at sign-in spaces, employ telehealth wherever possible, limit appointments to maintain clean and uncrowded spaces, keep patients with symptoms out of common waiting areas, and establish cleaning procedures in accordance with CDC guidance. This EO also includes requirements for labs, which include	<a href="#">MIOSHA Emergency Rules</a> on COVID-19.

	many of the requirements above (see EO for details).	
<a href="#">2020-186</a>	Rescinds 2020-151 and redeclares a state of emergency and disaster under the Emergency Powers of the Governor Act of 1945. The EO specifies that this order will constitute a state of emergency and disaster under the Emergency Management Act of 1976 as well, subject to any litigation or failure of the legislature to grant an extension.	Struck down by MI Supreme Court.
<a href="#">2020-187</a>	Rescinds and extends EO 2020-173 which enables and encourages the use of electronic signatures, remote notarizations, remote witness attestations and acknowledgements, and remote visitations. This EO encourages the use of technology for any transaction or necessary signature. It encourages the use of electronic notary for instances that require notarized signatures. The EO establishes a process for acquiring notarized signatures or completing legal documents that require witness acknowledgements.	HB's <a href="#">6294</a> , <a href="#">6295</a> , <a href="#">6296</a> and <a href="#">6297</a> passed by the House, awaiting Senate vote.
<a href="#">2020-188</a>	Rescinds and extends EO 2020-174 which established limits on visitation at healthcare facilities and gives the director of MDHHS the ability to exempt certain groups of facilities from complying with this EO. Without an exemption, all healthcare facilities and related care facilities must prohibit visitors that are not necessary for medical care, activities of daily living, are exercising legal authority as guardian or attorney, are a parent or guardian of someone under 21, are not visiting someone in critical condition, or are not under exigent circumstances or performing official government functions. The EO requires healthcare facilities to perform a health evaluation of all individuals that seek to enter the facility, with denied entry to those who do not pass. The MHA expects hospitals to additional information from the MDHHS soon. At that time, individual institutions would be able to adopt their own policies and tailor them to their own	MDHHS Epidemic Orders signed <a href="#">June 3<sup>rd</sup></a> , <a href="#">June 30<sup>th</sup></a> and <a href="#">September 10<sup>th</sup></a> .

	needs. The MHA will keep members informed of any further direction from the administration on this EO.	
<a href="#">2020-190</a>	Rescinds and extends EO 2020-178 which requires further safety measures at food-selling establishments and pharmacies. The new version specifies that checkout employees must wear coverings over their noses and mouths. Other measures include requiring those medically-able to wear masks to do so while indoors, and designating shopping hours for established vulnerable populations. It also establishes a daily screening program for employees and several other guidelines to further ensure the safety and hygiene among pharmacies and food sellers. It also requires employers to accommodate employees who fall within a vulnerable population, as well having food establishments notify vendors and employees within 12 hours of receiving a positive test of one of their employees. A willful violation of this order is a misdemeanor.	<a href="#">MIOSHA Emergency Rules</a> on COVID-19.
<a href="#">2020-191</a>	Rescinds and extends EO 2020-179 which provides enhanced protections for residents and staff of long-term care facilities. The EO provides that residents affected by COVID only be discharged from a hospital to a facility capable of safely isolating the resident. It removes the requirement that any LTC with less than 80% capacity establish a COVID dedicated unit but maintains that they make a reasonable effort. If no LTC-dedicated unit is available, then the resident must be transferred to an LTC hub, an alternate care facility, or an available hospital swing bed. The EO requires LTC facilities to use telemedicine where applicable and report current COVID data to MDHHS daily.	<a href="#">SB 1094</a> passed by both chambers, awaiting governor's signature.