



**NEW YORK STATE BAR ASSOCIATION
MEETING OF THE HOUSE OF DELEGATES
REMOTE MEETING
SATURDAY, NOVEMBER 7, 2020 – 9:00 A.M.**

AGENDA

1. Approval of minutes of June 13, 2020 and June 27, 2020 meeting 9:00 a.m.
2. Report of Treasurer – Mr. Domenick Napoletano 9:05 a.m.
3. Report and recommendations of Finance Committee re proposed 2021 income and expense budget – Mr. John H. Gross 9:15 a.m.
4. Address by Hon. Gerald J. Whalen – Presiding Justice, Appellate Division, Fourth Department 9:25 a.m.
5. Report and recommendations of Committee on Bylaws – Mr. Robert T. Schofield, IV 9:35 a.m.
6. Presentation of 2019 Root-Stimson Award – Mr. Scott M. Karson 9:50 a.m.
7. Report and recommendations of Committee on LGBTQ People and the Law – Mr. Christopher R. Riano 10:05 a.m.
8. Report of President – Mr. Scott M. Karson 10:20 a.m.
9. Report of Nominating Committee – Ms. Sharon Stern Gerstman 10:35 a.m.
10. Report of Task Force on Racial Injustice and Police Reform – Mr. T. Andrew Brown and Ms. Taa R. Grays 10:40 a.m.
11. Report and recommendations of Health Law Section – Mr. Hermes Fernandez, Ms. Karen Gallinari, and Prof. Mary Beth Morrissey 10:55 a.m.
12. Report and recommendations of Task Force on Mass Shootings and Assault Weapons – Ms. Margaret J. Finerty and Mr. David M. Schraver 11:35 a.m.
13. Report of The New York Bar Foundation – Ms. Lesley Rosenthal 12:15 p.m.
14. Administrative items – Mr. T. Andrew Brown 12:20 p.m.
15. New business 12:25 p.m.
16. Date and place of next meeting:

Saturday, January 30, 2021
Remote Meeting

**NEW YORK STATE BAR ASSOCIATION
MINUTES OF HOUSE OF DELEGATES MEETING
JUNE 13 and 27, 2020
REMOTE MEETING**

PRESENT: Abneri; Adigwe; Alcott; Alomar; Alsina; Bahn; Bascoe; Battistoni; Baum; Bauman; Behrins; Beltran; Ben-Asher; Bennett; Berman; Betz; Billings; Bladykas; Bloom; Buholtz; Buzard; Caceres; Carbajal-Evangelista; Chambers; Chandrasekhar; Chang; Christopher; Clark; Coffey; Cohen, M.; Cohen, D.; Cohen, O.; Cohn; Dean; Degnan; DiPietro; Doerr; Donovan; Doyle; Eberle; Effman; Eng; Engel; England; Fallek; Fennell; Fernandez; Filabi; Filemyr; Finerty; First; Fishberg; Fogel; Foley; Fox, G.; Fox, M.; Freedman, H.; Friedman; Frumkin; Gayle; Genoa; Gerbini; Gerstman; Getnick; Gilmartin; Gold; Goldberg; Good; Grady; Graves-Poller; Grays; Greenberg; Greisemer; Griffin; Grimaldi; Gross; Gutekunst; Gutenberger Grossman; Gutierrez; Hack; Hamid; Harper; Hartman; Heath; Heller; Hill; Hobika; Holtzman; Jaglom; James; Jimenez; Jochmans; Joseph; Kamins; Kamholtz; Kapnick; Karson; Katz; Kean; Kehoe; Kelley; Kelly; Kendall; Kenne; Kiernan; Kobak; Kretzing; LaBarbera; Lambeerti; Lara; laRose; Lau-Kee; Lawrence; Leber; Leo; Lessard; Leventhal; Levin; Levin Wallach; Levy; Lewis; Lindenauer; Lisi; Lugo; Madigan; Marinaccio; Markowitz; Maroney; Marotta; Martin Owens; Matos; May; McElwreath; McGinn; Meyer; Middleton; Miller, M.; Miller, R.; Millett; Milone; Minkoff; Miranda; Montagnino; Moretti; Morrissey; Mukerji; Napoletano; Newman; Noble; Nussbaum; O'Connell, B.; O'Connell, D.; O'Donnell; Onderdonk; Ostertag; Owens; Palermo, A.; Palermo, C.; Pappalardo; Penzer; Perlman; Pessala; Peterson; Pitegoff; Pleat; Poster-Zimmerman; Purcell; Radick; Rangaacha; Ravin; Redeye; Reed, L.; Reed, M.; Richman; Richter; Rivera; Robinson; Rosenthal; Russell; Ryan; Ryba; Ryder; Safer; Salhen; Samuels; Santiago; Scheinkman; Schofield; Schonhaut; Schrauer; Schriever; Schwartz-Wallace; Scott; Seiden; Sen; Shefer; Champnoi; Shapiro; Sheldon; Shisov; Shoemaker; Sigmond; Silkenat; Simon; Slavitt; Smith; Sonberg; Spicer; Starkman; Stoeckman; Swanson; Sweet; Tambasco; Tarson; Taylor; Tesser; Triebwasser; van der Meulen; Vaughn; Ventura; Vigdor; Warner; Waterman; Weiss; Welch; Welden; Westlake; Wicks; Wimpfheimer; Wolff; Woodley; Yeung-Ha; Young; Younger.

Mr. Brown presided over the meeting as Chair of the House.

1. Call to order, introduction of new members. The meeting was called to order and the Pledge of Allegiance was recited, and Mr. Brown welcomed the new members of the House.
2. Minutes of January 31 and April 4, 2020 meetings. The minutes were accepted as previously distributed.
3. Recognition of lawyers lost to COVID-19. Mr. Brown observed that a number of New York lawyers had passed away due to complications from the COVID-19 virus. A video tribute to these lawyers was shown to the House members.
4. Memorial for Past President Henry G. Miller. Mr. Miller, who served as Association President 1984-1985, passed away due to COVID-19 complications on April 16, 2020. Hon. Albert M. Rosenblatt, retired Associate Judge of the Court of Appeals, offered a memorial in Mr. Miller's honor. A moment of silence was observed.
5. Installation of officers. The following were installed as officers for 2020-2021: T. Andrew Brown as President-Elect, Sherry Levin Wallach as secretary, and Domenick Napoletano as Treasurer. The oath was administered by Hon. Jenny Rivera, associate Judge of the Court of Appeals.

6. Installation of President. Mr. Karson was formally installed as President. The oath of office was administered by Hon Jenny Rivera, Associate Judge of the Court of Appeals. Mr. Karson then addressed the House with respect to his planned initiatives for his term as President. His President's Report is appended to these minutes.
7. Report and recommendations of Health Law Section. Karen Gallinari, chair of the section, together with Hermes Fernandez, the section's immediate past chair, and Mary Beth Morrissey, chair of the section's COVID-19 task force, reviewed the section's report containing recommendations with respect to the COVID-19 pandemic and the four resolutions being offered by the section for the House's consideration. After discussion, a motion was adopted by a vote of 100-87 with three abstentions to postpone consideration of the report and the resolutions to the November House meeting.
8. Report and recommendations of Committee on Technology and the Legal Profession. Mark A. Berman, immediate past chair of the committee, reviewed the committee's report recommending that the CLE Board require lawyers to complete one MCLE credit in cybersecurity for their next two registration cycles. After discussion, a motion to amend to require CLE providers to offer programming relating to technology and cybersecurity but not mandating that lawyers take such programming failed. A motion was then adopted to approve the report and recommendations.
9. Report and recommendations of Committee on Standards of Attorney Conduct. Joseph E. Neuhaus, past chair of the committee, outlined proposed amendments to the comments to Rules 1.6, 4.2, 7.1 and 7.5 of the Rules of Professional Conduct. After discussion, a motion to amend to add a reference to Rule 1.11 to Comment 17(A) of Rule 1.6 was approved, after which a motion was adopted to approve the report and recommendations as amended.
10. Report and recommendations of Commercial and Federal Litigation Section. Hon. Shira A. Scheindlin, past chair of the section, reviewed the section's follow-up report to its 2017 report entitled "If Not Now, When? Achieving Equality for Women Attorneys in the Courtroom and ADR." After discussion, a motion was adopted to approve the report and recommendations.
11. Report of the Treasurer. Domenick Napoletano, Treasurer, updated the House with respect to the results of operations for the first five months of 2020. Through May 31, 2020, the Association's total revenue was \$15.6 million, a decrease of approximately \$831,000 from the previous year, and total expenses were \$9.9 million, a decrease of approximately \$403,000 over 2019. The report was received with thanks.
12. Report and recommendations of Special Committee on Association Structure and Operations. Glenn Lau-Kee, chair of the committee, outlined the committee's recommendation that the Association Bylaws be amended to make specific provisions for remote meetings. After discussion, a motion was adopted to approve the report and recommendations.
13. Report and recommendations of Task Force on the Parole System. Seymour W. James, Jr. and William T. Russell, Jr., co-chairs of the task force, reviewed the task force's recommendations with respect to additional areas of reform, following up on the task force's November 2019 report. Mr. Effman offered, and the task force accepted, two amendments to the report. After discussion, a motion was adopted to approve the report and recommendations.
14. Report and recommendations of Task Force on Domestic Terrorism and Hate Crimes. Carrie H. Cohen, chair of the Task Force, outlined the task force's recommendations for legislative and policy changes to improve the federal and state legal systems' response to hate crime. A motion to amend

to delete recommendations with respect to mandatory minimum sentences was adopted, after which a motion was adopted to approve the report and recommendations.

15. Report of The New York Bar Foundation. Lesley Friedman Rosenthal, President of The Foundation, presented an informational report on the COVID-19 emergency fund established by The Foundation, an anti-racism initiative, and paid fellowships that were awarded to law students. The report was received with thanks.

16. Administrative items. Mr. Brown reported on the following:

- a. Seventh District Nominating Committee members. The House was unable to complete the election of Nominating Committee members from the Seventh District at the April 2020 meeting. A motion was adopted to elect the members submitted by the district.

17. New Business.

- a. Broadband Access. Past President Michael Miller outlined a proposed resolution calling for improved broadband access in rural areas of New York State. After discussion, a motion was adopted to approve the following resolution:

WHEREAS, the New York State Bar Association (“NYSBA”) supported resolution 10B at the 2019 American Bar Association (“ABA”) annual meeting which was adopted by the ABA House of Delegates and called on Congress, state, local, territorial, and tribal legislatures to enact legislation and appropriate adequate funding to ensure equal access to justice for Americans living in rural communities by assuring affordable high speed broadband access is provided throughout the United States; and

WHEREAS, in April 2020, the NYSBA House of Delegates adopted the exhaustive report of the NYSBA Task Force on Rural Justice, which documented that, inter alia, there is a significant lack of technology infrastructure in vast portions of New York State, that large portions of New York State have limited broadband availability and some areas are completely without any broadband service whatsoever; and

WHEREAS, the report of the NYSBA Task Force on Rural Justice recommended, inter alia, that NYSBA adopt a resolution that urges New York State to ensure that broadband access reaches all corners of New York State; and

WHEREAS, the Covid-19 pandemic, stay-in-place order and quarantine have made it abundantly clear that broadband service is an important communications tool which has become vitally necessary for educational purposes, medical care (“telemedicine”), business and commerce, as well as access to justice; and

WHEREAS, there has been unprecedented unemployment as a result of the Covid19 pandemic; and

WHEREAS, a public works program to build sufficient broadband access throughout New York State would provide significant employment opportunities to a large number of New Yorkers and provide badly-needed broadband access to New York citizens who currently have unreliable broadband service, or none at all;

NOW THEREFORE, NYSBA urges the Governor of the State of New York and the New York State Legislature to prioritize and appropriate funding sufficient to provide affordable high speed broadband access to all corners of New York State, with emphasis and urgency on rural areas; and

NYSBA further urges the President of the United States and the United States Congress to prioritize and appropriate funding for the expansion of a 21st century digital infrastructure sufficient to provide affordable high speed broadband access to all areas of the nation, with emphasis and urgency on rural areas.

18. Date and place of next meeting. Mr. Brown announced that the next meeting of the House of Delegates would take place on Saturday, November 7, 2020 at the Bar Center in Albany.
19. Adjournment. There being no further business to come before the House of Delegates, the meeting was adjourned.

Respectfully Submitted,



Sherry Levin Wallach
Secretary



SCOTT M. KARSON

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**President's Report
to the House of Delegates
June 13, 2020**

A heartfelt thank you to Judge Jenny Rivera, the Senior Associate Judge of the Court of Appeals of the State of New York. It is an honor to stand here with my fellow officers of the New York State Bar Association and take the oath of office from you.

It is significant that my friendship with Judge Rivera is directly attributable to the New York State Bar Association.

As a member of the Committee to Review Judicial Nominations, I – along with my colleague Chan Woo Lee – was assigned to study and evaluate the qualifications of CUNY Law School Professor Jenny Rivera for a seat on the Court of Appeals. We read through her voluminous scholarly writings, spoke with her references and visited the law school for an in depth face-to-face interview of the candidate.

During that interview, she candidly revealed that she had once been ticketed for improperly mixing glass and paper recyclables at the curb in front of her home. We reported that transgression to the full Committee, which decided to overlook it and found her qualified. The rest – as you can see – is history.

All that I would add is that – as the result of my service to the Association through the Committee to Review Judicial Nominations – I had the opportunity to meet and get to know Judge Rivera, whom I have come to admire greatly and am proud to count as a friend.

Friends and colleagues: On behalf of Andrew, Domenick, Sherry and myself, I want to say how honored we are that our great Association has put its trust in us.

When I decided to run for president of the New York State Bar Association, I devoted much thought to the future of our Association and the initiatives I would pursue to advance the interests of our members should I be elected.

However, I have come to realize that leadership requires that we confront the world as it is, not what we wish it was.

Nobody could have imagined that a microscopic, deadly virus would appear and wreak havoc upon our world at large.

What we could have seen, but perhaps did not want to imagine, was that the cancer of racism in America would flare up in such a horrific way.

The appalling murder of George Floyd while in police custody, a senseless and horrible act, and the many such acts that have preceded it, are rooted in racial bigotry, and the egregious inequities in how people of color are treated in our criminal justice system and society at large.

We as an Association are moving quickly to address Mr. Floyd's murder and the clearly unsustainable status quo at the heart of the recent events rattling our nation.

I have asked two distinguished members of our Association, President-Elect Andrew Brown and Taa Grays, a former Vice President from the First Judicial District, to co-chair a new Task Force on Racial Injustice and Police Reform, which will develop strategies to combat the repeated incidents of police brutality and inequality in our criminal justice system that we have all witnessed.

The Task Force will engage a diverse team of stakeholders to come to an understanding of why racial bias persists in policing practices, and will provide recommendations to policymakers, law enforcement and the judiciary to end policing practices that disproportionately and deleteriously impact persons of color.

It will create and work with advisory groups from around the state, which shall include diverse bar associations. By asking and struggling with difficult questions and listening to those who bear witness to and suffer from the consequences of racism, we will learn, and we will act.

You can contact the task force by email: FightingInjustice@nysba.

As we strive to meet the challenges of our times, we are blessed to have tremendous examples of leadership. Their creativity, flexibility and willingness to take risks inspire and inform us.

Under Chief Judge Janet DiFiore's exemplary leadership, our entire court system underwent unprecedented modifications, which allowed it to weather the most severe public health crisis in modern history. She is a model of leadership that I will aspire to emulate during the coming year.

Another example of leadership: Hank Greenberg, immediate past president of the New York State Bar Association.

Hank's extraordinary vision and commitment to building a virtual bar center is the reason that we are able to keep meeting and doing the business of the Association.

Because Hank looked to the future, we were prepared for the unthinkable. Our great Association has survived and thrived.

I also acknowledge the leadership of my fellow officers: President-Elect T. Andrew Brown, Secretary Sherry Levin Wallach and Treasurer Domenick Napoletano; and our brilliant and tireless Executive Director Pam McDevitt.

I am indeed fortunate to serve as your president with such extraordinary people at my side.

There is another group of leaders that I would like to acknowledge and recognize: the past Presidents of the New York State Bar Association.

These remarkable men and women have unselfishly devoted their time, energy and wisdom in the service of our Association, its members and the public which we serve, and many of them continue to do so long after the conclusion of their year in office.

As you know, former Presidents are House members for life, and I had hoped to introduce and pay tribute to each former President in attendance at this meeting. Regrettably, however, the Zoom format simply does not lend itself to such a tribute, so it must be postponed.

Hopefully, I will have the opportunity to address the House live rather than virtually before my term as President concludes, and I will offer my tribute at that time. For now, let me just say how proud I am at the prospect of joining their ranks.

The coronavirus pandemic has brought to light many issues of critical importance – issues where lawyers can make a difference.

We will continue several of President Greenberg's COVID-19 initiatives for as long as their service is needed.

Our Emergency Task Force on Solo and Small Firm Practitioners, led by Domenick Napoletano of Brooklyn and June Castellano of Rochester, remains a vital resource for the over one-half of our members in solo and small-firm practices, who have been disproportionately affected by COVID-19.

Our Working Group on Reopening Law Firms, led by Marian Rice of Garden City, will keep working with law firms of all sizes to reopen safely, as law practice restrictions are relaxed.

Our profession has a proud tradition of providing pro bono legal services to those who are otherwise unable to afford a lawyer.

We will continue the COVID-19 Pro Bono Network, in partnership with the Unified Court System. So far we have established pro bono programs in critical areas such as unemployment insurance benefits, landlord-tenant and other housing matters, and Surrogate's Court matters. The list will grow as the need develops.

I encourage all my colleagues – from seasoned lawyers and leaders of the bar to newly admitted lawyers – to take on pro bono work in the coming year. To set the example, I pledge to do so as well.

Three new task forces also will focus on the impact of COVID-19. Two will look at legal issues. The third will look at stressors on lawyers because of the virus.

Nursing homes and long-term care facilities have become “ground zero” for COVID-19. In this crisis, these facilities have faced all manner of challenges, due to the size and health of their resident populations, their staffing needs, the availability of badly-needed equipment and the availability and utility of testing for both residents and staff.

Our task force will take a hard look at the statutory and regulatory framework under which these facilities operate and make recommendations for change where needed.

The pandemic also has revealed issues of tort and contractual liability – and immunity from such liability – issues which we lawyers are singularly qualified to sort out. Our new task force will take that on as well.

In the best of times, being a lawyer is stressful. Rates of mental illness, substance abuse, fatigue and other health issues are higher for those in the law than in any other profession. Add to that COVID-19, the distractions of working from home and maybe a good dose of cabin fever.

NYSBA has long offered support and services for members struggling with such issues after they have begun to take their toll.

Now is the time to be proactive. Maintaining mental and physical health takes focus and effort, but it is far easier than regaining health after years of neglect.

Our Task Force on Attorney Well-Being, ably co-chaired by Libby Coreno of Saratoga Springs and Judge Karen Peters of Woodstock, will take a holistic approach, studying mental and physical well-being strategies and formulating recommendations for their implementation throughout New York’s legal community.

If ever there was a time to lead, it is now.

Many people of color face daily the possibility of being targeted, threatened, maligned, or worse while engaging in the normal daily activities that the rest of us engage in with impunity, for no reason other than their race.

The threat of having one's peace or life destroyed has nothing to do with class, education or income – it has everything to do with race. This has long been unacceptable, morally and legally. Yet the needle barely moves.

It is time for lawyers to step up, to take a different tack. Why?

Lawyers are the guardians of justice and protectors of the rule of law.

We must never lose sight of that. By reason of our licenses, we are singularly positioned to fight for justice.

On paper, the law and the legal system are colorblind; in practice they are not.

It is time for lawyers to collectively stand on the front lines of the fight for full and fair implementation of the promise of the law.

It is our job.

Perhaps as an indicator of my age, the crisis of injustice with which we are faced calls to mind the words of the classic song “Blowin’ in the Wind,” by the great American songwriter and Nobel Laureate Bob Dylan. I will recite one verse of this poignant and relevant song:

Yes, 'n' how many years can a mountain exist
Before it is washed to the sea?
Yes, 'n' how many years can some people exist
Before they're allowed to be free?
Yes, 'n' how many times can a man turn his head
And pretend that he just doesn't see?

The answer, my friend, is blowin' in the wind

The answer is blowin' in the wind

My fellow delegates and members of our great profession, the wind is surely blowing as it has never blown before, and it is time for us to listen and to apply our skills and wisdom to glean the answers that are blowing in the wind.

I want to thank you. It is the greatest honor of my professional career to serve as your President.

And as we navigate the challenges of now and what lies ahead, I commit fully to you that as a leader I will be thoughtful, diligent and dynamic, mindful of the past, concerned about the present and focused on the future.

Thank you . . .



Staff Memorandum

HOUSE OF DELEGATES Agenda Item # 2

Attached for your reference are the Association's financial statements through September 30, 2020.

**NEW YORK STATE BAR ASSOCIATION
2020 OPERATING BUDGET
NINE MONTHS OF CALENDAR YEAR 2020**

REVENUE

	2020 BUDGET	ADJUST- MENTS	2020 BUDGET AS ADJUSTED	UNAUDITED RECEIVED 9/30/2020	% RECEIVED 9/30/2020	2019 BUDGET	UNAUDITED RECEIVED 9/30/2019	% RECEIVED 9/30/2019
MEMBERSHIP DUES	9,732,250		9,732,250	8,936,385	91.82%	10,050,000	9,632,215	95.84%
SECTIONS:								
Dues	1,321,800		1,321,800	1,216,571	92.04%	1,302,000	1,285,122	98.70%
Programs	3,123,430		3,123,430	722,818	23.14%	3,160,640	2,010,928	63.62%
INVESTMENT INCOME	500,800		500,800	275,585	55.03%	478,000	310,821	65.03%
ADVERTISING	250,000		250,000	169,993	68.00%	219,000	162,339	74.13%
CONTINUING LEGAL EDUCATION	3,220,000		3,220,000	2,264,268	70.32%	3,130,000	2,416,964	77.22%
USI AFFINITY PAYMENT	2,306,000		2,306,000	1,816,871	78.79%	2,196,800	1,699,958	77.38%
ANNUAL MEETING	1,312,000		1,312,000	1,582,391	120.61%	850,000	940,308	110.62%
HOUSE OF DELEGATES & COMMITTEES	174,750		174,750	24,476	14.01%	78,250	54,830	70.07%
PUBLICATIONS, ROYALTIES AND OTHER	216,200		60,738	180,739	297.57%	268,200	182,819	68.17%
REFERENCE MATERIALS	1,250,000		1,250,000	534,735	42.78%	1,274,000	596,913	46.85%
TOTAL REVENUE	23,407,230	0	23,251,768	17,724,832	76.23%	23,006,890	19,293,217	83.86%

EXPENSE

	2020 BUDGET	ADJUST- MENTS	2020 BUDGET AS ADJUSTED	UNAUDITED EXPENDED 9/30/2020	% EXPENDED 9/30/2020	2019 BUDGET	UNAUDITED EXPENDED 9/30/2019	% EXPENDED 9/30/2019
SALARIES & FRINGE	8,790,034		8,790,034	6,176,920	70.27%	9,382,242	6,245,325	66.57%
BAR CENTER:								
Rent	284,000		284,000	233,252	82.13%	284,000	233,996	82.39%
Building Services	397,000		397,000	366,002	92.19%	230,750	287,257	124.49%
Insurance	170,000		170,000	131,601	77.41%	162,000	118,257	73.00%
Taxes	7,750		7,750	172,582	2226.86%	2,750	142,987	5199.53%
Plant and Equipment	890,500		890,500	533,177	59.87%	862,000	612,455	71.05%
Administration	537,600		537,600	432,329	80.42%	539,100	331,303	61.45%
SECTIONS	4,445,230		4,445,230	1,670,559	37.58%	4,466,940	3,080,369	68.96%
PUBLICATIONS:								
Reference Materials	312,800		312,800	61,850	19.77%	306,752	106,333	34.66%
Journal	396,500		396,500	254,132	64.09%	360,200	276,512	76.77%
Law Digest	156,000		156,000	76,718	49.18%	172,300	121,033	70.25%
State Bar News	122,300		122,300	78,609	64.28%	135,300	77,356	57.17%
MEETINGS:								
Annual Meeting	714,700		714,700	949,214	949214.00%	338,500	380,222	112.33%
House of Delegates, Officers and Executive Committee	468,825		-	172,949	36.89%	519,300	356,547	68.66%
COMMITTEES:								
Continuing Legal Education	1,480,500		1,480,500	336,321	22.72%	1,659,000	1,223,299	73.74%
LPM / Electronic Communication Committee	38,100		38,100	18,072	47.43%	55,950	27,302	48.80%
Marketing / Membership	877,050		877,050	329,382	37.56%	924,350	467,346	50.56%
Media Services	144,720		144,720	176,658	122.07%	30,450	86,888	285.35%
All Other Committees and Departments	2,983,790		2,983,790	2,723,185	91.27%	2,574,705	2,043,450	79.37%
TOTAL EXPENSE	23,217,399	0	23,217,399	14,893,512	64.15%	23,006,589	16,218,237	70.49%
BUDGETED SURPLUS	189,831	0	34,369	2,831,320		301	3,074,980	

**NEW YORK STATE BAR ASSOCIATION
STATEMENTS OF FINANCIAL POSITION
AS OF SEPTEMBER 30, 2020**

<u>ASSETS</u>	<u>UNAUDITED</u> <u>9/30/2020</u>	<u>UNAUDITED</u> <u>9/30/2019</u>	<u>UNAUDITED</u> <u>12/31/2019</u>
Current Assets:			
General Cash and Cash Equivalents	10,504,876	12,458,389	16,424,055
Accounts Receivable	81,357	85,548	111,401
Prepaid expenses	817,001	1,146,976	1,082,754
Royalties and Admin. Fees receivable	514,581	550,056	716,588
Total Current Assets	11,917,815	14,240,969	18,334,798
Board Designated Accounts:			
<u>Cromwell Fund:</u>			
Cash and Investments at Market Value	2,700,929	2,514,047	2,633,478
Accrued interest receivable	0	0	0
	2,700,929	2,514,047	2,633,478
<u>Replacement Reserve Account:</u>			
Equipment replacement reserve	1,117,798	1,117,588	1,117,659
Repairs replacement reserve	794,530	794,380	794,431
Furniture replacement reserve	219,995	219,953	219,967
	2,132,323	2,131,921	2,132,057
<u>Long-Term Reserve Account:</u>			
Cash and Investments at Market Value	27,362,615	24,940,937	26,428,136
Accrued interest receivable	0	0	138,364
	27,362,615	24,940,937	26,566,500
<u>Sections Accounts:</u>			
Section Accounts Cash equivalents and Investments at market value	4,037,480	3,859,749	3,876,815
Cash	268,831	215,681	-67,601
	4,306,311	4,075,430	3,809,214
Fixed Assets:			
Furniture and fixtures	1,463,037	1,431,781	1,448,300
Leasehold Improvements	1,470,688	1,368,781	1,470,688
Equipment	9,748,499	8,770,787	9,223,256
Telephone	107,636	107,636	107,636
	12,789,860	11,678,985	12,249,880
Less accumulated depreciation	9,852,622	10,381,934	10,193,121
Net fixed assets	2,937,238	1,297,051	2,056,759
Total Assets	51,357,231	49,200,355	55,532,806
<u>LIABILITIES AND FUND BALANCES</u>			
Current liabilities:			
Accounts Payable & other accrued expenses	706,427	1,167,693	837,151
Deferred dues	186,363	1,564,513	7,798,323
Deferred income special	288,461	519,230	461,538
Deferred grant revenue	50,222	19,999	29,906
Other deferred revenue	174,003	424,617	1,069,153
Unearned Income - CLE	48,474	78,427	93,111
Payable To The New York Bar Foundation	675	31,379	26,307
Total current liabilities & Deferred Revenue	1,454,625	3,805,858	10,315,489
Long Term Liabilities:			
Accrued Pension Costs	0	0	0
Accrued Other Postretirement Benefit Costs	8,290,883	7,353,910	8,065,883
Accrued Supplemental Plan Costs and Defined Contribution Plan Costs	270,000	270,000	312,381
Total Liabilities & Deferred Revenue	10,015,508	11,429,768	18,693,753
Board designated for:			
Cromwell Account	2,700,929	2,514,047	2,633,478
Replacement Reserve Account	2,132,323	2,131,921	2,132,057
Long-Term Reserve Account	18,801,732	17,317,027	18,049,872
Section Accounts	4,306,311	4,075,430	3,809,214
Invested in Fixed Assets (Less capital lease)	2,937,238	1,297,051	2,056,759
Undesignated	10,463,190	10,435,111	8,157,673
Total Net Assets	41,341,723	37,770,587	36,839,053
Total Liabilities and Net Assets	51,357,231	49,200,355	55,532,806

New York State Bar Association
Statement of Activities
For the Nine Months Ending September 30, 2020

	<u>September 2020</u>	<u>September 2019</u>	<u>December 2019</u>
REVENUES AND OTHER SUPPORT			
Membership dues	8,936,385	9,632,215	9,637,873
Section revenues			
Dues	1,216,571	1,285,122	1,288,049
Programs	722,818	2,010,928	2,483,202
Continuing legal education program	2,264,268	2,416,964	3,153,234
Administrative fee and royalty revenue	1,970,476	1,911,195	2,464,041
Annual meeting	1,582,391	940,308	938,791
Investment income	600,300	625,081	1,099,904
Reference Books, Formbooks and Disk Products	534,735	596,913	1,097,627
Other revenue	319,959	184,556	328,069
	<hr/>	<hr/>	<hr/>
Total revenue and other support	18,147,903	19,603,282	22,490,790
PROGRAM EXPENSES			
Continuing legal education program	934,425	1,820,657	2,535,399
Graphics	942,160	1,097,966	1,418,158
Government relations program	352,401	297,525	380,376
Law, youth and citizenship program	95	55,502	75,284
Lawyer assistance program	151,850	112,291	172,636
Lawyer referral and information services	13,474	88,328	121,435
Law practice management services	42,380	54,591	72,534
Media / public relations services	571,861	337,277	483,920
'Business Operations	1,084,254	-	-
Marketing and Membership services	934,452	1,094,624	1,600,124
Pro bono program	136,150	124,251	171,387
Local bar program	41,809	77,712	102,000
House of delegates	159,178	322,982	388,462
Executive committee	13,771	33,565	50,818
Other committees	291,177	407,067	494,134
Sections	1,670,559	3,080,369	3,838,851
Section newsletters	134,319	80,008	128,880
Reference Books, Formbooks and Disk Products	491,403	538,432	811,426
Publications	409,460	474,901	621,296
Annual meeting expenses	949,214	380,222	380,226
	<hr/>	<hr/>	<hr/>
Total program expenses	9,324,392	10,478,270	13,847,346
MANAGEMENT AND GENERAL EXPENSES			
Salaries and fringe benefits	2,186,845	2,414,778	2,910,524
Pension plans and other employee benefit plan costs	495,524	496,999	1,251,456
Rent and equipment costs	1,119,538	1,093,952	1,492,289
Consultant and other fees	1,101,758	961,086	1,346,720
Depreciation and amortization	450,000	506,700	317,887
Other expenses	215,456	266,451	263,005
	<hr/>	<hr/>	<hr/>
Total management and general expenses	5,569,121	5,739,966	7,581,881
CHANGES IN NET ASSETS BEFORE INVESTMENT TRANSACTIONS AND OTHER ITEMS			
Realized and unrealized gain (loss) on investments	3,254,390	3,385,046	1,061,563
Realized gain (loss) on sale of equipment	1,221,780	3,917,979	5,309,924
26,500			
Gain relating to defined benefit plan curtailment			
Realized gain (loss) on sale of equipment			
	<hr/>	<hr/>	<hr/>
CHANGES IN NET ASSETS	4,502,670	7,303,025	6,371,487
Net assets, beginning of year	36,839,051	30,467,564	30,467,564
	<hr/>	<hr/>	<hr/>
Net assets, end of year	41,341,721	37,770,589	36,839,051
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Staff Memorandum

HOUSE OF DELEGATES Agenda Item # 3

REQUESTED ACTION: Approval of the 2021 Association income and expense budget.

Attached is the 2021 proposed Association operating budget. The budget has projected income of 19,292,955 and expense of \$18,802,064, leaving a projected surplus of \$490,891.

The budget will be presented by John H. Gross, chair of the Finance Committee.

2021 PROPOSED BUDGET

**THE ASSOCIATION HAS PROJECTED REVENUE OF \$19,292,955 AND
EXPENSE OF \$18,802,064 LEAVING A PROJECTED SURPLUS OF \$490,891.**

2021 NYSBA PROPOSED BUDGET

2021 PROPOSED INCOME BUDGET

ITEM	2020 BUDGET	RECEIVED TO 6/30/20	PROJECTED YEAR END	2021 PROPOSED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL
Membership Dues	9,732,250	8,728,582	9,005,000	8,764,295	9,637,873	9,902,972	10,044,393
Continuing Legal Education	3,220,000	1,959,081	3,208,800	2,950,000	3,153,234	3,240,221	3,154,300
Investment Income	500,800	144,363	520,420	494,420	564,518	500,080	480,953
Advertising (MCI) **	250,000	90,021	210,000	183,000	265,085	249,390	63,218
Reference Materials	1,250,000	318,145	1,232,000	1,300,000	1,097,626	1,076,377	1,204,335
Publications and Miscellaneous	216,200	98,291	211,500	210,700	273,698	327,559	251,556
Insurance Program	2,306,000	1,244,597	2,489,194	2,154,000	2,184,419	2,209,019	2,258,770
Annual Meeting	1,312,000	1,582,646	1,591,647	276,225	938,792	838,409	897,247
House of Delegates	24,750	1,610	1,610	12,000	32,617	43,365	27,205
Committees	150,000	16,976	23,290	15,000	44,479	150,928	42,176
Sections	4,435,230	1,881,453	2,056,495	2,933,315	3,771,251	3,821,947	3,770,838
TOTAL	23,397,230	16,065,765	20,549,956	19,292,955	21,963,592	22,360,266	22,194,991

**2021 NYSBA PROPOSED BUDGET
EXPENSE BUDGET**

ITEM	2020 BUDGET	EXPENDED TO 6/30/20	PROJECTED YEAR END	2021 PROPOSED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL
Salaries and Frindge Benefits	8,790,034	4,350,328	7,861,660	8,334,265	8,716,606	8,667,283	9,884,499
Less: Allocations	(8,789,409)	(4,350,328)	(7,861,660)	(8,334,265)	(8,716,606)	(8,663,180)	(9,880,602)
Bar Center Operations	2,286,850	1,093,349	2,371,850	2,412,850	1,789,566	2,533,440	2,114,998
Publications and Meetings	1,858,325	1,332,245	1,748,269	739,450	1,440,800	1,412,011	1,666,099
Committees and Departments	14,626,369	7,022,998	12,538,329	12,729,049	14,359,591	13,403,631	14,757,949
Sections	4,435,230	1,536,518	1,837,745	2,920,715	3,838,851	3,853,509	3,730,254
TOTAL	23,207,399	10,985,111	18,496,193	18,802,064	21,428,807	21,206,694	22,273,197

2021 NYSBA PROPOSED BUDGET

2021 MEMBERSHIP DUES

CLASS	DUES	MEMBERS	AMOUNT
Affiliate	185	20	3,700
Attorney - Admitted 1-2 Years	95	5,936	563,920
Attorney - Admitted 3-6 Years	175	3,407	596,225
Attorney - Admitted 7+ Years	275	27,048	7,438,200
Newly Admitted	-	4,765	-
Law students	-	7,993	-
Retired	100	763	76,300
Sustaining Members Add-On	150	573	85,950
		50,505	8,764,295

2021 NYSBA PROPOSED BUDGET

CLE INCOME BUDGET

ITEM	2020 BUDGET	RECEIVED TO 6/30/20	PROJECTED YEAR END	2021 PROPOSED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL
560-4700	1,600,000	525,244	525,300	500,000	1,560,495	1,847,841	1,453,864
572-4700	400,000	704,023	1,200,000	1,000,000	1,254,689	-	485,487
573-4700	-	-	-	-	-	-	84,341
568-4780	1,000,000	565,350	1,200,000	1,200,000	-	1,055,753	849,200
569-4790	-	-	-	-	69,947	186,098	170,067
561-4710	25,000	2,970	3,500	-	26,240	30,208	28,115
574-4780	120,000	68,912	130,000	130,000	134,972	-	-
571-4715	75,000	92,582	150,000	120,000	106,891	120,321	83,226
TOTAL	3,220,000	1,959,081	3,208,800	2,950,000	3,153,234	3,240,221	3,154,300

CLE GENERAL DEPARTMENT

ITEM	2020 BUDGET	EXPENDED TO 6/30/20	PROJECTED YEAR END	2021 PROPOSED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL
504-5020	5,500	-		2,000	2,105	1,410	3,750
Training and Professional Development							
504-5070	1,070,595	496,578	803,681	823,544	1,022,894	892,107	1,099,771
Salary and Fringe Allocation							
504-5130	3,750	981	2,000	3,000	2,707	3,461	4,103
Dues and Subscriptions							
504-5230	100,000	38,089	70,000	70,000	81,106	91,502	88,759
Bank and Investment Fees							
560-5480	1,300,000	199,399	180,000	300,000	1,524,081	1,126,133	1,076,558
Programs							
572-5480	15,000		800	5,000	26,532	155,041	254,405
Webcast							
573-5480	-					50,883	86,276
LPM Programs							
568-5480	-	37,835	38,000	25,000		-	67,572
Hosting							
504-5100	1,250	(1,425)	500	1,000	(557)	(4,060)	1,638
Postage and Shipping							
504-5110	3,800	1,738	2,100	3,000	6,511	5,981	15,515
Supplies							
569-5480	3,000		246		1,250	4,780	11,115
Compact Disc							
561-5480	1,000				553	425	1,088
Course Book							
571-5180/570	12,000	3,347	6,000	8,000	7,959	11,158	13,622
DVD							
504-5370	1,500		500	1,000	951	75	9,497
Misc. Service/Professional Fees							
504-5470	-				4,741	6,439	5,228
Committee Meeting							
504-5655	1,000	218	500	1,000	3,196		
Minor Equipment							
504-5700	7,000	967	2,000	5,000	13,297	8,058	17,475
Graphics Department							
504-5270	31,000	14,350	15,000	10,000	32,059	31,991	28,277
Travel Costs							
TOTAL	2,556,395	792,075	1,121,327	1,257,544	2,729,387	2,385,385	2,784,649

2021 NYSBA PROPOSED BUDGET

BAR CENTER OPERATIONS AND ADMINISTRATIVE EXPENSE

ITEM	2020 BUDGET	EXPENDED TO 6/30/20	PROJECTED YEAR END	2021 PROPOSED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL
Rent	284,000	132,509	284,000	284,000	284,367	283,623	283,623
Building Services	397,000	147,993	475,000	365,000	423,113	213,285	210,549
Insurance	170,000	86,224	162,000	164,000	159,734	170,278	169,687
Taxes	7,750	115,276	205,250	180,250	113,231	6,872	13,884
Plant and Equipment	890,500	353,163	722,000	893,500	471,657	1,435,314	886,025
Office Administration	25,000	16,437	54,000	44,000	(67,506)	(63,758)	(8,253)
Other	512,600	241,748	469,600	482,100	404,970	487,826	559,482
TOTAL	2,286,850	1,093,349	2,371,850	2,412,850	1,789,566	2,533,440	2,114,998

2021 NYSBA PROPOSED BUDGET

PUBLICATIONS AND MEETINGS

PUBLICATIONS

ITEM	2020 BUDGET	EXPENDED TO 6/30/20	PROJECTED YEAR END	2021 PROPOSED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL
New York State Bar Journal	396,500	172,500	355,700	245,700	365,979	351,483	410,666
New York State Law Digest	156,000	64,441	96,900	75,000	154,153	165,856	161,153
State Bar News	122,300	32,245	95,000	85,500	101,163	131,607	217,676
TOTAL PUBLICATIONS	674,800	269,186	547,600	406,200	621,295	648,945	789,494

MEETINGS

Annual Meeting	714,700	949,194	949,194	24,250	380,226	274,263	338,205
Executive Committee	66,700	13,771	15,500	16,750	50,818	57,322	57,647
House of Delegates and Officer's Expense	402,125	100,094	235,975	292,250	388,462	431,480	480,754
TOTAL MEETINGS	1,183,525	1,063,059	1,200,669	333,250	819,505	763,065	876,605
TOTAL	1,858,325	1,332,245	1,748,269	739,450	1,440,800	1,412,011	1,666,099

2021 NYSBA PROPOSED BUDGET

COMMITTEES AND DEPARTMENTS

ITEM	2020 BUDGET	EXPENDED TO 6/30/20	PROJECTED YEAR END	2021 PROPOSED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL
Committees \$25,000 and/or more	110,350	60,863	82,975	78,925	91,732	143,349	113,570
Committees \$3,001 - \$24,999	328,375	146,690	157,377	141,460	250,709	255,849	290,518
Non-Line Items Committees and Other	356,225	69,784	88,905	97,550	159,138	247,481	157,095
Departments	13,831,419	6,745,662	12,209,072	12,411,114	13,858,011	12,756,953	14,196,767
TOTAL	14,626,369	7,022,998	12,538,329	12,729,049	14,359,591	13,403,631	14,757,949

2021 NYSBA PROPOSED BUDGET

SECTION DUES INCOME

ITEM	2020 BUDGET	RECEIVED TO 6/30/20	PROJECTED YEAR END	2021 PROPOSED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL
Antitrust	12,600	10,950	11,500	12,000	12,095	11,575	12,273
Business Law	67,500	64,373	65,000	69,000	70,758	73,182	75,676
Commercial & Federal Litigation	68,000	65,229	65,500	65,000	68,935	68,261	70,360
Corporate Counsel	36,000	31,090	34,000	33,000	34,630	35,948	35,893
Criminal Justice	35,000	32,481	32,600	30,000	36,307	34,952	35,389
Dispute Resolution	40,000	41,089	41,500	40,500	42,348	39,085	38,259
Elder Law and Special Needs	75,000	68,164	70,000	72,000	71,690	74,197	74,845
Entertainment Law	35,000	29,408	30,000	25,000	33,238	34,629	34,703
Environmental Law	28,200	26,378	27,000	28,000	27,933	28,587	28,656
Family Law	70,000	66,273	66,500	65,000	71,989	74,936	74,960
Food, Drug	7,500	5,388	6,000	6,500	5,088	5,063	4,888
General Practice	35,000	29,476	30,000	47,500	32,970	29,697	31,508
Health Law	38,000	34,716	35,000	37,000	37,380	32,938	33,583
Intellectual Property Law	35,000	29,922	30,000	30,000	33,932	36,142	37,518
International Law	45,000	40,895	45,000	40,000	44,024	45,369	45,044
Judicial	10,000	9,010	9,010	9,000	9,427	9,649	9,681
Labor & Employment	64,000	57,917	60,000	57,000	61,287	63,225	65,666
Local State Government	30,000	26,745	27,000	26,000	28,280	28,807	29,550
Real Property	142,000	133,220	134,000	126,000	140,516	139,777	140,271
Senior Lawyers	48,000	37,447	38,000	38,000	42,054	48,304	44,120
Tax	50,000	46,329	47,000	45,000	48,963	50,457	50,189
Torts, Insurance and Compensation	75,000	64,705	65,000	55,000	71,303	73,200	75,705
Trial Lawyers	60,000	55,756	56,000	50,000	60,212	62,767	66,687
Trusts and Estates	160,000	152,033	152,500	157,500	160,789	163,210	165,713
Women in Law	26,000	16,253	16,500	16,000	14,741	-	-
Young Lawyers	29,000	22,320	22,500	20,000	27,162	28,163	25,649
TOTAL	1,321,800	1,197,565	1,217,110	1,200,000	1,288,049	1,292,120	1,306,781

2021 NYSBA PROPOSED BUDGET

SECTION OTHER INCOME

ITEM	2020 BUDGET	RECEIVED TO 6/30/20	PROJECTED YEAR END	2021 PROPOSED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL
Antitrust	224,750	172,770	173,000	75,700	200,765	200,120	159,987
Business Law	88,500	4,663	5,135	25,135	16,070	29,706	19,333
Commercial & Federal Litigation	195,500	63,185	66,500	121,500	148,935	172,605	188,625
Corporate Counsel	18,700	50	1,100	33,550	1,198	4,548	17,002
Criminal Justice	22,200	10,390	10,600	2,350	8,895	24,124	28,178
Dispute Resolution	141,880	5,335	5,500	106,445	72,589	86,611	71,952
Elder Law and Special Needs	284,000	12,710	70,000	196,500	165,538	182,319	228,167
Entertainment Law	74,100	3,576	14,600	42,135	62,570	49,938	52,115
Environmental Law	87,300	24,345	39,500	55,000	79,955	67,392	68,280
Family Law	346,050	74,650	87,050	299,600	405,819	366,685	330,256
Food, Drug	2,600	180	500	1,500	780	1,395	1,310
General Practice	22,200	270	500	3,500	-	2,250	2,735
Health Law	37,350	10,445	11,350	25,300	38,223	35,907	39,052
Intellectual Property Law	41,150	13,885	14,150	23,150	27,250	17,259	37,660
International Law	310,500	9,705	11,500	243,000	321,610	346,006	279,336
Judicial	20,000	11,905	18,000	-	26,795	15,290	21,725
Labor & Employment	118,100	24,925	25,500	68,900	76,933	76,145	85,579
Local State Government	69,800	135	150	29,200	18,140	13,170	17,480
Real Property	104,000	17,130	17,500	55,700	70,642	54,057	58,033
Senior Lawyers	23,400	350	350	2,000	230	800	3,273
Tax	196,750	106,145	133,500	60,000	177,975	177,340	160,955
Torts, Insurance and Compensation	88,200	4,535	4,700	36,650	58,280	74,800	108,419
Trial Lawyers	40,500	135	500	34,500	33,560	31,019	49,825
Trusts and Estates	343,900	44,920	50,200	116,000	310,875	357,173	258,929
Women in Law	57,000	22,550	33,000	24,000	55,890	9,500	-
Young Lawyers	155,000	45,000	45,000	52,000	103,686	133,669	175,851
TOTAL	3,113,430	683,888	839,385	1,733,315	2,483,202	2,529,827	2,464,057

SECTIONS EXPENSE

ITEM	2020 BUDGET	RECEIVED TO 6/30/20	PROJECTED YEAR END	2021 PROPOSED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	
Antitrust	237,350	132,094	138,400	87,700	207,234	208,719	252,101	620
Business Law	156,000	45,971	70,135	94,135	97,343	142,115	122,457	621
Commercial & Federal Litigation	263,500	103,155	120,950	186,500	249,777	245,377	246,413	631
Corporate Counsel	54,700	20,705	26,550	66,550	43,331	33,688	55,022	622
Criminal Justice	57,200	28,524	38,200	32,350	33,326	56,333	58,421	623
Dispute Resolution	181,880	37,119	47,000	146,945	135,078	129,637	140,149	644
Elder Law and Special Needs	359,000	123,594	140,000	268,500	286,491	295,420	250,205	632
Entertainment Law	109,100	41,911	44,600	67,135	84,712	79,509	96,275	630
Environmental Law	115,500	63,462	66,500	70,400	155,476	80,752	78,674	624
Family Law	416,050	147,808	153,550	364,600	385,641	443,355	401,451	625
Food, Drug	10,100	5,773	6,500	8,000	6,547	6,777	8,635	626
General Practice	57,200	11,642	30,500	51,000	44,277	66,694	57,962	627
Health Law	75,350	40,032	46,350	62,300	61,303	66,243	92,465	633
Intellectual Property Law	76,150	37,376	44,150	53,150	51,660	57,461	64,527	634
International Law	355,500	44,322	56,500	283,000	420,051	373,784	218,335	629
Judicial	30,000	22,556	27,010	9,000	38,623	20,460	27,275	635
Labor & Employment	182,100	63,262	85,500	125,900	117,435	132,346	118,660	636
Local State Government	99,800	10,252	27,150	55,200	45,167	38,157	27,079	637
Real Property	246,000	102,072	111,100	181,700	230,797	186,981	234,481	638
Senior Lawyers	71,400	16,432	38,200	40,000	51,105	44,557	28,646	645
Tax	246,750	166,208	173,500	105,000	237,110	228,468	232,303	639
Torts, Insurance and Compensation	163,200	26,566	37,200	91,650	114,987	158,504	150,104	628
Trial Lawyers	100,500	21,072	28,400	84,500	70,792	91,666	129,707	640
Trusts and Estates	503,900	154,425	187,000	273,500	469,515	489,764	400,746	641
Women in Law	83,000	38,032	46,400	40,000	50,334	37,609	35,661	646
Young Lawyers	184,000	32,157	46,400	72,000	150,737	139,132	202,499	642
TOTAL	4,435,230	1,536,518	1,837,745	2,920,715	3,838,851	3,853,509	3,730,254	



Staff Memorandum

HOUSE OF DELEGATES Agenda Item #5

REQUESTED ACTION: Subscription to the Bylaws amendments proposed by the Committee on Bylaws to allow for their consideration at the Annual Meeting of the Association.

At its June 2020 meeting, the House of Delegates approved the report of the Special Committee on Association Structure and Operations recommended that the Association Bylaws be amended to address remote meetings of the Association, the House of Delegates, and sections and committees. The Committee on Bylaws was charged with developing appropriate Bylaws amendments to implement this recommendation, and the committee's report with proposed amendments is attached.

The committee is proposing amendments to Article V, Section 5 to add a reference to remote meetings of the House of Delegates; to Article XII, Section 3 to clarify "in person" attendance at meetings of the Association; and to re-title Article XIII, currently named "Meetings by Telephonic Equipment," as "Remote Meetings and be expanded to cover new forms of interactive communications technology. The committee also recommends that (a) an Association entity study whether to recommend legislation to amend Not-for-Profit Corporation Law §603 to make permanent the permissibility of holding annual / membership meetings of not-for-profit corporations by remote means and (b) the Nominating Committee be asked to consider whether the Model Rules of the Nominating Committee should be amended to provide for remote meetings given the unique aspects of the Committee's charge and process.

Under procedures established in the Bylaws, the proposed amendments must be subscribed to by a majority of all members of the House of Delegates in order to be considered at a meeting of the Association. Subscription can take place at this meeting to allow for consideration of these proposed amendments at the Annual Meeting of the Association on January 30, 2021.

The report will be presented at the November 7 meeting by Robert T. Schofield, IV, Chair of the Committee on Bylaws.



COMMITTEE ON BYLAWS

ROBERT T. SCHOFIELD, IV

Chair

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October 20, 2020

To: Members of the House of Delegates

Re: Report on Proposed Bylaws Amendment to Govern Remote Association Meetings

INTRODUCTION

At its June 27, 2020 meeting, the House of Delegates approved a recommendation from the Special Committee on Association Structure and Operations that the Association Bylaws be amended to address remote meetings of the Association, the House of Delegates, and sections and committees. The Special Committee’s recommendation is attached is Exhibit “A.” This Committee subsequently was asked by leadership to develop Bylaws amendments to implement this House action.

After considering the issues, the committee recommends that Article V, Section 5 be amended to add a reference to remote meetings of the House of Delegates; that Article XII, Section 3 be amended to clarify “in person” attendance at meetings of the Association; and that Article XIII, previously titled “Meetings by Telephonic Equipment,” be re-titled “Remote Meetings” and be expanded to cover new forms of interactive communications technology. The Committee also recommends that (a) an appropriate Association entity be requested to consider the recommendation of legislation to amend Not-for-Profit Corporation Law §603 to make permanent the permissibility of holding annual / membership meetings of not-for-profit corporations by remote means and (b) the Nominating Committee be asked to consider whether the Model Rules of the Nominating Committee should be amended to provide for remote meetings given the unique aspects of the Committee’s charge and process.

STUDY OF ISSUES

As set forth in the report of the Special Committee, until April 2020 all meetings of the House of Delegates were held in-person only. As a result of the COVID-19 pandemic, House meetings since April 2020 have been held remotely, and it is anticipated that meetings will continue to be held in a similar manner for the foreseeable future. While a return to in-person

meetings is important and highly desirable, remote meetings have demonstrated advantages including increased participation and travel cost savings. We therefore propose amendment of Article V, Section 5 of the Bylaws to provide for remote attendance at House meetings on an ongoing basis.

For a number of years, Article XIII of the Bylaws has provided for “meetings by telephonic equipment” that has enabled sections and committees to hold remote meetings. However, this article is silent with respect to the House of Delegates. Aside from making clear that remote meetings are available for the House, this article is in need of updating to make it relevant to current and future technology.

Historically, Not-for-Profit Corporation Law §603 required that membership meetings of not-for-profit corporations be held in person. A recent amendment to the statute provides an exemption for meetings taking place through December 31, 2021; it is unclear whether that exemption will be extended. We propose the amendment of Article XII AND Article XIII to account for this possibility. We also believe that an appropriate entity of the Association should be asked to review whether legislation should be proposed to eliminate the requirement that membership meetings (such as the Annual Meeting) be held in person.

Finally, we considered whether amendments to the Bylaws with respect to the Nominating Committee are needed to account for remote meetings. We concluded that the existing provisions for the Nominating Committee, coupled with the amendments we propose in this report, are sufficient. However, the Model Rules of the Nominating Committee clearly contemplate in-person meetings. While the Nominating Committee is permitted to adopt amendments to the Model Rules for a given committee year, such amendments are not permanent; any permanent amendments must be adopted by the House. Given the unique aspects of the Nominating Committee’s charge and process, we recommend that the Nominating Committee be asked to consider whether the Model Rules of the Nominating Committee should be amended to provide for remote meetings under any circumstances.

PROPOSED LANGUAGE

The Committee proposes that Article V, Section 5 of the Association’s Bylaws be amended as follows:

Section 5. Meetings.

A. Upon not less than 15 days’ written notice, the House of Delegates shall meet at such times and places as it shall fix, but not less than four times each year including one meeting to be held in conjunction with the Annual Meeting of the Association. Such meetings shall be conducted in person or as authorized by Article XIII.

The Committee proposes that Article XII, Section 3 of the Association's Bylaws be amended as follows:

Section 3. Quorum. At every meeting of the Association the presence in person, as defined by Article XIII, of 100 members shall constitute a quorum. Only active members of the Association shall have the right to vote at any meeting of the Association, and no vote shall be cast by proxy.

The Committee proposes that Article XIII of the Association's Bylaws be amended as follows:

XIII. MEETING BY TELEPHONIC EQUIPMENT REMOTE MEETINGS

Section 1. If authorized by law, the Annual Meeting and any special meeting of the Association may be conducted by means of communications technology which allows all members attending the remote meeting to have a reasonable opportunity to participate in the meeting. A written record of all action taken at such meetings shall be maintained.

Section 2. The House of Delegates may, upon not less than 24 hours' written notice by mail or electronic means, conduct an otherwise properly noticed meeting by means of a conference telephone or similar communications equipment technology which allows allowing all members participating in attending the remote meeting to have a reasonable opportunity to participate in the meeting able to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting. A written record of all action taken at such meetings shall be maintained.

Section 3. Any section and any committee, including but not limited to the Executive Committee and excepting the Nominating Committee unless it adopts changes to its Model Rules to specifically adopt this authority, may, upon not less than 24 hours' written notice by mail or electronic means, conduct an otherwise properly noticed meeting by means of a teleconference or other communications technology which allows all members attending the remote meeting to have a reasonable opportunity to participate in the meeting. A written record of all action taken at such meetings shall be maintained.

Section 4. Whenever used in these Bylaws, Pparticipation through communications technology by such means shall constitute presence in person at a meeting.

Section 5. Whenever a meeting is held in accordance with this article, the place of the meeting shall be deemed to be Albany, New York.

A complete set of redlined Bylaws is attached as Appendix “B.”

The Committee makes the following recommendations to the House of Delegates:

- **Recommendation #1:** That the House subscribe to the proposed amendments of the Bylaws in the form set forth above such that the proposed amendments can be put forth for a vote of the membership at the January 2021 Annual Meeting.
- **Recommendation #2:** That an appropriate entity of the Association should be asked to review whether legislation should be proposed to eliminate the requirement in Not-For-Profit Corporation Law §603 that membership meetings be held in person.
- **Recommendation #3:** That the Nominating Committee be asked to consider whether to recommend permanent amendments to the Model Rules to provide for remote meetings under any circumstances.

CONCLUSION

Our Committee proposes the foregoing amendments to the Association’s Bylaws to enhance flexibility in conducting its meetings, remotely or in person. We commend them to you for your consideration and subscription at the November 7, 2020 meeting of the House of Delegates. If subscribed, the above amendments will be presented for discussion and adoption at the 2021 Annual Meeting of the Association.

Respectfully submitted,

COMMITTEE ON BYLAWS

Robert T. Schofield, IV, Chair

Anita L. Pelletier, Vice Chair

Eileen E. Buholtz

Michael E. Getnick

LaMarr J. Jackson

A. Thomas Levin

Steven G. Leventhal

David M. Schraever

Oliver C. Young

Executive Committee liaison: T. Andrew Brown

Staff liaison: Kathleen R. Mulligan Baxter

Staff reporter: Thomas J. Richards



Staff Memorandum

HOUSE OF DELEGATES Agenda Item #7

REQUESTED ACTION: Approval of the request of the Committee on LGBTQ People and the Law for section status.

Attached is a memorandum from Christopher R. Riano, chair of the Committee on LGBTQ People and the Law, setting forth the committee's request that the House authorize the creation of a section on LGBTQ People and the Law. The memorandum outlines the committee's recent activities and its planned expansion of activities as a section. The committee notes that as a section it will be better able to accommodate members who, because of limits on the size of committees, have not been able to participate in committee activities. Finally, the committee notes that as a section, it will be better able to address diversity and inclusion in the legal community.

Mr. Riano will present the request at the November 7 meeting.



COMMITTEE ON LGBTQ PEOPLE AND THE LAW

CHRISTOPHER R. RIANO
Chair
Columbia University
200 W 54th St
New York, NY 10019-5567
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September 15, 2020

To: House of Delegates, New York State Bar Association

From: Christopher R. Riano, Chair of the LGBTQ People and the Law Committee

RE: Section Status for the Committee

The Committee on LGBTQ People and the Law (“Committee”) respectfully requests that the House of Delegates authorize Committee to establish a Section on LGBTQ People and the Law, pursuant to Article X., Section 1, of the NYSBA’s Bylaws.

Established in 2008, the Committee has helped further NYSBA’s mission and serves as a critical voice for members of the LGBTQ legal community and allies across all of New York State. The Committee is the only NYSBA Committee committed to exclusively addressing professional, legal, policy, and legislative issues impacting the LGBTQ community, which continues to face significant and substantial legal challenges across the entire country that range from prohibited discrimination in the workplace and in public accommodations, issues with access to healthcare, and structural legal issues within family law such as recognition of marriage rights, recognition of parentage, and issues with adoption and assisted reproduction.

NYSBA has a proud tradition of standing up ahead of the curve when it comes to advocating for the legal rights and liberties of the LGBTQ community, but without further structure and resources, it is increasingly difficult for NYSBA to grow as the state-wide home for LGBTQ People and the Law. Currently, there is no other state-wide organization that can support this work, which is why it is critical that NYSBA take the lead. In particular, this will become even more relevant with the recent passage of the the CPSA (“surrogacy law”) which will have a major state-wide ongoing impact in the LGBTQ community.

Recent national and state developments regarding racial and social justice only make it even more important that the legal profession focus even more clearly on diversity and inclusion. Now is the exact time to convert this Committee from a trailblazing Committee to a much-needed and influential NYSBA Section.

The Committee drafts legal comments, amicus briefs, proposes legislation, pushes for the adoption and implementation of policy by the Executive Committee and House of Delegates, and acts in other ways to ensure the fair treatment of LGBTQ People and our allies under the law.

The Current Cap on the Committee's Membership

Due to the cap placed on the number of attorneys who can join the Committee each year, only 32 members are directly involved in our work. According to NYSBA, due to the cap on our Committee's size, we are one of a few committees that historically has considered turning down numerous prospective members and regularly rotates members off the Committee to make way for new members. While there is a "Friends of LGBTQ" group that was formed to attempt to accommodate those who have been unable to join the committee, that does not fully take advantage of those who would want to be involved in the work like a section would be able to do.

Given the extraordinary amount of work necessary in this area of the law, there are extraordinary opportunities, especially for younger lawyers, that are available that should be taken advantage of with increased numbers and resources that come from being a Section. Members should always feel invested in the Committee and its subcommittees as advocates for the LGBTQ community. These individuals are valuable NYSBA members and volunteers and feel a strong sense and passion on critical contemporary issues - we should be working harder to foster and support this community.

The Current Problem with Limited Resources

After achieving a major achievement this year, by drafting a key brief on behalf of NYSBA for the entire association, with more resources comes the ability to have more impact. This has been shown to a large degree by the incredible support the association has received following the brief we drafted in *Fulton v. City of Philadelphia*, and is a tradition the committee should be able to continue going forward as a section.

Currently the Committee's annual budget is approximately \$5,000. Of this amount, we already have spent money on the recent SCOTUS brief, and expect to be able to file more briefs going forward. This budget is not enough to cover our expenses, let alone allow us to take on more issues.

The Committee needs both the people power, and the fiscal power, to ensure that we are able to properly address the needs of the LGBTQ community both state-wide as well as nationally. There are significant challenges that remain to addressing these issues in our current format as a Committee, which could be far better addressed if instead we were a Section.

Because NYSBA's committees are not income generating, the Committee is unable to return revenue to a budget to offset expenses. Even if we have funds left over at the end of the year, we are not permitted to roll them over to the next year – we are in a "use it or lose it" situation.

This should not, this cannot, be how we best address the needs of our members, particularly at a time like today.

A LGBTQ Section Is Very Timely

As more LGBTQ persons attend law school, join NYSBA, seek leadership positions and career support, and demand greater equality in the law and parity in the workforce, the Committee's size and lack of resources make it clear that we must think about the impact we need to have going into the future.

There are 15 law schools in New York, all of which have LGBTQ student groups. It is critical to understand that younger attorney's want to identify at LGBTQ lawyers going into and during their time in the profession. It is critical to engage these potential younger and newer members when they are likely to be most engaged as a group.

Diversity, Equity, and Inclusion ("DEI") are in the forefront of our profession. New York now requires that all attorneys satisfy a DEI CLE requirement. Many General Counsels require outside counsel to have DEI policies. Additionally, companies and major law firms are seeking ways to improve inclusion and retain and promote diverse talent.

Just months ago, the American Bar Association came out with an important and groundbreaking study of 3,590 lawyers which showed:¹

Lawyers who either identify as having disabilities or who identify as LGBTQ+ report experiencing both subtle and overt forms of discrimination at their workplaces, with common reports of subtle but unintentional biases. . . Particularly noteworthy, the study examines individuals with multiple identities that intersect, such as people of differing sexual orientations and gender identities who also have disabilities. The study was conducted from 2018 to 2019.

The study confirmed significant numbers of respondents reporting subtle biases, the prevalence of mental health conditions, variations of bias among intersectional identities. Not surprisingly, "respondents reported relatively high rates of mental health conditions, especially pronounced for women, individuals identifying as LGBTQ+, racial and ethnic minorities, and early-career lawyers."

There are countless additional studies showing the importance of addressing all forms of diversity, equity, and inclusion within the legal community. In order to properly do so, organizations like NYSBA have a responsibility to support communities, such as the LGBTQ legal community, at the state-wide level and allow this Committee to grow into a Section so we can continue to future the goals of our entire association.

Conclusion

Considering all of the above, and particularly now when we are charged with ensuring the continued growth of the association as a whole, now is time to support areas of the association than can lead the way for all lawyers to be as involved as possible in our important professional work.

¹ <https://www.americanbar.org/news/abanews/aba-news-archives/2020/07/aba-study-finds-prevalent-reports-of-discrimination-faced-by-dis/>

The Committee respectfully requests that the House of Delegates authorize the establishment of a Section on LGBTQ People and the Law.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Christopher R. Riano". The signature is fluid and cursive, with a prominent initial "C" and "R".

Christopher R. Riano, Chair
Committee on LGBTQ People and the Law

HOUSE OF DELEGATES

Agenda Item #11

REQUESTED ACTION: Approval of the resolutions offered by the Health Law Section with respect to its report on COVID-19.

The attached report from the Health Law Section was prepared to review the legal issues faced by the health care system in response to the COVID-19 pandemic, as well as the pandemic's effects on individuals, families and communities. The section appointed a task force to conduct its review; the task force examined public health, ethics, provider systems, telehealth, reimbursement, business and liability, workforce and vulnerable population issues. It consulted with experts in medicine and bioethics on issues of concern. Four resolutions each containing several recommendations were also prepared for action by the House.

The House of Delegates tabled consideration of the report and resolutions at its June 13, 2020, meeting. The Health Law Section subsequently engaged in a revision of both the report and resolutions in consultation with several NYSBA sections, committees, and other stakeholders.

Comments were received from twelve NYSBA sections and committees. Two open forums were held in the Fall of 2020 to discuss the revised resolutions with delegates and section and committee chairs.

The resolutions as revised are now offered for approval at the November 7, 2020, meeting of the House of Delegates. Most notably, the former Resolution #4 on immunities was withdrawn in its entirety.

The current three revised resolutions are titled as the "Revised COVID-19 Resolutions" and contained as recommendations in Appendix G of the report, and are appended to this Staff Memorandum as well.

The report itself was last revised on September 20, 2020, to reflect several stylistic edits.

The resolutions will be presented at the November 7 meeting by section chair Karen Gallinari, immediate past section chair Hermes Fernandez, and Mary Beth Morrissey, chair of the section's task force.

Resolution #1

Public Health Legal Reforms

The seriousness and magnitude of the present COVID-19 pandemic are unprecedented over the course of the last hundred years by any measure - the number of lives lost, the number of people afflicted with serious COVID-19 illness and the complications of pre-existing co-morbidities, the risks to health care workers and other frontline and essential workers, disruptions to businesses and the New York State (“the State”) economy, impacts upon employment and family life, and the profound trauma, losses and bereavement persons, families, communities, especially communities of color, have suffered and continue to suffer. Public health law and preparedness play an essential role in addressing disasters and emergencies. New York, like the rest of the country, was unprepared to deal with the pandemic. The report of the Health Law Section recommends reforms to public health law addressing identified gaps in the law to strengthen the preparedness and capacities of the State both during the present and in future pandemics, and to protect the public’s health.

The New York State Bar Association recommends: State Government to:

A.1.(a) Enact a **state emergency health powers act** addressing gaps in existing laws in New York, drawing upon the Model State Emergency Health Powers Act (MSEHPA), developed by the Center for Law and Public Health at Georgetown and John Hopkins Universities (2001), and other sources as appropriate;

A.1.(b) Adopt **crisis standards of care** addressing gaps in existing laws in New York, drawing upon the Crisis Standards of Care, developed by the Institute of Medicine (2012); The Arc, Bazelon Center for Mental Health Law, Center for Public Representation and Autistic Self Advocacy Network Evaluation Framework for Crisis Standard of Care Plans (Evaluation Framework); and other sources as appropriate.

Resolution #1 (continued)

A.1.(c) Provide comprehensive workforce education and training in the implementation of the above state emergency health powers act and crisis standards, including proper use and disposal of PPE and other equipment;

A.2.(a) Appoint and maintain a core team of emergency preparedness experts to review evidentiary sources and draft legislation to strengthen emergency preparedness planning; and

A.2.(b) Evaluate the public benefit and costs of laws and/or regulations waived during the COVID-19 emergency, and the Executive Orders and emergency regulations issued in response to the COVID-19 emergency and consider eliminating or amending those laws and/or regulations, as appropriate.

B.1.(a) Adopt **resource allocation guidelines** addressing gaps in existing laws in New York, drawing upon the New York State Task Force on Life and the Law 2015 Report, Ventilator Allocation Guidelines, the Evaluation Framework, and other sources as appropriate;

B.1.(b) Issue emergency regulations mandating all providers and practitioners follow the ethics guidelines, and ensure:

- i. the needs of vulnerable populations, including persons and communities of color, older adults and nursing home residents, persons with disabilities, persons who are incarcerated, and immigrants, are met in a non-discriminatory manner in the implementation of emergency regulations and guidelines;
- ii. provision of palliative care to all persons as an ethical minimum to mitigate suffering among those who are in institutional, facility, residential, or home care settings during the COVID-19 crisis;
- iii. provision of education and training to physicians, health care practitioners, and institutional triage and ethics committees; and
- iv. provision of generalist-level palliative care education and training for all health care workers and health-related service workers in all settings who are providing supportive care.

B.2. Amend the New York State Public Health Law: Article 29-C “Health Care Proxy,” to require in the case of a State Disaster Emergency Declaration:

B.2.(a) at least one, rather than two, witnesses, or

B.2.(b) attestation by a notary public in person or remotely.

Resolution #2

Legal Reforms in Care Provision, Congregate and Home Care, Workforce and Schools

The New York State Bar Association recommends: State Government to:

A.1. Evaluate the public benefit and costs of continuing the following laws and/or regulations which were waived by executive orders, for possible repeal and/or amendment:

A.1.(a) Ability to Exceed Certified Bed Capacity for Acute Care Hospitals: Continue the waiver by the Governor's Executive Orders 202.1 and 202.10 of the DOH regulations governing certified bed restrictions for the pendency of the State Disaster Emergency.

A.1.(b) Limitation on Resident Hours Working in Acute Care Hospitals: Continue the Governor's Executive Order 202.10's waiver of NYCRR Article 10, Section 405, limiting resident work hours for the pendency of the State Disaster Emergency.

A.1.(c) Temporary Changes to Existing Hospital Facility Licenses Services and the Construction and Operation of Temporary Hospital Locations and Extensions: Continue the waiver provided in Executive Orders 202.1 and 202.10 of the State requirements that restrict the ability of Article 28 facilities to reconfigure and expand operations as necessary, for the pendency of the State Disaster Emergency.

A.1.(d) Anti-Kickback and Stark (AKS) Law Compliance during the COVID-19 Emergency: New York State to adopt the waivers provided by CMS and the OIG as to the Anti-Kickback and Stark Laws in substantially similar form for the state versions of the Stark Law and AKS during the State Disaster Emergency, each as tailored for the particular statute at issue.

A.2. Congregate Care and Home Care: Ensure, as applicable to all congregate settings and residents thereof, and recipients of home care, including:

A.2.(a) Older Adults, Persons with disabilities, Persons with disabilities in Residential Facilities or Group Homes, Persons confined in Psychiatric Centers, Nursing Home and Adult Care Facilities Residents, and Nursing Home Providers and Adult Care Facilities Operators:

(i) Equitable allocation of scarce resources from the Public Health and Social Services Emergency Fund—established by the CARES Act—to older adults and their health care providers, prioritizing under-resourced long-term care providers;

(ii) Adequate provision of PPE;

(iii) Adequate levels of staffing;

(iv) Adequate funding of employee testing;

Resolution #2 (continued)

A.2.(a):

- (v) Consistent and timely tracking and reporting of case and death data;
- (vi) Adoption of non-discriminatory crisis standards and ethics guidelines;
- (vii) Recognition and honoring of Older New Yorkers' and New Yorkers' with disabilities right to health and human rights, including rights to be free from abuse and neglect and to care in the most integrated setting, as protected under federal law and international conventions; and
- (viii) Adequate resources for the Office of the State Long Term Care Ombudsman, which provides advocacy for nursing home residents and families and helps residents understand and exercise their rights to quality care and quality of life.

A.2.(b) Persons incarcerated and correctional facilities and care: Ensure:

- (i) Adequate access of persons incarcerated to COVID-19 testing, medical care and mental health and supportive services;
- (ii) COVID-19 testing of correctional staff and adequate provision of gloves, masks and other protective equipment;
- (iii) Release to the community of older persons and persons with disabilities who are incarcerated or living with advanced illness who do not pose a danger to the community;
- (iv) Adequate funding of prison-to-community transitions including access to housing, meals, and supportive services, and non-discriminatory access to employment opportunities; and
- (v) Recognition and honoring of the right to health and human rights of persons who are incarcerated, as protected under international conventions.

A.2.(c) Immigrants in detention facilities: In its exercise of state police powers in the COVID-19 public health emergency, New York State must take steps, similar to those outlined above, in cooperation with federal agencies, to ensure:

- (i) Reduction of risk of the spread of COVID-19 among immigrants being held in detention centers, and recognition and honoring of immigrants' right to health and human rights, as protected under international conventions.

A.3. Telehealth:

Eliminate restrictions on the provision of care by telehealth and increase reimbursement for services provided via telehealth.

Resolution #2 (continued)

B.1. State Government to:

B.1.(a) Prioritize additional childcare funding and implementing novel childcare staffing strategies, such as utilizing staffing firms dedicated to child care to supplement the childcare workforce, to ensure quality childcare services, effective and sustainable facility operations and the health and safety of our children and childcare providers, enabling businesses to effectively reopen with sufficient childcare resources and support;

B.1.(b) Prioritize education and training pertaining to crisis standards to assure all practitioners are supported as they exercise professional medical judgment in triage, treatment and services; and

B.1.(c) Prioritize enhanced employee assistance and other mental health counseling programs to address and mitigate the moral distress suffered by frontline workers under crisis conditions.

B.2. State government to: Enhance regulatory oversight, to ensure:

B.2.(a) adequate and non-discriminatory allocation of resources to persons and communities of color and vulnerable populations in conformity with state and federal laws;

B.2.(b) equitable access of persons and communities of color and vulnerable populations to health and mental health services in conformity with state and federal law, including palliative care as an ethical minimum to mitigate suffering among those persons who remain in institutional, facility, residential or home care settings, or are hospitalized during the COVID-19 crisis; and

B.2.(c) provision of PPE and testing to essential workers at highest risk in delivering essential services to vulnerable populations.

B.3. State government to: Monitor conformity with state and federal laws barring discrimination.

Resolution #3

COVID-19 Vaccine and Virus Testing: Legal Reforms and Guidelines

The authority of the State to respond to a public health threat and public health crisis is well-established in constitutional law and statute. In balancing protection of the public's health and civil liberties, the Public Health Law recognizes our interdependence, and that a person's health, or her/his/their lack of health, can and does affect others. This is particularly true for communicable and infectious diseases. Since the discovery of the smallpox vaccine in 1796, vaccines have played a crucial role in preventing the spread of dangerous and often fatal diseases. The New York Public Health Law mandates several vaccinations for students at school-age up through post-secondary degree educational levels, and for health care workers. The Public Health Law also mandates treatment for certain communicable diseases, such as tuberculosis.

The New York State Bar Association recommends:

To protect the public's health, it would be useful to provide guidance, consistent with existing law or a state emergency health powers act as proposed in Resolution #1, to assist state officials and state and local public health authorities should it be necessary for the state to consider the possibility of enacting a vaccine mandate. A vaccine must not only be safe and efficacious; it must be publicly perceived as safe and efficacious. Diverse populations, including people of color, older adults, women, and other marginalized groups, must be represented in clinical trials. The trials also must follow rigorous protocols that will establish a vaccine's safety and efficacy through expert consensus of the medical and scientific communities.¹

State Government to:

A.1. Ensure Access to Virus Testing: Establish a coordinated statewide plan for Virus Testing to ensure:

A.1.(a) frontline health care workers are prioritized in access to rapid diagnostic testing; and

A.1.(b) the most vulnerable individuals from health status and essential business/employee standpoint have equitable access to rapid diagnostic testing.

A.2. Adopt Ethical Principles Guiding Equitable Allocation and Distribution: Once available, a vaccine should first be equitably allocated and distributed based upon widely

¹ The National Academies of Sciences, Engineering and Medicine is an example of a recognized organization of medical and scientific experts that assists U.S. policymakers, such as in planning for equitable allocation of COVID-19 vaccines.

It is noted further that nothing in this Resolution or the underlying Report should be regarded as suggesting that emergency use authorization should be considered in determinations concerning any immunization requirement.

Resolution #3 (continued)

A.2.:

accepted ethical principles including maximizing benefit to the society as a whole through reducing transmission and morbidity and mortality; recognizing the equal value, worth and dignity of all human persons and human lives; mitigating suffering, health inequities and disparities; and ensuring fairness and transparency in decision making. Health care workers and other essential workers most endangered by COVID-19 and populations at highest risk must be afforded priority access to a vaccine.

A.3. Encourage Public Acceptance and Educational Programs: Efforts must be made to encourage public acceptance. Public health authorities should build on existing systems and infrastructures including community-based organizations and networks. The campaign must acknowledge distrust in communities of color from a history of medical exploitation. Efforts should include linguistically and culturally competent educational and acceptance programs, and stakeholder community engagement strategies, to build public trust, widely encouraging vaccine uptake and addressing vaccine hesitancy.

A.4. Take Steps to Protect the Public's Health and Consider Mandate As May Be Necessary to Reduce Risks of Transmission and Morbidity and Mortality: Our state and nation have suffered terrible losses from COVID-19. As of September 3, 2020, 186,000 Americans, including 26,000 New Yorkers, have lost their lives. Unemployment has been at the highest levels since the Great Depression. Numerous businesses have closed.

Should the level of immunity be deemed insufficient by expert medical and scientific consensus to check the spread of COVID-19 and reduce morbidity and mortality, a mandate and state action should be considered, as may be warranted, only after the following conditions are met and as a less restrictive and intrusive alternative to isolation, subject to exception for personal medical reasons:

- i) evidence of properly conducted and adequate clinical trials;
- ii) reasonable efforts to promote public acceptance;
- iii) fact-specific assessment of the threat to the public health in various populations and communities; and
- iv) expert medical and scientific consensus regarding the safety and efficacy of a vaccine and the need for immunization.

Enforcement of any immunization requirement should be along the lines of current New York law.

WITHDRAWN from Resolutions: Resolution #2 Provisions and Resolution #4

WITHDRAWN: Resolution #2 Provisions

WITHDRAWN:

2.A.1. Purchasing Necessary Supplies: Amend New York General Business Law Section 396-r to include prohibition from exorbitant pricing of all equipment and products of any kind used either in patient care or to protect health care workers from infection.²

WITHDRAWN:

2.B.1.(a) Provide clear, timely guidance and support to all non-health care businesses and academic institutions to coordinate effective implementation of universal precautions and other workplace safety best practices to facilitate public health and trust, while mitigating disparate conditions during the phase-in process and long-term.³

2.B.1.(b) Consider publicly posting essential/non-essential business operations decisions with an industry-wide impact on the Empire State Development (ESD) website in real time to mitigate confusion and enhance institutional compliance.⁴

WITHDRAWN: Resolution #4 in its entirety⁵

A. COVID-19 Qualified Legal Immunities for Providers and Practitioners

3.A.1. Patient Care Immunities: Federal and NYS Governments:

Provide/extend criminal and civil immunity for physicians, nurses and other health care practitioners and Article 28 facilities related to provision of care to patients in connection with the COVID-19 disaster emergency (excluding willful or intentional criminal misconduct, gross negligence, reckless misconduct, or intentional infliction of harm).

3.A.2. Ethics Guidelines Immunities: Governor or DOH :

3.A.2.(a) waive/suspend certain NYS laws to provide/extend immunity from civil and criminal liability to providers and practitioners who follow the ethics guidelines (excluding willful or

² S.8189 amending Section 396-r of the New York General Business Law was signed by Governor Cuomo in June 2020. See amendments to law expanding scope of law to “the public” or “the general public,” and the term “goods and services” to include the following: consumer goods and services, essential medical supplies and services, and any other essential goods and services to promote health or welfare of the public. For exact language changes in full and tracking of such changes, *See*: <https://legislation.nysenate.gov/pdf/bills/2019/S8189>.

³ State government has implemented recommendation and continues to do so on an ongoing basis.

⁴ State government has publicly published detailed industry-wide guidance online and the specific recommendation noted in report.

⁵ Chapter 134 of 2020 was signed by Governor Cuomo in August 2020, narrowing the application of Article 30-d of the Public Health Law, the “Emergency or Disaster Treatment Protection Act.”

WITHDRAWN: Resolution #4 in its entirety (continued)

3.A.2.(a):

intentional criminal misconduct, gross negligence, reckless misconduct, or intentional infliction of harm); and

3.A.2.(b) direct all state agencies to interpret and apply the law and regulations in a way to support compliance with the ethics/triage guidelines.

3.A.3. DNR/Medical Futility Immunities: Governor, DOH, or Amend Law: provide/extend immunity from criminal and civil immunity for physicians, nurses and other health care practitioners and Article 28 facilities, when the following steps are taken (excluding willful or intentional criminal misconduct, gross negligence, reckless misconduct, or intentional infliction of harm):

3.A.3.(a) a practitioner, as defined in Public Health Law Section 2994-a, determines that a patient’s resuscitation would be “medically futile” as defined in PHL 2961.12;

3.A.3.(b) a second practitioner concurs with the determination; and

3.A.3.(c) both practitioners document their determination in the medical record; and in connection therewith, revoke or amend all laws and regulations prohibiting or penalizing such determinations and actions, including without limitation, those set forth on page 12 of this Report.

B. COVID-19 Business of Health Care Immunities:

3.B.1. Anti-Kickback and Stark Laws: New York State:

Adopt the waivers provided by CMS and the OIG as to the Anti-Kickback and Stark Laws in substantially similar form for the state versions of the Stark Law and AKS during the State Disaster Emergency, each as tailored for the particular statute at issue.

3.B.2. Vendors: New York State:

Consider extending immunity under NY UCC section 2-615(a) to supply chain vendors where specific performance under a contract becomes impracticable due to unforeseen event or good faith compliance with governmental orders or regulations during crisis.

C. COVID-19 Regulatory Waiver Immunities: New York State:

3.C. Provide/extend immunity from civil and criminal liability for practitioners and providers related to acts or omissions under regulatory waivers, such as would be applicable to credentialing, licensure, registration, and scope of practice, during the COVID-19 declared emergency and disaster (excluding willful or intentional criminal misconduct, gross negligence, reckless misconduct, or intentional infliction of harm).

**NEW YORK STATE BAR ASSOCIATION
HEALTH LAW SECTION
COVID-19 REPORT
May 14, 2020
*Revised September 20, 2020***

*This report is dedicated to New York’s health care workers and workers in service jobs
on the front lines of the pandemic.*

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Executive Summary

The COVID-19 crisis and New York on PAUSE¹ have presented a unique set of circumstances for New York healthcare providers, professionals and workers, and the persons, families and communities they serve. Over 22,000 New Yorkers have lost their lives to date, based upon New York State Department of Health data, including nursing home and adult care facility COVID-19 related deaths statewide, reported through the period ending May 13, 2020.² While the apex of the pandemic appears to be flattening in New York, deaths are still hovering at an unacceptably high number, and emerging data and evidence suggest heightened risk for young children. The health system as a whole has been struggling to deal with executive orders and overwhelmed capacities and capabilities, across the continuum of care, as well as the surge in capacity that occurred over a very short time period. Through drastic social control measures (i.e., closing businesses and enforcing social distancing), supported by innovation and resourcefulness (for example, in adaptation of equipment such as shared ventilators), explicit rationing of resources may have been averted in some parts of the system, or mitigated in others, at least for now, particularly as such rationing concerns allocation of ventilators in the hospital system. It has come to light that the long-term care system has not fared nearly as well, and there have been continuing shortages of personal protective equipment and staff in both the hospital and long-term care systems. Notwithstanding the unparalleled bravery we have witnessed at all levels of the system, issues concerning rationing scarce resources, including implicit forms of rationing, remain relevant while the pandemic continues to devastate populations and health care workers. This is particularly apparent in the long-term care sector. To the extent that crisis standards of care remain in place during the period the pandemic continues to flatten, as well as in future waves of COVID-19, there will continue to be concern about rationing.

In addressing the legal and ethical issues confronted by the health system, we must not forget the human face of COVID-19, the persons, families and communities affected by the pandemic, and the unspeakable assaults on the fabric of human life – loved ones dying alone in sterile hospital rooms, unemployment and food insecurity, the loss of sociality, and depths of bereavement and despair unknown in generations, at least in the western world. Communities of color and those historically disadvantaged and marginalized, including Black/African Americans and Latinos with illness burden, isolated and vulnerable older adults, nursing home residents, persons with disabilities, persons who are homeless, workers in low-income jobs and on the frontlines, and inmates and immigrants, have been the hardest hit by the pandemic, reflecting the intersectionality of age, race and ethnicity, class, gender, and disability and immigration status. In these contexts, there has been a lack of systematic attention to the psychosocial needs of those affected by the pandemic,³ or the role of the helping professions including psychology and social work, perhaps with the exception of palliative care which is playing a central role in the pandemic. Palliative care physicians, nurses, nurse practitioners, social workers, psychologists, and chaplains are trained in working with families, goals of care discussions, pain assessment and mitigation of suffering, and providing bereavement support. Efforts to locate palliative care practitioners and teams in emergency rooms during the pandemic, as reported by hospital systems here in New York, are helping to relieve the stress of front-line workers,

¹ N.Y EXEC. ORDER, *New York State on Pause: 10 Point Plan*, Mar. 22, 2020, <https://coronavirus.health.ny.gov/new-york-state-pause>.

² NEW YORK STATE, Department of Health, COVID-19 Tracker, *Fatalities*, May 14, 2020, <https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n>; *Nursing Home and ACF COVID Related Deaths Statewide*, May 13, 2020, https://www.health.ny.gov/statistics/diseases/covid-19/fatalities_nursing_home_acf.pdf.

³ UNITED NATIONS, Policy Brief: COVID-19 and the Need for Action on Mental Health, May 13, 2020, https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf.

and provide critical support to patients and their family members as they confront the assaults of the virus and imminent risk of death.⁴

As the crisis began to unfold, New York State Bar Association (NYSBA) President Hank Greenberg asked that the Health Law Section prepare a report on the legal issues presented by the COVID-19 epidemic. To meet the request, Section Chair Hermes Fernandez appointed a Task Force to address the unique legal and ethical questions raised by COVID-19.⁵ The Health Law Section Task Force began work in early March.⁶

The Task Force was charged with examining legal issues presented by the pandemic. As the Task Force pursued its work, it identified gaps in the law and legal and regulatory barriers to care delivery that have emerged during the pandemic. The Task Force also chose to make recommendations to address such gaps and barriers in the rapidly changing legal environment, based upon present knowledge.

Cluster groups were organized to examine public health, ethics, provider systems, telehealth, reimbursement, business and liability, workforce and vulnerable population issues.

The members of the Task Force and its various cluster groups convened approximately twice a week, starting on March 13 through April 24, to identify goals and priorities, and also consulted with experts in medicine and bioethics on issues of concern. The members of the Task Force and cluster groups followed consensus processes of decision making throughout its work. During this time, governmental leadership has managed many of the issues the Task Force addresses through a series of declarations and emergency orders.⁷ The Task Force acknowledges the value and impact of such steps.

This report reflects the consensus of the Task Force on a wide range of legal and ethical issues and recommendations to further ease the challenges presented now and anticipated in the future. The following limitations of the report are noted: although we touch upon the interaction of federal and state law, the principal focus of the report is New York law; the key issues identified and examined by the Task Force members are by no means exhaustive; and as of this date, sources of reliable data and evidence about the pandemic remain limited. A summary set of Task Force recommendations, based upon current knowledge, may be found at the end of the report.⁸ These recommendations will need to be re-assessed over the course of the pandemic, and as more knowledge is gained about the science of COVID-19, health system vulnerabilities, and population outcomes.

⁴ Dana Lustbader & Sean Morrison, *Palliative Care on the Front Lines of COVID-19*, GNYHA (webinar), Apr. 20, 2020, <https://www.gnyha.org/event/palliative-care-on-the-front-lines-of-covid-19-webinar/>.

⁵ See a full list of appointed members of the Task Force, as well as consulting advisors, scholars and legal professionals, and attorney and law student volunteers who provided support to the Task Force, Appendix H.

⁶ The opinions expressed herein are those of the Health Law Section, and not those of the New York State Bar Association until approved by the House of Delegates or the Executive Committee, or the individual members of the Task Force. The New York State Bar Association is a statewide bar association with 74,000 members. We are proud to have a robust Health Law Section with active members in diverse areas of practice concentration and legal scholarship.

⁷ See New York State Bar Association Health Law Section Task Force Letter to Governor and Department of Health, March 26, 2020, footnotes 4, 5, 6 and 7, Appendix A.

⁸ See Task Force Recommendations, Appendix G.

I. Public Health Law Framework

Introduction

Public health law focuses on the legal powers and duties of the state to protect the public health, as well as limitations on state power to preserve the legally protected interests of individuals. Public health law provides critical tools to support the response of federal, state, and local governments to public health emergencies (PHEs).⁹

Legal Reforms

Legal reforms have sought to improve planning and response for PHEs through development of legal response capabilities, comprehensive federal and state declarations, and improved classifications of PHEs utilizing modern approaches to react to current threats.¹⁰ Public health law experts and academics have promoted adoption of model emergency preparedness acts to equip government officials with the legal tools to respond to novel and emerging public health threats. For example, the Model State Emergency Health Powers Act (MSEHPA), developed by the Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities in 2001, provides a set of model provisions for state and local government to respond to public health crises.¹¹ The MSEHPA balances individual and communal interests when government is responding to a public health threat that may result in a large number of deaths and/or mass morbidity. It provides a framework for governments to respond efficiently and effectively to public health emergencies without unjustly infringing upon individual rights.^{12,13}

New York can benefit from examining the principles established in the model legislation for coordinating an effective public health response during the coronavirus pandemic. Knowledge of a uniform structure of laws in New York for enabling a public health emergency response is especially important in protecting community health as more residents become infected, demanding more resources from the state's healthcare system. Once the pandemic is over, New York should review and consider adopting the MSEHPA provisions, as is or as otherwise amended, using the Columbia University Center for Health Policy Gap Analysis,¹⁴ developed at the impetus of, and in collaboration with, the NYSBA Public Health Law Committee.

New York State Executive Law Article 2-B,¹⁵ as significantly expanded in April 2020 (Ch. 23, Laws 2020),¹⁶ grants emergency powers to both local heads of government and to the Governor. Epidemics are included in its definition of what is an emergency.¹⁷ The chief executive of a town or city in which an epidemic is occurring may issue directives to safeguard the health of the public that include setting curfews and restricting people from gathering in public places.¹⁸ If an epidemic cannot be contained by local action,

⁹ JAMES G. HODGE, JR., *PUBLIC HEALTH LAW IN A NUTSHELL*, 227-247 (West Academic Publishing 2014).

¹⁰ James G. Hodge, Jr. et al., *From Anthrax to Zika: Key Lessons in Public Health Legal Preparedness*, 15 *INDIANA L. REV.*, 23, 25-26 (2018).

¹¹ See Lawrence O. Gostin et al., *Model State Emergency Health Powers Act*, CENTER FOR LAW AND THE PUBLIC'S HEALTH (Georgetown University 2001), <https://www.ncsl.org/Portals/1/documents/health/modelact.pdf>

¹² See Lawrence O. Gostin & James G. Hodge, *State Public Health Law Assessment Report*, TURNING POINT PUBLIC HEALTH STATUTE MODERNIZATION NATIONAL COLLABORATIVE (2002).

¹³ See *id.*

¹⁴ Benjamin Mason Meier & Jocelyn Getgen, *Gap Analysis: Comparing the Model State Emergency Health Powers Act with Corresponding New York State And New York City Statutory Authority*, CENTER FOR HEALTH POLICY (Columbia University 2008). See <https://app.box.com/s/fabziko9c7uyjmh8e7wy2fo09fmd4prh>

¹⁵ N.Y. EXEC. L. Art. 2-B – State and Local Natural and Man-Made Disaster Preparedness.

¹⁶ Ch. 23, Laws 2020.

¹⁷ N.Y. EXEC. L. §20(2)(B).

¹⁸ N.Y. EXEC. L. §24.

the Governor may declare a disaster and issue directives to protect the public. Applicable laws require implementation of the least restrictive measures to protect the public, as well as reliance on specialists to prevent adverse effects of any public health emergency measures during the pandemic. The Public Health Manual, recently updated by the New York State Bar Association and New York's Office of Court Administration, provides an overview of the laws that apply to public health issues.¹⁹ As evidenced by the numerous Executive Orders issued over the past several months, more review, analysis, and legislation potentially, are needed.

Developing a systematic framework to prioritize scarce resources in the face of the coronavirus pandemic is essential to protect both individual rights and the public's health. This requires a robust evaluation of constitutional rights, ethical triage of scarce resources, guidance regarding existing advance care directives, and adverse effects of decisions on vulnerable populations and communities of color – all components of legal and ethical decision-making to ensure fairness, transparency and equity. Issues of equity present the most challenging allocation decisions and call upon us to grapple with questions of implicit bias and risks of discrimination in crisis standards and decision processes. For example, if people of color or with comorbidities and other burdens are less likely to survive hospitalization due to social and economic determinants of health that have compromised their health status over the life years and resulted in advance illness and compromise, is it ethical to consider long-term survival in making allocation decisions? Federal law bars discrimination on the basis of disability, and in the case of discriminatory triage guidelines, enforcement actions may result.²⁰

Crisis Standards of Care

New York State, and other jurisdictions, have lacked sufficient resources (e.g., practitioners, personal protective equipment, ventilators, and dialysis machines) to provide critical care during the coronavirus pandemic and may face similar situations in possible future surges. Rationing resources may thus be unavoidable at such times. The development of a framework to guide decision making in a crisis -- a pervasive (e.g., pandemic) or catastrophic (e.g., earthquake) disaster²¹ -- is important to preserve the rule of law and maintain focus on ethical considerations. Crisis standards of care ensure that scarce resources during these times are allocated based on evidence and data, with the participation of a broad range of public and private stakeholders, and that decisions are communicated in a transparent manner to preserve the community's trust.²²

The Institute of Medicine,²³ in a 2009 letter and 2012 report, set forth a comprehensive approach to the development and implementation of crisis standards of care. The Crisis Standards of Care (CSC) proposed by the IOM provide one path for shifting from usual healthcare operation to crisis response required to

¹⁹ NYS PUBLIC HEALTH LEGAL MANUAL, A GUIDE FOR JUDGES, ATTORNEYS AND PUBLIC HEALTH PROFESSIONALS, 2d Edition, Currently available as free eBook at: <https://nysba.org/products/new-york-state-public-health-legal-manual-second-edition-ebook/?numberOfItemsInCart=1&salesOrderId=a1J1U000002yZ5PUAU&status=SUCCESS>.

²⁰ 42 U.S.C. §12132 (1990); 42 U.S.C. §12182 (1990); See HHS OFFICE OF CIVIL RIGHTS, *OCR Reaches Early Case Resolution With Alabama After It Removes Discriminatory Ventilator Triage Guidelines*, Apr. 8, 2020, <https://www.hhs.gov/about/news/2020/04/08/ocr-reaches-early-case-resolution-alabama-after-it-removes-discriminatory-ventilator-triaging.html?>; See also discussion of these issues, *infra*, Sections II and VII.

²¹ INSTITUTE OF MEDICINE, *CRISIS STANDARDS OF CARE: A SYSTEMS FRAMEWORK FOR CATASTROPHIC DISASTER RESPONSE: VOLUME 1*, (Dan Hanfling, et al., eds., The National Academies Press 2012), <https://doi.org/10.17226/13351>, https://commmed.vcu.edu/IntroPH/2012/crisisManagement_IOM.pdf

²² *Id.*

²³ In 2015, the Institute of Medicine was renamed the National Academy of Medicine and is one of the three academies constituting the National Academies of Science, Engineering and Medicine. For more information, please see: <https://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=04282015>

address the need for a surge response.²⁴ They acknowledge the interdependency of public and private emergency responders and suggest a process to adjust the state's response to address medical surge and scarce resources. The CSC ensure provider and community engagement to adjust the delivery of care based on fair and equitable principles. Furthermore, the CSC offer guidelines to enable providers to make difficult life and death decisions and reduce suffering.²⁵

The development of consensus standards of care can be particularly beneficial to New York State when navigating crises, such as the coronavirus pandemic, because they focus on adherence to ethical and professional standards.²⁶ The IOM's standards are based on three substantive principles: fairness, duty of care, and duty to steward resources. Underlying the concept of fairness in allocating resources is the duty to base decisions on ethically sound principles. This presupposes the allocation of resources in a consistent and standardized way across all types of provider types and settings. Furthermore, it contemplates the rigorous assessment of decisions against professional ethics. A process for resource allocation should be developed based on specified goals.²⁷ For example, if healthcare practitioners will receive priority for being placed on a ventilator, public health officials must clearly identify the goals and rationale for establishing this priority. The process must be based on non-discriminatory and reasonable standards for protecting the public's health.²⁸

The CSC planning approach seeks to facilitate community and provider trust through transparency, consistency, proportionality, and accountability. Adoption requires public health officials to strictly adhere to ethical principles, as well as the development of standardized processes, and transparent communication with providers and the community about the processes.²⁹ Standardization protects and supports healthcare providers in resource allocation by providing a clear framework. The CSC planning approach promotes trust through transparency about the resource allocation process with the community.

Ideally, the CSC planning approach should be implemented before a public health emergency, when difficult decision-making can occur without the threat of immediate harm and private-public relationships can be cultivated. However, CSC can and should be implemented even during the crisis to create clear guidelines for practitioner and public health decision-making. While this report recommends adoption of a CSC planning approach, which requires long term planning outside of a PHE, it will also identify components of crisis standards of care that can be considered for potential implementation, on a temporary basis, during a crisis.

Provider and Community Engagement

Protecting the public health during the coronavirus pandemic requires a commitment from a multitude of stakeholders, from public health agencies, private organizations, emergency response personnel, and

²⁴ James G. Hodge et al., *Practical, Ethical, and Legal Challenges Underlying Crisis Standard of Care*, J. L. MED. & ETHICS, Spring 2013 at 2.

²⁵ *Id.*

²⁶ *Id.* at 3.

²⁷ *Id.* at 3-4.

²⁸ Of course, the IOM standards, based on ethical, legal, and medical principles, must comport with federal and New York law, including New York's Constitution, statutes, and case law. New York State has long recognized the individual right to self-determination in health care and has a robust law of informed consent, including the right to refuse medical treatment, and the right to information and access to palliative care. The sensitive question of ventilator allocation must also satisfy federal and New York law. For example, under the Americans with Disabilities Act, as interpreted in Supreme Court decisions, health care providers may not discriminate against any patient in the provision of care based on the patient's disability, as discussed *infra* in Section II. Similarly, all providers have an ethical and legal duty not to abandon their patients, as discussed *infra* in Section II.

²⁹ James G. Hodge et al., *Practical, Ethical, and Legal Challenges Underlying Crisis Standard of Care*, J. L. MED. & ETHICS, Spring 2013 at 5.

bordering state agencies. Cooperation and collaboration are critical for sharing of resources and equipment. As part of a CSC planning process, New York State should consider establishing memoranda of understanding and other agreements to facilitate interjurisdictional cooperation and coordination among different entities.³⁰ Agreements can ensure consistency with existing New York laws, as well as address specific concerns about resource allocation.³¹

Provider and community engagement are essential for the delivery of healthcare services during the pandemic. Using the CSC planning framework, public health officials can work with healthcare organizations and the community to develop mechanisms to ensure compliance with surveillance, reporting, testing, screening, quarantine, social isolation, or other public health mandates. Patient issues, such as accommodations for disabled patients, preserving informed consent, and protecting patient privacy, can be addressed through engagement.³²

Adoption and Communication of Consistent Methods of Resource Allocation

Achieving consistency in allocation of scarce resources can impact community and individual health outcomes. The CSC planning approach would establish meaningful guidance on shifting standards of care during PHEs, as well as establish legal authority. Recognition of changing standards of care in a declared emergency alleviates healthcare practitioner concerns regarding liability when allocating resources. By changing the scope of practice during a declared emergency, public health officials can also suspend certain licensure requirements to meet increased healthcare demands.³³ Licensure and other requirements can be temporarily revised to allow healthcare providers to practice at the top of their license (e.g., reducing supervision requirements or authorizing practitioners with overlapping skills to fulfill service gaps).³⁴ (See Section III for a full discussion of licensure issues.)

Continuous Performance Improvement

The coronavirus pandemic has resulted in fluid decision-making as more information is released from the federal government and more patients recover from the virus. The CSC planning approach would promote continuous performance improvement to refine processes to provide the best level of care possible, even during the crisis. It would allow for the use of data and evidence-based decision making to make mid-course corrections, even during the crisis.³⁵

Provider Education About the CSC

Healthcare providers are trained to focus on individual patient needs and improving clinical outcomes. Coordinating the allocation of scarce medical resources could well require a dramatic shift in their approach to healthcare and difficult choices regarding patient care. Practitioners would need education on the CSC framework, and the conditions under which the crisis standards would come into play.³⁶

³⁰ U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION, Public Health Law/Publications and Resources/Emergency Preparedness, <https://www.cdc.gov/phlp/publications/topic/emergency.html> (last reviewed: Apr.10, 2020).

³¹ INSTITUTE OF MEDICINE, CRISIS STANDARDS OF CARE: A SYSTEMS FRAMEWORK FOR CATASTROPHIC DISASTER RESPONSE: VOLUME 1, 1-6 (Dan Hanfling, et al., eds., The National Academies Press 2012), <https://doi.org/10.17226/13351>, https://commed.vcu.edu/IntroPH/2012/crisisManagement_IOM.pdf.

³² *Id.*

³³ JAMES G. HODGE, JR., PUBLIC HEALTH LAW IN A NUTSHELL, 227-247 (West Academic Publishing 2014).

³⁴ *Id.* at 4.

³⁵ INSTITUTE OF MEDICINE, CRISIS STANDARDS OF CARE: A SYSTEMS FRAMEWORK FOR CATASTROPHIC DISASTER RESPONSE: VOLUME 1, 1-3 (Dan Hanfling, et al., eds., The National Academies Press 2012), <https://doi.org/10.17226/13351>, https://commed.vcu.edu/IntroPH/2012/crisisManagement_IOM.pdf.

³⁶ *Id.* at 1-33-1-34.

The CSC is based on modern public health principles to provide a consistent and ethically sound approach to delivering the best level of healthcare services to the community during the coronavirus pandemic. New York State should consider educating healthcare practitioners about the CSC to ensure transparency and fairness in all healthcare decision-making processes. Consistent application of CSC would also be important specifically in broadly reducing geographic variability or inconsistency in applications to evolving standards of care. Even variability can occur across health systems in the same metropolitan region.

Constitutional Protections and Civil Liberties

New York's ability to respond to public health emergencies is derived from its police powers and *parens patriae* powers.³⁷ The New York Constitution under Article XVII, Section 3 states, "The protection and promotion of the health of the inhabitants of the state are matters of public concern and provision therefor shall be made by the state and by such of its subdivisions and in such manner, and by such means as the legislature shall from time to time determine." With this constitutional authority, on March 2, 2020, the legislature, passed an amendment to Executive Law §29-a granting the Governor broad discretion to address the emergent COVID-19 Pandemic.

The steps that New York has taken to control this novel virus are largely unprecedented. Exercising its power to address the coronavirus pandemic, the State implemented social distancing measures to protect public health during the pandemic, stay-at-home orders, the shutdown of "non-essential businesses," a moratorium on elective health procedures, and other directives that significantly infringe upon the rights of New York citizens. Such actions should be sparingly used, and only when there is a compelling reason to believe that these extreme measures are necessary to save lives. Accordingly, when implementing them, government officials must continually balance individual civil liberties against the need to protect the public health. They must be transparent about why such steps are needed, and they must impose the restrictions fairly and for only as long as they are needed.

For example, restrictions of movement should only be employed when they are necessary and public health officials can cite clear and compelling evidence that the disease, because of its communicability and severity, poses a grave risk to public health.³⁸ The government should ensure fair and equitable treatment, avoiding stigma or discrimination against individuals or groups. Furthermore, public health measures should be no more restrictive than necessary to accomplish public health objectives.³⁹ The evidence about the coronavirus and recovery outcomes are changing daily; therefore, New York should continually review the public health restrictions against evolving scientific evidence. Public health officials should revise executive orders and adjust restrictions accordingly to ensure least restrictive and fair measures.

Additionally, New York public health officials should implement safeguards to protect patient privacy during the pandemic. Patients have a right to privacy pursuant to the Health Information Portability and Accountability Act (HIPAA), as well as a state constitutional right to privacy. However, the right to privacy is not an absolute right; public health reporting is a standard exemption for providers, and public health officials and healthcare covered entities may share protected health information to advance public health surveillance and reporting activities.⁴⁰ While such data sharing promotes transparency, covered entities and public health officials must carefully consider protecting patient information by disclosing the minimum necessary information to achieve public health objectives.

³⁷ *Jacobson v. Massachusetts*, 197 U.S. 11 (1905); Lawrence O. Gostin, *Public Health Law: Power, Duty, and Restraint*, 92-98 (Univ. of California Press 2008).

³⁸ Wendy Parmet & Michael Sinha, *COVID-19: The Law and Limits of Quarantine*, 15 *NEW ENG. J. MED.* 28 (2020).

³⁹ *Id.*

⁴⁰ 45 C.F.R. 160 (2012).

Fair due process procedures are required when the government deprives an individual of property or liberty. The level of due process afforded must be commensurate with the extent of deprivation of life or liberty. Determining whether an informal process or a formal judicial process will preserve civil liberties rests on the level of coercive measures imposed, the risk of an erroneous decision, and the burden of additional judicial procedures.⁴¹ In New York, access to the courts has been curtailed temporarily due to the pandemic; however, virtual proceedings are increasingly available.

II. Ethical Issues in the Management of COVID-19

Introduction

There are two central ethical issues presented by the COVID-19 pandemic in the United State: i) the fair allocation of scarce resources; and ii) the balancing of autonomy, that is, individual rights and liberty interests, versus protection of the public's health. These are separate issues and merit consideration as such.

Allocation of Life-Saving Equipment

Allocating limited resources during the pandemic is among the greatest challenges in balancing our obligation to save the most lives against concerns of equity and the right to liberty. Such resources include tests to determine who is infected, personal protective equipment (PPE) to prevent spread, life-saving medical equipment – notably ventilators – and trained health care workers. Even items as mundane as hospital beds are scarce and must be allocated fairly.

Virus Testing

As other countries have demonstrated,⁴² the value of assuring adequate testing early enough to tailor social distancing measures can significantly reduce the apex of infection and prevent strain on life-saving resources. Test-availability and test access triage are variable across domestic regions, which both reflects and reinforces inequities across socioeconomic lines. This has created unjustifiable disparities: in access to better protection measures and treatment stratified by financial and social means.

There is evolving discussion about two specific types of testing now - diagnostic testing and post-exposure (antibody) testing. Both need to be in place and scaled. In light of the Governor's expressed intent to strategically execute a phased plan for reopening, a coordinated state-wide plan for diagnostic testing is needed to ensure: i) frontline health care workers are prioritized in access to testing on the basis of moral obligation; and ii) the most vulnerable New Yorkers from both a health and business operations standpoint have equitable access to testing.⁴³ Frontline and essential employees who are forced to engage in significant close contact with other essential employees to perform their duties, and cannot easily be replaced, are critical to ensure that essential businesses are able to continue to operate effectively in support of our community members, while also proactively protecting our community members who rely on services and products from these entities.

⁴¹ LAWRENCE O. GOSTIN, *PUBLIC HEALTH LAW: POWER, DUTY, AND RESTRAINT*, 130-132 (Univ. of California Press 2008); *Mathews v. Eldridge*, 424 U.S. 319, 335 (1976).

⁴² Heather Stewart, *UK Must Learn from German Response to COVID-19, says Whitty*, THE GUARDIAN, Apr. 7, 2020, <https://www.theguardian.com/world/2020/apr/07/uk-must-learn-from-german-response-to-COVID-19-says-whitty>.

⁴³ NEW YORK STATE, *Amid Ongoing Covid-19 Pandemic, Governor Cuomo Outlines Phased Plan to Re-open New York Starting with Construction and Manufacturing*, Apr. 26, 2020, available at: <https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-outlines-phased-plan-re-open-new-york-starting>.

PPE

The United States is also severely short on PPE for health care workers, such as gowns, face masks, eye protection, and surgical masks,⁴⁴ which leads to difficult questions about who among them should have access to the existing limited supply. Production and distribution should have ramped up sooner, preventing such shortages. Members of the general public are understandably inclined to use PPE to protect themselves, but such use could be limited according to actual effectiveness and curtailed according to the far greater need of health care workers. Whereas socially distanced members of the public can effectively protect themselves and others with carefully placed cloth coverings,⁴⁵ health care workers require more advanced N95 respirators because they are intimately and unavoidably exposed to infected people. Those hoarding PPE⁴⁶ represent the extreme violation of our collective ethical duty to steward precious resources.

Ventilators and Other Scarce Equipment

Allocation of life-saving equipment such as ventilators, which enable breathing for patients whose lung function is compromised by coronavirus infection, is the starkest exercise of justice during the pandemic. Access to a ventilator may make the difference between life and death for many individuals. Based upon all reports, there has been no explicit rationing of ventilators by providers upstate, and upstate systems actually sent available ventilators downstate. However, providers downstate were forced to adapt equipment to meet need, such as through ventilator sharing. It is not clear whether any patient was expressly denied access to a ventilator or other scarce equipment, although the state was on the brink of such decisions, and may very well not have enough scarce equipment for everyone in future waves of the pandemic, as experienced in Italy.⁴⁷ Accordingly, we may be faced in the future with difficult decisions about who will have access and for how long, and hence, must be adequately prepared.

Several organizations foresaw the possibility of pandemic-related ventilator shortage and developed guidelines for how to allocate fairly. These guidelines, including those produced by the New York State Task Force on Life and the Law (NYSTFLL) in 2015,⁴⁸ first issued in 2008, as well as the University of Pittsburgh,⁴⁹ the North Carolina Protocol for Allocating Scarce Inpatient Critical Care Resources in a Pandemic,⁵⁰ Maryland⁵¹ and other states, and the Catholic Health Association of the United States,⁵² follow certain similar patterns. It is of note, however, that the updated 2015 New York Task Force on Life

⁴⁴ Andrew Jacobs et al., 'At War With No Ammo': Doctors Say Shortage of Protective Gear is Dire, N.Y. TIMES, Mar. 19, 2020, <https://www.nytimes.com/2020/03/19/health/coronavirus-masks-shortage.html>.

⁴⁵ Prevent Getting Sick, CTRS FOR DISEASE CONTROL & PREVENTION, Apr. 13, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

⁴⁶ Marty Stempniak, *Feds seize 900,000-plus pieces of PPE from hoarding price gouger, distribute to providers*, RADIOLOGY BUSINESS, Apr. 2, 2020, <https://www.radiologybusiness.com/topics/policy/ppe-COVID-19-pandemic-coronavirus-william-barr-doj>.

⁴⁷ Marco Pavesi, *I'm a Doctor in Italy. We Have Never Seen Anything Like This*, N.Y. TIMES, Mar. 18, 2020, <https://www.nytimes.com/2020/03/18/opinion/coronavirus-italy.html>.

⁴⁸ New York State Task Force on Life and the Law, Ventilator Allocation Guidelines, Nov. 2015, https://www.health.ny.gov/regulations/task_force/reports_publications/docs/ventilator_guidelines.pdf

See University of Rochester Medical Center grid attached, Appendix B.

⁴⁹ *Allocation of Scarce Critical Care Resources During a Public Health Emergency*, U. PITTSBURGH, DEPT. OF CRITICAL CARE MED. Apr. 15, 2020, https://ccm.pitt.edu/sites/default/files/UnivPittsburgh_ModelHospitalResourcePolicy_2020_04_15.pdf.

⁵⁰ North Carolina Protocol for Allocating Scarce Inpatient Critical Care Resources in a Pandemic, Douglas White, *A Model Hospital Policy for Allocating Scarce Critical Care Resources*, U. PITTSBURGH SCHOOL OF MED. Mar. 23, 2020, <https://ccm.pitt.edu/?q=content/model-hospital-policy-allocating-scarce-critical-care-resources-available-online-now>.

⁵¹ *Maryland Framework for the Allocation of Scarce Life-sustaining Medical Resources in a Catastrophic Public Health Emergency*, U. MARYLAND SCHOOL OF LAW, Aug. 24, 2017, https://www.law.umaryland.edu/media/SOL/pdfs/Programs/Health-Law/MHECN/ASR%20Framework_Final.pdf.

⁵² Ethical Guidelines for Scarce Resources in a Pandemic, CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES 2020, <https://www.chausa.org/docs/default-source/ethics/ethical-guidelines-for-scarce-resources-in-a-pandemic.pdf?sfvrsn=2>.

and the Law (NYSTFLL) Guidelines do not grant priority to health care workers. Some existing guidelines do give priority to health care workers, based upon the implicit assumption that such professionals can receive limited ventilation and then return to the workforce while the need still exists, which remains uncertain from both an individual and systems perspective.⁵³ Furthermore, the definition of a health care worker is unclear. Is it just physicians and nurses, or just those who serve during a pandemic, or just those with expertise to treat pandemic patients? For example, should a Florida dermatologist who let his license lapse be prioritized in a New York hospital? The issue of the treatment of health care workers in the event of scarce ventilator resources calls for re-examination in light of the experience and knowledge gained during the COVID-19 pandemic.

Most frameworks prioritize survival benefit, which means prioritizing patients for whom ventilator use will lead to hospital discharge and return to normal life. Such evaluations can be quite sophisticated in separating cases that seem similar. For example, the NYSTFLL guidelines recommend using the Sequential Organ Failure Assessment (SOFA) score⁵⁴ that quantifies the possibility of mortality based on the degree of dysfunction of six organ systems. Most frameworks then allow for the possibility that such a comparison will not be able to differentiate all patients, leading to the need for “tie-breakers.” A recent article in the *New England Journal of Medicine*⁵⁵ describes such tie-breakers as involving assessment of co-morbid conditions that would indicate which patients would likely have better post-treatment life-length and life-quality, or age, for which younger patients would get priority because they have yet to experience the full life-cycle. Advocates for those with disabilities have raised serious questions about the ethics of any guidelines that would discriminate against persons with disabilities,⁵⁶ and the HHS Office of Civil Rights has cautioned that such discrimination on the basis of disability or age is barred by federal law.⁵⁷

Many allocation frameworks describe the importance of avoiding decisions that in practice discriminate on non-medical grounds and suggest the use of a lottery only if all other factors are equal. While objective and utilitarian, decisions that differentiate patients on grounds such as assessment of co-morbidities and age cannot be free from unintentional discrimination. Many with co-morbid conditions are so affected because of prior social injustices, leading to their inability to access adequate care or maintain healthy lifestyles.⁵⁸ Accordingly, this prioritization scheme will inevitably save the lives of many whose health was better before the pandemic, which demonstrates the tension between the goal of saving the most lives and achieving distributive justice. Early data already suggest this pandemic is disproportionately affecting

⁵³ Mark A. Rothstein, *Should Health Care Providers Get Treatment in an Influenza Pandemic?*, 38 J. L. MED. & ETHICS, 412-419 (2010).

⁵⁴ *Sequential Organ Failure Assessment (SOFA) Score*, MD+CALC, (last accessed Apr. 24, 2020), <https://www.mdcalc.com/sequential-organ-failure-assessment-sofa-score>.

⁵⁵ Ezekiel Emanuel et al., *Fair Allocation of Scarce Medical Resources in the Time of COVID-19*, NEW ENG. J. MED., Mar. 23, 2020, <https://www.nejm.org/doi/full/10.1056/NEJMs2005114>.

⁵⁶ Ari Ne’eman, *When It Comes To Rationing Disability Rights Law Prohibits More than Prejudice*, Bioethics Forum Essay, HASTINGS CTR., Apr. 10, 2020, <https://www.thehastingscenter.org/when-it-comes-to-rationing-disability-rights-law-prohibits-more-than-prejudice/>; Joseph J. Fins, *Disabusing the Disability Critique of the New York State Task Force Report on Ventilator Allocation*, HASTINGS CTR., Apr. 1, 2020, <https://www.thehastingscenter.org/disabusing-the-disability-critique-of-the-new-york-state-task-force-report-on-ventilator-allocation/>; Joseph J. Fins, *New York State Task Force on Life and the Law Ventilator Allocation Guidelines: How Our Views on Disability Evolved*, HASTINGS CTR., Apr. 7, 2020, <https://www.thehastingscenter.org/new-york-state-task-force-on-life-and-the-law-ventilator-allocation-guidelines-how-our-views-on-disability-evolved/>.

⁵⁷ HHS OFFICE OF CIVIL RIGHTS, *Bulletin: Civil Rights, HIPAA, and the Coronavirus Disease 2019 (COVID-19)*, Mar. 28, 2020, <https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf>; Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010).

⁵⁸ SHORTER LIVES, POORER HEALTH (Steven H. Wolf and Landon Aaron, eds., National Academies Press 2013); FROM NEURONS TO NEIGHBORHOODS: THE SCIENCE OF EARLY CHILDHOOD DEVELOPMENT (Jack P. Shonkoff and Deborah A. Phillips, eds., National Academies Press, 2000).

Black/African Americans and Latinos,⁵⁹ something that should be studied carefully and potentially used to ensure that social and economic determinants of health are considered in the fair allocation of life-saving resources.

Age has also been suggested as an allocation criterion. Older persons have historically been marginalized, but the value of remaining life is not necessarily diminished by age, which draws age into question as an allocation criterion. Yet some take the position that we may have a duty to help children and younger adults experience more life when possible, meaning that the value of experiencing more life-phases might necessitate age comparison in some cases. Clearly, an age difference of just one year or two will rarely be ethical grounds on which to allocate, but our intuitions might sometimes support a decision to ventilate a 9-year old over a 79-year old when ventilator access would give them an equal chance of hospital discharge. This intuition reflects a basic human impulse to afford special protection to small children, as reflected for example in child abuse laws.

Many allocation frameworks provide thoughtful yet general guidelines. The challenge in their development is to be prescriptive enough so that overburdened health care workers can make confident decisions without fear of liability, yet general enough to allow flexibility when similar scenarios should be handled differently. For example, if one ventilator must be allocated between two patients equally likely to survive the acute respiratory infection yet one has a heart condition that would indicate fewer remaining life-years, a comorbidities assessment would favor the unaffected patient. However, if the heart condition is congenital due to Down Syndrome, guidance might suggest avoiding allocation decisions that hinge on the presence of disability, even if indirectly. If the heart condition is the product of a poor diet from living in poverty, guidance might suggest avoiding allocation decisions based on factors that grow out of oppressive socio-economic structures. Relevant facts should thus inform ethical decisions to maximize lives saved while also avoiding unjust discrimination. At the same time, the allocation criteria should be sufficiently clear and concise that they can be understood and implemented by all front-line health care workers.

The development of a ventilator triage framework based on ethical principles should consider the social and cultural norms of the implementing system. It is also important to ensure healthcare staff are trained on the policy and processes and that they are universally applied. All clinicians should know how they are expected to assess survival benefit in accordance with a standardized, consistent process. Adherence to the accepted framework should serve to protect clinicians' allocation decisions, such as withdrawing care from someone who will not survive with maximum care to make resources available to another patient who is likely to benefit. There are mechanisms to relieve the attending health care staff of making the most difficult decisions that risk unjust discrimination on nonmedical grounds should not be made by the attending health care staff. To alleviate some of their burden and further insulate them from liability during this morally challenging time, a triage committee, or ethics committee, can be established and available to carefully apply the allocation policy and reach consensus about justified decisions in these cases. It is an unfortunate reality that many institutions do not have the capacity to train their staff on policy implementation or provide triage or ethics committee support for hard cases.

Withdrawal, DNR, and Futility

Usually, ventilator supply exceeds need. Under normal circumstances, when a ventilated patient will not likely survive after ventilator withdrawal, decisions regarding the course of care will involve a discussion of patient and family wishes, and appropriate implementation of palliative care to mitigate suffering, with

⁵⁹ Kenya Evelyn, *'It's a Racial Justice Issue': Black Americans are Dying in Greater Numbers from COVID-19*, THE GUARDIAN, Apr. 8, 2020, <https://www.theguardian.com/world/2020/apr/08/its-a-racial-justice-issue-black-americans-are-dying-in-greater-numbers-from-COVID-19>.

limitations in public health emergency contexts such as the present one. Similarly, decisions to resuscitate a patient who is at risk of cardiac arrest will be informed by the patient's previously expressed wishes, or the family's wishes.⁶⁰ Such respect for patient autonomy represents the ideal of shared decision making in modern western medicine. One way to better respect patient autonomy during the pandemic is to lower the existing bar for individuals to designate health care proxies, such as the recent Executive Order enabling remote witnessing of such legal designations.⁶¹ In light of severely restricted access to serving as a witness for patients, more could be done including dropping the required two witnesses to one, or if none is available only requiring a remote notary.⁶²

There will be many cases for which the existence of a health care proxy will not morally bear on the need to justly allocate or reallocate resources. Honoring the ideal of patient autonomy in all cases where advance directives and surrogate decision makers ask for continued care that meets the definition of futility during the pandemic would prevent distribution of resources to those who would survive hospital discharge and would lead to significantly more deaths. This said, some guidelines include a variation of "first come first served," which means that once patients are on ventilators, if the family or the patient objects to withdrawal, this resource cannot be re-allocated to another patient who might benefit even if continued care meets the definition of futility. One potential foundation for this principle is that reallocation necessitates a direct and unjust comparison of the worth of two lives. This might be refuted by the fact that reallocation would only be considered if the presently ventilated patient has negligible existing quality of life that can never be improved, whereas the new patient could have full quality of life with access to care.

Crisis standards of care⁶³ protect withdrawing and withholding care from patients when such care would be medically futile. The challenge arises when the patient's advance directive conflicts, or the surrogate decision-maker disagrees, with the decision to withdraw or withhold care. Although laws exist in states like California and Texas⁶⁴ that protect a clinical determination of futility leading to a do not resuscitate (DNR) order or the withdrawal of a ventilator against a surrogate's wishes if the patient is still alive (with adequate time given to say goodbye), New York does not have such laws. This can lead to unhelpful resuscitation attempts in futile cases when families demand it. First, it exposes the resuscitation team to a high risk of infection – a risk not usually present in resuscitation attempts in non-pandemic circumstances. However, the issuance of a DNR without consent or over objection is not explicitly prohibited, leading to ambiguous territory especially during the pandemic. While we unavoidably need to ask health care professionals to risk their lives to save patients, we cannot ethically ask them to do so when there is no realistic prospect of saving the patient's life. Moreover, even apart from that consideration, directing resuscitation attempts when there is no prospect of benefit to the patient is morally injurious to staff, and reallocation of resources can save far more lives.

⁶⁰ N.Y. PHL Art. 29-B, formerly the "DNR Law," now only applies in psych units and hospitals. It provides that, "It shall be lawful" for practitioners to write a DNR based on patient or agent/surrogate consent, or in the case of an isolated patient (i.e., a patient who lacks capacity and has no agent or surrogate) for two physicians to write a DNR based on medical futility.

N.Y. PHL Art. 29-CC, the Family Health Care Decisions Act, authorizes decisions – including DNR – by surrogates for incapable patients who meet clinical criteria, and by two physicians for isolated patients when treatment would be in effect futile. N.Y. CLS SCPA § 1750-b relates to patients who have an intellectual disability. It authorizes decisions – including DNR – by surrogates for incapable patients who meet clinical criteria, and by a surrogate decision-making committee for isolated patients when treatment would be in effect futile.

⁶¹ N.Y. EXEC. ORDER No. 202.10, Mar. 23, 2020.

⁶² See Health Care Proxy proposal, Appendix C.

⁶³ INSTITUTE OF MEDICINE, CRISIS STANDARDS OF CARE: A SYSTEMS FRAMEWORK FOR CATASTROPHIC DISASTER RESPONSE: Volume 1, 1-3 (Dan Hanfling, et al., eds., The National Academies Press 2012), <https://doi.org/10.17226/13351>, https://commed.vcu.edu/IntroPH/2012/crisisManagement_IOM.pdf.

⁶⁴ Michael D. Cantor et al., *Do-Not-Resuscitate Orders and Medical Facility*, 163 (22) ARCH. INTERN. MED. 2689 (2003).

Although an Executive Order has been issued⁶⁵ protecting health care workers from liability for making decisions in accordance with existing law or other executive orders,⁶⁶ there are no laws in New York that would protect physicians making decisions based on futility over family objection. This could lead to significant litigation and liability for all health systems for making ethical decisions to protect the greatest number of human lives, unless such an order is issued. A statute or Executive Order could override several existing laws, including PHL 308, PHL § 2504, PHL Art. 30-D, PHL Articles 29-B, 29-C, 29-CC and 29-CCC, MHL Art. 33, and Surrogate's Court Procedure Act section 1750-b,⁶⁷ Penal Law Title H, SSL Art. 11, the Justice Center Act, and other laws to the extent that such laws, and any regulations promulgated pursuant to them, constrain the ability of an attending practitioner, as defined by PHL 2994-a, to issue a do-not-resuscitate order based on a determination that resuscitation would be “medically futile,” as defined in PHL 2961.12, provided there is a concurring determination by a second practitioner. It is also recommended that such determinations be documented in the medical record. **More specifically, we recommend that any disaster or emergency crisis-related futility DNR should still be subject to certain procedural protections, for example, (i) futility must be defined narrowly, in terms of effectiveness of restarting the heart, as it is in PHL 2991; (ii) there must be a concurring determination of medical futility by a second practitioner, selected by the facility; (iii) the attending practitioner must notify the patient or, if the patient lacks capacity, the agent/surrogate of the order and the basis for it; (iv) such determinations must be documented in the medical record; and (v) if the order is issued without patient/agent or surrogate consent, there should be a post-issuance medical peer review of the medical support for the futility finding.**

Balancing of Autonomy Versus Protection of Public Health

The second issue concerns the extent to which individual rights and liberty interests⁶⁸ may be superseded by measures to protect public health. This determination hinges on the magnitude of the affected population, the severity of symptoms, and the degree of resource limitation. As of this writing, in the United States the coronavirus has infected nearly 1.4 million people and resulted in nearly 84,000 deaths.⁶⁹ New York has suffered nearly 22,000 deaths,⁷⁰ primarily in the New York Metropolitan area. Of course, these numbers are changing rapidly, and questions have been raised about the accuracy of official death counts and possible undercounting.⁷¹ As there is presently no vaccine available for COVID-19, the primary resources are the ability to test for its presence, the use of personal protective equipment (PPE) to reduce transmission, clinical support equipment, such as ventilators to support respiratory function of those with compromised lung capacity, and as of May 1, 2020, the investigational antiviral drug remdesivir, recently approved by the U.S Food and Drug Administration through emergency authorization.⁷² Many regions have only

⁶⁵ N.Y. EXEC. ORDER No. 202.10, Mar. 23, 2020, <https://www.governor.ny.gov/news/no-20210-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>

⁶⁶ N.Y. PHL Art. 30-D, <https://www.nysenate.gov/legislation/laws/PBH/3082>

⁶⁷ **Reference to MHL Art. 47 has been struck from Section II of the Report.**

⁶⁸ *Jacobson v. Massachusetts*, 197 U.S. 11 (1905); LAWRENCE O. GOSTIN, PUBLIC HEALTH LAW: POWER, DUTY, AND RESTRAINT, 92-98 (Univ. of California Press 2008).

⁶⁹ CTR. FOR DISEASE CONTROL AND PREVENTION, CORONAVIRUS DISEASE 2019, *Cases in the U.S.*, (last updated May 14, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>.

⁷⁰ NEW YORK STATE, Department of Health, COVID-19 Tracker, *Fatalities*, May 12, 2020, <https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n>; *Nursing Home and ACF COVID Related Deaths Statewide*, May 11, 2020, https://www.health.ny.gov/statistics/diseases/covid-19/fatalities_nursing_home_acf.pdf.

⁷¹ Sarah Kliff & Julie Bosman, *Official Counts Understate the Official U.S. Coronavirus Death Toll*, N.Y. TIMES, Apr. 7, 2020, <https://www.nytimes.com/2020/04/05/us/coronavirus-deaths-undercount.html>.

⁷² See, U.S. FOOD & DRUG ADMIN., CORONAVIRUS (COVID-19) UPDATE: FDA ISSUES EMERGENCY USE AUTHORIZATION FOR POTENTIAL COVID-19 TREATMENT, May 1, 2020, <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-issues-emergency-use-authorization-potential-covid-19-treatment>.

enough tests for those who must be hospitalized,⁷³ hospital systems are creating makeshift PPE out of trash bags,⁷⁴ and in New York (the U.S. COVID-19 epicenter), while it appears that catastrophic shortages of ventilators in the March-April surge were avoided, New York must be prepared to deal with shortages in future surges.⁷⁵ The issue is whether, and the extent to which, the speed, breadth, and lethality of COVID-19, and our inadequate preparation, create a ground for restricting liberty in order to save lives.

As the right to liberty is fundamental,⁷⁶ burdening or restricting the right must be limited to just those means that will prevent avoidable loss of life or property. Additional facts about this pandemic inform prevention efforts, specifically those aimed at reducing spread in the general community. While the virus is highly contagious, based on information presently available, it appears that many infected are asymptomatic for many days, many will remain asymptomatic, and a significant portion will only experience mild symptoms. Although it would seem at this point without rigorous research evidence that the risk of significant health consequences is lower for young healthy people, the evidence is not all in, and the risk is not negligible.⁷⁷ There are recent New York City Health Department reports of an inflammatory illness affecting children that may possibly be related to COVID-19⁷⁸ Moreover, the younger population can infect more vulnerable populations at great risk of dying. We have increasing evidence that suggests how the virus is transmitted and how long it lasts, but such data are not yet supported by robust scientific evidence and no curative treatment exists. Presently, it may serve society to be overprotective rather than under protective. Individuals do not have adequate information to engage in their own risk calculus regarding where to go and with whom to interact. Such decisions have enormous impact on others and the state's exercise of its police power in these circumstances to protect the population as a whole may justify a curtailment on the exercise of individual liberty.⁷⁹ As we have seen, those limitations, among other things, have been extensive, including prohibitions on gatherings, social distancing, the wearing of face coverings, and restrictions on the operations of businesses. Accordingly, it can be argued that the executive orders putting New York on PAUSE⁸⁰ and urgent campaigns to get us to stay home are ethically warranted. However, more draconian measures, such as quarantine with penalties as issued in China,⁸¹ run so deeply counter to the core values of liberty and self-determination in the U.S. that they would only be considered if several measures more drastic than PAUSE prove insufficient, and even then might prove impossible to implement.

⁷³ *New Coronavirus Testing Guidelines*, NYC Health and Hospitals, <https://www.nychealthandhospitals.org/coronavirus-testing-guidelines/>.

⁷⁴ Chris Brooks, *Using Trash Bags for Gowns: Interview with a New York Nurse*, LABORNOTES, Mar. 30 2020, https://www.labornotes.org/2020/03/using-trash-bags-gowns-interview-new-york-nurse_

⁷⁵ *COVID-19 Projections*, INS. FOR HEALTH METRICS & EVALUATION, <https://Covid19.healthdata.org/united-states-of-america>, (last visited Apr. 17, 2020).

⁷⁶ *Jacobson v. Massachusetts*, 197 U.S. 11 (1905); LAWRENCE O. GOSTIN, *PUBLIC HEALTH LAW: POWER, DUTY, AND RESTRAINT*, at 92-98 (Univ. of California Press 2008).

⁷⁷ Sanjay Gupta, *The Mystery of Why Coronavirus Kills Some Young People*, CNN, Apr. 6, 2020, <https://www.cnn.com/2020/04/05/health/young-people-dying-coronavirus-sanjay-gupta/index.html>.

⁷⁸ J. Goldstein, *15 Children Are Hospitalized With Mysterious Illness Possibly Tied to COVID-19*, N.Y. TIMES, May 8, 2020, https://www.nytimes.com/2020/05/05/nyregion/children-Kawasaki-syndrome-coronavirus.html?campaign_id=16&emc=edit_ml_20200508&instance_id=18295&nl=well-family®i_id=70461562&segment_id=26869&te=1&user_id=a25ad6bf8443b5ca142cd1840c7794d2; NYC HEALTH DEPARTMENT, 2020 Health Alert #13: *Pediatric Multi-System Inflammatory Syndrome Potentially Associated with COVID-19*, <https://www1.nyc.gov/assets/doh/downloads/pdf/han/alert/2020/covid-19-pediatric-multi-system-inflammatory-syndrome.pdf>

⁷⁹ See *Jacobson v Massachusetts*, 197 U.S. 11 (1905).

⁸⁰ NEW YORK STATE, *New York State on Pause: 10 Point Plan*, Mar. 22, 2020, <https://coronavirus.health.ny.gov/new-york-state-pause>.

⁸¹ Hilary Brueck et al., *China Took at Least 12 Strict Measures to Control the Coronavirus. They Could Work for the U.S. but Would Likely Be Impossible to Implement*, BUSINESS INSIDER, Mar. 24, 2020, <https://www.businessinsider.com/chinas-coronavirus-quarantines-other-countries-arent-ready-2020-3#the-country-postponed-non-urgent-medical-care-and-moved-many-doctors-visits-online-not-all-patients-were-given-the-critical-care-they-needed-during-the-outbreak-though-3>; Lawrence O. Gostin & James. G. Hodge, *US emergency Legal Responses to Novel Coronavirus Balancing Public Health and Civil Liberties*, JAMA, Feb. 13, 2020, doi:10.1001/jama.2020.2025.

The harms of being overprotective run far beyond the boredom of being stuck indoors. Shutting down the economy is leading to extraordinary unemployment and financial suffering, which over the long term adversely affects health outcomes, for example, such as risks of drug use and suicide in some cases. Deferring the availability of essential services, elective medical procedures, and medicine production for vulnerable populations may lead to harm and death.⁸² However, studies suggest that social distancing and mitigation strategies reduce the community spread of COVID-19 and concomitant mortality.⁸³ Enacted protection measures must constantly balance these harms by being responsive to new discoveries about the disease and the best scientific predictions about the consequences of revisions to social distancing policies, such as allowing limited return to work.

Essential Services

Despite the fact that we must all consider ourselves at risk and despite the effectiveness of social distancing, “essential services” are excluded from government orders prohibiting in-person operations. However, the exemption imposes greater risk on those who provide essential services. It is unclear which employees providing such services have an ethical duty to continue working. What constitutes an essential service is debatable, even with New York’s executive order laying out categorical descriptions.⁸⁴ Arguably, some essential services must remain open to prevent complete societal collapse, but few professionals are ethically bound to serve others at the expense of their own wellbeing.

Medical Research

Research to study both the nature of this coronavirus and how to treat it must proceed during this time.

Ethical Considerations

The pandemic heightens research ethics concerns regarding equal respect for those participating in research and fairness in terms of who is included in trials,⁸⁵ as well as not allowing either profit motive or fear to drive unjust or reckless trial development.⁸⁶ It also places enormous pressure on the procedures and safeguards that have been put in place over years to protect research subjects. We must commit to ensuring sufficient resources for studying the disease and treatment, and not move too fast with unproven treatments, whether to treat the general infected population or to treat infected frontline health care workers. We must also protect the vulnerable from incurring greater risk in dangerous trials, but also include traditionally marginalized populations in appropriate research without exploiting them. Moreover, we must not divert resources from proven methods of risk mitigation, and find the most careful ways to preserve non-pandemic essential health services.

Incapacitated subjects

Many patients who are on ventilators, such as advanced COVID-19 patients, are incapacitated and unable to agree to participate in a clinical trial. It is important that the rights and dignity of such patients, as well

⁸² Robert Arnott & Stephen Moore, *Shutdown is Killing the Economy -and is Also No Good For Our Health*, THE HILL, Mar. 25, 2020, <https://thehill.com/opinion/finance/489566-shutdown-is-killing-the-economy-and-is-also-no-good-for-our-health>.

⁸³ Brian Resnik, *12 Things Everyone Needs to Know About the Coronavirus Pandemic*, VOX, Apr. 2, 2020, <https://www.vox.com/science-and-health/2020/4/2/21197617/coronavirus-pandemic-COVID-19-death-rate-transmission-risk-factors-lockdowns-social-distancing>; Rochelle P. Walensky & Carlos del Rio, *From Mitigation to Containment of the COVID-19 Pandemic Putting the SARS-CoV-2 Genie Back in the Bottle*, JAMA, Apr. 17, 2020, doi:10.1001/jama.2020.6572.

⁸⁴ Press Release, *Governor Cuomo Issues Guidance on Essential Services Under The 'New York State on PAUSE' Executive Order*, Mar. 20, 2020, <https://www.governor.ny.gov/news/governor-cuomo-issues-guidance-essential-services-under-new-york-state-pause-executive-order>.

⁸⁵ Beatriz Da Costa Thome, *Research in the Time of Coronavirus: Keep it Ethical*, STAT REP., Mar. 2, 2020, <https://www.statnews.com/2020/03/02/research-public-health-emergencies-ethics/>.

⁸⁶ Olivia Goldhill, *The Race to Develop Coronavirus Treatments Pushes the Ethics of Clinical Trials*, QUARTZ, Mar. 28, 2020, <https://qz.com/1826431/the-ethics-of-clinical-trials-for-coronavirus-treatments/>.

as all other individuals who lack capacity to consent, be respected should they be considered for enrollment as study subjects. We recommend that researchers follow the guidelines set forth in, “Report and Recommendations For Research with Human Subjects Who Lack Consent Capacity,” of the New York State Task Force on Life and the Law.⁸⁷

Sharing of Data and Specimen

We encourage the sharing of data and specimen among interested researchers to expand the breadth of potential research in COVID-19 related matters with adequate informed consent from research subjects. In all cases, the results of all studies should be made available to the public so that other researchers may better understand study results and limitations. These steps will also help support a research environment that encourages rapid funding of well-designed studies, advancing understanding of the disease, effective preventive measures and the development of novel treatments and a vaccine.

Health Care Workers as Study Subjects

We should be particularly sensitive to studies involving our frontline health care workers. We should not place additional stress on them or their families by engaging them in research that may have marginal or no direct benefit to them or result in increased risk of infection. For example, if sufficient PPE is available at an institution, the health care workers should not be enrolled into a study testing an experimental new mask or face shield as such mask or shield will not have been shown to be as effective as the PPE already available.

However, we recommend consideration of qualitative inquiry and employment of diverse qualitative methods, including oral histories, to document the experience of health care workers both during the pandemic and the post-pandemic recovery period. Such research can be conducted during the pandemic with sensitivity to health care workers who consent to be research participants, and interviews arranged and conducted based upon their availability and comfort, including accommodating their needs as to place and time and limiting length of interview. Qualitative approaches may actually give health care workers an opportunity to share their experience of moral distress during the pandemic.

III. Provider Systems and Issues

Introduction

Hospitals, long-term care facilities, home health care, and physicians, nurses, and other health care workers, are in the front lines of our battle with COVID-19. We as members of the New York State Bar Association need to do all that we can to advocate for the removal of legal and regulatory obstacles that hinder health care providers’ ability to fully respond to the challenges posed by the pandemic. This section covers many potential legal and regulatory barriers confronted by health care providers that can impede the thorough response to the pandemic. They include impediments relating to the following topics: supplies, bed capacity, resident work hours, facility licensure, anti-kickback and Stark laws, telehealth, and testing, as well as recommendations for overcoming such hurdles.

Purchasing Necessary Supplies for Hospitals and Other Health Care Providers during a State of Emergency

Health care facilities, as well as other health care providers, should be protected from price gouging and excessive pricing due to extraordinary market conditions for necessary supplies during the disruption of the marketplace due to a state of emergency.

⁸⁷ See NEW YORK STATE TASK FORCE ON LIFE AND THE LAW, *Report And Recommendations For Research With Human Subjects Who Lack Consent Capacity*, Jan. 2014, https://www.health.ny.gov/regulations/task_force/docs/report_human_subjects_research.pdf.

The extent of such abusive business behavior nationwide is evident from the enormous and continually increasing number of complaints filed with the Federal Trade Commission.⁸⁸ Over 23,000 complaints were filed as of April 21, 2020.⁸⁹ One of the responsive federal actions includes the United States joint federal, state, and local COVID-19 Fraud Task Force to combat coronavirus-related fraud.⁹⁰

In New York, the Department of Consumer and Worker Protection (“DCWP”) promulgated an emergency Rule under the City’s Consumer Protection Law⁹¹ that makes price gouging illegal for any personal or household good or any service that is needed to prevent or limit the spread of or treat COVID-19. The Rule makes it illegal to increase prices by 10 percent or more, follows DCWP’s previous declaration that face masks, hand sanitizer, and disinfectant wipes are in short supply, and expands the Agency’s ability to protect New Yorkers from price gouging.⁹² This emergency rule “is in effect ([since]March 16, 2020) and, under the city’s emergency rulemaking process, will be valid for 60 days. The Rule can be extended once for an additional 60 days.”⁹³

In the absence of any violation of the antitrust laws,⁹⁴ there does not appear to be any prior New York Law governing exorbitant pricing due to profiteering from an emergency situation that is directly applicable to supplies used by health care facilities and health care providers, such as ventilators, surgical gowns, and face masks. New York General Business Law Sec. 396-r⁹⁵ is intended to protect consumers against excessive pricing of necessary consumer goods (goods used, bought or rendered primarily for personal, family or household purposes) and services during an abnormal disruption of the market at the time of extraordinarily adverse circumstances, such as the stress of weather, climate events or disasters, failure or shortage of electric power or other source of energy, strike, civil disorder, war, military action, national or local emergency. It empowers the New York State Attorney General to bring an action on behalf of the state to enjoin the activity, obtain civil penalties, and get restitution for the aggrieved individuals. There must be a nexus between the emergency situation and the specific goods at issue.

During periods of abnormal disruption of the market caused by strikes, power failures, severe shortages or other extraordinary adverse circumstances, market forces competing for necessary products will cause crucial supplies to inordinately rocket upwards in price. Moreover, there also may be instances of suppliers engaging in price gouging taking advantage of the circumstances. Where those supplies are critical to hospitals and other health care providers for the care and treatment of patients, it becomes a matter of public safety for the state to ensure access to those supplies. Regardless of whether it is market forces or price gouging, the law must provide a means to protect the distribution of such products at reasonable prices.

⁸⁸ See FEDERAL TRADE COMMISSION, *Coronavirus (COVID-19) Consumer Complaint Data*, <https://www.ftc.gov/coronavirus/complaint-data>.

⁸⁹ See FEDERAL TRADE COMMISSION, *FTC COVID-19 Complaints, January 1, 2020-April 21, 2020*, <https://www.ftc.gov/system/files/attachments/coronavirus-COVID-19-consumer-complaint-data/COVID-19-daily-public-complaints-042120.pdf>.

⁹⁰ See UNITED STATES ATTORNEY’S OFFICE, District of Arizona, *United States Attorney Michael Bailey and Arizona Attorney General Mark Brnovich Launch COVID-19 Fraud Task Force*, U.S. DEPT. OF JUSTICE, Apr. 8, 2020, <https://www.justice.gov/usao-az/pr/us-attorney-bailey-and-ag-brnovich-launch-COVID-19-fraud-task-force>.

⁹¹ N.Y.C. ADMIN. CODE § 20-701(b).

⁹² NEW YORK CITY DEPT. OF CONSUMER AFFAIRS, *Notice of Adoption of Emergency Rule Prohibiting Price Gouging of Certain Personal and Household Goods and Services*, Mar. 15, 2020, <https://www1.nyc.gov/assets/dca/downloads/pdf/about/Emergency-Rule-Adoption-Price-Gouging.pdf>.

⁹³ *Id.*

⁹⁴ FEDERAL TRADE COMMISSION & US DEPARTMENT OF JUSTICE, *Joint Antitrust Statement Regarding COVID-19*, (regarding expedited antitrust procedure and guidance), Mar. 2020, https://www.ftc.gov/system/files/documents/public_statements/1569593/statement_on_coronavirus_ftc-doj-3-24-20.pdf.

⁹⁵ N.Y. GBL §396-r.

While national leadership is needed during these times to organize national purchasing and distribution of needed supplies, in the absence of such national initiative, the state should enact laws that encourage and facilitate the creation of buying cooperatively under these circumstances. In the short term, the Emergency Rule discussed above should be extended through the end of the pandemic. Subsequently, consumer protections extant under the General Business Law ought to be extended to cover hospitals and health care providers.

Ability to Exceed Certified Bed Capacity for Acute Care Hospitals

In a state of emergency that requires an immediate increase in acute care bed capacity to handle the surge of acutely ill persons within the state, we examine whether the regulatory restrictions limiting the number of inpatients at acute care hospitals to the respective total number of certified beds should be waived, thereby permitting each facility to go beyond the number of certified beds during the pendency of the emergency.

The total number of beds for which the facility has approval from the Commissioner of Health to operate is the number of beds that appears on the operating certificate.⁹⁶

In the 1974, the National Health Planning and Resources Development Act⁹⁷ was enacted to, among other things, control the costs and regulate the expansion of health care facilities and redundancy in medical services nationwide. As part of that federal legislation, states received grants for their Health Services Agencies to coordinate health care planning and to establish a “certificate of need” (“CON”) process acceptable to the U.S. Department of Health Education and Welfare, now known as, Health and Human Services. The CON process governs the establishment, construction, renovation and major medical equipment acquisitions of health care facilities, such as hospitals, nursing homes, home care agencies, and diagnostic and treatment centers. It seeks to determine where there is sufficient demand for new hospital or expanded hospital services within a given service area of the state. In addition to the need component of the process, there is financial feasibility, and character and competency aspects to the CON review process. This process then culminates in a review and approval by the Department of Health that can establish a new facility, or an expansion of an existing facility, with a set number of certified beds approved by the New York State Department of Health (“DOH”). The facilities are legally charged with operating at or below the number of certified beds approved DOH.

In the circumstances of a statewide emergency, where the need for increased hospital beds is urgently required, the limitation on the number of approved certified beds can present an obstacle to delivering necessary services to the people of New York State. Moreover, the time element for seeking an increase in bed capacity is contraindicated, and the CON process does not contemplate situations involving temporary need. Presently, Governor Cuomo’s Executive Order 202.1⁹⁸ accomplishes that goal by providing waivers of section 401.3 and section 710.1 of Title 10 of the NYCRR,⁹⁹ to the extent necessary, to allow hospitals to make temporary changes to physical plant, bed capacities, and services provided, upon approval of the Commissioner of Health, in response to a surge in patient census. The Executive Order was reissued in 202.10.¹⁰⁰

⁹⁶ 10 NYCRR §441.60.

⁹⁷ PUB. L. NO. 93-641, 42 U.S.C. §§300k et seq.

⁹⁸ N.Y. EXEC. ORDER No. 202.1, Mar. 12, 2020, <https://www.governor.ny.gov/news/no-2021-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>.

⁹⁹ 10 NYCRR §§401.3, 710.1.

¹⁰⁰ N.Y. EXEC. ORDER No. 202.10, Mar. 23, 2020, <https://www.governor.ny.gov/news/no-20210-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>.

The waiver of the New York State Department of Health regulations governing certified bed restrictions resulting from the Governor's Executive Orders 202.1 and 202.10 should be continued during the pendency of the state of emergency in New York.

Limitation on Resident Hours Working in Acute Care Hospitals

New York State was a pioneer in the adoption of limits on resident working hours, and they remain among the strictest in the country. Among other limitations, residents are not allowed to be scheduled to work more than 80 hours in a week, or 24 hours straight, or more than 12 consecutive hours in the emergency department.¹⁰¹

In ordinary circumstances, limiting the number of hours that post-graduate trainees (residents) are permitted to work best serves the interests of patient care and the residents' training experiences. However, where there is an extraordinary need for health care professions to care for numerous patients in a pandemic, and the state is requesting help from retired physicians and physicians from other jurisdictions, it is not helpful to limit the number of hours that graduate medical doctors can attend to patients at hospitals. It is anticipated that relaxation of these requirements will be implemented in a judicious manner that will not expose patients to unnecessary risk but will provide needed care to patient. By dint of Governor Cuomo's original Executive Order 202,¹⁰² a broadly worded waiver of section 405 that includes regulation of resident work hours was issued, providing that, Section 405 of Title 10 of the NYCRR¹⁰³ was waived to the extent necessary to maintain the public health with respect to treatment or containment of individuals with or suspected to have COVID-19. That Executive Order has been reissued in Executive Order 202.10.¹⁰⁴

It is recommended that the waiver of the resident hour requirements during the pendency of an emergency state in response to the pandemic be continued.

Temporary Changes to Existing Hospital Facility Licensed Services, and the Construction and Operation of Temporary Hospital Locations and Extensions

Finally, we look at whether Article 28 of the New York State Public Health Law and DOH regulations governing the approval for changing hospital licensed services, and the construction and operation of temporary hospital locations and extensions, should be waived during the pendency of a state of emergency to permit hospitals to modify their services, and create temporary extension and other locations to better address the health care needs of the people of New York State.

New York State envisions that hospitals plan to achieve efficiency and economy of operation while producing care of high quality. To that end, the State has a comprehensive review and approval process for considering proposed changes to licensed hospital services, as well as the construction and operation of temporary hospital and location sites.

Public Health Law section 2803,¹⁰⁵ and DOH regulations at 10 NYCRR sections 400, 401, 405, 409, 710, 711 and 712,¹⁰⁶ govern the process for approval. They provide a comprehensive and elaborate scheme to regulate the building, alteration, reconstruction, improvement, extension or modification of a hospital

¹⁰¹ 10 NYCRR §405.4(b)(6).

¹⁰² N.Y. EXEC. ORDER No. 202, Mar. 7, 2020, <https://www.governor.ny.gov/news/no-202-declaring-disaster-emergency-state-new-york>.

¹⁰³ 10 NYCRR §405.

¹⁰⁴ N.Y. EXEC. ORDER No. 202.10, Mar. 23, 2020, <https://www.governor.ny.gov/news/no-20210-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>.

¹⁰⁵ N.Y. PHL §2803.

¹⁰⁶ 10 NYCRR §§400, 401, 405, 409, 710, 711 and 712.

facility, including its equipment and services. Among other things, the following types of proposals, regardless of cost, generally are subject to CON application and review requirements:

- (i) the addition, modification or decertification of a licensed service, or the addition or deletion of approval to operate part-time clinics;
- (ii) a change in the method of delivery of a licensed service, regardless of cost;
- (iii) the initial acquisition or addition of any equipment,;
- (iv) a conversion of beds.

Moreover, there are certain limited proposals that are eligible for administrative review. They mainly must be within specific cost limitations, or involve supporting certain policy objectives of the New York State Department of Health.

In response to the PHE, Governor Cuomo has issued a number of Executive Orders to expand the availability of health care resources and staff. On March 7, in Executive Order 202,¹⁰⁷ the Governor waived all regulatory provisions that might limit the use of hospital beds. Thereafter, as the crises exceeded capacity, on March 23, the Governor issued Executive Order 202.10,¹⁰⁸ which suspended the application of the law and regulations cited above, “to the extent necessary to permit and require general hospitals to take all measures necessary to increase the number of beds available to patients.”

New York State utilizes complex regulatory processes to govern changes in hospital service, as well as construction and operation of temporary hospital locations and extension sites. Some procedures are solely administrative and can be expedited, while others generally require a more in-depth review by bodies within the New York State Department of Health. These reviews are intended to validate the need, the costs, and the ability to competently operate the approved services and patient care sites. In a state of emergency, responding to the public health needs of the people of the state of New York is of paramount concern. The health facilities that regularly serve their communities are in the best position in the first instance to assess the needs of their respective service areas. Moreover, those facilities also are trusted, indeed required, to deliver the necessary service within their respective existing sites, as well as any additional locations that they deem essential to providing important health care interventions. Finally, the rapid response to the emergency conditions is critical for the health and safety of all New Yorkers. Therefore, the Governor appropriately removed all legal or regulatory barriers to the timely delivery of expanded, crucial health care services, and did not require the consent of DOH (though notice was anticipated) nor the recommendation of the Public Health and Health Planning Council or other applicable body.

We recommend continuation of the waiver provided under Executive Orders 202.1¹⁰⁹ and 202.10¹¹⁰ of state requirements that would restrict the ability of hospitals to reconfigure and expand operations as necessary to deal with the PHE.

¹⁰⁷ N.Y. EXEC. ORDER No. 202, Mar. 7, 2020, <https://www.governor.ny.gov/news/no-202-declaring-disaster-emergency-state-new-york>.

¹⁰⁸ N.Y. EXEC. ORDER No. 202.10, Mar. 23, 2020, <https://www.governor.ny.gov/news/no-20210-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>.

¹⁰⁹ N.Y. EXEC. ORDER No. 202.1, Mar. 12, 2020, <https://www.governor.ny.gov/news/no-2021-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>.

¹¹⁰ N.Y. EXEC. ORDER No. 202.10, Mar. 23, 2020, <https://www.governor.ny.gov/news/no-20210-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>.

Issues in Long-Term Care, Residential and Home Health Care, and Correctional and Detention Facilities: Human Rights Crisis

Long-term care providers, and other institutional, residential, and home health care settings, are facing numerous challenges during this pandemic. These settings include, for example, group homes for persons with disabilities; religious communities maintaining nursing home residences on their campuses; correctional facilities housing older inmates, inmates with dementia, and inmates who experience accelerated aging and accompanying disease burden at younger ages; and detention facilities housing immigrants and refugees and their family members. This is not just a matter of a public health emergency, but it is also a human rights crisis.

Policies implemented largely by executive orders have not adequately addressed the problems that nursing homes, adult care facilities (ACFs), home care providers and group homes continue to face. In non-health care settings housing persons with healthcare needs, there has been a near total failure in developing and implementing policy or guidance to protect inmates and immigrants, who are often living in sub-human conditions with very limited access to health or mental health services under optimal circumstances, and remain at very high risk of COVID-19 as conditions have exacerbated.

The plight of vulnerable older adults and other vulnerable persons in diverse facility and residential settings demands immediate attention as the COVID-19 pandemic continues to ravage these communities. This is not only a legal obligation, but a moral imperative. The 2012 Crisis Standards of Care make clear there is a duty of care and a duty of non-abandonment to all persons under disaster and emergency conditions.¹¹¹

More specifically, with respect to nursing homes, the New York State Department of Health issued an advisory on March 25th, 2020, prohibiting nursing homes from denying admission or re-admission to a nursing home solely based on a confirmed or suspected diagnosis of COVID-19.¹¹² It also prohibited nursing homes from requiring a hospitalized resident who was determined medically stable to be tested for COVID-19 prior to admission or readmission.¹¹³ The Department of Health issued a nearly identical advisory for ACFs.¹¹⁴ The foregoing mandates may have substantially contributed to increased risk of spread of infection in nursing homes and adult care facilities. It is also worthy of note that during the same period these mandates were in effect and until more recently, nursing homes continued to have much more limited access to PPE emergency stockpiles than hospitals. Comments by the Governor suggested that the rationale for this decision was that many of these facilities were privately owned, and therefore it was the owner/operator's responsibility to purchase and provide PPE.

An Executive Order (EO) issued on May 10, 2020¹¹⁵ imposes new requirements on nursing homes and ACFs and rescinds the nursing home directives as referenced in the preceding paragraph.

The May 10th EO No. 202.30, as applicable to Nursing homes and ACFs, mandates the following and imposes penalties for non-compliance:

¹¹¹ INSTITUTE OF MEDICINE, CRISIS STANDARDS OF CARE: A SYSTEMS FRAMEWORK FOR CATASTROPHIC DISASTER RESPONSE: VOLUME 1, 1-3, (Dan Hanfling, et al., eds., The National Academies Press 2012), <https://doi.org/10.17226/13351>, https://commed.vcu.edu/IntroPH/2012/crisisManagement_IOM.pdf.

¹¹² NYS DOH Advisory: Hospital Discharges and Admissions to Nursing Homes, Mar. 25, 2020, previously available at: https://coronavirus.health.ny.gov/system/files/documents/2020/03/doh_Covid19_nhadmissionsreadmissions_032520.pdf, page no longer available.

¹¹³ *Id.*

¹¹⁴ NYS DOH Advisory: Hospital Discharges and Admissions to Adult Care Facilities, Apr. 7, 2020, available at: https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh_covid19_acfreturnofpositiveresidents_040720.pdf.

¹¹⁵ N.Y. EXEC. ORDER No. 202.30, May 10, 2020, <https://www.governor.ny.gov/news/no-20230-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>.

- Testing of all personnel including employees, contract staff, medical staff, operators and administrators pursuant to a written plan filed with the Department of Health (DOH) no later than May 13, 2020;
- Reporting of all positive test results to DOH by 5 pm the day following receipt of test results;
- Filing of Certificate of Compliance with EO 202.30 and all other directives of DOH and Commissioner of Health no later than May 15, 2020; and
- Suspension or revocation of operating certificate if failure to comply with EO 202.30 or any other regulations or directives; financial penalties of \$2,000 per violation per day, including repeat violation penalty of \$10,000 per violation per day.

The following provisions of EO 202.30 are applicable to hospital discharges to nursing homes only, and not ACFs:

- Art. 28 hospitals cannot discharge a patient to a nursing home unless the nursing home first certified that is able to properly care for such patient; and
- Art. 28 hospitals cannot discharge a patient to a nursing home without first performing a diagnostic COVID-19 test and obtaining a negative result.

On May 11, 2020, DOH issued a Dear Administrator Letter¹¹⁶ providing guidance on these new requirements. Nevertheless, there are many questions about how the above directives will be operationalized and more broadly, whether nursing homes and ACFs can reasonably comply with the mandates given the lack of access to COVID-19 testing and limited resources. Employee rights are also an area ripe for legal challenges.

In addition to the recent mandates referenced above, long-term care institutions have faced obstacles due to other state requirements, which have generally imposed new burdens on under-staffed facilities and administrators during the pandemic, taking precious time away from disease prevention efforts and reporting activities under applicable requirements. For example, the Governor signed S.8091/A.10153 to enact the COVID-19 Paid Sick Leave Law. This was followed by a liberal interpretation of the law by the Department of Labor in its related guidance.¹¹⁷ Further, as mentioned above, supply chain challenges and PPE shortages have exacerbated staffing challenges.

Conditions in the nursing home sector have also been inaccurately represented in the media reports. For example, media sources have described nursing home failures, including not adequately communicating to the state and to families of residents the status of coronavirus in facilities.¹¹⁸ CMS has issued new guidance

¹¹⁶ N.Y.S. DEP'T OF HEALTH, ACF DAL #20-14, NH-20-07 Required COVID-19 Testing for all Nursing Home and Adult Care Facility Personnel, May 11, 2020, available at:

https://www.health.ny.gov/professionals/hospital_administrator/letters/2020/docs/dal_20-14_covid_required_testing.pdf.

¹¹⁷ New York Paid Family Leave COVID-19, Mar. 18, 2020, Frequently Asked Questions, <https://paidfamilyleave.ny.gov/new-york-paid-family-leave-COVID-19-faqs>; Guidance For Obtaining An Order For Mandatory Or Precautionary Quarantine, <https://paidfamilyleave.ny.gov/system/files/documents/2020/03/obtaining-order-of-quarantine.pdf>.

¹¹⁸ Jan Ransom, *Coronavirus Entered My Father's Nursing Home and Nobody Warned Me. I Did Not Get the Chance to Save Him*, PROPUBLICA, Apr. 21, 2020, <https://www.propublica.org/article/coronavirus-entered-my-fathers-nursing-home-and-nobody-warned-me-i-did-not-get-the-chance-to-save-him>; John Leland, *At Least 14 N.Y. Nursing Homes Have Had More Than 25 Virus Deaths*, N.Y. TIMES, Apr. 17, 2020, <https://www.nytimes.com/2020/04/17/nyregion/new-york-nursing-homes-coronavirus-deaths.html>; Michael Goodwin, *Andrew Cuomo's Coronavirus Nursing Home Policy Proves Tragic: Goodwin*, The Post, Apr. 21, 2020, https://nypost.com/2020/04/21/cuomo-coronavirus-nursing-home-policy-proves-tragic-goodwin/?utm_campaign=iphone_nyp&utm_source=mail_app; Bernadette Hogan, Carl Campanile, Priscilla DeGregory & Tamar Lapin, *Woman Kept In Dark About Dad's Condition By Coronavirus-Stricken NYC Nursing Home*, THE POST, Apr. 21, 2020, <https://nypost.com/2020/04/21/coronavirus-in-ny-nursing-home-kept-woman-in-dark-about-dads-condition/>.

tightening nursing home COVID-19 reporting requirements.¹¹⁹ However, media reports of nursing home failures need to be balanced by available evidence that communications with families and next of kin have become increasingly challenging due to a number of factors, including limitations on visitation by families imposed by New York State, and the very nature of operations in long-term care facilities, especially during the pandemic, including the growing numbers of both COVID-19 positive cases and deaths, staffing and PPE equipment shortages, and historically low reimbursement rates that threaten the stability of the long-term care sector. Many frail residents need assistance with activities of daily living and require staff to be in close contact with the residents they serve. There is ample evidence that health care workers in nursing homes count among the bravest in the battle against COVID-19 and have a high potential risk of infection themselves without the appropriate PPE. Allocation of sufficient resources to nursing homes during the pandemic must be a New York State priority. In sum, under-resourced nursing homes amount to a form of implicit rationing, detrimentally affecting New York's most vulnerable older adult populations.

In light of the heightened vulnerability of nursing home residents and nursing home staff to COVID-19 infection, as well as increased risk to all vulnerable persons in institutional, residential or home health care settings, including correctional¹²⁰ and detention facilities, and the legal and ethical obligations to older adults and such other vulnerable persons, health care workers and workers in service jobs, we recommend that the following actions be duly considered and implemented by the Governor, Department of Health and other government agencies, as applicable:

Older Adults, Nursing Home Providers and Nursing Home Residents:

Governor, Department of Health (DOH), DOH Bureau of Long Term Care and State Office for Aging to ensure:

1. Equitable allocation of scarce resources from the Public Health and Social Services Emergency Fund—established by the CARES Act—to older adults and their health care providers, prioritizing under-resourced long-term care providers;¹²¹
2. Adequate provision of personal protective equipment (PPE);
3. Adequate levels of staffing;
4. Adequate funding of employee testing, as required under Executive Order 202.30;
5. Consistent and timely tracking and reporting of case and death data;
6. Adoption of non-discriminatory crisis standards and ethics guidelines;
7. Recognition and honoring of Older New Yorkers' right to health and human rights, as protected under international conventions; and
8. Adequate resources for the Office of the State Long Term Care Ombudsman, which provides advocacy for nursing home residents and families and helps residents understand and exercise their rights to quality care and quality of life.

Persons with Disabilities in Residential Facilities or Group Homes:

Governor, Department of Health and OPWDD to ensure:

¹¹⁹ CMS, Center for Clinical Standards and Quality/Quality, Safety & Oversight Group, Ref: QSO-20-26-NH, Apr. 19, 2020, <https://www.cms.gov/files/document/qso-20-26-nh.pdf>.

¹²⁰ See Josiah Bates, 'We Feel Like All of Us Are Gonna Get Corona.' Anticipating COVID-19 Outbreaks, Rikers Island Offers Warning For U.S. Jails, Prisons, TIME (Magazine), Mar. 24, 2020, <https://time.com/5808020/rikers-island-coronavirus/>.

¹²¹ U.S. SENATE COMMITTEE ON FINANCE, Senator Charles E. Grassley, Chairman, Letter to HHS Secretary Alex Azar and CMS Administrator Verma, Apr. 17, 2020, (asking about the federal response to COVID-19 in nursing homes, group homes, and assisted living facilities, and expressing concerns about testing capacity, data tracking inconsistencies, lack of personal protective equipment (PPE) for nursing home staff, and federal spending transparency) <https://www.finance.senate.gov/imo/media/doc/HHSCoVIDLetter17Apr2020Final.pdf>.

1. Access of persons with disabilities to adequate COVID-19 testing and appropriate medical care, mental health and other supportive services, including appropriate day services to substitute for community-based day programs that need to be discontinued during a pandemic;
2. Adequate and appropriate staffing, of residential facilities and group homes, for both day and evening shifts, and provision of appropriate funding for such staff and for appropriate COVID-19 staff training;
3. Access of residential facility and group home staff to adequate testing and appropriate medical care and mental health and other supportive services;
4. Oversight of residential facilities and group homes and programs to assure non-discriminatory management of persons with disabilities during the COVID-19 crisis conditions; and
5. Recognition and honoring of persons with disabilities' right to health and human rights, as protected under international conventions.

Inmates and Correctional Facilities:

Governor, NYS Department of Corrections and NYC Department of Corrections, to ensure:

1. Adequate access of inmates to COVID-19 testing, medical care and mental health and supportive services;
2. COVID-19 testing of correctional staff and adequate provision of gloves, masks and other protective equipment;
3. Release to the community of older inmates and inmates with advanced illness who do not pose a danger to the community; and
4. Adequate funding of prison-to-community transitions including access to housing, meals, and supportive services, and non-discriminatory access to employment opportunities.
5. Recognition and honoring of inmates' right to health and human rights, as protected under international conventions.

Immigrants in Detention Facilities:

In its exercise of its police powers in the COVID-19 public health emergency, New York State, in cooperation with federal agencies, must take step, similar to those outlined above, to ensure:

1. Reduction of risk of the spread of COVID-19 among immigrants being held in detention centers.¹²²

Anti-Kickback and Stark Law Compliance During the COVID-19 Emergency

During the PHE, routine anti-kickback and compliance activities at hospitals and in other provider settings are largely suspended, contractual arrangements are being re-structured or ignored, and routine requirements of arms-length transactions, such as commercial reasonableness and fair market value ("FMV"), are often simply not considered, or if considered, not subject to standard verification. Under the circumstances, compliance with the federal and state Anti-Kickback statutes ("AKS") and Physician Self-Referral ("Stark") laws is particularly challenging. While the Centers for Medicare and Medicaid Services ("CMS") has provided a broad (but not unlimited) waiver of the Stark law as necessary to respond to the epidemic, and the Office of the Inspector General of the United States Department of Health and Human Services ("OIG") has issued a "comfort letter" regarding AKS enforcement, uncertainty remains.

¹²² See Cole J.P Cole, Federal and State Quarantine Isolation Authority, CONGRESSIONAL RESEARCH SERVICE, Oct. 19, 2014, <https://www.ncsl.org/documents/statefed/health/FedandStateQIAuth.pdf>.

Federal and state AKS and Stark laws, and their associated regulations, set standards governing certain behaviors of and arrangements between medical professionals, institutions, and associated contractors, affiliates, and other interested parties.

The federal AKS is a criminal statute that prohibits the knowing or willing offering, paying, soliciting, or receiving any remuneration, rebate, kickback, bribe, or thing of value, directly or indirectly, in cash or in kind to induce or in exchange for the recommending of or actual purchasing, leasing, ordering of any good, facility, or item under federal health care programs.¹²³ The federal AKS covers those who both pay for and receive kickbacks or remuneration (i.e. anything of value), “including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind.”¹²⁴ However, a payment of remuneration or similar scheme may violate AKS if “one purpose” is to wrongfully induce referrals, even if there are alternative valid motivations.¹²⁵ While the statute is interpreted broadly,¹²⁶ there are various narrow regulatory exceptions, called “safe harbors,” for practices recognized as beneficial.¹²⁷

The federal Stark law is a strict liability statute that prohibits physicians from referring patients to receive certain “designated health services” under federal health care programs from entities with which the physician or an immediate family member has a financial relationship.¹²⁸ The Stark law prohibits the submission, or causing the submission of claims that violate the prohibitions.¹²⁹ The Stark law also has certain regulatory exceptions for practices and arrangements that are sufficiently and strictly tailored as to avoid impropriety of referrals.¹³⁰

However, if violations are found, they can form the basis of direct liability under the applicable statute, which can include substantial legal penalties, such as civil monetary penalties per violation or per claim, plus up to three times the remuneration involved, exclusion from participation in federal health care programs, including Medicare and Medicaid, and in the case of AKS violations, potential criminal penalties.¹³¹

In addition, these providers also face federal False Claims Act (“FCA”) liability,¹³² which imposes civil (and potentially criminal¹³³) liability on persons who knowingly submit false or fraudulent claims for reimbursement to government health care programs.¹³⁴ The FCA is a particularly useful tool for fraud and abuse enforcement because it enables civil actions to be brought the Attorney General, or as a *qui tam* action initiated by whistleblowing “relators” who have independent knowledge of wrongdoing and who can recover between 15 and 30 percent of monetary proceeds, plus attorney fees, from successful judgments.¹³⁵

¹²³ 42 U.S.C. § 1320a-7b(b).

¹²⁴ 42 C.F.R. § 1001.951.

¹²⁵ *United States v. Greber*, 760 F.2d 68 (3d Cir. 1985), cert. denied, 474 U.S. 988 (1985).

¹²⁶ *United States v. Kats*, 871 F.2d 105 (9th Cir. 1989); *United States v. Greber*, 760 F.2d 68 (3d Cir.), cert. denied, 474 U.S. 988 (1985).

¹²⁷ See 42 U.S.C. 6 1320a-7b(b)(3); 42 C.F.R. § 1001.952.

¹²⁸ 42 U.S.C. § 1395nn(a); 42 C.F.R. 411.351.

¹²⁹ *Id.*

¹³⁰ 42 U.S.C. § 1395nn(b); 42 C.F.R. § § 411.355-57.

¹³¹ See generally, OFFICE OF ATT’Y GENERAL, DEP’T OF HEATH AND HUMAN SERVICES, A Roadmap for New Physicians, Fraud & Abuse Laws, <https://www.oig.hhs.gov/compliance/physician-education/01laws.asp>.

¹³² 42 U.S.C. § 1320a-7b(g); 42 U.S.C. § 1395nn(g).

¹³³ 18 U.S.C. § 287.

¹³⁴ 31 U.S.C. §3729-33.

¹³⁵ 18 U.S.C. § 3730(b), (c) & (d).

Note that with available treble damages, plus more than \$22,000 per false claim,¹³⁶ these judgments can quickly become catastrophic.

Notably, in October of 2019, the Department of Health & Human Services (“HHS”) proposed changes to the AKS and Stark law regulations aimed at reducing regulatory burdens on the expansion of value-based care, which have yet to be finalized.¹³⁷

New York State (“NYS”) has state law versions of both AKS and Stark law. The NYS AKS largely tracks the federal statute, is tied to Medicaid, but includes separate provisions detailing that violations are also considered professional misconduct, which could lead to administrative professional licensure penalties in addition to civil and criminal penalties.¹³⁸ The NYS Stark law is broader in scope of persons covered than is the federal Stark law as it applies to referrals from a broader range of “practitioners,” not only from “physicians,” but it is more limited in the services covered.¹³⁹ The NYS Stark law also covers claims submitted to all payors, not only to government payors, and does not have as many exceptions as does its federal counterpart, but the exceptions broadly apply to hospital/practitioner relationships. Although penalties under the NYS Stark law are limited and there is no private right of action, New York has a parallel False Claims Act, with substantial treble damages, per claim penalties and attorney fee provisions, which can be used for violations of the NYS Stark law and AKS.¹⁴⁰

There is no general pandemic exception to the application of the federal AKS and Stark laws. However, on March 30, 2020, each of the OIG and CMS issued guidance designed to assist providers in responding to the epidemic.

CMS limited the application of the federal Stark law until the end of the PHE caused by COVID-19 through a waiver and attendant guidance.¹⁴¹ CMS announced that it will waive penalties for violations of the Stark law in regard to compensation relationships between physicians and entities, such as hospitals, to which they refer if “solely related to” the COVID-19 pandemic. In particular, the waiver applies, among other things, to:

- violations of FMV requirements in the services, space and equipment lease exceptions,
- medical staff incidental benefits in excess of the regulatory cap,
- non-monetary or in-kind compensation to physicians that exceeds the regulatory cap,
- interest-free or low-interest loans,
- use of space by group practices that does not meet the “same building” requirements, and
- violations of the signature and documentation requirements.

The following are examples of actions that would be deemed “related to the COVID-19 pandemic”:

- diagnosis and treatment of COVID-19 patients,

¹³⁶ 31 U.S.C. § 3729; 28 C.F.R. § 85.3(a)(9). For updated figures, see <https://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=28:2.0.1.1.37>.

¹³⁷ For Department of Health and Human Services Office of Inspector General proposed regulations concerning AKS, see 84 FED. REG. 55694-765 (Oct. 17, 2019). For Centers for Medicare and Medicaid Services proposed regulations concerning Stark law, see 84 FED. REG. 55766-847 (Oct. 17, 2019).

¹³⁸ N.Y. ED. LAW §§ 6530(18) & (19); N.Y. Social Services Law § 366-d.

¹³⁹ N.Y. PHL §§ 238-a - 238-e.

¹⁴⁰ N.Y. STATE FINANCE LAW §§ 187-194.

¹⁴¹ CMS, *Blanket Waivers of Section 1877(g) of the Social Security Act*, <https://www.cms.gov/files/document/COVID-19-blanket-waivers-section-1877g.pdf>.

- securing the services of physicians to provide services even if unrelated to COVID-19,
- ensuring the ability and expanding the capacity of providers to meet patient needs,
- shifting patient care locations to alternative sites, and
- addressing medical practice or business interruptions.

CMS cites a number of specific examples of permissible or expected activity, including:

- paying a premium or below market compensation,
- providing free office space,
- offering non-monetary services and incidental benefit increases (e.g., food, childcare, housing, clothing) beyond regulatory limits,
- providing hospital staff to assist private physicians' offices in staff training related to COVID-19, patient intake and treatment, and care coordination tied to the crisis,
- paying physicians' 15% electronic health records subsidy obligation,
- a group practice performing Stark-covered services at an expansion site that would otherwise be impermissible,
- ambulatory surgical center ("ASC") owners continuing to refer to the ASC even though the ASC is licensed as a hospital during the PHE,
- providing services to patients in rural areas, and
- failing to obtain a signature or writing as required for a compensation relationship that is otherwise compliant.

The waiver only applies, "absent the government's determination of fraud and abuse." In this regard, the premise of the waiver is that the party is acting in good faith and is unable to meet the otherwise generally applicable exceptions, which may limit the benefit if interpreted literally. How does "unable" apply when technical compliance is feasible but at unnecessary delay and expense? Another concern is the use of the word "solely" before "related," because very few things are "solely" the product of another. Nevertheless, the examples of the types of arrangements that CMS would appear to bless provide some comfort as to how "unable" and "solely related" will be defined.

The waiver is effective March 1, 2020 and will last for the duration of the PHE.

The OIG simultaneously issued a "message from leadership on minimizing burdens on providers."¹⁴² It notes that the "OIG places a high priority on providing the health care community with the flexibility to provide needed care during the emergency."¹⁴³ "[R]especting the great challenges currently facing the health care industry," the OIG, "to the extent possible" will try to "minimize burdens on providers and be flexible where [it] can."¹⁴⁴ Providers are encouraged to reach out to the OIG if they need extensions of deadlines. Finally, and perhaps most significantly, "For any conduct during the emergency that may be subject to OIG administrative enforcement, OIG will carefully consider the context and intent of the parties when assessing whether to proceed with any enforcement action."¹⁴⁵ The latter comment may well be a feature of defenses of direct and certainly FCA *qui tam* claims concerning conduct during the PHE.

¹⁴² DEP'T OF HEALTH & HUMAN SVCS, OFFICE OF INSPECTOR GENERAL, *Message From Leadership On Minimizing Burdens On Providers*, Mar. 30, 2020, <https://oig.hhs.gov/coronavirus/letter-grimm-03302020.asp>.

¹⁴³ *Id.*

¹⁴⁴ *Id.*

¹⁴⁵ *Id.*

Subsequently, on April 3, the OIG responded explicitly to the CMS Stark waiver of March 30.¹⁴⁶ It agreed to not to seek administrative sanctions against most of the behavior specifically permitted by CMS during the PHE. There are, however, differences. The OIG was not willing to accept, on a blanket basis, the CMS exceptions for referring to (i) an owned hospital that has expanded (or former ASC now operating as a hospital), (ii) an owned home care company, or (iii) a group practice for covered services at otherwise impermissible expansion sites or at a patient's residence.¹⁴⁷ In addition, the blanket CMS waivers for patients in rural areas, and for arrangements that are compliant but for documentation requirements, are not accepted by the OIG.¹⁴⁸

The OIG has also established a process for obtaining prompt informal and non-binding advice during the PHE, including in regard to the Civil Monetary Penalty Law provisions on beneficiary inducements.¹⁴⁹

As of now, there are no waivers of the NYS Stark law or AKS for the PHE.

Provider/Referring practitioner relationships always need to be structured with care to assure compliance with the technical requirements of the Stark law and AKS exceptions and safe harbors, and to assure that the agreements are commercially reasonable, and the compensation thereunder is FMV. In the usual course, agreements are often subject to independent valuation consultant review to assure compliance. However, in the current crisis environment, these relationships are being created, modified and terminated “on the fly,” and without the normal regulatory review. Under the circumstances, providers should not have to be concerned about technical compliance, “absent any determination of fraud or abuse” (the words of the federal Stark law waiver). This would have the effect of focusing on the reality of the relationship and not the technicalities of the exceptions and safe harbors that cannot be met.

Given the statements from CMS and the OIG that are helpful in this regard, an order for the NYS Stark law and AKS from either the Governor of New York or the New York State Department of Health that is substantially similar to the CMS Stark law waiver and OIG letters would be prudent. Some might say that no waiver is needed since well-intentioned providers would not be charged with a violation in the absence of fraud and abuse. However, often the AKS safe harbors are treated as requirements by providers, and the failure to provide explicit grace in this context will both delay necessary implementation of restructurings between providers and practitioners and place those providers and practitioners at risk for potentially catastrophic damages. Moreover, the Stark Law does not require intent; it is a strict liability statute, so its suspension is very important.

The waivers provided by CMS and the letters provided by the OIG are helpful in providing some security to providers that enforcement discretion will be exercised in regard to reasonable responses to the PHE (the inconsistencies between the CMS and OIG guidance are unfortunate, but likely not curable and providers will need to navigate the inconsistencies). The waivers and guidance should be adopted in substantially similar form by NYS for the State versions of the Stark law and AKS, each as tailored for the particular statute at issue.

¹⁴⁶ OIG Policy Statement Regarding Application of Certain Administrative Enforcement Authorities Due to Declaration of Coronavirus Disease 2019 (COVID-19) Outbreak in the United States as a National Emergency, DEP'T OF HEALTH & HUMAN SVCS, OFFICE OF INSPECTOR GENERAL, Apr. 3, 2020, <https://oig.hhs.gov/coronavirus/OIG-Policy-Statement-4.3.20.pdf>; DEP'T OF HEALTH & HUMAN SVCS, OFFICE OF INSPECTOR GENERAL, *FAQs – Application of OIG's Administrative Enforcement Authorities to Arrangements Directly Connected to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency*, Apr. 24, 2020, <https://oig.hhs.gov/coronavirus/authorities-faq.asp>.

¹⁴⁷ *Id.*

¹⁴⁸ *Id.*

¹⁴⁹ *Id.*

Expanded Use of Telehealth During the COVID-19 Emergency

Telehealth is a valuable tool to deliver healthcare, but longstanding statutory and regulatory barriers, including in the area of reimbursement, have stunted the growth of telehealth and delayed its implementation.

The federal telehealth statute¹⁵⁰ imposes five requirements for Medicare fee-for-service coverage. Of these, one of the most significant hurdles to the expansion of telehealth has been the Medicare “originating site” requirement. Prior to COVID-19, Medicare fee-for-service reimbursement was available only when the patient receiving the telehealth service was in a designated rural area, and in a physician’s office or in a specified healthcare facility. The definition of a rural location is narrow, limited in general to an area either outside a Metropolitan Statistical Area or in a Health Professional Shortage Area within a rural census tract.¹⁵¹ Additionally, only eligible practitioners¹⁵² could provide Medicare telehealth services. In New York,¹⁵³ state law allows a wide range of professionals¹⁵⁴ to deliver services through telehealth in New York, to patients located in a wide range of originating sites, including in the patient’s own home.¹⁵⁵ In February 2019, however, in a Special Medicaid Telehealth,¹⁵⁶ New York instituted limitations, including the rule that for dual individuals (those eligible for both Medicare and Medicaid), “[i]f a service is within Medicare's scope of benefits (e.g., physician), but Medicare does not cover the service when provided via telehealth, Medicaid will defer to Medicare's decision and will not cover the telehealth encounter at this time.” The effect is to deny Medicaid for telehealth services outside of rural originating sites, and from non-Medicare-eligible practitioners for dually eligible beneficiaries.

The pre-COVID-19 federal and state reimbursement rules limited the expansion of telehealth. As a result, when the coronavirus spread in New York, the healthcare system was woefully underprepared to deploy this important tool quickly and effectively to minimize the spread of infection. The delay, in turn, allowed the disease to gain a foothold in the community and impeded efforts to limit exposure to and slow the viral spread.

The coronavirus pandemic ushered in a new age for telehealth reimbursement. In a major public policy shift, on March 6, 2020, Congress enacted the “Telehealth Services during Certain Emergency Periods Act of 2020,”¹⁵⁷ which lifted the “originating site” requirement for Medicare telehealth payment during certain public health emergencies. This statute authorized the waiver of Medicare requirements in a public health

¹⁵⁰ 42 U.S.C. § 1395m(m).

¹⁵¹ HEALTH RESOURCES AND SERVICES ADMINISTRATION, *Medicare Telehealth Payment Eligibility Analyzer*, <https://data.hrsa.gov/tools/medicare/telehealth>, (providing guidance on whether a particular site is eligible for Medicare telehealth payment).

¹⁵² Under 42 U.S.C. § 1395m(m)(3)(A) and 42 C.F.R. § 410.78(b), Medicare-eligible telehealth practitioners are: physicians, physician assistants, nurse practitioners, clinical nurse specialists, nurse-midwives, clinical psychologists, clinical social workers, registered dietitians and nutritional professionals, and certified registered nurse anesthetists.

¹⁵³ N.Y. PHL § 2999-dd(1); N.Y. SOC. SERVS. LAW § 367-u(2).

¹⁵⁴ Under N.Y. PHL § 2999-cc(2), New York Medicaid-eligible telehealth practitioners are: physicians, physician assistants, dentists, nurse practitioners, registered professional nurses, podiatrists, optometrists, psychologists, social workers, speech language pathologists and audiologists, midwives, physical therapists, occupational therapists, certified diabetes educators, certified asthma educators, certified genetic counselors, hospitals, residential healthcare facilities serving special needs populations, home care services agencies, hospices, credentialed alcoholism and substance abuse counselors, early intervention program providers, clinics licensed or certified by the Office of Mental Health or funded or operated by the Office for People with Developmental Disabilities, and others subject to agency determination.

¹⁵⁵ *Id.*, § 2999-cc (3).

¹⁵⁶ New York Medicaid Update, Special Edition, Expansion of Telehealth Vol. 35, No. 2, N.Y.S. DEP’T OF HEALTH, Feb. 2019, https://www.health.ny.gov/health_care/medicaid/program/update/2019/feb19_mu_speced.pdf.

¹⁵⁷ Coronavirus Preparedness and Response Supplemental Appropriations Act, Pub. L. § 116-123, Mar. 6, 2020, <https://www.congress.gov/116/plaws/publ123/PLAW-116publ123.pdf>.

emergency to allow qualified providers – those with a pre-existing relationship with the patient – to deliver telehealth to beneficiaries: (i) outside of rural areas, (ii) in their homes, and (iii) by means of a telephone with audio and video capabilities. On March 27, 2020, Congress enacted the “Coronavirus Aid, Relief, and Economic Security Act” (CARES Act).¹⁵⁸ In addition to injecting trillions into the economy, the CARES Act authorized the waiver of the pre-existing relationship requirement and other telehealth expansions. On March 23, 2020, the U.S. Department of Health and Human Services (HHS) Office of Civil Rights (OCR), which enforces the Health Insurance Portability and Accountability Act (HIPAA), announced the exercise of enforcement discretion for HIPAA restrictions that might otherwise have limited the use of telehealth services during the PHE.¹⁵⁹ These changes allowed for Medicare reimbursement for the delivery of health care services using smartphones.

Likewise, in New York, the New York State Department of Health (“DOH”) took action to promote the use of telehealth and telephonic evaluation. An Executive Order issued March 12, 2020,¹⁶⁰ suspended the New York telehealth statute and regulations, to the extent necessary to allow additional telehealth provider categories and modalities, to permit other types of practitioners to deliver services within their scopes of practice and to authorize the use of certain technologies for the delivery of health care services to established patients. Beginning on March 10, 2020, DOH issued a series of guidance documents regarding the use of telehealth, including telephonic services, for dates of service on or after March 1, 2020 and through the duration of the New York State COVID-19 emergency.¹⁶¹ These guidance documents alleviate some of the barriers to telehealth by allowing clinicians and health care organizations to bill for telephonic services if they cannot provide the audiovisual technology traditionally referred to as “telemedicine.”

In the midst of the coronavirus, the temporary rollback of regulatory restrictions enabled providers to marshal telehealth to expand the delivery of services while reducing the spread of infection. This reduced the strain on the healthcare system and may have prevented further spread of disease. But why only temporary? Through telehealth, providers can deliver medical care much more quickly and serve more patients, without the need for them to travel long distances to the provider’s office to receive care. Telehealth proved itself under fire, and its benefits extend well beyond the emergency context. Moving forward, the coronavirus experience argues for the need for updated reimbursement policies to encourage the use of telehealth to provide proper, effective and efficient care for patients.

Testing During Pandemic

We examine the issue as to whether private research laboratories should be authorized to do serology testing for epidemiological studies during an emergency pandemic.

NYS PHL § 580 states, “[n]othing in this title shall be construed as affecting facilities which perform laboratory tests solely for research purposes, nor as affecting laboratory testing by a public health officer as part of an epidemiological investigation in which no patient identified result is reported for diagnostic purposes to a health care provider or the subject of the test.”¹⁶²

¹⁵⁸ Coronavirus Aid, Relief, and Economic Security Act, PUB. L. § 116-136, Mar. 27, 2020, <https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>.

¹⁵⁹ Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency, HHS OFFICE OF CIVIL RIGHTS, last reviewed Mar. 30, 2020, <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.

¹⁶⁰ N.Y. EXEC. ORDER No. 202.1, Mar. 12, 2020, <https://www.governor.ny.gov/news/no-2021-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>

¹⁶¹ 2020 DOH Medicaid Updates, Volume 36, N.Y.S. DEP’T OF HEALTH, rev’d Apr. 2020, https://www.health.ny.gov/health_care/medicaid/program/update/2020/index.htm

¹⁶² N.Y. PHL § 580.

Essentially, section 580 of the Public Health Law exempts and authorizes research laboratories to pursue tests so long as clinical diagnoses of patients for treatment are not being conducted. At present, 10 NYCRR Part 58-1¹⁶³ prevents research laboratories from reporting their results to individual patients.¹⁶⁴

Serological tests measure the number of antibodies or proteins present in the blood when the body is responding to a specific infection, like COVID-19. In other words, the test detects the body's immune response to the infection caused by the virus rather than detecting the virus itself. This may potentially be used to help determine, together with other clinical data, that such individuals are no longer susceptible to infection and can return to work. In addition, these test results can aid in determining who may donate a part of their blood called convalescent plasma, which may serve as a possible treatment for those who are seriously ill from COVID-19.

Research laboratories present an untapped resource to scale mass testing to respond to COVID-19. The only portion of the Public Health Law that prevents a general research laboratory from engaging in epidemiological serology testing is the requirement that the testing be conducted by a public health officer.

To the extent private research laboratories have capacity and are capable of assisting with epidemiological testing, the Governor should exercise his authority under NYS Executive Law § 29-a¹⁶⁵ to suspend that portion of NYS PHL § 580¹⁶⁶ that requires the testing to be provided by a public health officer to enable private research labs to assist with scaling serology testing.

Nevertheless, as of this writing, certain significant ambiguities regarding hospital clinic payment rates remain.

IV. Business/Contracts/Risk Management

Introduction

There is no doubt that the COVID-19 pandemic has had tremendous economic impact upon businesses. The Wall Street Journal reports that, "U.S. economy in the first quarter shrank at its fastest pace since the last recession as the coronavirus pandemic shut down much of the country."¹⁶⁷ As non-essential businesses are put on "pause" and many essential businesses' operations are limited, both individuals and businesses will be hard pressed to meet contractual obligations and must look to risk mitigation strategies to manage the financial impact. Although many businesses have insurance policies that are meant to kick in when disaster strikes, such business interruption coverage typically requires physical damage to the workplace making it impossible for workers to do their job. Quarantines and travel bans imposed by federal and state authorities in an effort to control contagion can make it just as impossible for workers to do their jobs as destruction from a fire, flood or earthquake, but do not cause the physical damage to workplaces that is necessary to

¹⁶³ 10 NYCRR § 58-1.

¹⁶⁴ The Health Law Section of the New York State Bar Association has proposed a rulemaking for the DOH that would permit research laboratories to report results to the health care provider designated by a study subject under specific limited conditions. Such health care provider may then determine if confirmatory tests should be pursued utilizing CLEP approved diagnostic testing in a CLEP approved laboratory. The Committee recommended the following be added as 10 NYCRR § 58-1.8b: "Results of tests conducted in the context of IRB approved research protocols by non-permitted research laboratories may be reported to the research subject's designated health care provider solely for the purpose of referral of the subject for confirmatory testing by a permitted laboratory using approved test methodology." See Letter from Ronald Kennedy, Director of Government Relations, NYSBA, to Stephanie Schulman, Ph.D., Director CLEP, Regarding Proposed Rule by NYSBA Health Law Section, April 3, 2018, Appendix D.

¹⁶⁵ N.Y. EXEC. L. § 29-a.

¹⁶⁶ N.Y. PHL § 580.

¹⁶⁷ Harriet Torry, *Virus Shrinks Economy by 4.8%*, WALL STREET JOURNAL, Apr. 30, 2020 (Last accessed 04/30/2020), <https://www.wsj.com/articles/first-quarter-gdp-us-growth-coronavirus-11588123665>.

trigger successful business interruption claims.¹⁶⁸ From an insurance perspective, such policies are not designed to cover the widespread business interruption caused by the shuttering of businesses across the country. Losses due to bacteria and virus such as the COVID-19 pandemic impacts the entire risk pool, leaving insurers at significant risk because such policies are designed to cover losses resulting from individual insured's chance events and not catastrophic events that impact the entire risk pool.¹⁶⁹

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was signed into law as a \$2.2 trillion stimulus package designed to mitigate the cataclysmic economic impact resulting from the COVID-19 pandemic. The CARES Act provided substantial economic relief, but also includes several temporary modifications to chapter 7 and chapter 13 of the U.S. Bankruptcy Code that modify the definition of "current monthly income" to exclude payments made under federal law relating to a declared national emergency and permit chapter 13 debtors with prior-confirmed plans to seek modifications due to Covid-19 related hardships.¹⁷⁰ These provisions provide some relief for consumers, but do not address the risk of city and state bankruptcies as tax revenues fall due to plummeting gas prices, lack of tourism, and shuttering of the hospitality industry, and emergency spending on unemployment claims soars.¹⁷¹ On April 22, 2020, U.S. Senate Majority Leader Mitch McConnell "opened the door to allowing U.S. states to file for bankruptcy to deal with economic losses stemming from the coronavirus outbreak that are punching big holes in their budgets."¹⁷² However, whether such relief is available to U.S. states remains a looming legal issue. Federal, state and local public health authorities must consider innovation solutions to (i) allow essential businesses to collaborate under CSC and channel resources to address the PHE; (ii) permit essential licensed health care workers in good standing to cross state lines and health care systems to help manage patient surges wherever they occur; and (iii) protect good faith efforts to maintain workplace and public safety and control the spread of contagion where is scarce. Likewise, business leaders should identify the weaknesses in their respective business operations and consider immediate, mid-term and long-term risk management strategies to assure recovery, resiliency, and financial stability.¹⁷³

Potential liability for breach of contract during coronavirus pandemic

We examine whether nonperformance of contractual obligations during the coronavirus pandemic may result in liability for breach of contract.

Ordinarily, a failure to perform under a contract results in potential liability for the party who is in breach of his or her obligations. A supplier of goods, for example, may be held liable if he or she fails to deliver the goods as promised. Or a purchaser of goods may be held liable if he or she fails to pay for goods purchased from a supplier. Similarly, a lease contract may result in liability if either the tenant or the landlord breaches his or her obligations. Or a service provider may be held liable for failure to perform

¹⁶⁸ Mary Williams Walsh, *Coronavirus Will Cost Businesses Billions. Insurance May Not Help*, N.Y. TIMES, Mar. 5, 2020, <https://www.nytimes.com/2020/03/05/business/coronavirus-business-insurance.html> (Last accessed Apr. 10, 2020).

¹⁶⁹ Jim Sams, *Some Insurance Regulators Skeptical About Business Interruption Claims*, CLAIMS JOURNAL, Apr. 27, 2020, (Last accessed May 3, 2020).

¹⁷⁰ K&L Gates, LLP. *COVID-19: How the CARES Act Will Impact Chapter 7 and Chapter 13 Consumer Bankruptcies*. JDSUPRA.COM, Mar. 31, 2020, <https://www.jdsupra.com/legalnews/covid-19-how-the-cares-act-will-impact-48826/> (Last accessed Apr. 30, 2020).

¹⁷¹ Richard McGahey, *COVID-19 Could Bankrupt Your State*, FORBES, Apr. 6, 2020, [www.forbes.com/sites/richardmgahey/2020/04/06/covid-19-could-bankrupt-your-state/#72fd\)d565489](http://www.forbes.com/sites/richardmgahey/2020/04/06/covid-19-could-bankrupt-your-state/#72fd)d565489) (Last accessed 04/30/2020).

¹⁷² *McConnell says he favors state bankruptcy over more federal aid*, Apr. 22, 2020, REUTERS, reuters.com/article/us-health-coronavirus-usa-states/mcconnell-says-he-favors-state-bankruptcy-over-more-federal-aid-idUSKCN2242U7, (Last accessed 04/30/2020).

¹⁷³ *See, The world remade by COVID-19*, DELOITTE, COVID-19/Collection Perspectives, www2.deloitte.com/global/en/about-deloitte/articles/covid-19-scenarios-and-impacts-for-business-and-society-world-remade.html.

services, or the recipient may be held liable for failure to pay for the services. The law is clear: If you breach a contractual obligation, you may be held liable for the breach.

But what happens if a party does not – or cannot – perform his or her obligations under a contract in the middle of a pandemic? This question has taken on increased urgency in recent days, as companies across a wide range of industries have begun to alter their business practices and contractual arrangements in response to the outbreak of COVID-19. Will the COVID-19 outbreak excuse the nonperformance of a contract?

Under New York law, there are a limited set of circumstances under which the COVID-19 outbreak might excuse contractual non-performance. Those circumstances include: (1) when the relevant contract contains a provision that excuses performance—such as a *force majeure* clause; (2) when certain common law doctrines—such as the doctrines of frustration of purpose or impossibility – excuse non-performance.

Finally, New York’s Uniform Code Section 2-615(a) excuses delay or non-delivery under a contract for sale under certain circumstances, including where performance has been made impracticable by an event that goes to the heart of the contract or where the delay or non-delivery was caused by good faith compliance with governmental regulation.

Force Majeure

Some contracts contain provisions that excuse nonperformance due to circumstances beyond the control of the parties. These provisions are known as *force majeure* clauses.¹⁷⁴ A *force majeure* clause generally allows a party relief if a specified event materially impacts, or renders impossible, the performance of the contract. Typically, if a *force majeure* clause applies, the parties’ obligations under the contract are suspended during the pendency of the event, and, if the event continues for a certain period of time, the parties may have a right to terminate the contract.

Under New York law, *force majeure* clauses are narrowly construed and applied. As one New York court recently explained, *force majeure* clauses are designed to limit damages “where the reasonable expectation of the parties and the performance of the contract have been frustrated by circumstances beyond the control of the parties.”¹⁷⁵ Moreover, the courts will generally strictly construe the types of events that give rise to relief under a *force majeure* event. “[O]nly if the *force majeure* clause specifically includes the event that actually prevents a party’s performance will that party be excused.”¹⁷⁶ When the parties have themselves defined the contours of *force majeure* in their agreement, “those contours dictate the application, effect, and scope of *force majeure*.”¹⁷⁷

Some contracts may include “epidemic” as a specific example of a *force majeure* event.¹⁷⁸ Other contracts may not specifically list epidemic as a *force majeure* event, but may include a catch-all provision. If the coronavirus pandemic is sufficiently similar to the events listed in the *force majeure* clause, then—under the rule of contract construction known as *ejusdem generis* – the coronavirus pandemic may be considered a *force majeure* event.¹⁷⁹

¹⁷⁴ *Kel Kim v. Central Mkts.*, 70 N.Y.2d 900, 902 (1987).

¹⁷⁵ *Constellation Energy Servs. of N.Y. v. New Water St.*, 146 A.D.3d 557, 558 (1st Dept. 2017).

¹⁷⁶ *Id.*

¹⁷⁷ *Id.*

¹⁷⁸ See, e.g., *Touche Ross & Co. Manufacturers Hanover Trust Co.*, 107 Misc. 2d 438, 441 (Sup. Ct. N.Y. County 1980)

(quoting contract that defines *force majeure* as including “flood, epidemics, earthquake, [and] war”).

¹⁷⁹ See *Kel Kim*, 70 N.Y.2d 900 at 903.

Common law doctrines: Frustration of purpose and impossibility

In the absence of a *force majeure* clause, two common law doctrines are potentially applicable: the doctrine of impossibility and the doctrine of frustration of purpose. Under New York law, the doctrine of impossibility provides only a limited path to relief and has been narrowly applied by the courts “due in part to judicial recognition that the purpose of contract law is to allocate the risks that might affect performance and that performance should be excused only in extreme circumstances.”¹⁸⁰ Under the doctrine of impossibility, a party’s performance will be excused “only when the destruction of the subject matter of the contract or the means of performance makes performance objectively impossible.”¹⁸¹ “Moreover, the impossibility of performance must be produced by an unanticipated event that could not have been foreseen or guarded against in the contract.”¹⁸² “Thus, where impossibility or difficulty of performance is occasioned only by financial difficulty or economic hardship, even to the extent of insolvency or bankruptcy, performance of a contract is not excused.”¹⁸³

The frustration of purpose doctrine excuses non-performance when a change in circumstances is such that one party’s performance would no longer give the other party what induced him to make the bargain in the first place.¹⁸⁴ Like the doctrine of impossibility, the doctrine of frustration of purpose is a narrow one. Its application is “limited to instances where a virtually cataclysmic, wholly unforeseeable event renders the contract valueless to one party.”¹⁸⁵ In order to successfully invoke the doctrine of frustration of purpose, a party must show that the purpose that is frustrated is the principal purpose of that party in making the contract. “The object must be so completely the basis of the contract that, as both parties understand, without it the transaction would make little sense.”¹⁸⁶ Restatement (Second) of Contracts § 265 (comment). The doctrine does not apply where performing under a contract would merely cause some degree of financial hardship.

New York’s Uniform Commercial Code Section 2-615

Finally, even in the absence of a *force majeure* provision, New York’s Uniform Commercial Code may excuse non-performance. Section 2-615(a) of the N.Y. U.C.C. provides that “[d]elay in delivery or non-delivery . . . is not a breach under a contract for sale if performance as agreed has been made impracticable by the occurrence of a contingency the non-occurrence of which was a basic assumption on which the contract was made or by compliance in good faith with any applicable foreign or domestic governmental regulation or order whether or not it later proves to be invalid.” Under this provision, a seller is excused where its performance is “commercially impracticable because of unforeseen supervening circumstances not within the contemplation of the parties at the time of contracting.”¹⁸⁷ There is an important caveat to Section 2-615(a): Where a seller’s ability to supply is only partially impacted, the seller must allocate production/supply among its customers in a fair and reasonable manner.¹⁸⁸

With respect to impracticability caused by government regulation or order, such “governmental interference cannot excuse unless it truly ‘supervenes’ in such a manner as to be beyond the seller’s assumption of risk.”¹⁸⁹ Moreover, a party cannot rely on supervening government action if he or she brought about the

¹⁸⁰ *Id.* at 902.

¹⁸¹ *Id.*

¹⁸² *Id.*

¹⁸³ *407 East 61st Garage, Inc. v. Savoy Fifth Ave. Corp.*, 23 N.Y.2d 275, 281-282 (1968).

¹⁸⁴ *Bierer v. Glaze, Inc.*, 2006 U.S. Dist. LEXIS 73042, *21-22 (E.D.N.Y. Oct. 6, 2006); *U.S. v. General Douglas MacArthur Senior Village, Inc.*, 508 F.2d 377, 381 (2d Cir. 1974).

¹⁸⁵ *Id.*

¹⁸⁶ RESTATEMENT (SECOND) OF CONTRACTS § 265 (comment).

¹⁸⁷ UCC § 2-615, Official Comment 1.

¹⁸⁸ UCC § 2-615(b).

¹⁸⁹ UCC § 2-615, Official Comment 11.

action that renders performance impracticable. “[A]ny action by the party claiming excuse which causes or colludes in inducing the governmental action preventing his performance would be in breach of good faith and would destroy his exemption.”¹⁹⁰

If the contract does not contain a *force majeure* clause, then courts will look to the language of the provision to determine if the clause excuses non-performance under the circumstances. *Force majeure* clauses vary widely, and the precise language will be critical. Some *force majeure* clauses specifically reference “epidemic” as a *force majeure* event; others do not. Even in the absence of a specific reference to epidemic, a *force majeure* clause may apply if it contains a catch-all provision and an epidemic event is sufficiently similar to the listed triggering events.

In the absence of a *force majeure* clause, nonperformance may be excused under the limited circumstances permitted by the doctrines of impossibility or frustration of purpose. These common law doctrines are applied narrowly by the courts of New York. The impossibility doctrine applies when an unanticipated and unforeseeable event occurs and, as a result of the event, the destruction of the subject matter of the contract or the means of performance makes performance objectively impossible. The frustration of purpose doctrine applies when a wholly unforeseeable event renders the contract valueless to one party and the principal purpose of the contract is no longer achievable.

Finally, New York’s Uniform Code Section 2-615(a) may excuse breach of certain sales contracts where performance has been made impracticable by an unforeseen supervening occurrence or where the breach was caused by good faith compliance with governmental regulation.

Paycheck Protection Program

It is important to note that the U.S. Small Business Administration established the Paycheck Protection Program (PPP) specifically designed to support small businesses experiencing economic harm from the pandemic and to encourage employers to maintain or rehire their employees, by offering forgiveness for those entities who use the loan proceeds to cover payroll costs and related costs at a specified level for a specified period of time and employee and compensation levels are maintained.¹⁹¹ As such funding has been depleted quickly due to overwhelming response, additional funds have been granted through an amendment to the CARES Act.¹⁹² Economic initiatives such as this which provide direct funding are critical to ensuring that New Yorkers remain employed and businesses across professional sectors are able to continue operating. However, it is evident that greater care must be given to ensuring that the business entities with greatest need are not dominated by those with greatest resources and influence.

Immunity

Federal Immunity Declarations in Response to COVID-19

CMS Blanket Waivers for Health Care Providers

Pursuant to section 319 of the Public Health Service Act,¹⁹³ if the President declares a major disaster or emergency, the Department of Health and Human Services (“HHS”) may declare a Public Health Emergency (“PHE”) which triggers the authority of the Secretary of HHS under section 1135 of the Social

¹⁹⁰ *Id.*

¹⁹¹ See U.S. SMALL BUS. ADMIN., Coronavirus (COVID-19): Small Business Guidance & Loan Resources, <https://www.sba.gov/page/coronavirus-COVID-19-small-business-guidance-loan-resources>.

¹⁹² Paycheck Protection Program and Health Care Enhancement Act, H.R. 266, 116th Cong. (2020), <https://www.congress.gov/amendment/116th-congress/senate-amendment/1580/all-info?s=4&r=1>.

¹⁹³ 42 U.S.C. § 201 et seq.

Security Act¹⁹⁴ to temporarily waive or permit flexibility of certain Medicare, Medicaid and HIPAA requirements. These 1135 waivers are adopted to allow hospitals, laboratories, nursing homes, hospice, psychiatric hospitals and critical access hospitals and other regulated organizations and facilities¹⁹⁵ to provide timely care to as many people as possible and may impact the following requirements:

- Conditions of participation and other certification requirements;
- Program participation and similar requirements;
- Preapproval requirements;
- Requirements that physicians and other health care professionals be licensed in the State in which they are providing services, so long as they have equivalent licensing in another State, subject to any applicable State laws governing licensure;
- Emergency Medical Treatment and Labor Act (EMTALA);
- Stark self-referral sanctions; and
- Limitations on payment for health care items and services furnished to Medicare Advantage enrollees by non-network providers.¹⁹⁶

These waivers allow for unconventional adjustments to operations governed by federal law to control contagion, assure sufficient staffing levels, efficiently treat patients, and allocate scarce resources to preserve and save as many lives as possible during the pandemic under CSC principles while using best efforts to assure the safety of its clinical staff and patient milieu, sometimes at the expense of individual patient's rights.¹⁹⁷ Such curtailment of individual patient rights however, may lead to regulatory complaints and investigation, penalties, and/or civil and criminal litigation when outcomes are not optimal. Likewise, notwithstanding these waivers, health care organizations and facilities must take caution to avoid fraud and abuse and other overt violations of the laws and regulations governing the health care delivery system. In addition, health care organizations and facilities remain subject to applicable state laws and regulations not under federal jurisdiction. Hence, the immunity afforded by both federal and state authorities to health care organizations and facilities as they navigate the health care delivery system during the coronavirus pandemic is critical to the implementation of CSC. Without such immunity, health care organizations and facilities could be exposed to liability ranging from medical malpractice, violation of federal and state non-discrimination laws, violations of regulatory requirements which may lead to investigation, prosecution under the False Claims Act, and possibly exclusion of federal and commercial payment programs.

CARES Act

As noted above, the Federal Coronavirus Appropriations Package or CARES Act, was enacted largely to stimulate the U.S. economy, but there are several provisions included in the legislation that also aim to relax typical restrictions on the healthcare industry workforce that is on the "frontlines" in providing patient care amid the pandemic, including a liability protection for health care providers who volunteer to provide health care services relating to the diagnosis, prevention or treatment of COVID-19 or the assessment or care of a person who has or is suspected to have COVID-19 (CARES Act § 3215). To qualify for the protection, a healthcare provider must be licensed, registered, and/or certified to provide health care services under State or Federal law and providing services within the scope of their license, registration or certification in good faith (*see id.*). Additionally, an individual must not be compensated for providing the services at issue (*see id.*). The protection is limited in time to the duration of the period of the PHE declared by the U.S. Health and Human Services.

¹⁹⁴ 42 U.S.C. § 301 et seq.

¹⁹⁵ EMERGENCY MEDICAL TREATMENT & ACTIVE LABOR ACT, 42 U.C.S § 1395dd.

¹⁹⁶ CMC, CMS Declaration of Waivers under 1135, <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers> (last visited Apr. 22, 2020).

¹⁹⁷ *See id.*

PREP Act

The Public Readiness and Emergency Preparedness Act or PREP Act (42 USC §§ 247d-6d-6e), permits U.S. HHS to issue a declaration to provide liability protections to individuals and entities (referred to as “covered persons”) who manufacture, distribute or administer “medical countermeasures” in response to a public health crisis. After determining COVID-19 constituted a PHE, on January 31, 2020, the U.S. HHS Secretary issued a declaration under PREP.¹⁹⁸ Thereafter, consistent with the PREP Act, on March 10, 2020, the U.S. HHS Secretary issued a declaration under PREP that set forth specific covered persons and medical countermeasures that receive liability protection during the COVID-19 pandemic.¹⁹⁹ The covered persons include manufacturers, distributors, and program planners of medical countermeasures and their agents and employees and persons who prescribe, administer, deliver, distribute or dispense medical countermeasures.²⁰⁰ The medical countermeasures include the following: any antiviral, other drug, biologic, diagnostic, other device or vaccine used to treat, diagnose, cure, prevent or mitigate COVID-19 or any virus mutating therefrom; or any device used in the administration of such product and the components and materials of same.²⁰¹

Since these official pronouncements by the US HHS Secretary, on April 14, 2020, HHS’s Office of General Counsel has issued an Advisory Opinion discussing the declarations and the purpose and limitations of same (“the Advisory Opinion”).²⁰² The stated goal of the Advisory Opinion was to respond to the scores of questions HHS has apparently received as to what is and what is not covered by the liability protections offered under the PREP Act. Notably, the Advisory Opinion indicates the scope of liability protections afforded under the PREP Act is intended to be broad, and, as such, it is the opinion of the General Counsel’s Office that if a person or entity qualifies as a “covered person,” that person or entity will likely not “lose” the immunity intended by the law if it turns out later a product believed in good faith to be a “medical countermeasure” was not actually a “medical countermeasure” outlined in the PREP declaration.²⁰³

Finally, because covered persons are immune from suit, absent gross negligence, under the PREP Act, there is a Countermeasures Injury Compensation Program (“CICP”) that provides compensation to individuals who are seriously injured or killed from medical countermeasures.²⁰⁴ Notably, however, CICP is a “payor of last resort,” and will only pay for medical costs not otherwise covered by third-party payors, including personal medical insurers, lost income, and survival benefits in some cases.²⁰⁵ To file for compensation under CICP, claimants must submit their requests for same within one (1) year of receipt of the

¹⁹⁸ DEP’T OF HEALTH AND HUMAN SERVICES, Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19, Mar. 17, 2020, FEDERAL REGISTER, <https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures#footnote-1-p15198> (last visited Apr. 17, 2020).

¹⁹⁹ See 85 C.F.R.15198.

²⁰⁰ Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19, Mar. 17, 2020, <https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures#footnote-1-p15198> (last visited Apr. 17, 2020).

²⁰¹ See *id.*

²⁰² Advisory Opinion on The Public Readiness and Emergency Preparedness Act and the March 10, 2020 Declaration Under The Act (Dep’t of Health & Human Services, Office of the Sec’y Apr. 14, 2020), <https://www.hhs.gov/sites/default/files/prep-act-advisory-opinion-april-14-2020.pdf>.

²⁰³ See *id.* at 4.

²⁰⁴ Countermeasures Injury Compensation Program, 76 FED. REG. 62, 306 (Oct. 7, 2011), <https://www.hrsa.gov/sites/default/files/cicp/about/forms/adminfinalrule.pdf> (last visited Apr. 23, 2020).

²⁰⁵ Frequently Asked Questions For Individual Requesters/Recipients, Health Resources & Services Administration, <https://www.hrsa.gov/cicp/faq/requesters.html> (last visited Apr. 23, 2020).

countermeasure.²⁰⁶ It is too soon to tell whether CACP claims will increase beyond what is typical, but it seems very likely they will with what we know at this time.

New York State-Specific Immunity Declarations in Response to COVID-19

Organizational Immunity: Negligent Credentialing

Health care organizations and health care facilities are mandated by New York State laws and regulations to duly credential health care practitioners providing health care services at their facilities.²⁰⁷ Organizations have a duty to select and retain competent practitioners. Failure to meet established standards of credentialing and privileging may lead to regulatory exposure and/or organizational liability for negligent credentialing in the event of patient harm caused by a credentialed practitioner. Typical strategies employed by health care facilities and their governing boards to minimize risk in the credentialing process are time consuming and may prove impractical in the face of the coronavirus pandemic situation. Typical strategies include:

- Identifying red flags in a practitioner's history (e.g., NPDB reports)
- Thoroughly documenting the practitioner's professional competence through references
- Using a consistent, evidence-based evaluation process
- Collecting performance data on an on-going basis
- Establishing and enforcing standard evaluation parameters
- Assuring adequate facility resources to perform health care services in a safe, effective and efficient manner
- Leadership oversight of the credentialing process (Board review and approval of candidates after careful review of a complete application)

The Governor's EOs appropriately extend to health care entities and facilities immunity from liability resulting from reliance on credentialing processes of other health care organizations and health care facilities in New York and any other state.²⁰⁸

Individual Immunity

Likewise, individual practitioners who cross state lines to offer professional medical services to manage patient surges risk professional liability exposure. It is deemed professional misconduct for any licensed practitioner to practice in the State of New York without a valid license. As healthcare practitioners cross state lines to address patient surges, they risk being charged with professional misconduct on the grounds that they are practicing in New York without a license.²⁰⁹ Similarly, as practitioners and other healthcare workforce members are re-deployed or otherwise take on additional administrative and clinical duties and responsibilities outside the scope of their employment contracts, will health care organizations and health care facilities offer coverage and/or indemnification for potential liability exposure that may arise in the course of treating patients with COVID-19 given the relaxation of other regulatory requirements governing the delivery of health care and patients' rights? The Governor's EO 202.5 provides individual civil and criminal immunity to those duly licensed practitioners crossing state lines without a license to practice in New York state to assist their New York state colleagues in managing the surge of patients needing acute clinical care beyond that which health systems in New York can handle. More recently, EO 202.18 expanded civil and criminal immunity to those individual practitioners ranging from physicians to licensed

²⁰⁶ *See id.*

²⁰⁷ N.Y. PHL § 2805-k.

²⁰⁸ *See* N.Y. EXECUTIVE ORDER No. 202.10, "Continuing Suspension and Modification of Laws Relating to the Disaster Emergency," Mar. 23 2020, <https://www.governor.ny.gov/news/no-20210-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency> (last accessed Apr. 17, 2020).

²⁰⁹ N.Y. ED. L., Art. VIII.

clinical social workers to laboratory staff and pharmacy staff who are licensed and in current good standing in any province or territory of Canada. Such immunity however is limited to those acts of omission or commission in the management of COVID-19 consistent with the CSC.

Finally, from a risk management perspective, health care organizations and facilities should assure that termination of interjurisdictional credentialing arrangements and expansion of delineation of privileges should terminate contemporaneously with termination of the current public health emergency crisis as determined by governmental entities or when the health organization has sufficient capacity to handle census. Health care organizations and facilities should clarify for individual practitioners that termination does not amount to a termination or other denial of clinical privileges that would otherwise be deemed an adverse event triggering a report to the state Office of Professional Medical Conduct, Office of Professions or National Practitioner Data Bank.²¹⁰

More significant, however, is the individual immunity necessary for health care workers who must make the life and death decisions about allocation of scarce resources such as ventilators, PPE and clinical staff when emergency departments and intensive care units are overwhelmed beyond their capacity. In this regard, EO 202.10 provides health care professionals with immunity from civil liability. Unfortunately, the immunity provision does not extend to individual criminal liability, nor does it extend to the health care facility at which the services are provided. Article 30-D of the Public Health Law,²¹¹ signed by Governor Cuomo on April 3, 2020, as part of the New York State budget extends “immunity for any liability, civil and criminal, for any health care professional or facility alleged to have been sustained as a result of any act or omission” in the provision of care pursuant to a COVID-19 emergency rule or is otherwise lawful.²¹²

HIPAA Privacy Rule

The Health Insurance Portability and Accountability Act (“HIPAA”) is likely best known for its privacy protections. Indeed, HIPAA sets forth national standards to protect against the wrongful disclosure of information contained in patients’ medical records, as well as the disclosure of other personal health information.²¹³ Importantly, the restrictions set forth in HIPAA apply to “covered entities,” which is defined to include health plans (i.e., individual or group plans that provide or pay the cost of medical care), health care clearinghouses (i.e., public or private entities that process or facilitate the processing of health information received from another entity, including, but not limited to billing companies), and health care providers who typically transmit health information in electronic form (and their “business associates”); and ordinarily restrict those entities from disclosing “health information,” defined as “any information... that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual” without certain required consent from patients or their representatives or in certain limited defined exceptions.²¹⁴

Several of those defined exceptions are applicable now amid the COVID-19 crisis. There is an exception that permits covered entities to disclose otherwise protected health information to public health authorities “for the purpose of preventing or controlling disease... including, but not limited to, the reporting of disease” and where a patient “may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.”²¹⁵ There is also an exception that allows covered

²¹⁰ 42 U.S.C. § 1320a, 42 C.F.R. § 1003.810, Failure to report to NPDB may result in significant Civil Monetary Penalties.

²¹¹ N.Y. PUB. H. L. § 3080 et seq.

²¹² N.Y. PUB. H. L. § 3082.

²¹³ See 45 C.F.R. § 160 et seq.

²¹⁴ See 45 C.F.R. § 160.103; see also 45 C.F.R. 164.500 et seq.

²¹⁵ See 45 C.F.R. 164.512(b)(i) and (b)(iv).

entities to disclose information to a patient’s family members or other persons identified by the patient as being involved with his/her/their care if the information is directly relevant to the patient’s care – e.g., that certain precautions need to be taken if the patient has or is suspected to have COVID-19.²¹⁶

Related to this, there is also an additional exception that allows covered entities to disclose health information to when it is “necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public,” and that disclosure can be made to any “person or persons reasonably able to prevent or lessen the threat.”²¹⁷ Notably, however, in a bulletin issued on February 3, 2020 (“the February Bulletin”), HHS cautions that this exception should only be used when the “professional judgment of health professionals” indicate it is necessary because of the nature and severity of the threat.²¹⁸ The February Bulletin also warns against reporting health information to the media or the public at large, absent a patient’s consent to do so, and reminds covered entities and their business associates that they must make reasonable efforts to limit the disclosed information to the “minimum necessary.” Meaning, it would be permissible for a hospital to provide a public health authority information on COVID-19 status, but the hospital should refrain from also providing information about that patient’s surgical history and other unrelated medical conditions, absent a reason for doing so.²¹⁹

In March 2020, HHS issued another HIPAA-related bulletin for the stated purpose of addressing the question of whether covered entities could share names of patients and other identifying information about patients who have been infected with or exposed to COVID-19 with law enforcement, paramedics, other first responders, and public health authorities (“the March Bulletin”).²²⁰ The March Bulletin references the exceptions discussed above, and provides examples of how those exceptions apply.²²¹

In sum, while HHS has not “waived” the privacy restrictions that are set forth in the HIPAA Privacy Rule, the available exceptions that already exist in the law appear sufficient to provide public health authorities with the information they need to stop the spread of the pandemic. Importantly, in both the February Bulletin and the March Bulletin, HHS made clear patient confidentiality is extremely important and reasonable efforts should be made to ensure it is maintained to the greatest extent possible.

Workplace Liability Exposure

Employment Practices

As non-essential businesses press “pause” in response to the COVID-19 Pandemic, and as essential businesses reallocate their workforce, many employers have conducted layoffs, furloughs and implemented workshare programs to reduce salary and other overhead expenses during a time of limited cash flow. As more fully discussed in the Workforce Section of this Report, Federal and State laws governing paid sick leave, unemployment benefits, and FMLA have been expanded to account for some of the workforce reductions and lessen the devastating impact on individuals and the economy. However, as employers implement the difficult decisions pertaining to their employees, they must be cognizant of civil rights laws

²¹⁶ See 45 C.F.R.164.510(b).

²¹⁷ See 45 C.F.R.164.512(j).

²¹⁸ U.S. DEP’T OF HEALTH AND HUMAN SERVICES, HIPAA Privacy and Novel Coronavirus, Feb. 2020, <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf> (last visited Apr. 23, 2020).

²¹⁹ See *id.*

²²⁰ U.S. DEP’T OF HEALTH AND HUMAN SERVICES, COVID-19 and HIPAA: Disclosures to law enforcement, paramedics, other first responders and public health authorities, <https://www.hhs.gov/sites/default/files/COVID-19-hipaa-and-first-responders-508.pdf> (last accessed Apr. 23, 2020).

²²¹ See *id.*

that prohibit discrimination in the workplace.²²² Decisions pertaining to sick leave, layoffs, furloughs, workshare and reassignment of duties must be made in a non-discriminatory manner to avoid allegations of adverse employment actions, failure to provide reasonable accommodations, and wrongful termination. In addition, when implementing workshare or other reductions in work hours, employers must strictly comply with wage and hour provisions to protect employees' right to unemployment benefits and avoid unnecessary liability for overtime hours worked. Finally, prior to implementing such reductions in force, employers subject to the Worker Adjustment and Retraining Notification Act must be sure to provide adequate notice as may be required by law.²²³

Workplace Safety

Inevitably, essential workers risk exposure to COVID-19 and may suffer illness as a result. Such illness, when it is demonstrated that it was contracted during work-related activity in the course of employment, will be covered by workers' compensation coverage. However, demonstrating a direct causal effect may prove difficult where employees may be exposed to the virus in their normal course of daily activities, likely leaving employers to work through workers' compensation claims long after the crisis abates.

On the other hand, where employers do not or are not able to comply with OSHA and other workplace safety requirements, they may be exposed to organizational liability including, but not limited to significant civil monetary penalties imposed by the Department of Labor under the Federal Civil Penalties Inflation Adjustment Act of 1990, as amended.²²⁴ Failure to assure that adequate risk management strategies are adopted to minimize the risk of infection for employees, customers and others who interact directly with the public may expose employers to not only significant regulatory penalties, but claims arising from customers who may be exposed. Essential businesses including, but not limited to, grocery stores and other food markets, child-care centers, and utility providers must adopt infection prevention protocols such as standard and universal precautions that they, unlike health care delivery providers, may not otherwise be familiar with. Employers must assure that PPE and hand sanitizer is readily available and properly used, and that environmental surfaces and equipment are cleansed and disinfected effectively and often, and that social distancing policies are strictly enforced.

Given the health care services workers' shortage and patient surges during the COVID-19 Pandemic, the CDC has adopted guidance for occupational health programs and public health officials making decisions about return to work for healthcare personnel with confirmed COVID-19 or who have suspected COVID-19 but have not been tested.²²⁵ Healthcare services employers must balance the risk of early return to work with their local need for healthcare services personnel on the front lines to manage patient care needs and adopt standard policies that are consistently enforced to avoid unnecessary exposure for deviations from accepted CSC.

V. Workforce Issues Associated with COVID-19

Introduction to Workforce

Implementation of crisis standards of care in response to a public health emergency mandates that the interests of the public's health be deemed paramount and that all efforts and resources be devoted toward

²²² See Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621-634; Title VII of the Civil Rights Act of 1964, (Pub. L. 88-352) 42 U.S.C. § 2000e et seq; Americans with Disabilities Act of 1990, 42 U.S.C. ch. 126 § 12101 et seq; Consolidated Omnibus Reconciliation Act of 1985, IRC §4980B and 29 U.S.C. §§ 1161-1168; Family Medical Leave Act, 29 U.S.C. ch. 28 §§ 2601-2654.

²²³ Worker Adjustment and Retraining Notification Act of 1988, 29 U.S.C. §§ 2101-2109.

²²⁴ 28 U.S.C. § 2461.

²²⁵ CTRS FOR DISEASE CONTROL & PREVENTION, *Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19*, Apr. 13, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html> (last accessed Apr. 23, 2020).

saving as many lives as possible. Governmental entities must determine how businesses and entities and their respective employees, independent contractors and volunteers are legally distinguished for the purpose of coordinating essential services while maintaining public and worker safety. The Centers for Disease Control (“CDC”) and other public health authorities have acknowledged community spread of COVID-19 in the United States and have issued precautions to slow the spread, such as significant restrictions on public gatherings. In addition, numerous state and local authorities have issued directives to minimize the risk of contagion by requiring quarantine, suspending non-essential commercial business operations, closing schools and taking other measures to prevent public gatherings in close quarters.

Governor Andrew Cuomo’s Executive Orders (“EOs”) coordinating restrictions on in-person business operations, school closures, and stay-at-home mandates across New York State in response to the ongoing COVID-19 pandemic have had a catalytic impact on New York State’s economy, workforce, and education system, while also incidentally hindering access to essential resources and health care services for many individuals.²²⁶ Despite desperate efforts by federal, state and local government officials to minimize the inevitable harms associated with a deadly pandemic such as this, the debilitating effect of the existing mandates has exposed societal weaknesses specific to public health and safety which cannot be easily rectified in the present. Nonetheless, such efforts and the results thereof provide insight regarding potential opportunities to remedy recognized weaknesses and build upon discovered strengths.

Through a series of EOs, the Governor necessarily categorized businesses into non-essential and essential whereby workers in non-essential businesses, or non-essential positions in essential businesses, must “shelter-in-place.”²²⁷ Timely and definitive guidance on what constitutes an essential business, or an essential worker, is critical to balance societal access to vital resources with control over contagion to avoid overwhelming our health care systems. This requires thoughtful allocation of human resources where the public need is greatest. As a result, tensions between public health interests including those of vulnerable populations, with those of individual workers inevitably rise to the surface.

As the Governor’s office, the New York City Mayor’s office and other related stakeholders try to determine the appropriate timing and manner in which the economy should reopen in collaboration with surrounding states, Governor Cuomo has continued to emphasize the inseparable symbiotic relationship between businesses, schools, workforce, and transportation, while clearly stating that one cannot reopen independent of the others.²²⁸ This section highlights the tight interconnections among business, workforce and education and the associated issues that quasi “shelter-in-place” mandates have surfaced to date.

Allocation of Human Resources

Beginning in mid-March 2020, Governor Cuomo began issuing executive orders requiring government entities and businesses to have non-essential personnel work from home or take leave without charging accruals.²²⁹ Effective March 20, 2020, Executive Order 202.6 required all businesses and not-for-profit entities to utilize telecommuting or work from home procedures to the maximum extent possible. Within days, a new executive order was issued, reducing the in-person workforce at any work locations by 100% no later than March 22, 2020 with a limited exemption for essential businesses.²³⁰ This mandate, though

²²⁶ See N.Y. EXEC. ORDER No. 202.14 (Extends restrictions on public and private businesses; postponement or cancellation of all non-essential gathering of individuals of any size for any reason, and closure of schools stateside until 11:59 on April 29, 2020).

²²⁷ See N.Y. EXEC. ORDER Nos. 202.6; 202.13; Appendix F.

²²⁸ Governor Cuomo Press Conference, Apr. 18, 2020, <https://www.rev.com/blog/transcripts/andrew-cuomo-new-york-covid-19-briefing-transcript-april-18> (last accessed 04/20/2020).

²²⁹ See N.Y. EXEC. ORDER No. 202.4, Mar. 17, 2020.

²³⁰ See Empire State Dev., Guidance for Determining Whether a Business Enterprise is Subject to a Workforce Reduction Under Recent Executive Orders, Apr.19, 2020, <https://esd.ny.gov/guidance-executive-order-2026> (last visited Apr. 23, 2020).

undeniably one of the most successfully impactful State initiatives to “flatten the curve,” triggered a whirlwind of anxiety and uncertainty amongst employers and employees alike as they diligently attempted to comply with often vague and ever-changing “essential business/employee” definitions; fiscally and logistically manage business operations; balance employer/employee rights and responsibilities; and fully engage in public health efforts to mitigate spread of the virus in the workplace, homes, communities, throughout the State and worldwide. As New York State prepares to reopen and embrace the “new normal,” it is important to reflect on the past, identify and acknowledge the lessons learned as the emergency period continues to unfold, and commit to embracing an innovative future.

Essential and Non-Essential Business Categorization

As Governor Cuomo’s workplace mandates evolved over time, the following business and employee categories emerged and shifted from a workforce population percentage standpoint as restrictions became more stringent.

Essential Businesses

- First Responders (Medical)
- First Responders (Non-medical)
- Essential – significant contact with public and co-workers (grocery, manufacturing, shipping, transportation, etc.)
- Essential – limited or no contact with public

Non-Essential Businesses

- On-site
- Telecommuting

Each category of professionals referenced above faces its own unique set of challenges, beyond those shared amongst all, as a consequence of the diverse roles and expected contributions required by society present day. Furthermore, each category consists of numerous sub-categories of families and individuals who may be “sheltering” with family or loved ones; forced to “shelter” independently in isolation; working remotely with high productivity expectations which exceed the norm; or working with a reduced workload due to the economic impact of the pandemic. Each of these familial and individual categories are also differently situated socioeconomically, and thus must be closely scrutinized to ensure that unintended consequences do not result from overgeneralizing the perceived benefits and harms of existing and future initiatives, especially as we continue to navigate uncharted waters toward our “new normal.”

As previously suggested, the greatest challenges for business leaders beyond revenue related considerations have been associated with employee rights as related to employment, benefits, and protection from work-related exposure to COVID-19. In-person workforce reduction and quasi “shelter in-place” mandates significantly impacted demand for existing and new business almost instantaneously. Furthermore, many companies have not been able to collect payment for past services rendered, thus forcing them to determine how to effectively prioritize and allocate their employees and related business projects and tasks. Concerted efforts to prevent spread of the virus within the workplace have been futile to date as employees have continued to test positive since the pandemic was declared. Consequently, numerous human rights related concerns such as the “right to stay home” and “freedom of speech” have arisen and escalated in response to the highly contagious and deadly nature of the virus, which are addressed in a later section.

Employer Workplace Considerations

In light of the unprecedented impact of the COVID-19 pandemic economically, socially, and emotionally, employers must make every effort to maintain a supportive and legally sound work environment,

recognizing the significant bearing workplace culture has on employee morale, trust and performance. Considering this, all operating businesses (non-essential and essential) should make a concerted effort to design and diligently implement a plan that is both employer and employee focused to ensure compliance with the legal and ethical practices, while fostering a supportive work environment. Employees should be provided with reputable state and federal resources to effectively follow best practices in mitigating the spread of the virus. Employers should closely follow public health guidelines and offer any equipment and materials necessary, including personal protective equipment (PPE), to not only support a healthy work environment, but convey a clear message to employees that the health and safety of themselves and their loved ones are of utmost importance. The New York State Nurses Association has challenged the adequacy of the PPE provided by certain hospitals during the PHE. The hospitals' perspective is that the PPE was compliant with guidance during the pandemic.²³¹

In light of the recent release of federal guidelines for reopening businesses,²³² it is important that public health considerations remain at the foundation of any decision-making associated with business operations to mitigate spread.²³³ On May 4, 2020, Governor Cuomo announced four core factors that the State intends to monitor to determine which regions can re-open.²³⁴ Such considerations include the number of new infections, health care capacity, diagnostic testing capacity, and contact tracing capacity.²³⁵ Furthermore, businesses are required to document and put in place new safety precautions upon reopening to mitigate risk of virus spread.²³⁶ Such precaution requirements include the following:

- Workplace hours and shift design must be adjusted as necessary to reduce density in the workplace;
- Social distancing protocols must be enacted;
- Non-essential travel for employees must be restricted;
- All employees must be required to wear masks if **in frequent** contact with others;
- Strict cleaning and sanitation standards must be implemented;
- A continuous health screening process must be enacted for individuals to enter the workplace;
- Cases must be traced, tracked and reported on an ongoing basis; and
- Liability processes must be developed.

Business practices established during the early phase of the pandemic response which err on the side of caution, such as encouraging remote work when reasonably feasible, limiting non-essential travel and using reasonable discretion when employees display flu-like symptoms, will undeniably help expedite long-term health and economic success locally, nationally, and globally in the hours, days, and months to come. Considering this, such policies and procedures must not only be established, but implemented consistently and uniformly on an ongoing basis to ensure such efforts are worthwhile and have the long-term effect desired.

²³¹ The case against one of the hospitals was dismissed on May 1, 2020. The cases against the other hospital are proceeding. Proskauer Rose LLP represents the hospitals in the NYSNA cases noted above. Edward S. Kornreich, a Proskauer Partner, is a member of the Task Force. Mr. Kornreich did not participate in the creation of this section of the Report, or any other sections of the Report related to workforce issues, or to the Force Majeure and Impossibility discussions, and did not approve their contents. This Report does not represent the views of Proskauer, which disclaims any responsibility for, or association with, its contents.

²³² THE WHITE HOUSE, Guidelines: Opening Up America Again (2020), https://www.whitehouse.gov/wp-content/uploads/2020/04/Guidelines-for-Opening-Up-America-Again.pdf?mod=article_inline&mod=article_inline.

²³³ Jennifer Maloney, Mike Colias, Paul Ziobro, *Businesses Strive to Reopen From Coronavirus Shutdown*, WALL ST. J., Apr. 20, 2020, <https://www.wsj.com/articles/the-corporate-coronavirus-plan-to-reopen-make-it-up-as-you-go-11587404618>.

²³⁴ Governor Cuomo Press Conference, *Amid Ongoing COVID-19 Pandemic, Governor Cuomo Outlines Additional Guidelines for When Regions Can Re-Open*, May 4, 2020, available at: <https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-outlines-additional-guidelines-when-regions-can>.

²³⁵ *Id.*

²³⁶ *Id.*

Employee Benefits

The following economically focused benefits and initiatives are designed to support employees impacted by exposure to or diagnosis of the COVID-19 virus, furloughs and layoffs.

Sick Leave, Paid Time-Off (PTO), Unemployment

The Family First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief and Economic Security Act (CARES Act)

The Family First Coronavirus Response Act (FFCRA) is a Congressional Act designed to respond to the economic impact of the ongoing pandemic. The Act contains numerous provisions including, paid leave for workers affected by the pandemic. The Coronavirus Aid, Relief and Economic Security Act (CARES Act) builds upon such efforts by providing additional support for individuals and businesses, including pandemic emergency unemployment compensation, pandemic unemployment assistance, extended benefits, short-term compensation, trade readjustment allowances, disaster unemployment assistance, and payments under the self-employment assistance program.

Under both the FFCRA and the CARES Act, laws and policies that affect employee wages, scheduling, and overtime remain unchanged from the current statutory regime under title 29 of the United States Code. Federal wage standards governed under 29 U.S.C. §209 hold that employers must pay employees a minimum wage. Furthermore, 29 U.S.C. §207(a)(1) requires employers to pay employees who work an excess of forty hours a week overtime pay “at a rate not less than one and one-half times the regular rate at which he is employed.” Exempt employees, such as contractual employees or employees subject to existing collective bargaining agreements, may be exempted from overtime pay under §209(a)(1) if such contract or agreement specifies an expectation that the workweek would exceed forty hours in accordance with 29 U.S.C. §209(b). These laws are designed to work in concert with State law. Under circumstances in which State benefits are more generous than federal benefits, such as that for family leave, the eligible individual will be able to obtain the difference of the amount owed from the State.²³⁷

WARN – Worker Adjustment and Retraining Notifications

The FFCRA and the CARES Act do not alter the provisions of the Worker Adjustment and Retraining Notification statutes.²³⁸ Under the federal WARN statutes, if a covered employer seeks a permanent or temporary shutdown – of a single site of employment, or one or more facilities or operating-units within a single site of employment – results in a reduction of fifty or more employees for a minimum of thirty days, then the covered employer must provide sixty day notice to those employees and relevant federal, state, and local government agencies of the pending closure.²³⁹ When a natural disaster causes a shutdown – such as the COVID-19 pandemic – an employer is not required to adhere to the sixty day notice requirement.²⁴⁰ The employer is still obligated to provide notice “as is practicable” and shall provide a brief statement of the basis of reducing the notification period.²⁴¹

Sick Leave and Paid Time-Off (PTO), Paid Family Leave Benefits

In New York State, a detailed paid family leave framework was enacted to provide sick leave, paid family leave and other benefits to employees subject to an order for mandatory or precautionary quarantine due to COVID-19.²⁴² The provisions outline categories of eligible businesses, employee salary ranges, paid family

²³⁷ N.Y. Legis. 25 (2020), 2020 Sess. Law News of N.Y. Ch. 25 (S. 8091) (McKINNEY'S).

²³⁸ 29 U.S.C. §2101(a).

²³⁹ 20 C.F.R. § 639.4.

²⁴⁰ 29 U.S.C. § 2102(b)(2)(B).

²⁴¹ 29 U.S.C. § 2107(b)(3).

²⁴² N.Y. Legis. 25 (2020), 2020 Sess. Law News of N.Y. Ch. 25 (S. 8091) (McKINNEY'S); New York State Paid Family Leave, Fact Sheets, COVID-19 Paid Sick Leave Employees,

leave or disability benefit eligibility standards and guaranteed job protections granted to individuals under the law.²⁴³ For the purposes of these provisions, “disability” is defined as “any inability of any employee to perform the regular duties of his or her employment or the duties of any other employment which his or her employer may offer him or her as a result of a mandatory or precautionary order of quarantine or isolation” issued by specified entities.²⁴⁴ Furthermore, “family leave” includes any leave “taken by an employee from work when an employee is subject to a mandatory or precautionary order of quarantine or isolation” issued by specified entities due to COVID-19 or any leave taken “to provide care for a minor dependent child of the employee who is subject to a mandatory or precautionary order of quarantine or isolation” issued by the same specified entities due to COVID-19.²⁴⁵ Under the FFCRA, employees who work for businesses which employ over 50 but under 500 employees can also qualify for paid sick leave if the leave is related to the COVID-19 health emergency.²⁴⁶ There are six conditions that trigger these provisions, which are more expansive than New York State law. These conditions include:

- (1) The employee is subject to federal, state or local order to quarantine or self-isolate;
- (2) A health care provider advises the employee to quarantine or self-isolate related to COVID-19;
- (3) The employee is experiencing symptoms of COVID-19;
- (4) The employee is caring for an individual who is subject to quarantine/isolations;
- (5) The employee is caring for a son or daughter under the age 18 because school closures and childcare is unavailable;
- (6) The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.²⁴⁷

The U.S. Department of the Treasury, the IRS, and the U.S. Department of Labor have collaborated to provide small and mid-sized business tax credits to help such entities recover the cost of such benefits.

It is important to note that if an employer has reduced an employee’s normal work hours, the employee is not eligible to use sick leave or the expanded family and medical leave to replace the lost hours, unless a qualifying condition stated above renders the employee unable to work.²⁴⁸ Even so, the extraordinary impact of these benefits is notable. As of May 3, 2020, there were over 170,000 confirmed cases of novel coronavirus, 43,045 hospitalizations, and approximately 13, 536 deaths associated with the virus in New York City alone.²⁴⁹ Considering this, expanded paid leave and health insurance benefits have been critical to facilitating public health and safety for New Yorkers, in concert with the unemployment benefit initiatives referenced below.

Unemployment Benefits

An unprecedented number of employees have been laid-off, furloughed, or in some way severed from employment due to lack of work as a result of the pandemic.²⁵⁰ For the week of April 25, 2020, the total

<https://paidfamilyleave.ny.gov/system/files/documents/2020/03/COVID-19-sick-leave-employees.pdf>, (last visited Apr. 23, 2020).

²⁴³ *Id.*

²⁴⁴ *Id.*

²⁴⁵ *Id.*

²⁴⁶ See U.S. DEP’T OF LABOR, Families First Coronavirus Response Act: Employee Paid Leave Rights (2020), <https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave> (Last accessed Apr. 12, 2020).

²⁴⁷ *Id.*

²⁴⁸ *Id.*

²⁴⁹ NEW YORK CITY HEALTH, COVID, COVID-19: DATA, (May 3, 2020), <https://www1.nyc.gov/site/doh/covid/covid-19-data.page>.

²⁵⁰ New York Dept. of Labor, Number of Unemployment Insurance Beneficiaries and Benefit Amounts Paid Regular Unemployment Insurance New York State, Region and County February 2020 and Cumulative Since January 1, 2020,

number of individuals filing initial claims for unemployment benefits was close to four million, bringing the total number of initial claims to over thirty million nationally.²⁵¹ In New York, unemployment applications spiked 16,000 percent.²⁵² Individuals may qualify for unemployment insurance benefits offered through the state and federal government, including pandemic specific assistance provided under the Cares Act referenced above, depending on their employee category and status.²⁵³ In New York, individuals seeking unemployment insurance must (a) have adequate past earnings; (b) be unemployed for each day claimed; (c) be unemployed “through no fault of their own”; and be actively and viably seeking reemployment, in accordance with Section 500 of the New York State Labor Law.²⁵⁴ On March 12, 2020, Governor Cuomo signed an executive order waiving the 7-day waiting period for individuals claiming unemployment insurance through New York State as a result of the COVID-19 pandemic.²⁵⁵ Typically, unemployment benefits would exclude certain employee categories and be deemed considerably inadequate to financially support individuals, let alone families, under crisis circumstances such as this. However, New York State and the federal government have each made a concerted effort offer benefits at a livable wage and broaden the scope of employees eligible to receive them.

Under Title II of the CARES Act, unemployment insurance eligibility has been extended to self-employed workers, independent contractors, gig economy workers, clergy and others who are typically ineligible under a new temporary federal program called Pandemic Unemployment Assistance (PUA).²⁵⁶ Additionally, eligible parties are entitled to additional payment per week, on top of regular state benefits for an additional 13 weeks beyond the 26 weeks regularly provided, for a total of 39 weeks of coverage.²⁵⁷

Individuals are eligible under the CARES Act under the following circumstances:

- i. The individual has been diagnosed with COVID-19 or is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
- ii. A member of the individual’s household has been diagnosed with COVID-19;
- iii. The individual is providing care for a family member or a member of the individual’s household who has been diagnosed with COVID-19;
- iv. A child or other person in the household for which the individual has primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for the individual to work;
- v. The individual is unable to reach the place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency;
- vi. The individual is unable to reach the place of employment because the individual has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;

<https://labor.ny.gov/stats/UI/Beneficiaries-and-Amounts-by-Region-and-County-February-2020.pdf>, (total including out of state residents is 194,400 in Feb. 2020).

²⁵¹ U.S. DEP’T OF LABOR, Unemployment Insurance Weekly Claims (Apr. 30, 2020), <https://www.dol.gov/ui/data.pdf>; <https://oui.doleta.gov/unemploy/archive.asp> (Last accessed May 3, 2020).

²⁵² NEW YORK DEP’T OF LABOR, *Facing Unprecedented Spike in COVID-19 Related Unemployment Insurance Applications, NYS Department of Labor Announces Partnerships to Boost Tech Capacity and Make It Easier for New Yorkers to File*, Apr. 9, 2020, <https://labor.ny.gov/pressreleases/2020/april-09-2020.shtm>, (increase of application by 16,000%).

²⁵³ See U.S. DEP’T OF LABOR, *Families First Coronavirus Response Act: Questions and Answers* (2020), <https://www.dol.gov/agencies/whd/pandemic/ffcr-questions> (Last accessed 04/21/2020); CARES Act: sec. 6428 (S. Res. 3548, 116th Cong. §6428 (2020) <https://www.congress.gov/116/bills/s3548/BILLS-116s3548is.pdf>).

²⁵⁴ 18 N.Y. LAB. LAW § 500 et. seq.

²⁵⁵ NEW YORK STATE, *Know Your Rights*, <https://coronavirus.health.ny.gov/know-your-rights#insurance>; N.Y. EXEC. ORDER No. 202.1, Mar. 7, 2020, https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/EO_202_1.pdf.

²⁵⁶ *Id.*

²⁵⁷ *Id.*

- vii. The individual was scheduled to commence employment and does not have a job or is unable to reach the job as a direct result of the COVID-19 public health emergency;
- viii. The individual has become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19;
- ix. The individual has to quit his or her job as a direct result of COVID-19; or
- x. The individual's place of employment is closed as a direct result of the COVID-19 public health emergency.

These pandemic specific economic initiatives strive to keep both essential and non-essential businesses viable and individuals employed. It is important to note there are technical differences between furloughed and laid-off workers which should be taken into consideration when making employment decisions, such as the anticipated length of time the impacted individual is intended to be out of work and benefit eligibility. In order to most effectively take advantage of the various benefits highlighted above, in addition to others included in the CARES Act, employers and employees should seek guidance from the Department of Labor and professional and/or non-profit entities specializing in such matters.

Schools and Child Care

On April 11, 2020, the New York Times published an article highlighting diverging perspectives between the Mayor of New York City, Mayor Bill de Blasio, and the Governor of New York State, Governor Andrew Cuomo, regarding when schools and businesses should open, and which government leader has the authority to make such decision.²⁵⁸ The Mayor publicly announced that New York City schools, which at the time were shuttered since March 16th and required to adjust to distance learning, would remain closed for the remainder of the 2019-2020 academic year, while also proposing that businesses could potentially open in May 2020.²⁵⁹ However, Governor Cuomo soon thereafter stated that no decision had been made regarding closing schools or opening businesses in New York City or the State.²⁶⁰ As previously noted, the Governor believes in the deep interconnection between business and school operations, and thus determines that they must open in concert.²⁶¹ On May 7, 2020, Governor Cuomo signed an Executive Order extending the closure of schools statewide for the remainder of the school year.²⁶² School districts are required to continue established alternative instructional options, distribution of meals, and child care, while prioritizing services for children of essential workers.²⁶³ This symbiotic relationship contributes to various public health and social services related issues which must be closely analyzed and ultimately rectified going forward in the interest of future economic and social stability and most importantly, social justice. In an effort to address some of these challenges in a targeted fashion, the Governor has partnered with the

²⁵⁸ Eliza Shapiro, *N.Y.C. Closes Schools for Academic Year, but Cuomo Says it's His Decision*, N.Y. Times, Apr. 11, 2020, <https://www.nytimes.com/2020/04/11/nyregion/nyc-schools-closed.html>.

²⁵⁹ *Id.*; Governor Cuomo Press Conference, Apr. 18, 2020, <https://www.rev.com/blog/transcripts/andrew-cuomo-new-york-covid-19-briefing-transcript-april-18> (last accessed 04/20/2020).

²⁶⁰ Jesse McKinley, Eliza Shapiro and Jeffery C. Mays, *De Blasio Used Last-Minute Text to Tell Cuomo Schools Would Stay Shut*, N.Y. TIMES, Apr. 12, 2020, <https://www.nytimes.com/2020/04/12/nyregion/schools-cuomo-de-blasio-nyc-coronavirus.html> (last accessed Apr. 20, 2020).

²⁶¹ Governor Cuomo Press Conference, Apr. 18, 2020, <https://www.rev.com/blog/transcripts/andrew-cuomo-new-york-covid-19-briefing-transcript-april-18> (last accessed Apr. 20, 2020).

²⁶² N.Y. Exec. Order No. 202.28, <https://www.governor.ny.gov/news/no-20228-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency> (last accessed May 8, 2020).

²⁶³ *Id.*

Gates Foundation to develop a blueprint to reimagine education in the “new normal”²⁶⁴ and has established New York’s Reimagine Council²⁶⁵ to prepare for reopening. Key considerations include:²⁶⁶

- ❑ How can we use technology to provide more opportunities to students no matter where they are;
- ❑ How can we provide shared education among schools and colleges using technology;
- ❑ How can technology reduce educational inequality, including English as a new language student;
- ❑ How can we use technology to meet educational needs of students with disabilities;
- ❑ How can we provide educators more tools to use technology;
- ❑ How can technology break down barriers to K-12 and Colleges and University to provide greater access to high quality education no matter where the student lives; and
- ❑ Given ongoing social distancing rule, how can we delay classroom technology, like immersive cloud virtual classrooms learning, to recreate larger class or lecture hall environments in different locations?

As the Gates Foundation collaboration and New York’s Reimagine Council progress forward toward a revitalized and stronger New York, it is essential that health care practitioners and public health experts are proactively integrated in future discussions in light of the significant impact health has on positive education outcomes.

New York State has the largest comprehensive public university system in the United States, the State University of New York (SUNY) system, with a total enrollment of over 400,000 students across 64 campuses and over 2 million continuing education enrollments.²⁶⁷ Additionally, the City School District of the City of New York (the New York City public schools) is the largest school district in the United States with over 1.1 million students.²⁶⁸ Almost 1.5 million children receive free or reduced lunch through the public school system.²⁶⁹ In regards to child care, there are approximately 17,000 day care centers throughout New York State.²⁷⁰ Despite having a total capacity of over 630,000 children across centers, child care shortages are an ongoing issue throughout the state.²⁷¹ Bearing in mind that these statistics fail to include all public and private institutions and entities throughout the State, it is evident that New York State manages one of the most robust, coordinated educational and social services systems nationally. New York families heavily rely on these systems, in addition to supplemental after school programs, extra-curricular opportunities, day and residential camps, and other child and youth-directed programming, to supervise and provide care for their minor children while at work. Deprived of these resources, in-person

²⁶⁴ Governor Cuomo Press Conference, Video, *Audio, Photos & Rush Transcript: Amid Ongoing COVID-19 Pandemic, Governor Cuomo Announces Collaboration with Gates Foundation to Develop a Blueprint to Reimagine Education in the New Normal*, May 5, 2020, <https://www.governor.ny.gov/news/video-audio-photos-rush-transcript-amid-ongoing-covid-19-pandemic-governor-cuomo-announces-19> (last accessed May 8, 2020).

²⁶⁵ Governor Cuomo Press Conference, *Amid Ongoing COVID-19 Pandemic, Governor Cuomo Announces Members of the Reimagine Education Advisory Council*, May 8, 2020, <https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-announces-members-reimagine-education-advisory> (last accessed May 8, 2020).

²⁶⁶ Governor Cuomo Press Conference, Video, *Audio, Photos & Rush Transcript: Amid Ongoing COVID-19 Pandemic, Governor Cuomo Announces Collaboration with Gates Foundation to Develop a Blueprint to Reimagine Education in the New Normal*, May 5, 2020, <https://www.governor.ny.gov/news/video-audio-photos-rush-transcript-amid-ongoing-covid-19-pandemic-governor-cuomo-announces-19> (last accessed May 8, 2020).

²⁶⁷ State Univ. of New York, *Fast Facts*, Jan. 2019, <https://www.suny.edu/about/fast-facts/> (last visited Apr. 19, 2020).

²⁶⁸ NEW YORK CITY DEP’T OF EDUC., *DOE Data at a Glance*, <https://www.schools.nyc.gov/about-us/reports/doe-data-at-a-glance> (last accessed Apr. 19, 2020).

²⁶⁹ Council On Children & Families: Kids’ Well-Being Indicators Clearinghouse, *KWIC Indicator: Children Receiving Free of Reduced-Price School Lunch – Public Schools*, Apr. 19, 2020, https://www.nyskwic.org/get_data/indicator_profile.cfm?subIndicatorID=52.

²⁷⁰ OFFICE OF CHILDREN AND FAMILY SERV., *New York State 2017 Child Care Demographics* (2017).

²⁷¹ *Id.*; Childcare Careers, *Addressing the Childcare Shortage: An Analysis of the Potential Benefits Offered by the Temporary Childcare Worker Industry 2* (Nov. 2018) (citing an estimated 60 percent of New York residents live in “childcare deserts,” described as a location with inadequate childcare facilities).

business operations throughout the state effectively deteriorate with a markedly disparate impact on women, minorities, and economically vulnerable populations.

Child Care

Child care is undeniably one of the most fundamental, critical and coveted social services in New York State under the oversight of Office for Children and Family Services (OCFS) and the New York City Department of Health (NYC DOH).²⁷² Such services are offered in varied forms, including day care centers, small day care centers, family day care homes, group family day care homes, and school-aged childcare programs.²⁷³ Over the years and in recent past, associations and advocacy groups throughout New York State, such as the Empire State Campaign for Child Care, Winning Beginning NY, and Business Council of New York State, have highlighted the fact that childcare services offerings throughout the State are woefully inadequate and prohibitively costly due to inadequate funding, limited staff²⁷⁴ and a stringent regulatory framework related to adult-child ratios, training and experience, inspections, and employee eligibility requirements.²⁷⁵

Though childcare policies may vary, a significant number of childcare centers operate on a schedule that aligns with the school districts. In February 2020, OCFS began releasing COVID-19 pandemic updates to childcare providers with public health and operations related updates.²⁷⁶ To date, OCFS has been collecting information from licensed and registered providers via surveys to determine “whether they have openings in their childcare program, and if they have the capacity and desire to serve more children than their established capacity.”²⁷⁷ Furthermore, surveys were distributed to determine parent or caregiver need.²⁷⁸ OCFS advises that child care *may* be available based on the responding party’s “job, employer, number of children, and financial need.”²⁷⁹ Simultaneously, school leaders, special education directors, and charter school leaders were directed by Governor Cuomo to “establish and submit plans for the care of children of essential health care workers and first responders and to address other identified student needs” in preparation for school closures across the state.²⁸⁰ Since then various stakeholders have started initiatives to ensure that health care workers, first responders and front-line workers have access to child care.²⁸¹ In

²⁷² Find Child Care Providers New York State, Guidelines, <https://www.ny.gov/services/find-child-care-providers-new-york-state>, (last accessed Apr. 19, 2020).

²⁷³ See 18 N.Y.C.R.R. § 413.2.

²⁷⁴ Saima Akhta et al., Empire Justice Center, Joint Legislative Public Hearings on 2020-2021 Executive Budget Proposal 10-20, Jan. 30, 2020; The Business Council, Support of S.5811-A, Jun. 4 2019; Winning Beginning NY, Testimony of Winning Beginning NY 2-3, Jan. 30, 2020; Timothy Denton, *Nassau County is Child Care Desert, Comptroller finds COVID-19 Lockdown Highlights High Cost to Families*, Li Herald.com, Apr. 19, 2020, <https://www.liherald.com/stories/nassau-county-is-childcare-desert-comptroller-finds,124247>.

²⁷⁵ *Id.*

²⁷⁶ Letter from Office of Children and Family Serv. to Child Care Providers, Feb. 6, 2020, (online at <https://ocfs.ny.gov/main/childcare/letterstoproviders/2020/Dear-Provider-2020Feb-Corona-Virus.pdf>).

²⁷⁷ OFFICE OF CHILDREN AND FAMILY SERV., Coronavirus Information (COVID-19) News and Updates, Survey on Child Care Program Openings, Mar. 25, 2020, <https://ocfs.ny.gov/main/news/COVID-19/#t1-Letters-to-Child-Care-Providers> (last accessed Apr. 20, 2020).

²⁷⁸ *Id.*

²⁷⁹ *Id.*

²⁸⁰ Letter from New York State Ed. Dep’t, Mar. 17, 2020; N.Y. EXEC. ORDER No. 202.4, Mar. 17, 2020.

²⁸¹ See NEW YORK CITY DEP’T OF ED., Regional Enrichment Centers, <https://www.schools.nyc.gov/enrollment/enrollment-help/regional-enrichment-centers> (last accessed Apr. 21, 2020); *NBC New York: New York Giants Fund Childcare for First Responders During COVID-19*, NBC Television Broadcast, Mar. 23, 2020, <https://www.nbcnewyork.com/news/coronavirus/new-york-giants-fund-childcare-for-first-responders-during-COVID-19-crisis/2340883/> (last accessed Apr. 21, 2020); Press Release, Westchester County, Westchester County to Offer Child Care Opportunities for the Children of Healthcare Workers and First Responders, Mar. 25, 2020, <https://www.westchestergov.com/home/all-press-releases/8343-westchester-county-to-offer-child-care-opportunities-for-the-children-of-healthcare-workers-and-first-responders> (last accessed Apr. 21, 2020); Public Notice, Ichabod Crane Central Sch.

recognition of the shortage of childcare workers and the significant impact potential infection could have on maintaining sufficient manpower, Governor Cuomo also altered background check requirements for childcare workers.²⁸²

Now that in-person operations for all non-essential business are closed, many parents at home are forced to work remotely, if able to do so, and care for their children while many work productivity and performance expectations not only remain unchanged, but potentially increase in light of such dire economic circumstances.²⁸³ Additionally, it is uncertain whether all frontline workers in need of child care have sufficient and convenient access to it. The New York City Administration for Children's Services (ACS) has also issued guidelines to facilitate the identification of a child or children whose parent or primary caregiver is impacted by COVID-19 resulting in hospitalization.²⁸⁴ The issue is whether there is a sufficient number of healthy, trained, and experienced child care workers available to support the workforce as the State's battle against the pandemic continues, and we begin phasing in the workforce.²⁸⁵ Such weaknesses in our social and workforce structure must be resolved.

The CARES Act contains increased appropriations for childcare services to help mitigate the impact of the COVID-19 health emergency. Monies were appropriated for the Child Care and Development Block Grant Act (CCDBG) and remain available through September 30, 2021 to "prevent, prepare for, and respond" to the COVID-19 health emergency.²⁸⁶ The CARES Act also includes appropriations for Head Start, while reducing State cost-sharing contributions.²⁸⁷ Although these appropriations do not direct funding towards increasing access to childcare services to frontline workers, they provide States with increased flexibility to develop childcare programs for these workers if warranted.²⁸⁸ Access to CCDBG grants typically require states to implement work plans that include background checks into State/local criminal databases, and the National Crime Information Center's National Sex Offender Registry. Currently, States do not have access to the federal National Sex Offender Registry for various reasons, but the Office of Child Care has extended waivers for this provision which allow those States to continue to receive CCDBG grant funding.

On April 23, 2020, Governor Cuomo announced \$30 million in childcare scholarships for essential workers and supplies for health care providers through federal funding under the CARES Act.²⁸⁹ Such essential workers include, "first responders such as health care providers, pharmaceutical staff, law enforcement, firefighters, food delivery workers, grocery store employees and others who are needed to respond to the

Dist., Childcare for Essential Emergency Workforce Personal, Mar. 20, 2020, <https://www.ichabodcrane.org/2020/03/20/emergency-responder-health-worker-child-care/> (last accessed Apr. 21, 2020).

²⁸² N.Y. EXEC. ORDER No. 202.13, Mar. 29, 2020.

²⁸³ Adam Golick, *The Productivity Pitfalls of Working From Home in the Age of COVID-19*, STANFORD NEWS, Mar. 30, 2020, <https://news.stanford.edu/2020/03/30/productivity-pitfalls-working-home-age-COVID-19/> (last accessed Apr. 21, 2020).

²⁸⁴ Identifying Caregivers for Children Unaccompanied and/or Unsupervised Due to the Hospitalization of their Primary Care Giver, NYC Children Emergency Guidelines, Apr. 9, 2020.

²⁸⁵ Lillian Mongeau, *Coronavirus is Closing Day Cares; Child Care Providers Worry They May Never Reopen*, USA TODAY, Apr. 5, 2020, <https://www.usatoday.com/story/news/education/2020/04/05/coronavirus-daycare-child-care-center-essential-cares-act-unemployment/2946710001/> (last accessed Apr. 21, 2020).

²⁸⁶ Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, 134 Stat 281 (2020).

²⁸⁷ *Id.*

²⁸⁸ See 45 C.F.R. 98.16(aa) (incorporating use of block grant funding to be used to assist with child care and safety during a state-emergency); See also OFFICE OF CHILD CARE, *CCDF Frequently Asked Questions in Response to COVID-19*, Mar. 13, 2020, <https://www.acf.hhs.gov/occ/resource/ccdf-faqs-in-response-to-COVID-19> (last accessed Apr. 12, 2020).

²⁸⁹ Press Release, Governor Cuomo, *Video, Audio, Photos & Rush Transcript: Amid Ongoing COVID-19 Pandemic, Governor Cuomo Announces State Health Department Will Partner with Attorney General James to Investigate Nursing Home Violations*, Apr. 23, 2020, <https://www.governor.ny.gov/news/video-audio-photos-rush-transcript-amid-ongoing-COVID-19-pandemic-governor-cuomo-announces-12> (announcing \$30 million in childcare scholarships for essential workers and supplies for childcare workers).

COVID-19 pandemic.”²⁹⁰ The income level for eligibility is less than 300 percent of the federal poverty level, which is \$78,600 for a family of four.²⁹¹ The funding may be used to cover existing care arrangements or to establish a new one.²⁹² Funding will also provide child care providers critical resources, such as masks, gloves, diapers, baby wipes, baby formula and food, with childcare resource and federal agencies receiving grants of approximately \$600 per provider.²⁹³ As childcare resource and referral agencies, childcare providers, and families persevere through this pandemic season and strategically prepare for the “new normal” that awaits, stakeholders must consider the resources, facility space, and manpower necessary to ensure the public health and safety of our children, their associated families and our childcare workers, while still maintaining a welcoming and nurturing environment.

In regard to workforce, New York should consider granting staffing firms dedicated to child care the provider status in the Statewide Central Register necessary to enable them to operate in the State and supplement our childcare workforce. In addition to the volunteers sought over the course of this pandemic, childcare specific staffing firms could provide fully qualified and pre-screened teachers, assistant teachers and site directors for childcare centers, preschools, and before & after school programs on an on-demand, same day, short-term, long-term, or permanent basis.²⁹⁴ Organizations such as this often employ a high percentage of graduate students and young adults seeking experience in pursuit of professional growth, parents seeking part-time work, and retired professionals to facilitate childcare workforce stability within local communities on a routine and emergency basis, while also ensuring the safety of one of our most treasured populations, our children. Furthermore, they have a significant impact on the school system, by alleviating the burdens that inevitably arise from sharing a limited pool of trained and fully vetted workforce members. Going forward, increased funding for existing centers supplemented by increased manpower must be prioritized to stabilize the existing childcare system and ultimately strengthen such system in anticipation of future emergencies such as this. Furthermore, we must ensure that the entire workforce is effectively supported by removing existing hurdles rooted in socioeconomic stratification.

Public and Private Schools, Colleges, and Universities

Once medical experts and government leaders realized that public and private academic institutions are high risk environments for the spread of the COVID-19 virus in light of the asymptomatic nature of the virus amongst children and young adults, such entities have faced numerous and diverse challenges which are not only ongoing, but also far-reaching beyond present day. Such challenges included the lack of regional uniformity and clarity regarding appropriate closure strategies and next steps upon recognition that the virus was a serious threat;²⁹⁵ the significant reliance on schools for food security for a large population of students;²⁹⁶ structural and economic disparities across academic institutions and students associated with home schooling and online learning;²⁹⁷ disparities associated with alternative grading systems within institutions and the modification,²⁹⁸ postponement and/or cancellation of institutional, state and/ or

²⁹⁰ *Id.*

²⁹¹ *Id.*

²⁹² *Id.*

²⁹³ *Id.*

²⁹⁴ Child Care Careers, About Us, http://www.childcarecareers.net/about_us (last visited Apr. 23, 2020).

²⁹⁵ Robyn Dixon, Karla Adam, Odysseus Patrick, *On Schools, No Global Consensus*, WASH. POST, Apr. 19, 2020, at A21 (discussing lack of consensus surrounding school closing/reopening policies).

²⁹⁶ Council On Children & Families: Kids’ Well-Being Indicators Clearinghouse, *Supra* at note. 7.

²⁹⁷ Anna North, *The Shift to Online Learning Could Worsen Educational Inequality*, Vox (Apr. 9, 2020), <https://www.vox.com/2020/4/9/21200159/coronavirus-school-digital-low-income-students-Covid-new-york>.

²⁹⁸ Shannon Doyne, Michael Gonchar, *Should Schools Change How They Grade Students During the Pandemic?*, N.Y. TIMES, Apr. 6, 2020, <https://www.nytimes.com/2020/04/06/learning/coronavirus-schools-grading.html>; Teresa Watanabe, *A’s for all? Pass/fail? Colleges grapple with grading fairness during coronavirus*, L.A. TIMES, Mar. 27, 2020, <https://www.latimes.com/california/story/2020-03-27/grades-vs-pass-fail-colleges-grapple-with-student-demands-to-change-grading-during-coronavirus>.

professional examinations;²⁹⁹ the short-term and long-term impacts associated with the postponement and/or cancellation of graduation and other related ceremonies;³⁰⁰ uncertainty regarding the timeline for reopening schools³⁰¹ and the overarching financial, psychological and emotional impact of all of the above on the communities, institutional leaders, workforce members, parents, and children implicated.

Operational Uniformity across Academic Institutions

In light of the proven significance of “social distancing” in New York State’s effort to mitigate the spread of COVID-19, it is essential that key stakeholders, including local health, education, school, college and university leaders, whether public or private, be provided clear and timely guidance regarding operational expectations and best practices to ensure that such individuals and entities are empowered with the information necessary to make sound decisions in the best interest of their individual communities and public health within the State as a whole. Local leaders were disoriented and frustrated in the absence of strong direction from the State regarding school closures in the early phase of the pandemic.³⁰² Despite local leaders’ appreciation for autonomy in many instances, emergency circumstances such as this where regional differences and conflicting priorities, such as public safety, food safety, and child care, are at issue, strategic efforts to act in a staggered or unified fashion directed by the State helps mitigate anxiety and fear amongst interested parties, while strengthening public trust that local decision-makers are acting in their best interest.

Entanglement of the School System, Food Security, and Health Care

One of the most devastating issues from a logistical, public health and social equity standpoint beyond family reliance on schools for child care is the fact that so many children rely on the school system for food security, thus compromising New York State leaders’ ability and willingness to close schools as early as they otherwise would have to mitigate the spread of the virus within schools and associated households.³⁰³ Although the availability of such benefits for families and children in need is paramount, the State should closely assess the government entities, organizations, personnel, and strategies utilized over the course of the past several weeks during the school closure period to determine which programs can be maintained long term in an effort to purposefully transition the sole responsibility of food security for children in economically challenged households from schools to third-party entities. Furthermore, many schools have school-based health centers which offer primary health care services within the school environment.³⁰⁴ Beyond providing first aid, emergency care and other services to individuals and students within the building, the center also provides diverse services, such as primary care and preventative health services (physical exams, required school health services, medical care for chronic illness and disease and referrals to specialty care), mental health services on site or by referral, health education, drug and alcohol abuse

²⁹⁹ Court of Appeals (N.Y.), *New York Bar Exam Rescheduled for Fall 2020*, Mar. 27, 2020, https://www.nybarexam.org/Press/PressRelease_NY_BarExam.pdf (rescheduling of July Bar Exam to September); NEW YORK DEP’T OF CIVIL SERV., News and Notifications, <https://www.cs.ny.gov/home/news.cfm> (last visited Apr. 22, 2020) (indicating postponed state civil service exams).

³⁰⁰ Elissa Nadworny, *No Caps, No Gowns: For Many In The Class Of 2020, Commencement Is Called Off*, NPR, Apr. 1, 2020, <https://www.npr.org/2020/04/01/823866801/no-caps-no-gowns-for-many-in-the-class-of-2020-commencement-is-called-off>.

³⁰¹ Dixon, et al, *supra*.

³⁰² Madina Toure and Sally Goldenberg, *Cuomo Defends Decision To Keep Schools Open, But Pressure Mounts*, POLITICO NEW YORK, Apr. 15, 2020, <https://www.politico.com/states/new-york/albany/story/2020/03/15/cuomo-defends-decision-to-keep-schools-open-but-pressure-mounts-1267129> (last accessed Apr. 24, 2020).

³⁰³ New York State Council on Children & Families, KWIC Indicator: Children Receiving Free or Reduced-price School Lunch - Public Schools, https://www.nyskwic.org/get_data/indicator_profile.cfm?subIndicatorID=52 (last accessed Apr. 24, 2020); Paul Berger and Lee Hawkins, *Gov. Cuomo Wants to Shut New York City’s Public-School System*, WSJ, Mar. 15, 2020, <https://www.wsj.com/articles/pressure-mounts-to-shut-new-york-citys-school-system-bars-and-restaurants-11584290883> (last accessed Apr. 24, 2020).

³⁰⁴ NEW YORK STATE DEP’T OF ED., School-Based Health Centers, available at: <https://www.schools.nyc.gov/school-life/health-and-wellness/school-based-health-centers> (last accessed May 8, 2020)

counseling, dental services, and age-appropriate teen reproductive health services.³⁰⁵ Considering this, expanded partnerships with health care entities, such as federally qualified health centers, should be established to ensure access to such critical health services for children and youth. This proposal is not intended to suggest that school systems be excluded from providing such benefits entirely, but rather calls attention to the need for a more robust support system for children and families outside of the school system.

Different than the inherent nature of school as an indirect form of “child care” based on our society’s operational structure, schools are otherwise designed and intended to be sources of academic and social development and support, while providing additional opportunities and resources as ancillary benefits. The mission and vision of the New York State Education Department is “to raise the knowledge, skill, and opportunity of all the people in New York” and “to provide leadership for a system that yields the best educated people in the world.”³⁰⁶ Considering this, schools should be funded and empowered as necessary to support its students when concerns such as food security are at issue. However, such institutions should act as collaborative partners with existing small business and nonprofit initiatives and programs, such as mobile food and produce projects, in the interest of public health and safety and social justice.

Disparities Associated with Home Schooling and Online Learning

The Governor’s mandate across businesses and academic institutions to cease in-person operations and function remotely, including remote learning, has had a multifaceted impact on households and individuals throughout the State. Parents have been forced to assume a hands-on teaching role for courses of which they may not be well versed, using technologies with which they might be unfamiliar, while also working from home remotely with employer expectations of high productivity. For households led by front-line workers unable to work from home and single parent households, the burden can be unbearable logistically and emotionally. Considering the vastly diverse composition of our households today, caution must be taken to not discount or ignore the far-reaching implications of a fully technological and business framework. Caretakers and employees are required to not only have the necessary technological equipment to appropriately meet school and work requirements, but the technological and financial resources to support, such as internet. Many households positioned to operate remotely prior to the pandemic still experience the need to purchase necessary office supplies and develop home office and study spaces for work and student learning. We must remember that many others do not have that luxury.

Technology has the ability to facilitate equality through increased access to otherwise inaccessible resources or further stratify us within society as a result of its potentially prohibitive costs for equipment and internet, in addition to the potential need for training.³⁰⁷ Here, there is greater risk of stratification than the potential for equality that must be assessed and progressively resolved through collaborative public/private efforts. State, local and community leaders must ensure that vulnerable households needing economic or educational support are identified and supported to not only ensure that academic and professional requirements are able to be met, but academic and professional competency and growth are experienced and not hindered unfairly by this experience due to socioeconomic status, disability, or any other factor. Individuals with disabilities must be provided the opportunity to receive ongoing education and services, whether via technological or in-person direct care services with sufficient protective measures, to safeguard them from being marginalized and ultimately harmed for the duration of this pandemic and going forward. The failure to provide appropriate evidence-based supports and services typically provided through schools could have long-term unintended consequences, such as regression. As New York seeks to become more

³⁰⁵ *Id.*

³⁰⁶ NEW YORK STATE DEP’T OF ED., About NYSED, <http://www.nysed.gov/about> (last visited Apr. 24, 2020).

³⁰⁷ Suzanne Woolley, Nikitha Sattiraju, Scott Moritz, *U.S. Schools Trying to Teach Online Highlight a Digital Divide*, BLOOMBERG, Mar. 26, 2020, <https://www.bloomberg.com/news/articles/2020-03-26/COVID-19-school-closures-reveal-disparity-in-access-to-internet>.

technologically advanced in the area of education, the provision of technological hardware, software, communication devices, and other assistive technology which promote inclusive distant learning, while sheltering in place and beyond, could facilitate student access to the same educational opportunities as other students.

On April 4, 2020, the New York Times published an article entitled, “College Made Them Feel Equal. The Virus Exposed How Unequal Their Lives Are.”³⁰⁸ This speaks to the fact that these issues of inequality permeate all academic and professional levels, and thus must be pondered and remedied as we evaluate and adapt our societal framework to withstand the present pandemic and look ahead to the future. On April 20, 2020, SUNY’s chancellor announced the distribution of over 8,800 laptops and chromebooks to students to ensure that they are able to complete their spring coursework.³⁰⁹ Efforts such as this, with the provision of ancillary resources as needed, will help ensure the safety of our students at all levels and in all communities, while also enhancing their ability to more easily transition to remote learning and achieve academic regardless socioeconomic status.

Many of our students, especially those in colleges and professional institutions, are experiencing disappointment and fear as a result of separation from friends and loved ones; delayed special events and graduations; altered coursework and grading rubrics; postponed and cancelled state and national examinations; withdrawn opportunities and deteriorating job markets. Thus, every effort must be made to provide a strong foundation of resources, guidance and support from which our educational leaders, families and students can build and thrive despite the challenges faced, with social equity and justice in mind.

Essential Health Care Services Workers

Generally, health care services workers are deemed essential workers under Governor Cuomo’s EOs.³¹⁰ However, not all health care services are deemed essential in a public health emergency crisis such as the coronavirus pandemic. For instance, routine dental care, elective joint replacements, non-emergent podiatric care are not deemed essential health care services during this crisis which demonstrates “a fundamental priority shift from routine, patient-centric health care services to providing the best care possible to the largest numbers of victims” of the virus.³¹¹ As non-essential health care services are put on pause, many duly qualified health care services personnel become part of the scarce resources that are reallocated and reassigned to best protect the public’s health as health care institutions and facilities assess their relative capacity to manage patient surges arising from a major public health crisis. Other health care providers may travel to different jurisdictions to assist where the incidence of COVID-19 is concentrated; they may be reassigned to roles and responsibilities not within their current contracts or delineation of privileges; or they may be asked to perform outside the boundaries of their traditional scope of practice. These contractual and regulatory frameworks within which and the laws governing the manner in which licensed health care workers practice must be relaxed to allow health care institutions and facilities to incrementally increase clinical staff and resources, establish stand-by pools of providers, and re-deploy non-essential clinical staff to address patient influx greater than current capacity. Likewise, individual health care providers must be assured that by accepting such reassignments they are not unduly exposed to personal professional liability otherwise applicable under normal patient-centric standards of care.

³⁰⁸ Nicholas Casey, *College Made Them Feel Equal. The Virus Exposed How Unequal Their Lives Are*, N.Y. TIMES, Apr. 4, 2020, <https://www.nytimes.com/2020/04/04/us/politics/coronavirus-zoom-college-classes.html>.

³⁰⁹ Press Release, SUNY, Chancellor Johnson Announces Distribution of Over 8,800 Laptops and Chromebooks to Students in Need to Complete their Spring Semester Coursework, Apr. 20, 2020, <https://www.suny.edu/suny-news/press-releases/04-2020/4-20-20/index.html>.

³¹⁰ See Essential Workers EO, Appendix F.

³¹¹ James G. Hodge, Jr., Dan Hanfling, and Tia P. Powell, *Practical, Ethical, and Legal Challenges underlying Crisis Standards of Care*, J. L. MED. & ETHICS, Spring 2012, at 51 citing INSTITUTE OF MEDICINE, *Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response* (2012).

State Licensure

The New York State Education Law governs licensure requirements and scope of practice for licensed health care services providers.³¹² Such laws restrict state licensed health care services providers from crossing state lines even in response to a public health emergency. Licensed providers risk investigation, prosecution, and discipline including, but not limited to, exclusion from participation in Medicare and Medicaid, for practicing in a state without a valid license. Likewise, even retirees who have allowed their license registrations to expire risk investigation, prosecution and discipline for professional misconduct for practicing in the state without a current registration.³¹³

Recognizing state licensure as a significant barrier to interjurisdictional movement of health care service workers to meet the public health needs in areas of concentrated incidence of COVID-19, Governor Cuomo's EO 202.5 effectively waived these laws to permit such cross jurisdictional coverage.³¹⁴ More recently, EO 202.18 further relaxed these laws to allow physicians, physician assistants, registered nurses, licensed practical nurses, nurse practitioners, licensed master social workers, licensed clinical social workers and other similarly licensed or registered practitioners in good standing in any province or territory of Canada to practice in New York without civil or criminal penalty related to lack of licensure or registration. EO 202.18 further relaxed state laws governing laboratory and pharmacy practitioners to allow flexibility in the provision of those essential services for a designated time period during the pandemic.

Credentialing Requirements

Health care organizations and payors of health care services are required by federal and state law to assure that certain health care providers (e.g., physicians, dentists, podiatrists, physician assistants, nurse practitioners) undergo a robust clinical and economic credentialing process to verify licensure, character and competence to practice medicine and receive reimbursement.³¹⁵ Such processes typically take months to complete. Waivers of these laws coupled with organizations' expedited credentialing processes permit health care organizations to honor the credentialing processes of other health care institutions outside their jurisdictions or within the same health care system to facilitate the swift interjurisdictional movement of health care services workers to meet public health needs in a crisis and avoid unnecessary delays due to lengthy credentialing processes. The Centers for Medicare and Medicaid appropriately waived some applicable Conditions of Participation processes to allow for physicians whose privileges will expire to continue to practice and for new physicians to be able to practice before full medical staff/governing body review required by credentialing processes. Likewise, Governor Cuomo's EO 202.5 waives New York state laws requiring a robust credentialing process to permit hospital staff who are privileged and credentialed to work in a hospital or health care facility in any other state to practice in a hospital or health care facility in New York State. To further protect licensed health care providers from individual liability, many health care organizations and facilities are adopting disaster privileging policies to complement their existing medical staff disaster privileging processes established by their medical staff bylaws to address corresponding risk associated with such waivers.³¹⁶

³¹² Health care services providers include physicians, physician assistants, registered nurses, licensed practical nurses, and nurse practitioners, whose scope of practice is defined under New York State Education Law §§ 6524, 6542, 6905, 6906, and 6902, respectively.

³¹³ See N.Y. ED. LAW §§ 6530 and 6509 (defining "professional misconduct" with respect to licensed health care services providers); (See also *Chapter on Business Contracts, Insurance and Risk Management for additional discussion*).

³¹⁴ See N.Y. EXEC. ORDER No. 202.5, Continuing Temporary Suspension and Modification of Laws Relating to the Disaster Emergency, Mar. 18, 2020. <https://www.governor.ny.gov/news/no-2025-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency> (accessed Apr. 16, 2020).

³¹⁵ 42 C.F.R. § 482.22; PUB. H. LAW §§ 2805-j and 2805-k; 10 NYCRR 405.4, 405.5, 405.14, 405.19, and 405.22.

³¹⁶ See also discussion pertaining to negligent credentialing, *infra*, Section IV, Business Contracts, Insurance and Risk Management.

Scope of Practice Principles

The scope of practice for each type of health care services worker is governed by the New York State Education Law.³¹⁷ Licensed and registered practitioners are not permitted to practice outside their respective statutory and regulatory scope of practice. The Nurse Practice Act limits registered nurses' ability to practice independently outside the scope of physician-ordered treatment regimen or other pre-approved clinical protocols.³¹⁸ The scope of practice of certain licensed health care practitioners working in health care institutions and facilities is further defined by their respective delineation of clinical privileges. Allied health professionals, such as physician assistants, although permitted to diagnose, treat and prescribe independently, may not practice outside the scope of practice of their respective supervising physician who is required to provide certain oversight.³¹⁹ The incremental expansion of clinical staff, establishment of stand-by pools and intra-system cross coverage arrangements may require licensed practitioners to be assigned administrative and/or clinical duties and responsibilities beyond their regulatory or contractual scope of services. Credentialed providers that typically provide elective medical care may be re-deployed to provide services beyond their delineation of privileges as Executive Orders "pause" elective and other non-essential health care services. EOs issued by Governor Cuomo in New York have waived certain limitations on scope of practice. For instance, EO 202.10 waived oversight requirements allowing physician assistants and advanced practice registered nurses with certain higher educational degrees to practice without otherwise necessary physician oversight during the public health crisis.³²⁰ The relaxation of these oversight requirements makes it easier to reallocate essential providers as needs ebb and flow during the crisis.

Education and Training to Crisis Standards of Care

During a PHE such as the coronavirus pandemic, as the standard of care shifts from traditional patient-centric standards to crisis standards of care, health care services workers must be educated and trained on the medical-legal implications of CSC. Consistent application of CSC is essential to give assurances to health care services providers who will be asked to exercise their professional clinical judgment to save as many lives as possible, sometimes to the detriment of individual patients where practitioners are taught "first, do no harm."³²¹ As the standard of care shifts, practitioners need to be assured that their decisions pertaining to triage and to allocation of medical equipment, supplies and medications are consistent with generally accepted CSC adopted during a crisis. CSC will further require general practitioners, not often trained in palliative care, to offer palliative care interventions to manage symptoms and mitigate suffering in the face of shortages of vital health care equipment such as ventilators.

Employees' Rights

Even in the face of a pandemic, employees' rights must be balanced with those of the public health needs. The safety of society's workforce is vital to the public's health. Mandatory shelter-in-place and work-from-home policies are designed to keep non-essential employees and perhaps the most vulnerable workers out of harm's way during the PHE. Essential workers that must report to work to assure essential resources, services and goods remain available and accessible are being asked to put their own health and welfare at risk for the greater public good. Employers must assure that they implement enforceable pervasive safety measures to effectively protect their employees on the front lines. The Occupational Safety and Health

³¹⁷ N.Y. ED. LAW, Title VIII.

³¹⁸ See N.Y. ED. LAW § 6905 (requirements to qualify for a license as a registered professional nurse).

³¹⁹ See N.Y. ED. LAW §§ 6540-6548; N.Y. PUB. H. LAW §§ 3700-3704; 10 NYCRR 94.2 (relating to the licensure and scope of duties of physician assistants).

³²⁰ See N.Y. EXEC. ORDER No. 202.10, Continuing Suspension and Modification of Laws Relating to the Disaster Emergency, 23 Mar. 2020. <https://www.governor.ny.gov/news/no-20210-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency> (last accessed Apr. 16, 2020).

³²¹ See discussion in Ethics Issues in the Management of COVID-19, *infra*.

Administration (“OSHA”) and the Centers for Disease Control and Prevention (“CDC”) have issued guidance for employers to their employees remain safe in the workplace during the current coronavirus pandemic. These measures are guidance only and do not necessarily have the effect of law. Notwithstanding, general OSHA requirements to provide a safe workplace remain in full force and effect. Governor Cuomo’s EO 202.16 similarly requires all essential business employers to provide masks to employees in the workplace who have direct contact with customers or the general public. Such directive is enforceable by local governments or law enforcement pursuant to Public Health Law, section 12 or 12-b.

Safe Workplace

As essential businesses continue to operate in the face of a public health crisis, employers must continue to assure a safe workplace for their employees. The most relevant OSHA requirements applicable to the prevention of occupational exposure to COVID-19 are as follows:

- The General Duty Clause requires employers to furnish to each worker “employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.”³²² COVID-19 presents a threat where persons gather together. Employers need to assure adequate social distancing in the workplace as essential workers interact with each other, customers and the general public. Meetings should be conducted virtually using appropriate video/audio conferencing mechanisms when available or in large conference rooms that permit adequate distance between and among attendees.
- OSHA’s Personal Protective Equipment (PPE) standards for general industry require employees to “use gloves, eye and face protection, and respirators when necessary. When respirators are necessary, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard.”³²³
- OSHA’s Bloodborne Pathogens standard applies to “occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions.”³²⁴ However, they offer guidance for the control of infectious disease such as COVID-19.

Compliance with these standards can prove to be difficult during a public health emergency such as the coronavirus pandemic due to scarce resources such as hand sanitizer, masks and other cleansing products. The health care services workforce is accustomed to using universal precautions which are the set of infection control practices used for all patient care to protect healthcare workers from infection and prevent the spread of infection from patient to patient.³²⁵ Universal precautions include proper hand hygiene, use of PPE, respiratory hygiene including cough etiquette principles, proper cleaning and disinfecting the environment, equipment, devices and laundry. Non-health care essential services workers are not necessarily educated, trained or otherwise familiar with such extensive precautions. As a result, essential workers outside the health industry and their respective constituents may be faced with unnecessary risk of exposure or general fear despite good faith efforts to adopt applicable precautions.

Despite good faith efforts of employers of health care services employees and other essential services employees to educate their workforce on the implementation of CSC and the use of appropriate PPE

³²² Occupational Safety and Health (OSH) Act of 1970, 29 U.S.C. 654(a)(1).

³²³ 29 C.F.R.1910.134.

³²⁴ 29 C.F.R.1910.1030.

³²⁵ Standard Precautions for All Patient Care, CDC, Jan. 26, 2016, <https://www.cdc.gov/infection-control/basics/standard-precautions.html>.

consistent with CDC and OSHA guidance, there are members of the essential workforce that fear coming to work or interacting with customers or the public during the coronavirus pandemic. Do essential business employees and essential health care services employees have a right to choose to stay home and/or self-quarantine or refuse to provide health care to patients who have not been tested for the virus? If so, under what circumstances do or should they have that right?³²⁶ Such tension between employees' rights and their role in assuring essential goods and services remain available and accessible during the public health crisis inevitably arise. Employers engaged in providing essential goods and services to the public in times of such public health crises must be prepared to have an abundance of PPE available and examine their operational processes to minimize risk to their workforce and demonstrate genuine concern for their welfare such as limiting the number of employees within the workplace, hypervigilant efforts to keep surfaces clean and disinfected, social distancing protocols when dealing with co-workers and constituents, and temperature checks to assure the workforce remains symptom-free while on at the worksite. In addition, employers may consider offering incentives to come to work such as hazard pay and alternative housing to protect families of health care services workers who may be putting their families at risk if they return home.

Protection against Retaliation

Health care services workers are keenly aware of the need for adequate PPE and other operational adjustments necessary to minimize unnecessary employee exposure during the coronavirus pandemic. In the event of a shortage of PPE, given the prevalence of social media communications, employers should be careful not to curtail employees' rights to free speech as employees voice concerns over equipment shortages and other weaknesses in our societal response to the pandemic. Health care services workers are accustomed to reporting their concerns as part of continuous performance improvement programs as mandated by New York State laws.³²⁷ Employers must be receptive to employees' concerns, especially in times of crisis to demonstrate the mutual care and concern for those individuals who are putting their own safety at risk to care for the public's health. The Public Health Law affords confidentiality and immunity for those who report and/or participate in any investigation of an incident or other concerns.³²⁸ Similarly, OSHA prohibits employers from retaliating against workers for raising concerns about safety and health conditions.³²⁹ Additionally, "OSHA's Whistleblower Protection Program enforces the provisions of more than 20 industry-specific federal laws protecting employees from retaliation for raising or reporting concerns about hazards or violations."³³⁰

Discrimination

The Americans with Disabilities Act of 1990 ("ADA")³³¹ is a civil rights law that prohibits discrimination based upon disability. Among other provisions, it prohibits employers from making disability-related inquiries and requiring medical examinations of employees, except under limited circumstances. A "medical examination" is a procedure or test that seeks information about an individual's physical or mental impairment or health.³³² Whether a procedure is a medical examination under the ADA is determined by considering factors such as whether the procedure or test involves the use of medical equipment; whether it is invasive; whether it is designed to reveal the existence of a physical or mental impairment; and whether

³²⁶ Health care providers treating patients in hospitals or other places of public accommodation where there is adequate availability of PPE must be cognizant of their risk of violating federal and state anti-discrimination laws and licensure requirements not to abandon patients when refusing to treat patients, especially those patients requiring emergency care and treatment for conditions other than COVID-19. See chapter discussing Contracts, Liability and Risk Management.

³²⁷ See N.Y. PUB. H. LAW § 2805-l.

³²⁸ See N.Y. Pub. H. Law § 2805-m.

³²⁹ Occupational Safety and Health Act of 1970, 29 U.S.C. 660(c).

³³⁰ OCCUPATIONAL HEALTH & SAFETY ADMINISTRATION, Safety and Health Topics/COVID-19, U.S. DEP'T OF LABOR, <http://www.osha.gov/SLTC/COVID-19/standards.html>.

³³¹ 42 U.S.C. § 12101 et. Seq.

³³² 42 U.S.C. § 12112 (d).

is it given or interpreted by a medical professional. During employment, the ADA prohibits employee disability-related inquiries or medical examinations unless they are job-related and consistent with business necessity where an employer has a reasonable belief, based upon objective evidence, that an employee will pose a direct threat due to a medical condition. Objective evidence under CSC principles would require that public health authorities set forth those objective parameters for such employee testing to assure a safe work environment for all workers. For instance, health care workers may be required by their employers to submit to a temperature check prior to entering the workplace to assure they do not present a direct threat to patients and staff.³³³ “Direct Threat” is an important concept during the COVID-19 pandemic where individual’s rights often cede to that of the public’s health. During a pandemic, employers should rely on the latest CDC and state or local public health standards. While the EEOC recognizes that public health recommendations may change during a crisis and differ between states, employers are expected to make their best efforts to obtain public health advice that is contemporaneous and appropriate for their location, and to make reasonable assessments of conditions in their workplace based on this information.³³⁴

Further, employers should be mindful of their obligation to assess on a case by case basis employees’ requests for leave as a reasonable accommodation under the ADA. Employees suffering from certain medical conditions may have a legitimate basis to support a request for leave or an extension of leave until the risk(s) associated with COVID-19 subsides. Employers who neglect to conduct such case by case analyses may risk exposure to allegations of unlawful discrimination or wrongful termination and the protracted litigation that may ensue long after the crisis abates.³³⁵

VI. Vaccination

When a vaccine becomes available, there will be a majority of Americans who want the vaccination.³³⁶ However, some Americans may push back on the COVID-19 vaccination for religious, philosophical or personal reasons.³³⁷ *After testing and as supported by scientific evidence, once a safe and effective COVID-19 vaccine becomes available, the NYSBA Health Law Section recommends:*³³⁸

- That a vaccine subject to scientific evidence of safety and efficacy be made widely available, and widely encouraged, and if the public health authorities conclude necessary, required, unless a person's physician deems vaccination to be clinically inappropriate; and
- Steps to ensure a planned vaccination program:
 - (a) Rapid mass vaccination achieved through equitable distribution;
 - (b) Prioritizing health care workers and individuals at highest risk for complications and virus transmission to others if inadequate vaccine supply; and

³³³ *Id.*

³³⁴ See Guidance of the CDC and public health authorities as of March 2020, the COVID-19 pandemic meets the direct threat standard. http://www.eeoc.gov/facts/pandemic_flu.html.

³³⁵ See *Arnold v. Pfizer, Inc.*, 970 F.Supp.2d 1106, Oregon Dist. Ct. (Sept. 9, 2013).

³³⁶ CENTERS FOR DISEASE CONTROL AND PREVENTION, *National Center for Health Statistics: Immunization* (2018)

<https://www.cdc.gov/nchs/fastats/immunize.htm> (70.4% of children aged 19-35 months receiving all 7 major vaccines).

³³⁷ *Prince v. Massachusetts*, 321 U.S. 158, 167 (1944); *Cruzan by Cruzan v. Director Missouri Dept. of Health*, 497 U.S. 261, 262 (1990); *Phillips v. City of New York*, 775 F.3d 538, 542 (2d Cir. 2015); *Caviezel v. Great Neck Public Schools*, 739 F.Supp.2d 273, 274-75 (E.D.N.Y. 2010) (*affm'd by Caviezel v. Great Neck Public Schools* 500 Fed.Appx. 16 (2d Cir. 2012)).

³³⁸ This recommendation has been revised consistent with amendments to the language voted on by the NYSBA Executive Committee on June 12, 2020.

(c) Linguistically and culturally competent vaccine educational and acceptance program.³³⁹

Mandatory vaccinations are supported by the authority of the state police power when the vaccinations are necessary to protect the health of the community.³⁴⁰ Constitutional challenges under the religious freedom clause under the First Amendment and under the substantive due process clause of the Fourteenth Amendment have failed, when the individual interests are not strong enough to outweigh the public benefit.³⁴¹ In New York State, the courts have found religious, personal or “unsupported...medical literature”³⁴² arguments unpersuasive.³⁴³ Healthcare workers³⁴⁴ and parents of unvaccinated children³⁴⁵ have unsuccessfully challenged compulsory vaccination on administrative law grounds – questioning the NYS and NYC Department of Health’s authority in mandating flu and measles vaccinations, as well as challenging the regulations as arbitrary and capricious. The courts found the policies mandating that healthcare workers be vaccinated for influenza, and children vaccinated for measles during an outbreak, were not arbitrary and capricious and the regulations were promulgated under proper authority.³⁴⁶ Further, on June 13, 2019, the religious exemption for vaccinating school-attending children was repealed.³⁴⁷ The gravity of COVID-19 presents compelling justification for State legislatures and Congress to mandate a COVID-19 vaccination.

The U.S. Department of Health and Human Services developed the National Vaccine Program, to assist with vaccination production, distribution and education.³⁴⁸ It also annually issues a National Vaccine Plan.³⁴⁹ The National Vaccine Program addressed the development of a COVID-19 vaccine in its February 2020 meeting.³⁵⁰

Before the COVID-19 outbreak, a bill was introduced to federally mandate vaccination for school children.³⁵¹ Since the COVID-19 outbreak began, additional bills and resolutions have been introduced by

³³⁹ Schaffer DeRoo S, Pudalov NJ, Fu LY. Planning for a COVID-19 Vaccination Program. *JAMA*. Published online May 18, 2020. doi:10.1001/jama.2020.8711

³⁴⁰ See generally *Jacobson v. Massachusetts*, 197 U.S. 11 (1905).

³⁴¹ See *Cruzan by Cruzan*, 497 U.S. at 278 (citing *Jacobson*, 197 U.S. at 24-30). *Prince*, 321 U.S. at 167. *Phillips*, 775 F.3d at 542. *Cavizel*, 739 F.Supp.2d at 274-75.

³⁴² *C.F. v. New York City Dept. of Health and Mental Hygiene*, 2019 NY Slip Op. 31047, at 4-6 (Apr. 18, 2019) (administrative ruling) (NYC Dept. of Health and Mental Hygiene regulation requiring any person who lives or works in “designated zip codes” to be vaccinated for MMR (measles)).

³⁴³ See *Cruzan by Cruzan*, 497 U.S. at 262. *Prince*, 321 U.S. at 167. *Phillips*, 775 F.3d at 542. *Cavizel*, 739 F.Supp.2d at 274-75. *C.F.*, 2019 NY Slip. Op. 31047, at 4-6.

³⁴⁴ *Spence v. Shah*, 136 A.D.3d 1242, 1246 (App. Div. 3d 2016) (NYS Department of Health did not exceed their power and the regulation requiring healthcare workers to receive an influenza vaccination or wear a face mask was not “arbitrary, capricious, irrational or contrary to law”).

³⁴⁵ *Garcia v. New York City Dept. of Health and Mental Hygiene*, 31 N.Y.3d 601, 621 (N.Y. 2018) (NYC Dept. of Health and Mental Hygiene was acting “...pursuant to its legislatively-delegated and long-exercised authority to regulate vaccinations” of children for influenza).

³⁴⁶ See *Garcia*, 31 N.Y.3d at 621, *Spence*, 136 A.D.3d at 1246, *C.F.*, 2019 NY Slip. Op. 31047, at 4-6.

³⁴⁷ PUB. H. LAW § 2164(9) (repealed Jun.13, 2019).

³⁴⁸ 42 U.S.C. §300aa-1 (2020).

³⁴⁹ 42 U.S.C. §300aa-1 (2020). U.S. Dept. of Health & Human Services National Vaccine Program, The National Vaccine Program Office Mid-Course Review of the 2010 National Vaccine Plan, <https://www.hhs.gov/sites/default/files/nvpo-midcourse-review-final.pdf>.

³⁵⁰ U.S. Dept. of Health & Human Services National Vaccine Program, *February 13-14, 2020 NVAC Meeting, Agenda* <https://www.hhs.gov/vaccines/nvac/meetings/2020/02-13/index.html> (in the 1:15pm slot, Dr. Alan Embry presented the Coronavirus Vaccine Development: Opportunities and Potential Pitfalls https://www.hhs.gov/sites/default/files/nvac_feb2020_day1_panel2.pdf).

³⁵¹ Recognizing the importance of vaccinations and immunizations in the United States, H.Res.179, 116th Cong. (introduced by Rep. Adam Schiff on Mar. 5, 2019); A resolution recognizing the importance of vaccinations and immunizations in the United

the 116th Congress regarding vaccination and immunization.³⁵² They include resolutions by the House and Senate, supporting the GAVI Alliance, which supports vaccines and immunizations in developing countries.³⁵³

Some of the remaining pending federal bills and resolutions provide immediate insurance coverage for treatment of COVID-19, including a vaccination when one becomes available.³⁵⁴ Others support wide-spread vaccination across the United States.³⁵⁵ These include bills offering wide-spread vaccination programs that are subsidized by the federal government for seniors and children.³⁵⁶ In the “Protecting Seniors Through Immunization Act of 2019,” the Medicare program will encourage and provide free

States, S.Res.165, 116th Cong. (agreed to in the Senate on Apr. 11, 2019); Vaccinate All Children Act of 2019, H.R. 2527, 116th Cong. (introduced on May 3, 2019 by Rep. Frederica Wilson); VACCINES Act of 2019, H.R.2862, 116th Cong. (introduced by Rep. Kim Schrier on May 21, 2019); Vaccine Awareness Campaign to Champion Immunization Nationally and Enhance Safety Act of 2019, S.1619, 116th Cong. (introduced by Sen. Gary C. Peters on May 22, 2019); Protecting Seniors Through Immunization Act of 2019, S.1872, 116th Cong. (introduced by Sen. Mazie K. Hirono on Jun. 13, 2019); Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019, S.1379, 116th Cong. (became law on June 24, 2019 as Public Law 116-22); Supporting Older Americans Act of 2020, H.R.4334, 116th Cong. (introduced by Rep. Suzanne Bonamici on Sept. 16, 2019); Protecting Seniors Through Immunization Act of 2019, H.R. 5076, 116th Cong. (introduced by Rep. Donna Shalala on Nov. 13, 2019).

³⁵² See, e.g., Take Responsibility for Workers and Families Act, H.R. 6379, 116th Cong. (introduced Mar. 23, 2020 by Rep. Nita Lowey). Ensuring Coverage in Public Health Emergencies Act of 2020, H.R. 6317, 116th Cong. (introduced by Rep. Lloyd Doggett on Mar. 23, 2020). Ensuring Treatment for Covid Act, S.3564, 116th Cong. (introduced by Sen. Robert P. Casey, Jr. on Mar 22, 2020). Care for COVID-19 Act, H.R.6311, 116th Cong. (introduced by Rep. Raul Ruiz on Mar. 19, 2020). Rapid Coverage of COVID-19 Vaccine Act of 2020, H.R. 6299, 116th Cong. (introduced Mar. 19, 2020 by Rep. Joe Courtney). Ensuring Coverage in Public Health Emergencies Act of 2020, S.3536, 116th Cong. (introduced by Sen. Robert P. Casey, Jr. on Mar. 19, 2020). Rapid Coverage for Coronavirus Vaccines Act, S.3505, 116th Cong. (introduced by Sen. Doug Jones on Mar. 17, 2020). Ensuring Access to COVID-19 Preventive Care Act of 2020, H.R. 6231, 116th Cong. (introduced by Rep. Larry Bucshon on Mar. 12, 2020). Ensuring Affordable COVID-19 Preventive Care Act of 2020, H.R. 6222, 116th Cong. (introduced by Rep. Janice Schakowsky on Mar. 12, 2020). Care for COVID-19 Act, S.3442, 116th Cong. (introduced by Sen. Cory A. Booker on Mar. 11, 2020). Coronavirus Vaccine Act, S.3370, 116th Cong. (introduced by Sen. Edward Markey on Mar. 2, 2020). Protecting Americans from Seasonal Influenza Act of 2020, H.R.5729, 116th Cong. (introduced by Rep. Rick Larsen on Jan. 30, 2020).

³⁵³ A resolution supporting the role of the United States in helping save the lives of children and protecting the health of people in developing countries with vaccines and immunization through GAVI, the Vaccine Alliance, S.Res.511, 116th Cong. (introduced by Sen. Marco Rubio on Feb. 27, 2020); Supporting the role of the United States in helping save the lives of children and protecting the health of people in poor countries with vaccines and immunization through the GAVI Alliance, H.Res.861, 116th Cong. (introduced by Rep. Betty McCollum on Feb. 21, 2020).

³⁵⁴ Ensuring Coverage in Public Health Emergencies Act of 2020, H.R. 6317, 116th Cong. (introduced by Rep. Lloyd Doggett on Mar. 23, 2020); Ensuring Treatment for Covid Act, S.3564, 116th Cong. (introduced by Sen. Robert P. Casey, Jr. on Mar 22, 2020); Care for COVID-19 Act, H.R.6311, 116th Cong. (introduced by Rep. Raul Ruiz on Mar. 19, 2020); Ensuring Coverage in Public Health Emergencies Act of 2020, S.3536, 116th Cong. (introduced by Sen. Robert P. Casey, Jr. on Mar. 19, 2020); Rapid Coverage of COVID-19 Vaccine Act of 2020, H.R. 6299, 116th Cong. (introduced Mar. 19, 2020 by Rep. Joe Courtney); Rapid Coverage for Coronavirus Vaccines Act, S.3505, 116th Cong. (introduced by Sen. Doug Jones on Mar. 17, 2020); Ensuring Affordable COVID-19 Preventive Care Act of 2020, H.R. 6222, 116th Cong. (introduced by Rep. Janice Schakowsky on Mar. 12, 2020); Ensuring Access to COVID-19 Preventive Care Act of 2020, H.R. 6231, 116th Cong. (introduced by Rep. Larry Bucshon on Mar. 12, 2020); Care for COVID-19 Act, S.3442, 116th Cong. (introduced by Sen. Cory A. Booker on Mar. 11, 2020).

³⁵⁵ Recognizing the importance of vaccinations and immunizations in the United States, H.Res.179, 116th Cong. (introduced by Rep. Adam Schiff on Mar. 5, 2019); A resolution recognizing the importance of vaccinations and immunizations in the United States, S.Res.165, 116th Cong. (agreed to in the Senate on Apr. 11, 2019).

³⁵⁶ Vaccinate All Children Act of 2019, H.R. 2527, 116th Cong. (introduced on May 3, 2019 by Rep. Frederica Wilson); Protecting Seniors Through Immunization Act of 2019, S.1872, 116th Cong. (introduced by Sen. Mazie K. Hirono on Jun. 13, 2019); Protecting Seniors Through Immunization Act of 2019, H.R. 5076, 116th Cong. (introduced by Rep. Donna Shalala on Nov. 13, 2019).

vaccinations to seniors already covered.³⁵⁷ The “Vaccinate All Children Act of 2019” will require vaccinations for every student at a public elementary and secondary school to be vaccinated in order to receive federal grants, with only medical exemptions allowed.³⁵⁸ Given these proposals, vaccination distribution and funding will likely be heavily influenced by Congress.

The devastating impact of COVID-19 has led to the call for solutions that will help return our society to normalcy, elevating the importance of ensuring scientists and legislators move cautiously but quickly to provide vaccines and treatments. The history of unsuccessful attempts to challenge mandatory vaccinations may reduce the extent of opposition. As Hastings Center scholars have said, to avoid, “COVID-19 interventions [joining] the list of others that entered the clinic on the basis of limited or contested evidence of effectiveness and then harmed patients or proved to be ineffective[, strategies] can be developed to minimize this from happening, but they will only work with commitment from scientists, physicians, policymakers, patients, and the general public.”³⁵⁹ Deliberate, reasoned attention to such strategies is imperative.

VII. Vulnerable Populations and Issues of Equity and Discrimination: A Call for Social Justice

An often overlooked set of legal and ethical issues in the context of the COVID-19 crisis and crisis conditions concerns the impact of the crisis on vulnerable populations, especially with respect to the heightened precarity of such populations as a result of the present crisis and the serious threats the crisis poses to health and mental health, well-being, and post-crisis recovery and resilience.

The public health law perspective is well suited to the examination of issues of equity across diverse populations and communities in New York during the crisis, assessing the responsiveness of the law to the needs of all persons and communities across settings, including communities of color, vulnerable persons such as older adults and persons with disabilities, and all those who are isolated, home-bound or living in residential, correctional or detention facility settings, as well as vulnerable health care workers in under-resourced communities.

As framed in Part I of the report, public health law effects a shift from person-centered clinical care to community and population health, and the social and economic determinants of health, such as education, neighborhood, income, race and ethnicity, food insecurity, and access to health and mental health services.

COVID-19 has tragically resulted in the heightening of precarity among those who are already vulnerable and marginalized, such as older persons, members of communities of color or low-income communities, inmates, immigrants, nursing home and assisted living facility residents, persons who are homeless, persons with disabilities, and rural-dwelling community members. Health disparities across these groups, including among health care workers who are members of such groups, are well documented.³⁶⁰ Data reported during the current crisis document higher numbers of COVID-19 positive cases and higher mortality rates among

³⁵⁷ Protecting Seniors Through Immunization Act of 2019, S.1872, 116th Cong. (introduced by Sen. Mazie Hirono on Jun. 13, 2019); Protecting Seniors Through Immunization Act of 2019, H.R. 5076, 116th Cong. (introduced by Rep. Donna Shalala on Nov. 13, 2019).

³⁵⁸ Vaccinate All Children Act of 2019, H.R. 2527, 116th Cong. (introduced on May 3, 2019 by Rep. Frederica Wilson).

³⁵⁹ Karen J. Maschke & Michael K. Gusmano, *Ethics and Evidence in the Search for a Vaccine and Treatments for COVID-19*, The Hastings Center, Bioethics Forum, Apr. 16, 2020, <https://www.thehastingscenter.org/ethics-and-evidence-in-the-search-for-a-vaccine-and-treatments-for-COVID-19/>.

³⁶⁰ Aaron van Dorn, Rebecca E. Cooney & Mariam L. Sabin, *COVID-19 exacerbating inequalities in the US*, 395.

Black/African Americans and other marginalized and socioeconomically disadvantaged groups.³⁶¹ New York City Department of Health data show rates of cases, hospitalizations and deaths by race/ethnicity group, reflecting stark disparities across Black/African American, Hispanic/Latino, White and Asian groups,³⁶² as well as across the five boroughs.³⁶³ Crisis conditions of scarce resources, such as PPE, dialysis machines, and ventilators, also heighten the precarity of vulnerable individuals who are more likely to have advanced illness, and therefore less likely to access life-saving measures based on certain crisis standard of care plans that use allocation criteria risking discrimination.³⁶⁴ While federal law bars such discrimination,³⁶⁵ forms of persistent discrimination and racism that remain embedded in our social structures, and less visible in non-emergency circumstances, are more prominently foregrounded in the crisis conditions of the COVID-19 emergency.

Health Care Workers and Essential Services

Strategic initiatives and efforts are desperately needed, in addition to increased access to protective equipment and testing to protect immuno-compromised or otherwise high-risk populations who work on the front lines. Statistically, a disproportionate number of older, minority and immigrant populations with limited access to quality health care work in low-paying front-line jobs deemed “essential” in the midst of the crisis, including direct service workers.³⁶⁶ As we plan to reopen the economy, we must consider a way to protect individuals on the front lines identified by health care providers as very high-risk individuals based on their health status and underlying health conditions in the interest of the health of the individual, public health as a state and local community, and mitigating fatalities nationally.

We are confronted too with the social and ethical problem of access to health care and education for some of our most vulnerable populations, such as individuals with disabilities, especially as related to direct care services. The Office for People with Developmental Disabilities (OPWDD) has issued guidance stating that Direct Support Professionals (DSPs) are “essential and integral employees to OPWDD’s provision of services” which is “especially true during this public health emergency,”³⁶⁷ which echoes that of the New York State Department of Education.³⁶⁸ The Department further clarified that agencies which provide services to individuals with developmental disabilities and are operated, certified, authorized or funded by OPWDD are exempt and “should remain in operation to the extent necessary to provide those services.”³⁶⁹ The failure to do such could potentially result in the suspension or limitation of a provider’s operating certificate.³⁷⁰ However, some patients and students who receive therapies in their homes and schools are not receiving such critical direct care services, despite them being prescribed by a physician and covered

³⁶¹ *Id.*; COVID-19 exacerbating inequalities in the US, LANCET, Vol. 395, Apr. 18, 2020; Yancy CW, COVID-19 and African Americans, JAMA, Published online Apr. 15, 2020, doi:10.1001/jama.2020.6548.

³⁶² Age-adjusted rates of lab confirmed COVID-19 nonhospitalized cases, estimated non-fatal hospitalized cases, and patients known to have died 100,000 by race/ethnicity group as of Apr. 16, 2020, <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/COVID-19-deaths-race-ethnicity-04162020-1.pdf>.

³⁶³ NEW YORK CITY DEPARTMENT OF HEALTH, Rates by Borough of positive cases per 100,000 people in each borough, <https://www1.nyc.gov/site/doh/Covid/COVID-19-data.page#download>,

³⁶⁴ Ari Ne’eman & Sam Bagenstos, Evaluation Framework for Crisis Standard of Care Plans, Apr. 8, 2020, http://thearc.org/wp-content/uploads/2020/04/Evaluation-framework-for-crisis-standards-of-care-plans-4.9.20-final_4-14-20.pdf.

³⁶⁵ 42 U.S.C. §§ 2000 *et. seq.*; HHS Office for Civil Rights in Action, Bulletin: *Civil Rights, HIPAA, and the Coronavirus Disease 2019 (COVID-19)*, Mar. 28, 2020, <https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf>.

³⁶⁶ NEW YORK STATE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, *Direct Support Professionals Defined As Essential Employees*, Mar. 18, 2020; *See also* Dorn, *supra* note 1.

³⁶⁷ NEW YORK STATE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, *supra* note 4.

³⁶⁸ THE STATE EDUCATION DEPARTMENT, *Additional Guidance on Statewide School Closures Due to Novel Coronavirus (COVID-19) Outbreak in New York State*, Mar. 17, 2020.

³⁶⁹ NEW YORK STATE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, *COVID-19 Guidance for Providers on Essential Business*, Mar. 20, 2020.

³⁷⁰ N.Y. EXEC. ORDER No. 202.5, Mar. 18, 2020.

by health insurance. Moreover, the temporary expansion of Title 1 of the Family and Medical Leave Act (FMLA)³⁷¹ and adoption of “The Emergency Paid Sick Leave Act” under The Families First Coronavirus Response Act³⁷², do not provide relief for families who must care for vulnerable adult children who are unable to attend adult day care facilities due to government shut-downs.

Thus, anecdotal evidence suggests lack of uniformity in access to services, such as therapeutic interventions for individuals with autism, in response to the implementation of “New York State on Pause,” enacted by Governor Cuomo, which are designed to minimize the transmission of the COVID-19 virus through social distancing and business closures.³⁷³ Some providers may be unsure as to whether the OPWDD exemption applies to them, especially if the provider serves the disabled community but is not a licensed OPWDD provider, while others may opt to not provide services in light of the pandemic. Whichever is the case, interruption of such services for even short periods of time, let alone the duration of the pandemic’s “PAUSE” period, significantly increases the risk of adverse outcomes when such services are necessary to maintain physiological and emotional stability, while facilitating health and social progress.³⁷⁴

The scope of this issue is expansive as it also impacts our young and adult patients and minor students residing in schools for the developmentally disabled or other TBI programs where they would otherwise receive physical and occupational therapy, and other services essential to their unique physical and mental needs. Considering this, it is imperative that any clarification necessary to ensure that exempt providers are operating in accordance with OPWDD guidance be published. Furthermore, providers not regulated by the OPWDD, but are otherwise exempt, should be advised to continue to serve any patients with which a treatment relationship has been established, if able, or refer the patient elsewhere to prevent patient abandonment.³⁷⁵ This is critical from not only a professional but ethical standpoint, and in the best interest of public health.

Action Steps

In sum, the COVID-19 crisis has illuminated the social structural inequities in the health systems and put the most vulnerable populations and communities of color, including vulnerable health care workers, at the highest risk. The Task Force urges action steps, including appropriate regulatory oversight, to ensure:

- adequate and non-discriminatory allocation of resources to vulnerable populations and communities of color;
- equitable access of vulnerable populations to health and mental health services, including palliative care as an ethical minimum to mitigate suffering among those vulnerable persons who remain in residence or institutionalized in nursing homes, assisted or independent living facilities or group homes, or are hospitalized during the COVID-19 crisis, especially when desired equipment or other resources are not available;

³⁷¹ 29 U.S.C. § 2601 *et. seq.*

³⁷² Families First Coronavirus Response Act, Public Law No. 116-127 (Mar. 18, 2020) (*to be added as* 29 U.S.C. §§ 2601 *et. seq.*). Paid Leave Under the Families First Coronavirus Response Act, 85 Fed. Reg. 19,326 (Apr. 6, 2020).

³⁷³ N.Y. EXEC. ORDER No. 202.8, Mar. 20, 2020, <https://www.governor.ny.gov/news/no-2028-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>. See also NEW YORK STATE, *Governor Cuomo Signs the ‘New York State on PAUSE’ Executive Order*, Mar. 20, 2020, <https://www.governor.ny.gov/news/governor-cuomo-signs-new-york-state-pause-executive-order>.

³⁷⁴ See generally Mary Beth Walsh, *The Top 10 Reasons Children With Autism Deserve ABA*, 1 BEHAVIOR ANALYSIS PRACTICE 72-79 (2011).

³⁷⁵ See generally Valerie Blake, J.D., M.A., *When Is a Patient-Physician Relationship Established?*, AMERICAN MEDICAL ASSOCIATION JOURNAL OF ETHICS (May 2012).

- provision of PPE to essential health care workers at highest risk in delivering essential services to vulnerable populations; and
- monitoring conformity with federal laws barring discrimination.

We call for urgent attention to these issues both in the context of the current crisis, as well as through long-term health policy planning. In the words of our esteemed colleague and public health law scholar Lawrence O. Gostin, we must settle for no less than a fully unburdened, “global health with justice.”³⁷⁶

VIII. Conclusion

The preceding Sections of this Report contain a number of specific recommendations which may be found in summary form in Appendix F. The following observations present overarching recommendations to further strengthen both New York State’s emergency preparedness capabilities and its general delivery of health care.

Improving Preparation for Next Public Health Emergency

COVID-19 has proven that city, state and federal emergency preparedness efforts, which were enhanced after 9/11, are insufficient for an extreme public health crisis. The Task Force recommends that Governor Cuomo keep a core team of experts in place to review the MSEHPA, the Columbia University Center for Health Policy Gap Analysis,³⁷⁷ IOM’s Crisis Standards of Care, as applicable, equipment allocation guidelines,³⁷⁸ and each of the emergency orders needed to manage COVID-19. This team could be charged with drafting legislation to combine the essential provisions of these useful resources.

Legislation in New York, and other states which have not yet adopted the MSEHPA and the CSC, would facilitate the immediate activation of most if not all of the emergency orders which have been needed to manage COVID-19.

Further, Governor Cuomo will soon become the Chair of the National Governors Association.³⁷⁹ In that role, New York will be well placed to facilitate a coordination of efforts across the states. Effective state coordination will place each state in a position to be less vulnerable to inadequate federal action.

Evaluation of Laws and Regulations Post-Pandemic

For the purposes of assuring a post-pandemic legal environment that serves the public well, we also call for evaluation of the state and federal laws and regulations that have been waived during the pandemic. CMS has provided a convenient list of the federal and state COVID-19 waivers.³⁸⁰ In the post-COVID 19 world, both government and health care providers will face enormous financial pressure. Before being automatically reinstated, laws and regulations that have been waived during the pandemic should be critically re-evaluated in terms of benefit to the public, as well as the costs and administrative and enforcement burdens to government. For instance, emergency waivers relating to EMTALA, HIPAA and 42 CFR Part 2, and federal fraud and abuse laws have elements that could be continued in the post-COVID-19 world. At the New York State level, some scope of practice requirements, CON requirements and

³⁷⁶ LAWRENCE O. GOSTIN, *GLOBAL HEALTH LAW* 72 (Har. Univ. Press 2014).

³⁷⁷ Benjamin Mason Meier & Jocelyn Getgen, *Gap Analysis: Comparing the Model State Emergency Health Powers Act with Corresponding New York State And New York City Statutory Authority*, CENTER FOR HEALTH POLICY, Columbia University (2008).

³⁷⁸ See discussion *infra*, Section II of this Report, Ethical Issues in the Management of COVID-19.

³⁷⁹ National Governors Association, Executive Committee, <https://www.nga.org/governors/ngaleadership/>.

³⁸⁰ CMS, CMS list of Coronavirus Waivers & Flexibilities, available at:

<https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>.

directives to managed care organizations should be reviewed before waivers and directives are lifted. In short, this emergency provides an opportunity to re-test waived regulations for new circumstances.

It is evident through the progress in “flattening the curve” achieved to date that employers, employees, and community members at large in the State of New York are committed to working hard to maintain and ultimately re-strengthen our economy while keeping public health, safety and community values at the forefront of their efforts. If we continue to commit ourselves to pressing forward in a united fashion and reaching beyond the racial, socioeconomic, geographic and political barriers that often seek to divide us, our communities and the State of New York can not only heal, but be transformed and strengthened in a fashion beyond our comprehension.

APPENDIX A

New York State Bar Association Health Law Section Letter to Governor Cuomo, March 26, 2020

COVID-19 New York Public Health Emergency and Disaster Conditions: Call for Essential Crisis Standards in New York

APPENDIX B

University of Rochester Medical Center Decision Algorithms (2015 NYSTFLL Guidelines)

2015 Ventilator Allocation Guidelines, NYS Task Force

University of Rochester 2015 Updated Ventilator Allocation Flow Diagrams

APPENDIX C
Health Law Section Proxy Law Memo

TO: Howard Zucker, MD, Commissioner, NYSDOH
Megan Baldwin, Assistant Secretary, Executive Chamber

FROM: NYSBA Health Law Section
RE: **Health Care Proxy Barriers and Solutions**

The New York State Bar Association (NYSBA) Health Law Section was pleased to learn about Executive Order 202.14, which should make it much easier for most people to complete a health care proxy when two witnesses are not physically present. However, it is not enough to help the most vulnerable, those who have no one to witness or have only one person, or those who don't have access to, cannot use, or cannot be taught to use technology.

Therefore, the NYSBA Health Law Section supports additional urgently needed reforms to ensure that people are able to complete valid health care proxies.

In the midst of the coronavirus pandemic, we have learned that many patients want to complete health care proxies, but cannot as there are no available witnesses given the social distancing and quarantine requirements. We have also heard from clinicians that many patients have no advance directives, especially as hospitals continue to become overwhelmed. There is little doubt that similar problems must exist in other facilities, such as nursing homes.

It is critically important that patients have the ability to complete health care proxies, but existing legal barriers will still prevent some people, despite EO 202.14, from doing so.

Urgent measures are needed, either legislatively or through Executive Order, to address this concern, including:

- Removing the two-witness requirement and requiring only one witness.
- If no witnesses are available, provide the option of requiring only a notary public signature.
- If a notary is used, allowing an audio-visual notarization as the Governor's Executive Order 202.7 now allows for other notary services.
- Allowing for individuals who do not have access to the technology which enables them to accomplish video conference witnessing, to have a valid health care proxy if the patient communicates auditorily to two witnesses the name of their health care agent and possible alternate(s). The communication to the witnesses does not need to be simultaneous and can happen at separate times. Such witnesses' contact information shall be stated in the document and such witnesses shall be willing to confirm they heard the principal express their wishes if contacted by a health care facility.
- All the above would include the I/DD population, but required capacity determination should remain in effect.
- Accelerating the effective date regarding the amendments to PHL 29-CCC on physician assistants (currently June 17, 2020) regarding MOLST forms which it is possible, but unclear, that Executive Order 202.10 now does.

Implementing these measures will make it more likely that patients will get health care and treatment that they want and need, and make it easier for health care professionals to both know the health care wishes of their patients.

Others who are experts in the field, doctors, lawyers and organizations which work with people on advance care planning and specifically health care proxies, also support the urgent need for the reforms proposed. These include among others, those listed below.

Patricia A. Bomba, MD, MACP, FRCP
Vice President & Medical Director, Geriatrics, Excellus BlueCross BlueShield
Chair, MOLST Statewide Implementation Team
MOLST & eMOLST Program Director
Chair, National Healthcare Decisions Day NYS Coalition

Carla Braveman
President & CEO
Hospice and Palliative Care Association of New York State

Thomas V. Caprio, MD, MPH, MS
Director, Finger Lakes Geriatric Education Center
Chief Medical Officer, UR Medicine Home Care & Hospice
University of Rochester Medical Center

CaringKind

Maggie Carpenter, MD, HMDC
Nightingale Medical

Sarah Egan, MD
Hospice and Palliative Medicine
Brooklyn, NY

David N. Hoffman, Esq.
Compliance Officer
Carthage Area Hospital and Claxton-Hepburn Medical Center

Robert Milch, MD, FACS
Professor, Clinical Surgery
University at Buffalo
Jacobs School of Medicine

New York Legal Assistance Group (NYLAG)

Volunteers of Legal Service

APPENDIX D

New York State Bar Association Department of Health Proposed Rulemaking in Relation to the Release of Subject-Identified Research Findings

Proposed Rule by the NYSBA Health Law Section

Proposal in Relation to the Release of Subject-Identified Research Findings

APPENDIX E

State Society on Aging of New York Letter to Governor Cuomo, April 30, 2020

COVID-19 New York Public Health Emergency and Disaster Conditions: Call for Equitable Allocation of Scarce Resources to Older Adults and Non-Discriminatory Crisis Standards

APPENDIX F

GUIDANCE FOR DETERMINING WHETHER A BUSINESS ENTERPRISE IS SUBJECT TO A WORKFORCE REDUCTION UNDER RECENT EXECUTIVE ORDERS (enacted to address the COVID-19 Outbreak)³⁸¹

ESSENTIAL BUSINESSES OR ENTITIES, including any for-profit or non-profit, regardless of the nature of the service, the function they perform, or its corporate or entity structure, are not subject to the in-person restriction. *Essential Businesses must continue to comply with the guidance and directives for maintaining a clean and safe work environment issued by the Department of Health (DOH) and every business, even if essential, is strongly urged to maintain social distancing measures to the extent possible.*

This guidance is issued by the New York State Department of Economic Development d/b/a Empire State Development (ESD) and applies to each business location individually and is intended to assist businesses in determining whether they are an essential business. With respect to business or entities that operate or provide both essential and non-essential services, supplies or support, only those lines and/or business operations that are necessary to support the essential services, supplies, or support are exempt from the workforce reduction restrictions.

State and local governments, including municipalities, authorities, and school districts, are exempt from these essential business reductions, but are subject to other provisions that restrict non-essential, in-person workforce and other operations under Executive Order 202.

For purposes of Executive Order 202.6, “Essential Business,” shall mean businesses operating in or as:

1. Essential health care operations including

- research and laboratory services
- hospitals
- walk-in-care health clinics and facilities
- emergency veterinary, livestock medical services
- senior/elder care
- medical wholesale and distribution
- home health care workers or aides for the elderly
- doctor and emergency dental
- nursing homes, residential health care facilities, or congregate care facilities
- medical supplies and equipment manufacturers and providers
- licensed mental health providers
- licensed substance abuse treatment providers
- medical billing support personnel
- emergency chiropractic services
- physical therapy, prescribed by medical professional
- occupational therapy, prescribed by medical professional

2. Essential infrastructure including

- public and private utilities including but not limited to power generation, fuel supply, and transmission

³⁸¹ Please note that the content below represents an abridged version of content noted on the following Empire State Development website, <https://esd.ny.gov/guidance-executive-order-2026>.

- public water and wastewater
- telecommunications and data centers
- airlines/airports
- commercial shipping vessels/ports and seaports
- transportation infrastructure such as bus, rail, for-hire vehicles, garages
- hotels, and other places of accommodation

3. Essential manufacturing including

- food processing, manufacturing agents including all foods and beverages
- chemicals
- medical equipment/instruments
- pharmaceuticals
- sanitary products including personal care products regulated by the Food and Drug Administration (FDA)
- telecommunications
- microelectronics/semi-conductor
- food-producing agriculture/farms
- household paper products
- defense industry and the transportation infrastructure
- automobiles
- any parts or components necessary for essential products that are referenced within this guidance

4. Essential retail including

- grocery stores including all food and beverage stores
- pharmacies
- convenience stores
- farmer's markets
- gas stations
- restaurants/bars (but only for take-out/delivery)
- hardware, appliance, and building material stores
- pet food
- telecommunications to service existing customers and accounts
- delivery for orders placed remotely via phone or online at non-essential retail establishments; provided, however, that only one employee is physically present at the business location to fulfill orders

5. Essential services including

- trash and recycling collection, processing, and disposal
- mail and shipping services
- laundromats and other clothing/fabric cleaning services
- building cleaning and maintenance
- childcare services
- bicycle repair
- auto repair
- automotive sales conducted remotely or electronically, with in-person vehicle return and delivery by appointment only
- warehouse/distribution and fulfillment
- funeral homes, crematoriums and cemeteries

- storage for essential businesses
- maintenance for the infrastructure of the facility or to maintain or safeguard materials or products therein
- animal shelters and animal care including dog walking, animal boarding
- landscaping, but only for maintenance or pest control and not cosmetic purposes
- designing, printing, publishing and signage companies to the extent that they support essential businesses or services
- remote instruction or streaming of classes from public or private schools or health/fitness centers; provided, however, that no in-person congregate classes are permitted

6. News media

7. Financial Institutions including

- banks or lending institution
- insurance
- payroll
- accounting
- services related to financial markets, except debt collection

8. Providers of basic necessities to economically disadvantaged populations including

- homeless shelters and congregate care facilities
- food banks
- human services providers whose function includes the direct care of patients in state-licensed or funded voluntary programs; the care, protection, custody and oversight of individuals both in the community and in state-licensed residential facilities; those operating community shelters and other critical human services agencies providing direct care or support

9. Construction

All non-essential construction must safely shut down, except emergency construction, (e.g. a project necessary to protect health and safety of the occupants, or to continue a project if it would be unsafe to allow to remain undone, but only to the point that it is safe to suspend work).

Essential construction may proceed, to the extent that:

- construction is for, or your business supports, roads, bridges, transit facilities, utilities, hospitals or healthcare facilities, homeless shelters, or public or private schools;
- construction is for affordable housing
- construction is necessary to protect the health and safety of occupants of a structure;
- construction is necessary to continue a project if allowing the project to remain undone would be unsafe, provided that the construction must be shut down when it is safe to do so;
- construction is for projects in the energy industry
- construction is for existing (i.e. currently underway) projects of an essential business; or
- construction work is being completed by a single worker who is the sole employee/worker on the job site.

10. Defense

- defense and national security-related operations supporting the U.S. Government or a contractor to the US government

11. Essential services necessary to maintain the safety, sanitation and essential operations of residences or other businesses including

- law enforcement, including corrections and community supervision
- fire prevention and response
- building code enforcement
- security
- emergency management and response, EMS and 911 dispatch
- building cleaners or janitors
- general maintenance whether employed by the entity directly or a vendor
- automotive repair
- disinfection
- residential moving services

12. Vendors that provide essential services or products, including logistics and technology support, child care and services including but not limited to:

- logistics
- technology support for online services
- childcare programs and services
- government owned or leased buildings
- essential government services
- any personnel necessary for online or distance learning or classes delivered via remote means

13. Recreation

- Parks and other open public spaces, except playgrounds and other areas of congregation where social distancing cannot be abided
- However, golf courses are not essential and cannot have employees working on-premise; notwithstanding this restriction, essential services, such as groundskeeping to avoid hazardous conditions and security, provided by employees, contractors, or vendors are permitted and private operators may permit individuals access to the property so long as there are no gatherings of any kind and appropriate social distancing of six feet between individuals is strictly abided
- Marinas, boatyards, and recreational marine manufacturers, for ongoing marina operations and boat repair/maintenance, where such facilities adhere to strict social distancing and sanitization protocols. Use of such sites for the purposes of personal use or operation of boats or other watercraft is permissible, provided that no establishment offer chartered watercraft services or rentals. Restaurant activity at such sites are limited to take-out or delivery only.

14. Professional services with extensive restrictions

- Lawyers may continue to perform all work necessary for any service so long as it is performed remotely. Any in-person work presence shall be limited to work only in support of essential businesses or services; however, even work in support of an essential business or service should be conducted as remotely as possible.
- Real estate services shall be conducted remotely for all transactions, including but not limited to title searches, appraisals, permitting, inspections, and the recordation, legal, financial and other services necessary to complete a transfer of real property; provided, however, that any services and parts therein may be conducted in-person only to the extent legally necessary and in accordance with appropriate social distancing and cleaning/disinfecting protocols; and nothing within this provision should be construed to allow brokerage and branch offices to remain open to the general public (i.e. not clients).

Restrictions on requesting designation as an essential business:

Pursuant to the Governor's Executive Orders, the following businesses are specifically enumerated as non-essential and are, therefore, unable to request a designation:

- Any large gathering or event venues, including but not limited to establishments that host concerts, conferences, or other in-person performances or presentations in front of an in-person audience;
- Any dine-in or on-premise restaurant or bar service, excluding take-out or delivery for off-premise consumption;
- Any facility authorized to conduct video lottery gaming or casino gaming;
- Any gym, fitness centers, or exercise classes, except the remote or streaming service noted above;
- Any movie theater;
- Any indoor common portions of retail shopping malls with 100,000 or more square feet of retail space available for lease;
- All places of public amusement, whether indoors or outdoors, including but not limited to, locations with amusement rides, carnivals, amusement parks, water parks, aquariums, zoos, arcades, fairs, children's play centers, funplexes, theme parks, bowling alleys, family and children's attractions; and
- Any barbershops, hair salons, tattoo or piercing parlors and related personal care services, including nail technicians, cosmetologists and estheticians, and the provision of electrolysis, laser hair removal services.

APPENDIX G

Task Force Recommendations

The Task Force acknowledges the leadership of New York State Governor Andrew M. Cuomo and Commissioner of Health Howard A. Zucker, M.D., J.D., during the State Disaster Emergency. Governor Cuomo and Commissioner Zucker *inter alia* rapidly and creatively adapted State policies to: **(1)** prevent the spread of the COVID-19 pandemic, **(2)** enhance the ability of health care providers to treat and care for persons suffering from COVID-19, and **(3)** protect health care workers in doing so.

The members of the Task Force recommend the following actions in order to build upon the Governor’s and Commissioner’s considerable accomplishments to date:

1. Public Health Law Framework and Legal Reforms:

The Department of Health (or through it the Task Force on Life and the Law) to review and consider:

- (a) Enactment into New York Law of the Model State Emergency Health Powers Act (MSEHPA), which was developed by the Center for Law and Public Health and the Public Health at Georgetown and John Hopkins Universities in 2001, as informed by the Columbia University Center for Health Policy Gap Analysis and as otherwise updated; and
- (b) Adoption of the, “Crisis Standards of Care,” developed by the Institute of Medicine in 2012, as is, or as otherwise updated and amended, by the New York State Department of Health (or through it The Task Force on Life and the Law).

2. Ethical Issues in the Management of COVID-19:

- (a) Allocation of Life-Saving Equipment: The Task Force on Life and the Law (NYSTFLL) or New York State Department of Health or Governor to:
 - i. Review and consider whether the 2015 Task Force Report entitled, “Ventilator Allocation Guidelines” requires updating and amendment, including without limitation whether the equipment to be allocated should include hemo-dialysis or other life-saving machines, and recommend that the New York State Department of Health adopt the policy as is, or as amended, and
 - ii. DOH to issue emergency regulations mandating all providers and practitioners follow the ethics guidelines, and ensure: 1. the needs of vulnerable populations, including older adults, persons with disabilities, inmates and immigrants, are met in a non-discriminatory manner in the implementation of emergency regulations and guidelines; 2. provision of palliative care as an ethical minimum to mitigate suffering among those who are in institutional, facility, residential, or home care settings during the COVID-19 crisis, especially when access to life-saving measures, desired equipment or other resources are not available; 3. provision of education and training to physicians, health care practitioners, and institutional triage and ethics committees; and 4. provision of generalist-level palliative care education and training for all health care workers and health-related service workers in all settings who are providing supportive care.

- iii. Governor to: 1. waive or suspend certain NYS laws to protect from civil and criminal liability exposure practitioners who follow the ethics guidelines; and 2. direct all state agencies to interpret and apply the law and regulations in a way to support compliance with the ethics/triage guidelines.

(b) Withdrawal, DNR and Futility: Amend the New York State Public Health Law:

- i. Article 29-C “Health Care Proxy,” to require in the case of a State Disaster Emergency Declaration: (i) at least one, rather than two, witnesses, or (ii) attestation by a notary public in person or remotely; and
- ii. to provide criminal and civil immunity for physicians, nurses and other health care practitioners and Article 28 facilities, when the following steps are taken: (1) a practitioner, as defined in Public Health Law Section 2994-a, determines that a patient’s resuscitation would be “medically futile” as defined in PHL 2961.12; (2) a second practitioner concurs with the determination; and (3) both practitioners document their determination in the medical record; and in connection therewith, revoke or amend all laws and regulations prohibiting or penalizing such determinations and actions, including without limitation, those set forth on page 12 of this Report.

(c) Virus Testing: New York State Department of Health or Governor to consider:

- i. Establishing a coordinated statewide plan that ensures: frontline health care workers are prioritized in access to rapid diagnostic testing; and further, the most vulnerable individuals from health status and essential business/employee standpoint have equitable access to rapid diagnostic testing.

3. Provider Systems and Issues:

(a) Amend New York Law:

- i. Purchasing Necessary Supplies:
 - 1. Amend New York General Business Law Section 396-r to include prohibition from exorbitant pricing of all equipment and products of any kind used either in patient care or to protect health care workers from infection.

(b) Continue Waivers and Executive Orders:

- i. Ability to Exceed Certified Bed Capacity for Acute Care Hospitals
 - 1. Continue the waiver by the Governor’s Executive Orders 202.1 and 202.10 of the DOH regulations governing certified bed restrictions for the pendency of the State Disaster Emergency.
- ii. Limitation on Resident Hours Working in Acute Care Hospitals

1. Continue the Governor’s Executive Order 202.10’s waiver of NYCRR Article 10, Section 405, limiting resident work hours for the pendency of the State Disaster Emergency.
- iii. Temporary Changes to Existing Hospital Facility Licenses Services and the Construction and Operation of Temporary Hospital Locations and Extensions
 1. Continue the waiver provided in Executive Orders 202.1 and 202.10 of the State requirements that restrict the ability of Article 28 facilities to reconfigure and expand operations as necessary, for the pendency of the State Disaster Emergency.
- iv. Anti-Kickback and Stark Law Compliance during the COVID-19 Emergency
 1. New York State: Adopt the waivers provided by CMS and the OIG as to the Anti-Kickback and Stark Laws in substantially similar form for the state versions of the Stark Law and AKS during the State Disaster Emergency, each as tailored for the particular statute at issue

(c) Long Term Care, Residential and Home Care, and Correctional and Detention Facility Settings

- i. Older Adults, Nursing Home Providers and Nursing Home Residents: Governor, Department of Health (DOH), DOH Bureau of Long Term Care and State Office for Aging to ensure:
 1. Equitable allocation of scarce resources from the Public Health and Social Services Emergency Fund—established by the CARES Act—to older adults and their health care providers, prioritizing under-resourced long-term care providers;³⁸²
 2. Adequate provision of PPE;
 3. Adequate levels of staffing;
 4. Adequate funding of employee testing, as required under Executive Order 202.30;
 5. Consistent and timely tracking and reporting of case and death data;
 6. Adoption of non-discriminatory crisis standards and ethics guidelines; and
 7. Recognition and honoring of Older New Yorkers’ right to health and human rights, as protected under international conventions; and
 8. Adequate resources for the Office of the State Long Term Care Ombudsman, which provides advocacy for nursing home residents and families and helps residents understand and exercise their rights to quality care and quality of life.
- ii. Persons with Disabilities in Residential Facilities or Group Homes: Governor and Department of Health to ensure:
 1. Access of persons with disabilities to adequate COVID-19 testing and appropriate medical care, mental health and other supportive services, including appropriate day

³⁸² U.S. SENATE COMMITTEE ON FINANCE, Senator Charles E. Grassley, Chairman, Letter to HHS Secretary Alex Azar and CMS Administrator Verma, Apr. 17, 2020, (asking about the federal response to COVID-19 in nursing homes, group homes, and assisted living facilities, and expressing concerns about testing capacity, data tracking inconsistencies, lack of personal protective equipment (PPE) for nursing home staff, and federal spending transparency), <https://www.finance.senate.gov/imo/media/doc/HHSCoVIDLetter17Apr2020Final.pdf>.

- services to substitute for community-based day programs that need to be discontinued during a pandemic;
 - 2. Adequate and appropriate staffing, of residential facilities and group homes, for both day and evening shifts, and provision of appropriate funding for such staff and for appropriate COVID-19 staff training;
 - 3. Access of residential facility and group home staff to adequate testing and appropriate medical care and mental health and other supportive services;
 - 4. Oversight of residential facilities and group homes and programs to assure non-discriminatory management of persons with disabilities during the COVID-19 crisis conditions; and
 - 5. Recognition and honoring of persons with disabilities' right to health and human rights, as protected under international conventions.
- iii. Inmates and Correctional Facilities: Governor, NYS Department of Corrections and NYC Department of Corrections, to ensure:
- 1. Adequate access of inmates to COVID-19 testing, medical care and mental health and supportive services;
 - 2. COVID-19 testing of correctional staff and adequate provision of gloves, masks and other protective equipment;
 - 3. Release to the community of older inmates and inmates with advanced illness who do not pose a danger to the community;
 - 4. Adequate funding of prison-to-community transitions including access to housing, meals, and supportive services, and non-discriminatory access to employment opportunities; and
 - 5. Recognition and honoring of inmates' right to health and human rights, as protected under international conventions.
- iv. Immigrants in Detention Facilities: In its exercise of its police powers in the COVID-19 public health emergency, New York State must take steps, similar to those outlined above, in cooperation with federal agencies to ensure:
- 1. Reduction of risk of the spread of COVID-19 among immigrants being held in detention centers.³⁸³

(d) Telehealth

- i. Eliminate restrictions on the provision of care by telehealth and increase reimbursement for services provided via telehealth.

(e) Immunities

- i. Adapt Executive Orders to be consistent with Sections of the Public Health Law and include criminal liability, as well as immunity to health care facilities.

4. Business/Contracts/Risk Management

³⁸³ See Cole J.P Cole, *Federal and State Quarantine Isolation Authority*, CONGRESSIONAL RESEARCH SERVICE, Oct. 19, 2014, <https://www.ncsl.org/documents/statefed/health/FedandStateQIAuth.pdf>.

- (a) Consider extending immunity under NY UCC section 2-615(a) to supply chain vendors where specific performance under a contract becomes impracticable due to unforeseen event or good faith compliance with governmental orders or regulations during crisis.
- (b) Adopt CMS 1135 Waivers and afford civil and criminal immunity to permit health care and health care related organizations and individual providers to modify operations to control contagion and manage the public health crisis. Immunity afforded to individual practitioners should extend to treatment of all patients during the crisis, not just acts of omission or commission in the management of COVID-19 since other patients within the health care system are inevitably impacted by the decisions made by these practitioners on the front lines.

5. Workforce

- (a) Provide clear, timely guidance and support to all non-health care businesses and academic institutions to coordinate effective implementation of universal precautions and other workplace safety best practices to facilitate public health and trust, while mitigating disparate conditions during the phase-in process and long-term.
 - i. Consider publicly posting essential/non-essential business operations decisions with an industry-wide impact on the Empire State Development (ESD) website in real time to mitigate confusion and enhance institutional compliance.
 - ii. Consider granting staffing firms dedicated to childcare the provider status necessary to enable them to operate in New York State and supplement the childcare workforce in order to ensure the health and safety of our children, while enabling businesses to effectively reopen within sufficient childcare support.
 - iii. Consider education and training pertaining to crisis standards and civil and criminal immunity to assure all practitioners are supported as they exercise professional medical judgment in triage, treatment and services.
 - iv. Consider enhanced employee assistance and other mental health counseling programs to address and mitigate the moral distress suffered by front-line health care workers under crisis conditions.

6. Vaccination

When a vaccine becomes available, there will be a majority of Americans who want the vaccination.³⁸⁴ However, some Americans may push back on the COVID-19 vaccination for religious, philosophical or personal reasons.³⁸⁵ *After testing and as supported by scientific evidence, once a safe and effective COVID-19 vaccine becomes available, the NYSBA Health Law Section recommends:*³⁸⁶

³⁸⁴ CENTERS FOR DISEASE CONTROL AND PREVENTION, *National Center for Health Statistics: Immunization* (2018)

<https://www.cdc.gov/nchs/fastats/immunize.htm> (70.4% of children aged 19-35 months receiving all 7 major vaccines).

³⁸⁵ *Prince v. Massachusetts*, 321 U.S. 158, 167 (1944); *Cruzan by Cruzan v. Director Missouri Dept. of Health*, 497 U.S. 261, 262 (1990); *Phillips v. City of New York*, 775 F.3d 538, 542 (2d Cir. 2015); *Caviezel v. Great Neck Public Schools*, 739 F.Supp.2d 273, 274-75 (E.D.N.Y. 2010) (*affm'd by Caviezel v. Great Neck Public Schools* 500 Fed.Appx. 16 (2d Cir. 2012).

³⁸⁶ This recommendation has been revised consistent with amendments to the language voted on by the NYSBA Executive Committee on June 12, 2020.

□ That a vaccine subject to scientific evidence of safety and efficacy be made widely available, and widely encouraged, and if the public health authorities conclude necessary, required, unless a person's physician deems vaccination to be clinically inappropriate; and

□ Steps to ensure a planned vaccination program:

(a)Rapid mass vaccination achieved through equitable distribution;

(b)Prioritizing health care workers and individuals at highest risk for complications and virus transmission to others if inadequate vaccine supply; and

(c)Linguistically and culturally competent vaccine educational and acceptance program.³⁸⁷

7. Vulnerable Populations and Issues of Equity and Discrimination: A Call for Social Justice

(a) Enhance regulatory oversight, to ensure:

- i. adequate and non-discriminatory allocation of resources to vulnerable populations and communities of color;
- ii. equitable access of vulnerable populations to health and mental health services, including palliative care as an ethical minimum to mitigate suffering among those vulnerable persons who remain in institutional, facility, residential or home or care settings, or are hospitalized during the COVID-19 crisis, especially when desired equipment or other resources are not available;
- iii. provision of PPE to essential health care workers at highest risk in delivering essential services to vulnerable populations; and
- iv. monitoring conformity with federal laws barring discrimination.

8. Emergency Preparedness

(a) Maintain a core team of emergency preparedness experts to review and draft legislation, drawing upon the following evidentiary sources:

- i. MSEHPA;
- ii. Columbia University Center for Health Policy Gap Analysis;
- iii. IOM's Crisis Standards of Care;
- iv. Allocation of scarce resource guidelines, and
- v. Emergency orders needed to manage COVID-19.

³⁸⁷ Schaffer DeRoo S, Pudalov NJ, Fu LY. Planning for a COVID-19 Vaccination Program. *JAMA*. Published online May 18, 2020. doi:10.1001/jama.2020.8711.

- (b) Re-evaluate the public benefit and costs of reinstating laws which have been waived during COVID-19.

APPENDIX H

New York State Bar Association Health Law Section Task Force Members, Advisors and Experts

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Members of Task Force

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We thank the following esteemed members of the bar, scholars and ethicists who served as experts and provided generous assistance and consultative support to the Task Force:

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NEW YORK STATE BAR ASSOCIATION
BUSINESS LAW SECTION

October 1, 2020

To: Kathy Baxter
Members of the House of Delegates
From: Business Law Section

Re: Health Law Section Report on COVID-19

The NYSBA Business Law Section writes in support of the Report and Recommendations of the Health Law Section Task Force on COVID-19 (the “Report”), and urges the House of Delegates to approve the proposed Resolutions implementing aspects of the Report at its November 2020 meeting. The Report is an extraordinary, thorough, and well-considered analysis of the steps needed to combat, control, and ultimately overcome the COVID-19 pandemic, while giving appropriate consideration to the disproportionate impact of the pandemic on minority and disadvantaged populations, to the ethical considerations and difficult decisions to be made when healthcare resources and testing are insufficient to meet the needs of all, and to the public health needs of the State and the nation.

From the perspective of business lawyers, it is apparent to us that the recovery of the economy, the full re-opening of businesses and, indeed, their very health and survival, depend on success in controlling the coronavirus. Until the employees, customers, and other stakeholders of our business clients feel comfortable returning to normal economic activity, the economy will continue to be hamstrung, economic activity will be reduced, and unemployment will remain at unprecedented levels. Even as New York State has begun to permit reopening, we see a continued reluctance of employees to return to work and customers to return to in-person purchasing of goods and services, even where such activity is permitted.

The recommendations of the Health Law Section set forth in the Report provide a framework for New York State to move forward.

Resolution # 1 addresses public health legal reforms and emergency preparedness, and ethical issues including allocation of life-saving equipment, and virus testing. We believe these recommendations give careful consideration to the difficult ethical issues raised when the pandemic demand for health care exceeds what is available and take proper care to ensure that “the needs of vulnerable populations, including persons and communities of color, older adults and nursing home residents, persons with disabilities or who are incarcerated, and immigrants, are met in a non-discriminatory manner in the implementation of emergency regulations and guidelines,” resulting in appropriate resolution of the issues in a manner calculated to help medical providers deal with a potential resurgence of crisis demands for medical care.

Resolution # 2 provides for several constructive recommendations. With respect to medical providers, the resolution calls for continuation of waivers and executive orders relating to capacity issues and resident hours; steps relating to nursing homes and older adults, incarcerated persons and detained immigrants; and encouragement of telehealth care.

In addition, it calls for consideration of ways to supplement the childcare workforce; and regulatory oversight to ensure adequate and non-discriminatory allocation of resources and equitable access to

health and mental health services for persons and communities of color and vulnerable populations. The Business Law Section considers these steps particularly important to the development of public confidence in the safety of returning to normal economic activities as employees and consumers, and to the ability to turn to childcare options and re-opened schools without fear for the well-being of children, without which many will be unable to return to the workforce.

Resolution #3 calls for

- a coordinated statewide plan for virus testing, prioritizing front-line health care workers and the most vulnerable individuals
- vaccine development where safety and efficacy are established through expert consensus after rigorous clinical trials that include representation of diverse populations
- ethical, equitable allocation and distribution of vaccines
- steps to encourage public acceptance of a safe and effective vaccine,
- and finally, consideration of mandatory vaccination (subject to medical exemptions), by state and local governments for populations identified by state or local public health authorities, if the level of vaccination is “deemed insufficient to check the spread of COVID-19 and reduce morbidity and mortality, after due consideration of the expert medical and scientific consensus regarding the safety and efficacy of a vaccine and the need for required inoculation, including i) evidence of properly conducted and adequate clinical trials, ii) reasonable efforts to promote public acceptance, and iii) fact-specific assessment of the threat to the public health in populations and communities”

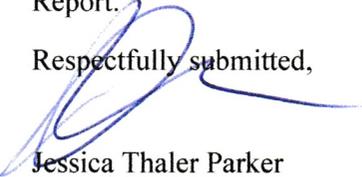
While this recommendation has drawn some opposition, we believe that these prerequisites to mandatory vaccination – safety and effectiveness as determined by expert consensus after appropriate clinical trials, and need, as determined levels of vaccination in relevant populations after efforts to promote public acceptance – are sufficient to avoid any infringement of civil liberties and personal autonomy. In New York, these decisions would generally be made at the county level.

Notably, these determinations are not legal questions, but scientific and medical ones. The development of “herd immunity” to the coronavirus – which we believe will be critical to full resumption of the economy – requires 60% or more of the population to be immune to the virus, whether from prior exposure, natural immunity, or vaccination. This may be achievable without mandatory vaccination, should enough people voluntarily obtain vaccines. But if that does not happen, the threat to the public health from unvaccinated individuals cannot be accepted. One’s civil liberties do not extend to a right to threaten the health of others, such as those too young, too old, or otherwise medically unable to be vaccinated. As the adage goes, your freedom to swing your fist stops at my nose.

Mandatory vaccination requirements were instrumental in eliminating smallpox, and, as recently as last year, the ability to require vaccination was critical to the successful battle to stop the outbreaks of measles in Brooklyn and in Rockland County. If such steps are determined to be necessary to stop the spread of COVID-19, then they must be undertaken.

For all of these reasons, the Business Law Section urges the House of Delegates to approve the Report.

Respectfully submitted,



Jessica Thaler Parker
Secretary

DRAFT

MEMORANDUM

TO: Thomas J. Richards, Esq.
Deputy General Counsel
New York State Bar Association

FROM: Jonathan B. Fellows, Esq.
Chair, Commercial and Federal Litigation Section

DATE: September 8, 2020

RE: Report and Recommendations of the NYSBA Health Law Section Task Force on COVID-19

This memorandum is submitted in response to the request for comments from NYSBA Sections on the Report of the Health Law Section Task Force on COVID-19 (the "Report").

The leadership of the Commercial and Federal Section received the Report following the June meeting of the House of Delegates. The Report was called to the attention of our Section Members at the July 1, 2020, meeting of the Section's Executive Committee. The Section's representatives in the House of Delegates reported on the discussions of the Report and the proposed resolutions in the House of Delegates at our July 1 Executive Committee meeting. The Section's leadership has received only minimal response from our members since our July 1 meeting.

Much of the Report and the accompanying recommendations appear to be outside the purview of the Commercial and Federal Litigation Section. The Report does include in section IV a discussion of "Business/Contracts/Risk Management" that discusses force majeure, frustration of purpose, impossibility and section 2-615(a) of the Uniform Commercial Code.

Resolution Number 4 proposed by the Executive Committee of the Health Law Section suggests that the Legislature consider amendments to UCC § 2-615(a) in connection with commercial disputes arising from the Pandemic. The leadership of the Commercial and Federal Litigation Section believes that our State's Commercial Division courts, and the federal courts in our State can resolve commercial disputes arising out of the Pandemic using existing common law doctrines and the existing UCC without the need for legislation.

Health Law Section COVID 19 Report -
Comments of the Committee on Disability Rights

Date: August 17, 2020

Introduction

On May 14, 2020, the Health Law Section of the New York State Bar Association issued its COVID 19 Report. The Report was the product of a Task Force conceived by the past President of the New York State Bar Association (NYSBA), Hank Greenberg, and appointed by past Section Chair Hermes Fernandez.¹ The Task Force was charged with examining the legal issues presented by the pandemic.² The work of the Task Force is to be commended. The Report is thorough and well researched. It covers the following subject areas; Public Health Law Framework, Ethical Issues in the Management of COVID 19; Provider Systems and Issues; Business Contracts/Risk Management; Workforce Issues Associated with COVID - 19; Vaccination, and Vulnerable Populations and Issues of Quality and Discrimination. At Appendix G of the Report recommendations are found tracking each subject area addressed in the Report. The Health Law Section has also drafted four (4) Resolutions related to the Report that will be presented to the NYSBA House of Delegates at their November 2020 meeting.³ The substantive comments of the Committee on Disability Rights are a product of a sub-committee formed by the Disability Rights Committee, approved by

¹ Health Law Section (hereinafter "COVID") Report, p 2.

² *id.*

³ The draft resolutions as shared with our Committee are attached as Addendum [A] to this Comment.

a vote of the Committee and were informed following several meetings with members of the Health Law Section.⁴

Our Committee was pleased to see attention focused on vulnerable populations, as well as issues around quality of care and discrimination in the delivery of care. However, the Task Force membership was notably lacking people who identify as having disabilities or advocacy groups for people with disabilities. People with disabilities, including residents of nursing facilities and other congregate care settings, have been devastated by the Coronavirus. Yet voices of this critical constituency were not heard in the Task Force's recommendations.

The Task Force stated that the New York State Bar Association needs to do all that it can to “advocate for the removal of legal and regulatory obstacles that hinder health care providers’ ability to fully respond to the challenges of the pandemic.”⁵ Our members believe this statement affords too much deference to the State and health care providers at the expense of vulnerable populations they serve.⁶ “Legal and regulatory obstacles” were created to protect people, and any proposals to waive these protections should be subjected to more serious scrutiny.

⁴ The Disability Rights Committee acknowledges Mary Beth Morrissey, Robert Swidler and Brendan Parent of the Health Law Section who met with Committee members to address various concerns our Committee raises in this Comment. In particular, Mary Beth Morrissey was very generous with her time and met with Committee members on three separate occasions. Substantive edits to the Report were agreed to following these meetings and as further described in this Comment.

⁵ COVID Report, p 16.

⁶ For example, the COVID Report at page 11 recommends permitting physicians to make decisions regarding life-sustaining treatment over the objection of family members and urges override of several existing laws, including article 47 of the Mental Hygiene Law. Article 47 provides for the Mental Hygiene Legal Service. The Service is a state agency mandated to provide protective legal services to patients and residents of mental hygiene facilities.

Furthermore, our members strongly disagree with this Report’s conclusion that skilled nursing facilities (SNFs) need to be defended from “inaccurate media reports” relating to the conditions at these facilities.⁷ From our perspective, the perils experienced by residents of SNFs and their families during this pandemic are the product of years of neglect well known to both New York State and to the industry.⁸ The Report does not recognize the chronic understaffing of SNFs is largely caused by the under-compensation of caregivers. We note this may be driven by inadequate Medicaid reimbursement, but also observe that nursing facilities are in many cases operated by for-profit entities whose objective is to remain profitable. Our Committee believes that: 1) the Report has missed an opportunity to recommend greater oversight and quality assurance throughout the entire health care system, but especially SNFs, adult homes and residential mental health facilities; 2) there is a need for more effective enforcement as well as additional mandatory requirements relating to emergency preparedness, and 3) there should be mandatory minimum staffing requirements.

⁷ COVID Report p 22. The context for comment at page 22 of the Report focused largely on communication with families during the pandemic. However, the point our Committee makes is that long-standing sub-standard conditions at SNFs and other long term care facilities are well documented (see <https://nursinghome411.org>). The State agency charged with the oversight of nursing facilities, the New York State Department of Health, has failed to sufficiently inspect, investigate and sanction this sector. Chronic understaffing should not be accepted as a given and is inexcusable and our Committee urges study of the Safe Staffing and Quality Care Act by the NYSBA (S.1032/A.6571).

⁸ See Richard Mollott, Nursing Homes were a Disaster Waiting to Happen, <https://www.nytimes.com/2020/04/28/opinion/coronavirus-nursing-homes.html#:~:text=Nursing%20Homes%20Were%20a%20Disaster%20Waiting%20to%20Happen.and%20lax%20standards%20were%20widespread%20and%20well%20known> . While the Committee agrees with the COVID Report that there needs to be greater resources devoted to increasing staffing in congregant care settings, there must be concurrent and after-the-fact accountability for how that money is spent, especially by for-profit entities.

We appreciate this opportunity to offer the Task Force our comments. Our members are composed of attorneys in the public sector and the private bar. Our members include attorneys with disabilities, and they practice in wide areas of law. Our comments below do not address every topic covered by the Report and focus, instead, on several discrete issues.

Comments

1. Public Health Law Framework and Legal Reforms

The COVID Report recommends that the Department of Health (or through it the Task Force on Life and the Law) review and consider enactment into New York Law of the Model State Emergency Health Powers Act (“MSEHPA”). This may be ill-considered and we urge re-examination of the recommendation. In 2002 the New York State Legislature considered adopting the Model Act, but the effort failed.⁹ We mention three issues for consideration:

- The Model Act fails to provide for adequate checks and balances. The lack of checks and balances could have serious consequences for individuals' freedom, privacy, and equality. Public health authorities make mistakes, and politicians abuse their powers; there is a history of discriminatory use of the quarantine power against particular groups of people based on race and national origin, for example. The Act permits a governor to declare a state of emergency unilaterally and without judicial oversight, fails to provide modern due process procedures for quarantine and other emergency powers, it lacks adequate compensation for seizure of assets, and contains no checks on the power to order forced treatment and vaccination.

⁹ See testimony of NYCLU expressing concerns about the Model Act. <https://www.nyclu.org/en/publications/testimony-model-state-emergency-health-powers-act> - last accessed July 5, 2020

- The impetus for the Model Act was bioterrorism, but the Act goes well beyond that framework. The Act includes an overbroad definition of “public health emergency” that sweeps in HIV, AIDS, and other diseases that clearly do not justify quarantine, forced treatment, or any of the other broad emergency authorities that would be granted under its provisions.¹⁰
- The Model Act lacks privacy protections. It requires the disclosure of massive amounts of personally identifiable health information to public health authorities, without requiring basic privacy protections and fair information practices that could easily be added to the bill without detracting from its effectiveness in quelling an outbreak. And the Model Act would undercut existing protections for sensitive medical information. That not only threatens to violate individuals' medical privacy but undermines public trust in government activities.

The COVID Report also recommends adoption of the "Crisis Standards of Care" developed by the Institute of Medicine in 2012, as is, or as otherwise updated and amended by the Department of Health (or through it The Task Force on Life and the Law). We observe that The Arc of the United States, The Bazelon Center for Mental Health Law, the Center for Public Representation and the Autistic Self Advocacy Network on April 8, 2020 published a 6-point disability framework to assess Crisis Standards of Care and other health care allocation criteria. It does not appear to us that the Task Force adequately considered the disability framework for

¹⁰ “Public Health emergency” is defined under the Act as an occurrence or imminent threat of an illness or health conditions caused by bioterrorism, epidemic or pandemic disease, or novel and highly infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or permanent or long-term disability. Such illness or health condition includes, but is not limited to, an illness, or health condition resulting from and natural disaster (Model Act Section 104 [I]).

crisis standards of care plans in its Report and we recommend that they be included.¹¹

2. Ethical Issues in the Management of COVID-19.

The COVID Report urges avoiding criteria that discriminate on the basis of disability in the allocation of scarce health care resources such as ventilators. However, COVID Report endorses adoption of the 2015 Ventilator Allocation Guidelines released by the Task Force on Life and the Law. On April 7, 2020, Disability Rights New York filed a complaint with the federal Department of Health and Human Services alleging that the 2015 Allocation Guidelines contain serious gaps that discriminate against people with pre-existing disabilities in violation of the Americans with Disabilities Act (42 U.S.C. 12101 *et seq*) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794).¹² Advocates highlighted the following concerns about the guidelines: (1) they do not retain the presumption that all patients who are eligible for ICU services during ordinary circumstances remain eligible for ICU services in a pandemic; (2) they contain exclusion criteria based on age, disabilities and other factors; (3) they do not ensure that all patients receive individualized assessments by clinicians based upon the best available objective medical evidence; (4) they do not ensure that no one is denied care based upon

¹¹ http://www.bazelon.org/wp-content/uploads/2020/04/4-9-20-Evaluation-framework-for-crisis-standards-of-care-plans_final.pdf - last accessed August 16, 2020.

¹² DRNY is a Protection and Advocacy System specifically authorized to pursue legal, administrative and other appropriate remedies to ensure the protection of, and advocacy for, the rights of individuals with disabilities (42 U.S.C. 15043[a][2][A][i] and New York State Executive Law 558 [b]). The DRNY OCR complaint referenced in the text of this comment is attached as an Addendum [B] for ease of reference.

stereotypes, assessments of quality of life or judgments about a person's "worth" or the presence of absence of disabilities other factors; and (5) while it is appropriate to evaluate the possibility of a person's survival in allocation decisions, the guidelines do not mandate that the considerations must be based upon the prospect of surviving the condition for which the treatment is designed -in this case COVID-19. In other words, individuals with pre-existing conditions are completely disadvantaged in a triage situation prior to considering any symptoms that result from COVID-19.

From our Committee's perspective there are very troubling conclusions in the COVID Report, as well, regarding medical futility. In this regard at page 12 of the COVID Report it is stated that challenges may arise when a patient's advance directive conflicts with, or a surrogate decision-maker disagrees with, the decision of doctor to withdraw or withhold care. In such cases, the COVID Report recommends that if a doctor with the concurrence of another opines that treatment is futile, there should be no legal constraints on the issuance of a do-not-resuscitate order. In the same section of the COVID Report it is recommended that a number of essential statutory protections for vulnerable people be overridden, including Surrogate's Court Procedure Act (SCPA) 1750-b and article 47 of the Mental Hygiene Law, providing for the functions, powers and duties of the Mental Hygiene Legal Service.¹³

¹³ SCPA 1750-b is a discrete health care decision making statute for individuals with developmental disabilities (See Christy Coe, *Beyond Being Mortal, Safeguarding the Rights of People with Developmental Disabilities to Efficacious Treatment and Dignity at the End of Life*, 88 Oct N. Y.

The Committee must take issue with these recommendations. SCPA 1750-b, in particular, has proven to be an important statutory safeguard to ensure that people with developmental disabilities who may lack capacity to make their own health care decisions have potential life sustaining treatment withdrawn consistent with statutory standards.¹⁴ The Mental Hygiene Legal Service, as well as mental hygiene facility directors, have an important role to perform under SCPA 1750-b and during the COVID-19 pandemic, pledged their resources to be available whenever needed to meet statutory mandates.¹⁵ The Report cites no example where the mandates of SCPA 1750-b could not be fulfilled during the pandemic to ensure that health care decisions for this most vulnerable population were made with full regard for the dignity of the individual in accordance with statutory requirements. While members of the Committee are aware those procedures were utilized by some providers, there are questions whether the process was appropriately utilized by others.

St. B. J 8 (2016). MHLS informs the Committee that during the pandemic health care providers have largely been able to comply with the statute and MHLS and mental hygiene facility directors have expedited their review processes and made staff available after hours and on weekends. Our Committee also notes that following meetings with the Health Law Section members, it was agreed that the reference to article 47 of the Mental Hygiene Law would be removed from the text of the Report. The Health Law Section members also agreed to make other edits to their Report as reflected in Addendum [C] to this Comment. While the Committee appreciates the Health Law Section revisiting their Report and making these substantive changes, our Committee still does not endorse or agree with the recommendations surrounding "no benefit/medically futile" DNR orders.

¹⁴ See *e.g.*, not 11, Coe article. Our Committee observes that SCPA 1750-b is not a setting specific health care decision making statute, in contrast to the FHCDA, and is not limited to do-not-resuscitate orders. Thus, the COVID Report's recommendation that 1750-b be suspended during a pandemic is dramatically overbroad and has wide ranging implications beyond hospitals and for the range of life sustaining treatment elections for people with developmental disabilities, not just resuscitation.

¹⁵ See <https://molst.org/covid-19-guidance/opwdd-individuals/>

3. Additional Considerations

The Committee offers the following additional concerns relative to the Report.

- A. There is no mention of people confined in psychiatric centers during the pandemic. Media reports explained the impact of the virus on state hospitals, particularly the Rockland Psychiatric Center in Orange County.¹⁶ Also, inpatient beds were closed in psychiatric hospitals licensed by the Office of Mental Health (OMH) operated by Public Health Law article 28 hospitals to create additional beds for a potential COVID surge. For example, the Health Alliance campus in Ulster County closed its inpatient psychiatric unit during the crisis.¹⁷ It is our understanding that that all hospitals in New York State have 30% of their beds available reserved in case New York State experiences another COVID-19 surge. The National Alliance on Mental Illness New York State (NAMI -NYS) reports that many hospitals are disproportionately targeting psychiatric beds and services for reduction or elimination in order to meet the mandate.¹⁸ There is no guarantee that these beds will return post COVID-19; in fact, our Committee members are concerned that many of these psychiatric beds and units will not reopen, thus adversely impacting communities that depend on these essential acute care psychiatric services.
- B. There should be stronger recommendations for the release of disabled inmates at heightened risk and termination of imprisonment for minor parole violations.
- C. Mandatory vaccination has helped to eradicate lethal disease world-wide but raises serious bioethical issues and has had a disturbing history for people with disabilities. Our Committee is of the view that

¹⁶ See, *New York Times*: <https://www.nytimes.com/2020/04/24/nyregion/coronavirus-new-york-psychiatric-hospitals.html?action=click&module=Top%20Stories&pgtype=Homepage>

¹⁷ See, *Kingston Daily Freeman*:
https://www.dailyfreeman.com/news/local-news/lawmakers-push-for-return-of-inpatient-mental-health-services-to-ulster-county/article_f7954ac8-b31a-11ea-b080-6b51947f8e2f.html?utm_campaign=socialflow&utm_medium=social&utm_source=facebook.com&utm_content=fb-freeman&fbclid=IwAR1vyypsT_qwVfq2lrkvCVCgGLaYzeFbOmnOZHSe6YWT1FXWGgp7rrDRYGUQ

¹⁸ <https://www.naminys.org/nys/media/> - last accessed July 5, 2020

these critical issues should be acknowledged, if not addressed, in the Report before making such a recommendation.¹⁹

- D. In the section on page 23 relating to the rights of people with developmental disabilities, we note the sentence recommending that there be "oversight of residential facilities and group homes and programs to assure nondiscriminatory management of persons with disabilities during the COVID-19 crisis conditions." We are not aware of a similar call for oversight of either hospitals or nursing homes/adult homes despite the broad immunity granted to them from suit. All vulnerable populations need the protection of oversight and protection against discrimination and we wholeheartedly support measures to insure same occur.
- E. Commencing at page 18 of the Report is a narrative relating to the recommendation to relax limits on the number of beds certified for particular facility. Our Committee agrees with this recommendation. However, it seems to us that the Health Law Section/Task Force is missing an opportunity to demand further examination of the vast differences in resources between various hospitals in New York City. For example, Central Brooklyn and other parts of the City have been severely impacted in terms of their access to tertiary care facilities and the hospitals in these neighborhoods are vastly underfunded compared to the more prosperous systems in Manhattan and Westchester and Long Island. There needs to be a long-term evaluation of how beds have been allocated, along with a commitment to ensuring that COVID funding go to those facilities which were most impacted and had the highest number of patients. This should be done before the next wave of COVID infection strikes our communities.
- F. While our Committee appreciates the call for greater resources for community-based services, there also needs to be a clear recommendation that the size of facilities, such as nursing facilities and other congregate care settings be sharply reduced. In addition, for reasons of personal dignity as well as preventing the spread of infection, the practice of designing or certifying facilities that require people to share rooms and bathrooms needs to be reconsidered and provision needs to be made for downsizing all facilities.

¹⁹ See reporting on Hepatitis B experiments on Willowbrook class members and the human challenge vaccine trials. <https://www.forbes.com/sites/leahrosenbaum/2020/06/12/willowbrook-scandal-hepatitis-experiments-hideous-truths-of-testing-vaccines-on-humans/#6764a13d279c>. See also, 2009 NYCLU letter against forced vaccination of health care workers during the H1N1 crisis: https://www.nyclu.org/sites/default/files/releases/Flu_Letter_DOH_10.13.09.pdf

- G. The passage of the Emergency Disaster Treatment Protection Act ("EDTPA") conferred complete immunity from liability on health care facilities during the COVID-19 crisis. In the opinion of our Committee, without clear standards on the allocation of scarce resources and the perception of immunity, the rights of vulnerable patients are quite capable of being disregarded under the current crisis regime. Further immunity should not be awarded to providers unless it is linked with a requirement that providers adhere to standards of care that are clear and enforceable.²⁰
- H. There needs to be additional examination of the State response to the needs of people with developmental disabilities. In our opinion, the Office for People with Developmental Disabilities (OPWDD) lacked clear policies on containment at the outset of the pandemic and the Issuance of policies and guidance was too slow to prevent spread of infection.
- I. We recommend a strong independent professional ombudsperson in medical facilities including nursing homes and assisted living with direct administrative access and the imprimatur of DOH. The position would be funded by the facilities and discipline/termination could only occur with the consent of DOH. This would facilitate a local and independent surrogate/advocate for patients, residents and families concerning the futility/immunity issues as well as staff concerning matters of patient/resident care.
- J. We further recommend whistleblower protection for healthcare workers, regardless of position or whether classified as employees, per diem or independent contractor. Particularly in times of severe budget deficits, it is imperative that staff be empowered to complain, similar to complaints about discrimination, and be protected from retaliation.

²⁰ See May 28, 2020 letter to United States Senate Majority and Minority leaders from national and state stakeholder groups strongly opposed to granting immunity to nursing homes during the COVID crisis. The letter is attached as an Addendum [b]to this Comment. Our Committee acknowledges that the New York State subsequently adopted legislation that served to claw back the broad immunity protections in the EDTPA (L. 2020, Ch, 34). We are informed that the Health Law Section will, in fact, withdraw its proposed Resolution 4 from consideration by the HOD given the 2020 chapter amendment referenced above.

Further, we offer these comments in relation to people with developmental disabilities, in particular, to illustrate the devastating impact of the virus on this population. First, OPWDD guidance issued did not address all critical issues. In this regard, it is important to recognize that how policies are developed in New York State. DOH has primary responsibility and OPWDD, by necessity, was required to interpret guidance as it was issued by DOH. This often caused delay in developing OPWDD-specific guidance with a negative impact upon people receiving services, providers and families. As an example of this, visitation at hospitals was suspended by DOH without considering how this suspension impacted people with disabilities who often rely on family and staff support when they are hospitalized. Considerable advocacy was required for DOH to recognize this need and visitation policies were amended.²¹

In addition, DOH policies for congregate care settings were an imperfect fit in some cases for the OPWDD service delivery system. For example, there are a considerable number of people who live independently in apartments supported by

²¹ We observe in relation to this issue, as well, that DOH and OPWDD failed to seek Appendix K emergency funding in connection with the Medicaid Home and Community Based Services waiver to cover staff to accompany persons with developmental disabilities to hospitals when admitted for inpatient care and treatment . See <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/home-community-based-services-public-health-emergencies/emergency-preparedness-and-response-for-home-and-community-based-hcbs-1915c-waivers/index.html> - last accessed August 16, 2020.

OPWDD services and supports. DOH policies for congregate care settings impacted the ability of people in apartments to return to community life when the Governor began to relax COVID restrictions in phases.

Finally, we advance the following non-exclusive list of observations from members of our Committee who advocate for people in the OPWDD system regarding the OPWDD coronavirus response: (i) there was a lack of flexibility to permit creative and necessary solutions; (ii) minimal resource support undermined infection control, specifically with respect to personal protective equipment (PPE) for residents and staff; (iii) there was insufficient COVID testing available for residents and staff; (iv) there was a failure of communication; for example, exclusive dependence on OPWDD website caused issues because there were broken links during the crisis making it difficult to navigate and locate resources. There was also no plain language communication to individuals with developmental disabilities and their families and no foreign language translation of guidance documents; (v) difficulties were identified in completing MOLST forms so as to assure a person's right to dignity in an end of life situation. Solutions were developed to address these issues, but valuable time was lost in the process;²² and (vi) there were no protocols in place to address the needs of 21 year old students with disabilities transitioning to adult care services in the OPWDD system from school placements under the auspices of the New York State Education

²² Advocates worked with OPWDD to ensure that its health care decision making web page was updated to include resources for securing concurring options and contact information for Mental Hygiene Legal Service staff in every county. <https://opwdd.ny.gov/providers/health-care-decisions> - last accessed August 16, 2020.

Department. Many of these children are still languishing in educational placements unable to access adult services from OWPDD.

4. **Further Recommendations**

- A. At least one representative from this Committee should be appointed to the Health Department COVID Task Force or another as may be created by the NYSBA to address the serious issues posed by the pandemic and ensure that there is a disability perspective included in the NYSBA response.
- B. As mentioned earlier in this comment, our community urges caution regarding extending immunity to nursing facility operators and other providers of service as a pandemic response.²³ If immunity is part of any pandemic response, the provider should have the burden of proof to demonstrate that there was more than satisfactory compliance with all applicable regulatory standards of care requirements including needed state mandated staffing levels.
- C. Our Committee recommends that the Health Law Section consider the June 23, 2020 petition of the Americans Civil Liberties Union and other stakeholders to the federal Department of Health and Human Services which in detail explains how the federal response to the Coronavirus crisis has been wholly inadequate to ensure the safety and welfare of people with disabilities living in nursing homes and other congregate care settings. A copy of the ACLU petition is an addendum [C] to this Comment.
- D. Our Committee urges the NYSBA to make a strong statement in its COVID Report that the model of care must change for people who currently reside in congregate care settings to ensure that a second wave of the coronavirus or another pathogen does not devastate our most vulnerable citizens. Regulatory agencies on the Federal and State level, particularly the Department of Health and Human Services and the New York State Department of Health must confront the crisis in nursing facilities and other congregate settings for people with disabilities by (i) requiring true transparency and accountability in terms of data collection and reporting; (ii) reducing the census in facilities by diverting admissions and transitioning people to community living; and (iii) protecting the residents and staff who remain by

²³ See note 20 and letter referenced with argument against immunity. As noted there, subsequent legislation did impact considerably the scope of immunity previously authorized under the EDTPA (L. 2020, Ch. 34).

ensuring that there are adequate supplies of PPE, regular testing, robust infection control protocols and adequate compensation for essential workers.

E Relative to the proposed Health Law Section Resolutions our Committee observes:

Resolution 1 recommends the Department of Health (DOH), (or through it, the NYS Task Force on Life and the Law(NYSTFLL)), review and consider: Enactment into New York Law of the Model State Emergency Health Powers Act (MSEHPA), developed by the Center for Law and Public Health at Georgetown and John Hopkins Universities (2001), as informed by the Columbia University Center for Health Policy Gap Analysis (2008), and as otherwise updated. As explained in this Comment, the Committee does not recommend enactment of MSEHPA in New York State as the Act is currently drafted (*see infra*, pages 4-5). Further study is required.

Resolution 1 also recommends adoption of the Crisis Standards of Care developed by the Institute of Medicine. As explained in this Comment, the Task Force did not, in our opinion, adequately consider the disability framework for crisis standards of care plans. There is certainly room to find consensus, here, however. For example, the Health Law Section members who met with the Disability Rights Committee shared an article that could provide a framework for the more detailed analysis the Committee recommends (*see* Michelle Mello, *et.al.*, Respecting Disability Rights - Toward Improved Crisis Standards of Care, New England Journal of Medicine, July 30, 2020. The authors pose 6 guideposts to follow when considering health care allocation criteria: (1) do not use categorical exclusions (especially based on disabilities or diagnosis); (2) do not use perceived quality of life; (3) use hospital survival and near term prognosis; (4) when people have their own ventilators for use at home they should not be allocated to other patients; (5) designate triage officers and train on disability rights; and (6) include disability advocates in policy development and dissemination of information (*see also*, The Bazelon Center for Mental Health Law, the Center for Public Representation and the Autistic Self Advocacy Network 6-point disability framework to assess Crisis Standards of Care and other health care allocation criteria are cited at footnote 11 of this Comment and merit consideration.

Resolution 2 speaks to several issues concerning long term care facilities, including the need for adequate staffing. The Committee recommends that the Report be amplified to address the Safe Staffing and Quality Care Act (S.

1032/A.3691-A). The NYSBA should study the bill and take a position as to whether the bill warrants adoption.²⁴

Resolution 3 relates to vaccines. Our Committee refers to its comment on pages 9-10, *infra*.

Our Committee does not endorse Resolution 4 (immunity) but understands that the Health Law Section will withdraw this resolution.

Conclusion

The Health Law Section took on a difficult assignment addressing the legal and ethical implications of the COVID 19 crisis. Our comments are offered to provide a disability perspective on the crisis and the State's response.

Joseph Ranni, Esq.

Alison Morris, Esq., Co-Chairs

The Committee gratefully recognizes the substantial efforts of former Committee Co-Chair Sheila Shea in the preparation of this response.

²⁴ Among other things, the Act requires acute care facilities and nursing homes to implement certain direct-care nurse to patient ratios in all nursing units; sets minimum staffing requirements; requires every such facility to submit a documented staffing plan to the department on an annual basis and upon application for an operating certificate; requires acute care facilities to maintain staffing records during all shifts; authorizes nurses to refuse work assignments if the assignment exceeds the nurse's abilities or if minimum staffing is not present; requires public access to documented staffing plans; imposes civil penalties for violations of such provisions; establishes private right of action for nurses discriminated against for refusing any illegal work assignment. As reported in the media, DOH has now issued a report pushing back against this bill. See <https://champ.gothamist.com/champ/gothamist/news/state-health-department-pushes-back-against-bill-would-mandate-more-nurses> - last accessed August 16, 2020.

ADDENDUM A

NYSBA HOUSE OF DELEGATES COVID-19 RESOLUTIONS

Resolution #1

Recommendations

A. Public Health Legal Reforms and Emergency Preparedness

- A. 1. Recommend the Department of Health (DOH), (or through it, the NYS Task Force on Life and the Law(NYSTFLL)), review and consider:
 - (a) Enactment into New York Law of the **Model State Emergency Health Powers Act** (MSEHPA), developed by the Center for Law and Public Health at Georgetown and John Hopkins Universities (2001), as informed by the Columbia University Center for Health Policy Gap Analysis (2008), and as otherwise updated; and
 - (b) Adoption of the, “**Crisis Standards of Care,**” developed by the Institute of Medicine in 2012, as is, or as otherwise updated and amended.
- A. 2. Recommend DOH review and consider:
 - (a) Appoint and maintain a core team of emergency preparedness experts to review evidentiary sources and draft legislation to strengthen emergency preparedness planning;
 - (b) Re-evaluate the public benefit and costs of reinstating laws waived during COVID-19.

Resolution #1 (continued)

B. Ethical Issues: Ethics Guidelines including Allocation of Life-Saving Equipment, and DNR/Futility and Virus Testing

B.1. Recommend DOH, NYSTFLL, or Governor review/consider:

- (a) NYSTFLL 2015 Report, “Ventilator Allocation Guidelines,” and adopt the policy as is, or as amended; and
- (b) Issue emergency regulations mandating all providers and practitioners follow the ethics guidelines, and ensure:
 - i. the needs of vulnerable populations, including persons and communities of color, older adults and nursing home residents, persons with disabilities or who are incarcerated, and immigrants, are met in a non-discriminatory manner in the implementation of emergency regulations and guidelines;
 - ii. provision of palliative care as an ethical minimum to mitigate suffering among those who are in institutional, facility, residential, or home care settings during the COVID-19 crisis, especially when access to life-saving measures, desired equipment or other resources are not available;
 - iii. provision of education and training to physicians, health care practitioners, and institutional triage and ethics committees; and
 - iv. provision of generalist-level palliative care education and training for all health care workers and health-related service workers in all settings who are providing supportive care.

B.2. Recommend amendment of the New York State Public Health Law: Article 29-C “Health Care Proxy,” to require in the case of a State Disaster Emergency Declaration:

- (a) at least one, rather than two, witnesses, or
- (b) attestation by a notary public in person or remotely.

B.3. Recommend the DOH or Governor review and consider: Establishing a coordinated statewide plan for Virus Testing to ensure:

- (a) frontline health care workers are prioritized in access to rapid diagnostic testing; and
- (b) the most vulnerable individuals from health status and essential business/employee standpoint have equitable access to rapid diagnostic testing.

Resolution #2

Recommendations

A. Providers

A.1. Amend New York Law:

Purchasing Necessary Supplies: Amend New York General Business Law Section 396-r to include prohibition from exorbitant pricing of all equipment and products of any kind used either in patient care or to protect health care workers from infection. REMOVE/ENACTED INTO LAW

A.2. Continue Waivers and Executive Orders (See also Immunities):

(a) Ability to Exceed Certified Bed Capacity for Acute Care Hospitals: Continue the waiver by the Governor's Executive Orders 202.1 and 202.10 of the DOH regulations governing certified bed restrictions for the pendency of the State Disaster Emergency.

(b) Limitation on Resident Hours Working in Acute Care Hospitals: Continue the Governor's Executive Order 202.10's waiver of NYCRR Article 10, Section 405, limiting resident work hours for the pendency of the State Disaster Emergency.

(c) Temporary Changes to Existing Hospital Facility Licenses Services and the Construction and Operation of Temporary Hospital Locations and Extensions: Continue the waiver provided in Executive Orders 202.1 and 202.10 of the State requirements that restrict the ability of Article 28 facilities to reconfigure and expand operations as necessary, for the pendency of the State Disaster Emergency.

(d) **Anti-Kickback and Stark (AKS) Law Compliance during the COVID-19 Emergency:** New York State to adopt the waivers provided by CMS and the OIG as to the Anti-Kickback and Stark Laws in substantially similar form for the state versions of the Stark Law and AKS during the State Disaster Emergency, each as tailored for the particular statute at issue.

A.3. Older Adults, Nursing Home Providers and Nursing Home Residents: Governor, DOH, DOH Bureau of Long Term Care and State Office for Aging to ensure:

(a) Equitable allocation of scarce resources from the Public Health and Social Services Emergency Fund—established by the CARES Act—to older adults and their health care providers, prioritizing under-resourced long-term care providers;

(b) Adequate provision of PPE;

(c) Adequate levels of staffing;

(d) Adequate funding of employee testing, as required under Executive Order 202.30;

Resolution #2 (continued)

- (e) Consistent and timely tracking and reporting of case and death data;
- (f) Adoption of non-discriminatory crisis standards and ethics guidelines; and
- (g) Recognition and honoring of Older New Yorkers’ right to health and human rights, as protected under international conventions: and
- (h) Adequate resources for the Office of the State Long Term Care Ombudsman, which provides advocacy for nursing home residents and families and helps residents understand and exercise their rights to quality care and quality of life.

A.4. Persons incarcerated and Correctional Facilities and Care: Governor, NYS Department of Corrections and NYC Department of Corrections, to ensure:

- (a) Adequate access of persons incarcerated to COVID-19 testing, medical care and mental health and supportive services;
- (b) COVID-19 testing of correctional staff and adequate provision of gloves, masks and other protective equipment;
- (c) Release to the community of older persons who are incarcerated or living with advanced illness who do not pose a danger to the community;
- (d) Adequate funding of prison-to-community transitions including access to housing, meals, and supportive services, and non-discriminatory access to employment opportunities; and
- (e) Recognition and honoring of the right to health and human rights of persons who are incarcerated, as protected under international conventions.

A.5. Immigrants in Detention Facilities: Governor, DOH or other state agencies:

In its exercise of state police powers in the COVID-19 public health emergency, New York State must take steps, similar to those outlined above, in cooperation with federal agencies to ensure:

- (a) Reduction of risk of the spread of COVID-19 among immigrants being held in detention centers

A.6. Telehealth

Governor or DOH to review and consider:

Eliminate restrictions on the provision of care by telehealth and increase reimbursement for services provided via telehealth.

Resolution #2 Continued:

B: Workforce, Schools, Child Care and Disproportionate Impact upon Communities of Color and Vulnerable Populations

B.1. Governor, Board of Regents or Department of Education:

(a) Provide clear, timely guidance and support to all non-health care businesses and academic institutions to coordinate effective implementation of universal precautions and other workplace safety best practices to facilitate public health and trust, while mitigating disparate conditions during the phase-in process and long-term.

(b) Consider publicly posting essential/non-essential business operations decisions with an industry-wide impact on the Empire State Development (ESD) website in real time to mitigate confusion and enhance institutional compliance.

(c) Consider granting staffing firms dedicated to childcare the provider status necessary to enable them to operate in New York State and supplement the childcare workforce in order to ensure the health and safety of our children, while enabling businesses to effectively reopen within sufficient childcare support.

(d) Consider education and training pertaining to crisis standards and civil and criminal immunity to assure all practitioners are supported as they exercise professional medical judgment in triage, treatment and services.

(e) Consider enhanced employee assistance and other mental health counseling programs to address and mitigate the moral distress suffered by front-line health care workers under crisis conditions.

B.2. Governor or DOH or other state agencies: Enhance regulatory oversight, to ensure:

(a) adequate and non-discriminatory allocation of resources to persons and communities of color and vulnerable populations;

(b) equitable access of persons and communities of color and vulnerable populations to health and mental health services, including palliative care as an ethical minimum to mitigate suffering among those persons who remain in institutional, facility, residential or home or care settings, or are hospitalized during the COVID-19 crisis, especially when desired equipment or other resources are not available;

(c) provision of PPE to essential health care workers at highest risk in delivering essential services to vulnerable populations; and

(d) monitoring conformity with federal laws barring discrimination.

Resolution #3

REVISED 8-4-20 Vaccine Mandate Recommendation

After testing, including testing among diverse vulnerable populations, and as supported by scientific evidence, once a safe and effective COVID-19 vaccine becomes available, the NYSBA Health Law Section recommends;

A.1. That a vaccine subject to scientific evidence of safety and efficacy be made widely available, and widely encouraged, and if the public health authorities conclude necessary, required, unless a person's physician deems vaccination to be clinically inappropriate.

A.2. Steps to ensure a planned vaccination program:

(a) Rapid mass vaccination achieved through equitable distribution;

(b) Prioritizing access to vaccines for health care workers and individuals at highest risk for complications and virus transmission to others if inadequate vaccine supply based on consensus guidelines for equitable distribution and considerations of systemic racism, social and economic determinants of health including income, employment, place, neighborhood, food insecurity and fact-specific findings of public health threat; and

(c) Linguistically and culturally competent vaccine educational and acceptance program.
(Schaffer DeRoo S, Pudalov NJ, Fu LY. Planning for a COVID-19 Vaccination Program. *JAMA*. Published online May 18, 2020. doi:10.1001/jama.2020.8711)

Resolution #4

Recommendations

A. COVID-19 Qualified Legal Immunities for Providers and Practitioners

3.A.1. Patient Care Immunities: Federal and NYS Governments:

Provide/extend criminal and civil immunity for physicians, nurses and other health care practitioners and Article 28 facilities **related to provision of care to patients in connection with the COVID-19 disaster emergency** (excluding willful or intentional criminal misconduct, gross negligence, reckless misconduct, or intentional infliction of harm). **THIS WOULD COVER ANY CARE PROVIDED UNDER THE UMBRELLA OF THE DISASTER EMERGENCY, NOT JUST CARE TO COVID-19 PATIENTS.**

3.A.2. Ethics Guidelines Immunities: Governor or DOH :

(a)waive/suspend certain NYS laws to provide/extend immunity from civil and criminal liability to providers and practitioners who follow the ethics guidelines (excluding willful or intentional criminal misconduct, gross negligence, reckless misconduct, or intentional infliction of harm); and

(b)direct all state agencies to interpret and apply the law and regulations in a way to support compliance with the ethics/triage guidelines. **THIS IMMUNITY COVERS PATIENT CARE FOR PATIENTS WITH OR WITHOUT COVID-19 DUE TO SCARCITY/TRIAGE ARISING IN PANDEMIC.**

3.A.3. DNR/Medical Futility Immunities: Governor, DOH, or Amend Law: provide/extend immunity from criminal and civil immunity for physicians, nurses and other health care practitioners and Article 28 facilities, when the following steps are taken (excluding willful or intentional criminal misconduct, gross negligence, reckless misconduct, or intentional infliction of harm):

(a)a practitioner, as defined in Public Health Law Section 2994-a, determines that a patient's resuscitation would be "medically futile" as defined in PHL 2961.12;

b) a second practitioner concurs with the determination; and

c) both practitioners document their determination in the medical record; and in connection therewith, revoke or amend all laws and regulations prohibiting or penalizing such determinations and actions, including without limitation, those set forth on page 12 of this Report. **HERE AGAIN THIS IMMUNITY COVERS PATIENT CARE FOR PATIENTS WITH OR WITHOUT COVID-19 und**

B. COVID-19 Business of Health Care Immunities:

3.B.1. Anti-Kickback and Stark Laws: New York State:

Resolution #4 continued:

Adopt the waivers provided by CMS and the OIG as to the Anti-Kickback and Stark Laws in substantially similar form for the state versions of the Stark Law and AKS during the State Disaster Emergency, each as tailored for the particular statute at issue.

3.B.2. Vendors: New York State:

Consider extending immunity under NY UCC section 2-615(a) to supply chain vendors where specific performance under a contract becomes impracticable due to unforeseen event or good faith compliance with governmental orders or regulations during crisis.

C. COVID-19 Regulatory Waiver Immunities: New York State:

3C. Provide/extend immunity from civil and criminal liability for practitioners and providers related to acts or omissions under regulatory waivers, such as would be applicable to credentialing, licensure, registration, and scope of practice, during the COVID-19 declared emergency and disaster (excluding willful or intentional criminal misconduct, gross negligence, reckless misconduct, or intentional infliction of harm). **SAME HERE. OPERATIVE LANGUAGE IS THE COVID-19 DECLARED DISASTER EMERGENCY.**

ADDENDUM B

UNITED STATE DEPARTMENT OF
HEALTH AND HUMAN SERVICES

DISABILITY RIGHTS NEW YORK,

Complainant,

-against-

OCR CASE NO:

COMPLAINT

NEW YORK STATE DEPARTMENT OF
HEALTH

Respondent.

PRELIMINARY STATEMENT

1. In November 2015 the New York State Task Force on Life and the Law (“Task Force”) and the New York State Department of Health (“NY DOH”) published Ventilator Allocation Guidelines (“Guidelines”) in order to provide guidance on how to “ethically allocate limited resources (i.e. ventilators) during a severe influenza pandemic while saving the most lives.” *Ventilator Allocation Guidelines* (New York State Task Force on Life and the Law, New York State Department of Health, Nov. 2015).
2. Howard A. Zucker, New York State Commissioner of Health, stated that the Guidelines “provide an ethical, clinical, and legal framework to assist health care providers and the general public in the event of a severe influenza pandemic.” *Id.* “Letter from the Commissioner of Health.”
3. Upon information and belief, the Guidelines are being reviewed and potentially revised by the Department of Health in order to ensure they best effectuate their goals as stated above.

4. The Guidelines, as written, contain serious gaps which discriminate against people with preexisting disabilities and place them in potentially life-threatening positions in violation of the Americans with Disabilities Act (“ADA”), 42 U.S.C. § 12101, *et seq.*, and Section 504 of the Rehabilitation Act of 1973 (“Section 504”), 29 U.S.C. § 794, *et seq.*
5. The Guidelines, as written, will have the unintended consequence of disproportionately disqualifying many people with disabilities from ventilator access simply because they have underlying conditions that may intensify symptoms and slow recovery, which violates both the ADA and Section 504.
6. On March 26, 2020, Disability Rights New York (“DRNY”) sent a letter to Andrew Cuomo, Governor of the State of New York, requesting that the New York State Department of Health (“NY DOH”) issue clear guidance regarding the potential for discrimination against people with disabilities seeking medical care during the COVID-19 pandemic.

JURISDICTION

7. The Office of Civil Rights of the United States Department of Health and Human Services has subject matter jurisdiction over claims of discrimination against State health care agencies as well as programs and activities to whom the Department provides federal assistance.

PARTIES

8. Disability Advocates, Inc. is an independent non-profit corporation organized under the laws of the State of New York. Disability Advocates, Inc. is authorized to conduct business under the name Disability Rights New York (“DRNY”).

9. DRNY is a Protection and Advocacy system (“P&A”), as that term is defined under the Developmental Disabilities Assistance and Bill of Rights Act (“DD Act”), 42 U.S.C. § 15041 *et seq.*, the Protection and Advocacy for Individuals with Mental Illness Act of 1986 (“PAIMI Act”), 42 U.S.C. § 10801 *et seq.*, and the Protection and Advocacy of Individual Rights Act (“PAIR Act”), 29 U.S.C. § 794e *et seq.* with offices in the State of New York located at: 25 Chapel Street, Suite 1005, Brooklyn, NY 11201; 725 Broadway, Suite 450, Albany, NY 12208; and 44 Exchange Blvd., Suite 110, Rochester, NY 14614.
10. As New York State’s Protection & Advocacy system, DRNY is specifically authorized to pursue legal, administrative, and other appropriate remedies or approaches to ensure the protection of, and advocacy for, the rights of individuals with disabilities. 42 U.S.C. § 15043(a) (2)(A) (i); N.Y. Exec. Law § 558(b).
11. Pursuant to the authority vested in it by Congress to file claims of abuse, neglect, and rights violations on behalf of individuals with disabilities, DRNY brings claims on behalf of individuals with disabilities who are currently seeking or may seek acute medical care during the COVID-19 pandemic.
12. New York State is a public entity as defined by 42 U.S.C § 12131(1)(A).
13. New York State operates the New York State Department of Health (“NY DOH”).
14. NY DOH is a program or activity of New York State pursuant to 28 C.F.R. § 35.130.
15. NY DOH has a mission to protect, improve and promote the health, productivity and well-being of all New Yorkers, and is responsible for issuing guidance to healthcare providers pursuant to its mission.
16. NY DOH is located at Corning Tower at the Empire State Plaza in Albany, NY 12237.

STATEMENT OF FACTS

New York State Ventilator Allocation Guidelines

17. The NY DOH is “empowered to issue voluntary, non-binding guidelines for health care workers and facilities; such guidelines are readily implemented and provide hospitals with an ethical and clinical framework for decision-making.” *Ventilator Allocation Guidelines*, p. 8.
18. “A pandemic that is especially severe with respect to the number of patients affected and the acuity of illness will create shortages of many health care resources, including personnel and equipment. Specifically, many more patients will require the use of ventilators than can be accommodated with current supplies.” *Id.* at 1.
19. “To ensure that patients receive the best care possible in a pandemic, a patient’s attending physician does not determine whether his/her patient receives (or continues) with ventilator therapy; instead a triage officer or triage committee makes the decision.” *Id.* at 5.
20. “While the attending physician interacts with and conducts the clinical evaluation of a patient, a triage officer or triage committee does not have any direct contact with the patient. Instead, a triage officer or triage committee examines the data provided by the attending physician and makes the determination about a patient’s level of access to a ventilator.” *Id.*
21. “This role sequestration allows the clinical ventilator allocation protocol to operate smoothly. The decision regarding whether to use either a triage officer or committee is left to each acute care facility (i.e., hospital) because available resources will differ at each site.” *Id.*

22. NY DOH's Guidelines provide that "an allocation protocol should utilize clinical factors only to evaluate a patient's likelihood of survival and to determine the patient's access to ventilator therapy." *Id.*
23. For the ventilator allocation protocols, "there are three steps: (1) application of exclusion criteria, (2) assessment of mortality risk, and (3) periodic clinical assessments ("time trials")" conducted by a patient's attending physician. *Id.* at 6.
24. "In Step 1, patients who do not have a medical condition that will result in immediate or near-immediate mortality even with aggressive therapy are eligible for ventilator therapy." *Id.*
25. Step 1 applies the "List of Exclusion Criteria for Adult Patients Medical Conditions that Result in Immediate or Near-Immediate Mortality Even with Aggressive Therapy," which includes: "Cardiac arrest: unwitnessed arrest, recurrent arrest without hemodynamic stability, arrest unresponsive to standard interventions and measures; trauma-related arrest; Irreversible age-specific hypotension unresponsive to fluid resuscitation and vasopressor therapy; Traumatic brain injury with no motor response to painful stimulus; Severe burns: where predicted survival \leq 10% even with unlimited aggressive therapy; Any other conditions resulting in immediate or near-immediate mortality even with aggressive therapy." *Id.* at 57.
26. "In Step 2, patients who have a moderate risk of mortality and for whom ventilator therapy would most likely be lifesaving are prioritized for treatment." *Id.* at 6.
27. "In Step 3, official clinical assessments at 48 and 120 hours after ventilator therapy has begun are conducted to determine whether a patient continues with this treatment." *Id.*

28. "Triage decisions are made based on ongoing clinical measures and data trends of a patient's health condition, consisting of: (1) the overall prognosis estimated by the patient's clinical indicators, which is indicative of mortality risk by revealing the presence (or likelihood), severity, and number of acute organ failure(s), and (2) the magnitude of improvement or deterioration of overall health, which provides additional information about the likelihood of survival with ventilator therapy." *Id.*
29. "Thus, the guiding principle for the triage decision is that the likelihood of a patient's continuation of ventilator therapy depends on the severity of the patient's health condition and the extent of the patient's medical deterioration. In order for a patient to continue with ventilator therapy, s/he must demonstrate an improvement in overall health status at each official clinical assessment." *Id.*
30. "At Steps 2 and 3, a triage officer/committee examines a patient's clinical data and uses this information to assign a color code to the patient. The color (blue, red, yellow, or green) determines the level of access to a ventilator." *Id.*
31. "Blue code patients (lowest access/palliate/ discharge) are those who have a medical condition on the exclusion criteria list or those who have a high risk of mortality and these patients do not receive ventilator therapy when resources are scarce." *Id.* at 6-7.
32. "[I]f more resources become available, patients in the blue color category, or those with exclusion criteria, are reassessed and may be eligible for ventilator therapy." *Id.* at 7.
33. "Red code patients (highest access) are those who have the highest priority for ventilator therapy because they are most likely to recover with treatment (and likely to not recover without it) and have a moderate risk of mortality." *Id.*

34. “Patients in the yellow category (intermediate access) are those who are very sick, and their likelihood of survival is intermediate and/or uncertain. These patients may or may not benefit (i.e., survive) with ventilator therapy. They receive such treatment if ventilators are available after all patients in the red category receive them.” *Id.*
35. “Patients in the green color code (defer/discharge) are those who do not need ventilator therapy.” *Id.*
36. “In some circumstances, a triage officer/committee must select one of many eligible red color code patients to receive ventilator therapy. A patient’s likelihood of survival (i.e., assessment of mortality risk) is the most important consideration when evaluating a patient.” *Id.*
37. “However, there may be a situation where multiple patients have been assigned a red color code, which indicates they all have the highest level of access to ventilator therapy, and they all have equal (or near equal) likelihoods of survival. If the eligible patient pool consists of *only adults* or *only children*,¹ a randomization process, such as a lottery, is used each time a ventilator becomes available because there are no other evidence-based clinical factors available to consider. Patients waiting for ventilator therapy wait in an eligible patient pool.” *Id.* (emphasis in original).
38. “In addition, there may be a scenario where there is an incoming red code patient(s) eligible for ventilator therapy and a triage officer/committee must remove a ventilator

¹ “Because of a strong societal preference for saving children, the Task Force recommended that *young* age may be considered as a tie-breaking criterion in limited circumstances. When the pool of patients eligible for ventilator therapy includes both adults and children (17 years old and younger), the Task Force determined that when all available clinical factors have been examined and the probability of mortality among the pool of patients has been found equivalent, only then may young age be utilized as a tie-breaker to select a patient for ventilator therapy.” *Ventilator Allocation Guidelines*, p. 5.

from a patient whose health is not improving. In this situation, first, patients in the blue category (or the yellow category if there are no blue code patients receiving ventilator therapy) are vulnerable for removal from ventilator therapy if they fail to meet criteria for continued ventilator use.” *Id.*

39. “If the pool of ventilated patients vulnerable for removal consists of *only adults* or *only children*, a randomization process, such as a lottery, is used each time to select the (blue or yellow) patient who will no longer receive ventilator therapy.” *Id.* (emphasis in original).
40. “A patient may only be removed from a ventilator after an official clinical assessment has occurred or where the patient develops a medical condition on the exclusion criteria list. However, if all ventilated patients are in the red category (i.e., have the highest level access), *none* of the patients are removed from ventilator therapy, even if there is an eligible (red color code) patient waiting”. *Id.* (emphasis in original).
41. “Patients who have a medical condition on the exclusion criteria list or who no longer meet the clinical criteria for continued ventilator use receive alternative forms of medical intervention and/or palliative care. The same applies to patients who are eligible for ventilator therapy but for whom no ventilators are currently available.” *Id.*
42. “Alternative forms of medical intervention, such as other methods of oxygen delivery and pharmacological antivirals, should be provided to those who are not eligible or waiting for a ventilator.” *Id.*

ADA and Section 504 Implications Due to Implicit Bias

43. In creating the Guidelines, “the Task Force concluded that an allocation protocol should utilize clinical factors only to evaluate a patient’s likelihood of survival and to determine the patient’s access to ventilator therapy.” *Id.* at 5.
44. However, in its March 26, 2020, letter DRNY expressed urgent concern that hospitals and medical providers would not act in accordance with the non-discrimination mandates of the ADA and Section 504 and solely utilize clinical factors unless they were explicitly instructed to be aware of potential implicit bias against persons with disabilities.
45. While the Task Force bases its definition of “survival” on the short-term likelihood of survival of the acute medical episode, *id.* at 55, without explicit instruction on frequent implicit bias against the disability community, people with disabilities are likely to be disproportionately categorized as having a condition that falls into the “exclusion criteria” simply because they have underlying conditions which may intensify symptoms and slow recovery.
46. During Step 2 of the triage process, the Task Force states that the Sequential Organ Failure Assessment (“SOFA”) system should be used. *Id.* at 57.
47. A SOFA score, which is used to track a person’s status during an intensive care stay adds points based on clinical measures of function in six key organs and systems: lungs, liver, brain, kidneys, blood clotting, and blood pressure. *Id.* at 58.
48. Using SOFA, each variable is measured on a zero to four scale, with four being the worst score. A perfect SOFA score, indicating normal function in all six categories, is 0; the worst possible score is 24 and indicates life-threatening abnormalities in all six systems.
Id.

49. While a SOFA score is based solely on clinical factors and does not take into account personal values or subjective judgments, individuals with preexisting conditions are by default going to receive higher (worse) SOFA scores than individuals without disabilities, meaning these individuals with disabilities will be less likely to receive life-saving care.
50. Individuals with disabilities may live day-to-day without any complications, but with a condition that presents abnormalities in one or more of the six key organs and systems measured using SOFA.
51. These individuals would be disadvantaged in a triage situation prior to considering any symptoms that result directly from COVID-19.
52. The Task Force Acknowledges this fact: “For most patients who are sick with only influenza and have no other comorbidities, the single organ failure is limited to their lungs, which gives them a low SOFA score. However...a patient may also have a comorbidity(s) that affects another organ system(s) which will increase his/her SOFA score.” *Id.* at 59.
53. In its March 26, 2020, letter DRNY requested that the following be included in any updated guidance NY DOH provides to healthcare practitioners in order to avoid potentially discriminatory outcomes:
- a. Treatment allocation decisions must be made based on individualized determinations, using current objective medical evidence, and not based on generalized assumptions about a person’s disability.
 - b. Treatment allocation decisions cannot be made based on misguided assumptions that people with disabilities experience a lower quality of life, or that their lives are not worth living.

- c. Treatment allocation decisions cannot be made based on the perception that a person with a disability has a lower prospect of survival. While the possibility of a person's survival may receive some consideration in allocation decisions, that consideration must be based on the prospect of surviving the condition for which the treatment is designed—in this case, COVID-19—and not other disabilities.
 - d. Treatment allocation decisions cannot be made based on the perception that a person's disability will require the use of greater treatment resources. Reasonable modifications must be made where needed by a person with a disability to have equal opportunity to benefit from the treatment.
54. Without this guidance, NY DOH would allow inevitable implicit biases against people with disabilities to gravely impact their access to potentially life-sustaining care.

Denial of Equal Access to Acute Healthcare Services

55. In its March 26, 2020, letter, DRNY also described the spreading fear of accessing acute healthcare among chronic ventilator users as a result of the Guidelines.
56. Chronic ventilator users contacted DRNY to state that they are afraid to seek acute medical care if they become ill during the COVID-19 pandemic because the Guidelines allow their personal, every-day ventilator to be re-allocated to another individual who is deemed higher priority per the Guidelines. These individuals have also expressed a fear of forcible extubation, which would likely result in death.
57. While some chronic ventilator users in New York live in facilities, thousands of other live independently in the community, realizing the ideal embodied in the right of a person with a disability to live with the greatest autonomy and independence possible.

58. “The Task Force concurred that community-dwelling persons should not be denied access to their ventilators and the Guidelines are only applied to these patients upon their arrival at an acute care facility,” *id.* at 42, which leaves chronic ventilator users who live in the community afraid to seek any type of medical care.
59. The chilling effect described above comes from the Task Force’s determination that “ventilator-dependent chronic care patients are subject to the clinical ventilator allocation protocol only if they arrive at an acute care facility for treatment. Once they arrive at a hospital, they are treated like any other patient who requires ventilator therapy.” *Id.* at 5.
60. “All acute care patients in need of a ventilator, whether due to influenza or other conditions, are subject to the clinical ventilator allocation protocol. Ventilator-dependent chronic care patients are only subject to the clinical ventilator allocation protocol if they arrive at an acute care facility.” *Id.* at 6.
61. The Task Force acknowledged that “to triage patients in chronic care facilities once the Guidelines are implemented may theoretically maximize resources and result in more lives saved, [it] conflicts with the societal norm of defending vulnerable individuals and communities.” *Id.* at 41. However, it inexplicably withdraws this “defense” the moment a vulnerable individual seeks necessary acute medical care. *Id.*
62. Further, while “[p]atients using ventilators in chronic care facilities are not subject to the clinical protocol,” chronic ventilator users who live and thrive in our communities have no such sense of security in their personal assistive technology and are not afforded the access to daily medical care that individuals in facilities have. *Id.* at 40.
63. Perhaps most inexplicably, the Task Force acknowledges the danger its Guidelines pose:
- Chronically ill patients are vulnerable to the pandemic, and chronic care facilities should be able to provide more intensive care on site as part of the

general emergency planning process of expanding care beyond standard locations. These facilities should implement procedures that would treat these patients onsite as much as possible so that only urgent cases are sent to acute care facilities. Barriers to transfer are appropriate and likely during a phase in which acute care hospitals are overwhelmed.

However, this approach may be problematic because it may not provide equitable health care to person with disabilities, *and may place ventilator-dependent individuals in a difficult position of choosing between life-sustaining ventilation and urgent medical care.* Some argued that this strategy was contrary to the aim of saving the most lives because denying ventilator therapy to a ventilator-dependent person is different from denying the ventilator to someone who has a high probability of mortality who might have qualified for a ventilator under non-pandemic circumstances. Thus, *if the ventilator is removed from a person known to depend upon it, s/he will not survive, regardless of the reason requiring hospitalization.*

The Task Force examined the alternative approach, which requires assessing all intubated patients, whether in acute or chronic care facilities, by the same set of criteria. This method does not violate the duty to steward resources and subjects all patients, not just the acutely ill, to a modified medical standard of care. Depending on the design of the criteria, the result might be likely fatal extubations of stable, long-term ventilator-dependent patients in chronic care facilities. The proposed justification for such a strategy is that more patients could ultimately survive if these ventilators were instead allocated to the previously healthy individuals of the influenza pandemic. *This strategy, however, makes victims of the disabled. This approach fails to follow the ethical principle of duty to care and could be construed as taking advantage of a very vulnerable population. More patients might survive, but they would be also different types of survivors, i.e., none of the survivors would be from the disabled community.* The Task Force concluded that such a strategy relies heavily upon ethically unsound judgments based on third-party assessments of quality of life.....

Furthermore, if chronic care patients become so ill that they must be transferred to an acute facility, they may not be eligible for ventilator therapy and lose access to the ventilator at that point. The ventilator may eventually enter the wider pool without prospectively triaging these patients at chronic care facilities. Therefore, the ventilators in chronic care facilities should remain there for *the chronically ill, who are likely to have severely limited access to ventilators in acute care facilities,* which offers an appropriate balance between the duties to care and to steward resources wisely.

Id. at 41-42 (emphasis added).

64. Despite this acknowledgement, and the statement that they examined “the alternative approach,” the Task Force fails to even consider providing guidance that does not, under any circumstances, remove a chronic ventilator user from their ventilator without another device being readily available for their use. This is the only acceptable approach.

65. While few could imagine a justification for taking life-sustaining insulin injections from one Type-1 diabetic and providing it to another Type-1 diabetic with a better triage score, NY DOH has made an analogous decision for chronic ventilator users who live in the community and seek acute medical care.

66. In its effort to treat everyone equally, the Task Force seemingly accepts the inevitable deaths of chronic ventilator users:

While a policy to triage upon arrival may deter chronic care patients from going to an acute care facility for fear of losing access to their ventilator, it is unfair and in violation of the principles upon which this allocation scheme is based to allow them to remain on a ventilator without assessing their eligibility. Distributive justice requires that all patients in need of a certain resource be treated equally; if chronic care patients were permitted to keep their ventilators rather than be triaged, the policy could be viewed as favoring this group over the general public.

Id. at 42.

67. Such a conclusion is against decades of case law and public policy surrounding the ADA and Section 504. Reasonable accommodations will necessarily require that an entity treat an individual with a disability differently, but such differences are necessary to achieve society’s equal opportunity goals, and allow individuals with disabilities to enjoy the same benefits and services as their non-disabled peers.

68. DRNY requested that the Guidelines contain explicit guidance to healthcare providers that a chronic ventilator user should never be removed from ventilation support for reasons of rationing.
69. A chronic ventilator user should never be disconnected from ventilation support without a new device being readily available for their use.
70. Without explicit changes in the Guidelines to state that such actions are never acceptable, NY DOH is discriminatorily preventing chronic ventilator users from seeking acute healthcare services in violation of federal law.

FIRST CLAIM FOR RELIEF
TITLE II OF THE AMERICANS WITH DISABILITIES ACT
42 U.S.C. § 12101, et seq.

71. DRNY incorporates by reference each and every allegation contained in the foregoing paragraphs as if specifically alleged herein.
72. Title II of the ADA states, in pertinent part:
- [N]o qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or subjected to discrimination by any such entity. 42 U.S.C. § 12132.
73. A “public entity” includes state and local government, their agencies, and their instrumentalities. 42 U.S.C. § 12131(1).
74. NY DOH was, at all times relevant to this action, and currently is a “public entity” within the meaning of Title II of the ADA.
75. NY DOH provided and provides “services, programs [and] activities” through their office. 28 C.F.R. § 35.130.
76. The term “disability” includes physical and mental impairments that substantially limit one or more major life activities. 42 U.S.C. § 12102(2).

77. A “qualified individual with a disability” is a person “who, with or without reasonable modification to rules, policies or practices ... meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.” 42 U.S.C. § 12131(2).

78. People with disabilities who seek acute medical care in New York State are qualified individuals under the ADA.

79. NY DOH’s Guideline violate Title II of the ADA and its implementing regulations by authorizing or failing to forbid actions that:

- a. Deny a qualified individual with a disability the benefits of the services, programs, or activities of a public entity because of the individual’s disability. 42 U.S.C. § 12132.
- b. “Aid or perpetuate discrimination against a qualified individual with a disability by providing significant assistance to an agency, organization, or person that discriminates on the basis of disability in providing any aid, benefit, or service to beneficiaries of the public entity's program.” 28 C.F.R. § 35.130(b)(1)(v).
- c. “[L]imit a qualified individual with a disability in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving the aid, benefit, or service.” 28 C.F.R. § 35.130(b)(1)(vii).
- d. “[D]eny a qualified individual with a disability the opportunity to participate in services, programs, or activities that are not separate or different, despite the existence of permissibly separate or different programs or activities.” 28 C.F.R. § 35.130(b)(2).

- e. “Directly or through contractual or other arrangements, utilize criteria or other methods of administration: (i) That have the effect of subjecting qualified individuals with disabilities to discrimination on the basis of disability; (ii) That have the purpose or effect of defeating or substantially impairing accomplishment of the objectives of the public entity's program with respect to individuals with disabilities; or (iii) That perpetuate the discrimination of another public entity if both public entities are subject to common administrative control or are agencies of the same State.” 28 C.F.R. § 35.130(b)(3).
 - f. Fail to “make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.” 28 C.F.R. 35.130(b)(7).
 - g. “Impose or apply eligibility criteria that screen out or tend to screen out an individual with a disability or any class of individuals with disabilities from fully and equally enjoying any service, program, or activity, unless such criteria can be shown to be necessary for the provision of the service, program, or activity being offered.” 28 C.F.R. 35.130(b)(8).
80. As a result of NY DOH’s acts and omissions, individuals with disabilities seeking acute medical care in New York State have and will continue to be denied equal access to the benefits of the services, programs and activities of the healthcare system adhering to the NY DOH Guidelines.

SECOND CLAIM FOR RELIEF
SECTION 504 OF THE REHABILITATION ACT OF 1973
29 U.S.C. § 794

81. DRNY incorporates by reference each and every allegation contained in the foregoing paragraphs as if specifically alleged herein.
82. Section 504 provides, in pertinent part that “no otherwise qualified individual with a disability in the United States... shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” 29 U.S.C. § 794(a).
83. NY DOH was, at all times relevant to this action, and is currently a recipient of federal financial assistance within the meaning of Section 504.
84. NY DOH provided and provides a “program or activity” where “program or activity” is described as “all operations of a department, agency, special purpose district or other instrumentality of a State or of a local government.” 29. U.S. C. § 794(b)(1)(A).
85. A disability is defined as “a physical or mental impairment that substantially limits one or more major life activities of such individual.” 29 U.S.C. § 705(9)(B) citing 42 U.S.C. § 12102(1)(A).
86. People with disabilities who seek acute medical care in New York State are qualified individuals under Section 504.
87. NY DOH’s Guideline violate Section 594 by authorizing, or failing to forbid, actions that:

- h. Exclude from participation in, deny the benefits of, or otherwise subject individuals to discrimination on the basis of disability. 29 U.S.C. § 794(a); 45 C.F.R. §§ 84.4(a), 84.52(a)(1); 28 C.F.R. § 41.51(a).
- i. Deny qualified persons with a disability the opportunity to participate in or benefit from the aid, benefit, or service. 45 C.F.R. § 84.4(b)(1)(i); 28 C.F.R. § 41.51(b)(1)(i).
- j. Afford qualified persons with a disability an opportunity to participate in or benefit from the aid, benefit, or service that is not equal to that afforded to others. 45 C.F.R. §§ 84.4(b)(1)(ii), 84.52(a)(2); 28 C.F.R. § 41.51(b)(1)(ii).
- k. Limit individuals with a disability in the enjoyment of rights, privileges, advantages and opportunities enjoyed by others receiving an aid, benefit, or service. 45 C.F.R. §§ 84.4(b)(1)(vii), 84.52(a)(4); 28 C.F.R. § 41.51(b)(1)(vii).
- l. Use criteria or methods of administration that have the effect of subjecting qualified persons to discrimination on the basis of disability, or that have the purpose or effect of defeating or substantially impairing accomplishment of the objectives of a program or activity with respect to persons with disabilities. 45 C.F.R. §§ 84.4(b)(4) and 84.52(a)(4); 28 C.F.R. § 41.51(b)(3).

88. As a result of NY DOH's acts and omissions, individuals with disabilities seeking acute medical care in New York State have and will continue to be excluded from participation in, denied the benefits of, and subjected to discrimination from the healthcare system adhering to the NY DOH Guidelines.

PRAYER FOR RELIEF

WHEREFORE, DRNY requests relief as set forth below:

1. Issue a declaratory judgment that NY DOH's Ventilator Allocation Guidelines have subjected and continue to subject people with disabilities seeking acute healthcare in New York State to discrimination in violation of Title II of the ADA and Section 504.
2. Direct the NY DOH to issue new Ventilator Allocation Guidelines that do not discriminate against people disabilities seeking acute healthcare in New York State.
3. An award of reasonable attorneys' fees and costs; and
4. Such other further relief as deemed just and proper.

DATE: April 7, 2020
Albany, NY

DISABILITY RIGHTS NEW YORK
Complainant

/s/ Jessica Barlow

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/s/ Sarah Smith

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ADDENDUM C

NYSBA Health Law Section Report: Withdrawal, DNR, and Futility Section (pp.15-17)

Please see clarifying language changes below:

1. Reference to PHL Article 47 (*sic - should be MHL*) has been struck from this section (bottom of p. 16). The amended language now reads:

A statute or Executive Order could override several existing laws, including PHL 308, PHL § 2504, PHL Art. 30-D, PHL Articles 29-B, 29-C, 29-CC and 29-CCC, MHL Art. 33 and Surrogate's Court Procedure Act section 1750-b, Penal Law Title H, SSL Art. 11, the Justice Center Act, and other laws to the extent that such laws, and any regulations promulgated pursuant to them, constrain the ability of an attending practitioner, as defined by PHL 2994-a, to issue a do-not-resuscitate order based on a determination that resuscitation would be “medically futile,” as defined in PHL 2961.12.

2. The following clarifying language has been added to this section, specifying futility DNR procedural protections:

Any disaster or emergency crisis-related futility DNR should still be subject to certain procedural protections, e.g., (i) futility must be defined narrowly, in terms of effectiveness of restarting the heart, as it is in PHL 2991; (ii) there must be a concurring determination of medical futility by a second practitioner, selected by the facility; (iii) the attending practitioner must notify the patient or, if the patient lacks capacity, the agent/surrogate of the order and the basis for it; (iv) such determinations be documented in the medical record; and (v) if the order is issued without patient/agent or surrogate consent there should be a post-issuance medical peer review of the medical support for the futility finding.

3. The following language clarifies the position of the NYSBA Health Law Section on risks of potential discrimination in triage or futility DNR decisions:

The NYSBA Health Law Section recommendations to New York State to adopt uniform statewide ethics/triage guidelines, and issue emergency regulations to assure implementation of such guidelines, explicitly address that any such guidelines must be in full conformity with federal and state civil rights laws barring discrimination on the basis of disability or age.

More specifically, triage and futility DNR protocols must protect persons with physical and intellectual disabilities from discrimination. Such protocols must explicitly prohibit consideration of a disabled patient's quality of life.

We clarify further that the recommendations made by the NYSBA HLS also call for full review of the 2015 New York State Task Force on Life and the Law (NYSTFLL) Ventilator Guidelines. The NYSTFLL should be reconvened or reconstituted and charged with conducting such review and in particular, ensuring that new or revised guidelines protect persons with disabilities from discrimination in the allocation of scarce resources during the present COVID-19 crisis conditions or in future pandemics.

Finally, the Health Law Section Report and recommendations call for priority attention to pre-existing inequities and disparities, heightened during the pandemic, that have had a disproportionate impact upon older adults, persons with disabilities, persons and communities of color, persons who are homeless and hungry, persons incarcerated, and immigrants refugees and asylum seekers, as well as other vulnerable, marginalized and excluded groups.



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Co-Chair, Committee on Diversity & Inclusion

September 10, 2020

To: The Health Law Committee Task Force on Covid-19

Re: The Task Force on Covid-19's Report and Recommendations

The Committee on Diversity and Inclusion declines to take a position—pro or con—with respect to the Health Law Task Force's Covid-19 report and the recommendations contained therein. However, the Committee does wish to set forth certain concerns raised by our Committee members in response to the report and we request that such matters be discussed and resolved prior to a vote being taken on the report and recommendations of the Task Force by the House of Delegates.

With respect to the recommendation of the Task Force that covid-19 vaccines be made mandatory for the general population as a public health mandate, it is the Committee's recommendation that such discussion be tabled until such time as a vaccine is actually available; until then, it is our position that such discussion and recommendation is premature.

If the discussion is not tabled, we note the following:

The efficacy and safety of the likely vaccine has not been proven. In fact, it has been reported that the vaccine will be granted an "emergency use" exemption,¹ so as to be put on the market before Phase III trials are completed.² Per the U.S. Food and Drug Administration (FDA), it has created a special emergency program for possible coronavirus therapies, which includes vaccines. The FDA's Coronavirus Treatment Acceleration Program (CTAP) "uses every available method to move new treatments to patients as quickly as possible, while at the same time finding out whether they are helpful or harmful."

In other words, the FDA will allow the inoculation of actual patients prior to determining whether the vaccine is helpful, harmful or ineffective. Typically, a vaccine would not be put to market until it has completed Phase III of clinical trials. Phase III in vaccine trials is when the vaccine is given to thousands of diverse people so as to test for efficacy and safety in a cross-section of the population.³ While different races of people do not differ biologically, environmental and other factors can cause differences in how diverse people react to therapeutics, including vaccines. This phenomenon has been scientifically documented with flu

¹ <https://www.fda.gov/drugs/coronavirus-covid-19-drugs/coronavirus-treatment-acceleration-program-ctap>

² <https://www.cnbc.com/2020/08/30/fda-willing-to-fast-track-coronavirus-vaccine-before-phase-three-trials.html>

³ <https://www.cdc.gov/vaccines/basics/test-approve.html>

vaccines.⁴ There is concern that the vaccine is being “fast tracked” for political purposes and is being made available before the election, notwithstanding the failure to complete the phases required for efficacy and safety. This is particularly concerning in light of the reports that there is not sufficient diversity in the participants in the current trials, notwithstanding that “racial minorities experience disproportionately higher rates of Covid-19 infection, hospitalization and death[.]”⁵

In addition, there is concern about enforcement of a “mandatory” vaccine. Where will the rollout begin? Who will be mandated to get the vaccine first? During this pandemic, we have already seen disproportionate policing of social distance and quarantining as against people of color.⁶ What penalties will be imposed against those people who decline to be inoculated?

Last, the United States government has a history of experimenting on people of color. From Colonial times to present, doctors “would often try new ideas on white patients when they hoped that the experiment would help the person in question; [but] they would use [people of color] as subjects when the point of the research was to benefit others.”⁷ Here, there is a probability that the vaccine may not—at least, initially—prove safe or efficacious. The fear is that a mandatory vaccine will be forced upon already vulnerable populations (people of color and/or the poor)⁸ and the findings will be used to benefit the white population (who will receive a version of the vaccine perfected through human trials on people of color who were mandated to receive it first).

In summary, while the Committee on Diversity and Inclusion does not presently either support or oppose the report and recommendations of the Health Law Committee Covid-19 Task Force, we do respectfully request that our concerns be reviewed and responded to by the Task Force prior to a vote by the House of Delegates.

Sincerely,

Mirna M. Santiago and Violet E. Samuels
Co-Chairs, Committee on Diversity and
Inclusion

cc: Executive Committee
House of Delegates

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5325335/>

⁵ <https://www.medicalnewstoday.com/articles/researchers-call-out-lack-of-diversity-in-covid-19-clinical-trials>

⁶ <https://www.nytimes.com/2020/05/07/nyregion/nypd-social-distancing-race-coronavirus.html>

⁷ <https://time.com/4746297/henrietta-lacks-movie-history-research-oprah/>

⁸ <https://www.nbcnews.com/news/nbcblk/covid-19-vaccine-will-only-work-if-trials-include-black-n1228371>

MEMORANDUM

TO: Health Law Section COVID-19 Task Force

FROM: Executive Committee, Food, Drug & Cosmetic Law Section

DATE: October 5, 2020

RE: Comments on COVID-19 Task Force’s Revised Resolution No. 3, “COVID-19 Vaccine and Virus Testing Legal Reforms

The Executive Committee of the Food, Drug & Cosmetic Law Section (the “FD&C Law Section”) of the New York State Bar Association (“NYSBA”) submits these comments (the “Comments”) on the Revised Resolutions of the NYSBA Health Law Section’s COVID-19 Task Force, dated September 18, 2020, which will be submitted to NYSBA’s House of Delegates for review, consideration and formal action on November 7, 2020. The Health Law Section has proposed these Revised Resolutions in connection with a revised report (the “Report”) issued by the Health Law Section’s COVID-19 Task Force, dated September 20, 2020.¹ The FD&C Law Section distributed an earlier version of the Report to its members for comment and received no comments.

The FD&C Law Section will address the Health Law Section’s proposed Revised Resolution No. 3, “COVID-19 Vaccine and Virus Testing Legal Reforms” (“Revised Resolution No. 3”) regarding vaccination, as FD&C Law Section members have a degree of expertise with respect to legal issues concerning vaccines. The FD&C Law Section believes that the remaining

¹ The COVID-19 Task Force issued the original Report on May 15, 2020 and a prior revised version of the Report was issued on July 1, 2020.

Resolutions proposed by the Health Law Section are not within the particular legal expertise of FD&C Law Section members and should be addressed by other Sections with more relevant expertise. Revised Resolution No. 3 is attached hereto as Appendix A.

The FD&C Law Section of the NYSBA appreciates the tremendous amount of work done under severe time constraints by the Health Law Section and its COVID-19 Task Force on the Report, and the amendments to the original draft Resolutions with respect to mandatory vaccinations. The FD&C Law Section wishes to express its thanks to the Task Force and, in particular, Hermes Fernandez, Esq., past Health Law Section Chair, and Mary Beth Quaranta Morrissey, Esq., the Task Force Chair, for the work done on the Report and Resolutions. In addition to preparing the Report, the Task Force held two dialogues regarding the Resolutions, and Dr. Morrissey repeatedly made herself available to discuss them.

The FD&C Law Section provides the comments below on Revised Resolution No. 3 and also proposes further revisions to Revised Resolution No. 3, which the FD&C Law Section believes are consistent with the Task Force's description of Revised Resolution No. 3 at the dialogue held on September 29, 2020. The proposed revisions to Revised Resolution No. 3 are attached hereto as Appendix B.

The Elimination of the Previously Proposed Vaccination Mandate Should be Made Clear

During discussions with the Task Force following the issuance of the Revised Resolutions, the Task Force made clear that the Revised Resolutions do not advocate enactment of a vaccination mandate, but instead seek to provide guidance setting forth issues that must be addressed before state and local government officials and public health authorities consider the possibility of a government mandate. The FD&C Law Section agrees with the NYSBA

Committee on Diversity and Inclusion that a resolution endorsing enactment of a vaccine mandate for the general population would have been premature since a COVID-19 vaccine has not yet been approved by the United States Food and Drug Administration (“FDA”) or been deemed to be safe and effective by the medical and scientific community. The FD&C Law Section also believes that NYSBA lacks the necessary scientific and medical expertise to recommend a mandatory vaccine when there is no existing vaccine that has been shown to be safe and effective, and that the NYSBA can make its most effective contributions to our nation’s efforts to combat the coronavirus pandemic by focusing on the wide range of legal issues involved, where NYSBA has relevant expertise.

The initial Report received significant media coverage for calling for nationwide mandatory vaccinations as soon as a COVID-19 vaccine becomes available. See, e.g., “State Bar Group Calls for ‘Mandatory’ COVID-19 Vaccinations, Regardless of Objections,” *New York Law Journal*, May 28, 2020;² “New York State Bar Committee Recommends Mandatory COVID Vaccine,” *National Review*, June 4, 2020.³ Particularly in light of the substantial publicity surrounding the initial Report, the FD&C Law Section believes it is important that Revised Resolution No. 3 make clear that the Health Law Section is no longer advocating a nationwide, state-wide or local vaccine mandate, but is instead proposing to set forth legal guidance as to the circumstances when it may be appropriate for state and local officials and public health authorities to consider the possibility of a government mandate.

² Available at: <https://www.law.com/newyorklawjournal/2020/05/28/state-bar-calls-for-mandatory-covid-19-vaccinations-regardless-of-objections/>.

³ Available at: <https://www.nationalreview.com/corner/n-y-state-bar-committee-recommends-mandatory-covid-vaccine/>.

Clarification and Definition Required as to When a Vaccine is Deemed Safe and Effective

The FD&C Law Section applauds Resolution No. 3's clear recognition that "[a] vaccine must not only be safe and efficacious; it must be publicly perceived as safe and efficacious." Revised Resolution No. 3 provides that "trials also must follow rigorous protocols that will establish a vaccine's safety and efficacy through expert consensus of the medical and scientific communities." Revised Resolution No. 3 references "due consideration of the expert medical and scientific consensus regarding the safety and efficacy of a vaccine," including "evidence of properly conducted and adequate clinical trials." Yet neither the Report nor Revised Resolution No. 3 suggest where the "expert medical and scientific consensus" should come from. Thus, it is unclear whether permission to "allow unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by CBRN [Chemical, Biological, Radiological, Nuclear] threat agents when there are no adequate, approved, and available alternatives"⁴ pursuant to the FDA's Emergency Use Authorization ("EUA") process would constitute sufficient "due consideration of the expert medical and scientific consensus regarding the safety and efficacy of a vaccine" to provide a basis for enactment of a vaccination mandate under Resolution No. 3.

The FD&C Law Section believes that Revised Resolution No. 3 requires further clarification and definition on the critical issues of when a COVID-19 vaccine will be deemed to be safe and effective and which entities should be making that determination. Would the FDA's

⁴ Emergency Use Authorization, FDA, available at: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#abouteuas>.

normal vaccine approval process automatically be sufficient to permit state and local government officials and public health authorities to consider mandatory vaccination laws? Or would something more be required to establish a “medical and scientific consensus”?

The typical vaccine approval process is a three-part process as follows: During Phase I, small groups of people receive the trial vaccine. In Phase II, the clinical study is expanded and the vaccine is given to people with characteristics (such as age and physical health) similar to those for whom the new vaccine is intended. In Phase III, the vaccine is given to thousands of people and tested for efficacy and safety, after which the FDA review team will review all of the information submitted to evaluate whether the studies show that the vaccine is safe and effective for the proposed use.⁵ Multiple reports have indicated that the federal government and private companies have been working feverishly to expedite development, approval, and distribution of a COVID-19 vaccine as quickly as possible. The FDA has created a special emergency program for possible coronavirus therapies, the Coronavirus Treatment Acceleration Program (“CTAP”).⁶ This effort is certainly appropriate and laudable given the staggering loss of human life, with more than 200,000 Americans already dead from COVID-19. The FDA has indicated that a COVID-19 vaccine likely will be granted an EUA, which would allow such a vaccine to be administered to patients before completion of Phase III clinical trials. According to the FDA’s website, CTAP “uses every available method to move new treatments to patients as quickly as possible, *while at the same time finding out whether they are helpful or harmful*” (emphasis added). Thus, the FDA would allow a vaccine permitted under an EUA to be used on human

⁵ Available at <https://www.cdc.gov/vaccines/basics/test-approve.html>

⁶ Available at: <https://www.fda.gov/drugs/coronavirus-covid-19-drugs/coronavirus-treatment-acceleration-program-ctap>.

patients before it makes a determination that the vaccine is helpful, ineffective or harmful (i.e., safe and effective).

The FD&C Law Section recommends that Resolution No. 3 be further revised to identify a non-exhaustive list of recognized medical and scientific communities, such as the National Academies of Science, Engineering and Medicine, to which state and local government officials and public health authorities may look to determine whether a COVID-19 vaccine has been shown to be safe and effective. In light of reports of recent political pressure affecting COVID-19 guidelines and recommendations⁷, such assessments and determinations must be clearly untainted by political considerations. Aside from safety and efficacy concerns, this is important for the vaccine to attain public acceptance and consensus. While the FD&C Law Section appreciates the urgent need to develop a safe and effective vaccine, there is a clear tension between expediting delivery of a vaccine and ensuring that it is safe and effective and will not cause harmful side effects. The FD&C Law Section is unaware of a single instance in which the EUA process has ever been used to expedite mandated inoculation of the general population. Particularly in the current environment, the Report wisely recommends “deliberate, reasoned attention” to strategies to avoid mandating COVID-19 vaccines approved on the basis of limited or contested evidence of effectiveness which harm patients or prove to be ineffective. Consistent with this “deliberate, reasoned” approach, the FD&C Law Section believes that Resolution No. 3 should be further revised to clarify that issuance of an EUA by the FDA, standing alone, is not a sufficient basis upon which to consider imposition of a vaccination mandate in the absence of an

⁷ “White House Blocks New Coronavirus Vaccine Guidelines,” *New York Times*, October 5, 2020. Available at <https://www.nytimes.com/2020/10/05/us/politics/coronavirus-vaccine-guidelines.html?referringSource=articleShare>

expert consensus of the medical and scientific communities establishing the vaccine’s safety and efficacy, among a number of other factors which should also be considered.

Need for Greater Diversity in Clinical Trials

Revised Resolution No. 3 appropriately discusses the need to include “people of color” in the clinical trials. Scientists recommend that the patient population at least mirror the actual percentage of the population (indeed the National Institute of Health has suggested that the Black and Latino population should be overrepresented). This is especially important given that those communities have been found to be far more likely to be hospitalized with, and die from COVID-19 than other groups, and in light of the Report’s recommendation that those communities be given priority in receiving any approved vaccine.

Constitutionality of State and Federal Mandatory Vaccine Laws

There is a strong likelihood of massive litigation challenging the constitutionality of any vaccination mandate on various grounds. Indeed, individuals and groups filed legal and constitutional challenges to mask mandates and stay-at-home executive orders, and it is reasonable to anticipate additional challenges if a state or other regulatory authority enacts a vaccine mandate at any level. Given the current lack of any national consensus regarding a coronavirus vaccine, it is also reasonable to anticipate the possibility of protests and violent confrontations between those who refuse to get vaccinated and those who may be required to enforce any mandate, as the country has already seen with businesses seeking to enforce existing mask mandates.

The FD&C Section has reviewed existing case law on the constitutionality of state and local vaccination mandates and agrees with the Report that mandatory vaccinations have been

upheld as constitutional exercises of the state’s police power to protect public health, and that challenges to the exercise of that authority have been rejected by the courts. All fifty states have laws requiring certain vaccines for students, with exemptions for medical reasons. As the Report notes, in 2019, New York repealed the religious exemption for vaccinating school-attending children (Report at 65), although many other states continue to include a religious exemption in their existing vaccination mandates.

States have the right to enact mandatory vaccination laws to protect public health. *Jacobson v. Massachusetts*, 197 U.S. 11 (1905) (upholding constitutionality of mandatory vaccination law for smallpox). The Court in *Jacobson* recognized that “the police power of a State must be held to embrace reasonable regulations enacted by the legislature to protect public health and safety,” *id.* at 25, and that individual liberties under the Constitution do “not import an absolute right in each person to be, at all times and in all circumstances, wholly free from restraint.” *Id.* at 26. The Court recognized that “a community has the right to protect itself against an epidemic of disease which threatens the safety of its members” and that “the rights of an individual in respect of his liberty may at times, under the pressure of great dangers, be subjected to such restraint, to be enforced by reasonable regulations, as the safety of the general public may demand.” *Id.* at 29. A state law requiring mandatory vaccinations would be constitutional unless it “has no real or substantial relation to protecting public health” or is “a plain, palpable invasion of rights secured by the fundamental law.” *Id.* at 31. The mere fact that the vaccine is not fully effective for all and that it may cause side effects does not render mandatory vaccine laws unconstitutional. The Court in *Jacobson* concluded that mandatory vaccines are constitutional provided they contain an exception where vaccination would jeopardize a person’s health.

Relying on *Jacobson*, the Supreme Court has previously concluded it is within the police power of a state to provide for compulsory vaccinations, rejecting constitutional challenges. *Zucht v. King*, 260 U.S. 174 (1922). The Supreme Court has upheld the state’s power to issue laws protecting public health even where such laws restrain individual rights and religious liberties. *See, e.g., Prince v. Massachusetts*, 321 U.S. 158, 166-67 (1944) (noting that “the right to practice religion freely does not include liberty to expose the community to communicable disease”).

Jacobson remains good law. Chief Justice Roberts cited *Jacobson* earlier this year, concurring in declining a religious institution’s attempt to enjoin, on First Amendment free exercise grounds, a California executive order issued to address the coronavirus pandemic, which restricted large public gatherings, including religious services. *South Bay United Pentecostal Church v. Newsom*, 590 U.S. ___, 140 S.Ct. 1613 (2020). Chief Justice Roberts gave great deference to State officials, noting that “[w]hen those officials ‘undertake[] to act in areas fraught with medical and scientific uncertainties,’ their latitude ‘must be especially broad.’” *Id.* at ___, 140 S.Ct. at 1613,

Significantly, the decision in *South Bay United Pentecostal Church* was 5-4, with Justice Ruth Bader Ginsburg in the majority declining to enjoin the executive order. Given the high probability that coronavirus litigation will again make its way to the Supreme Court, the scope of *Jacobson v. Massachusetts* may well be addressed by the Supreme Court again soon, with a newly-confirmed Supreme Court Justice as the swing vote. It is possible that the Supreme Court may be more receptive to challenges to vaccination mandates that fail to include a religious exemption.

There are some significant potential distinctions between the vaccination mandate upheld in *Jacobson* in 1905 and any potential vaccination mandate that may be considered today, which could have an impact on any efforts to apply *Jacobson* to any COVID-19 vaccination mandate that may be enacted. The smallpox vaccine at issue in *Jacobson* had been “accepted by the mass of the people, as well as by most members of the medical profession... and in most civilized nations for generations.” *Jacobson*, 195 U.S. at 34-35. By contrast, a premise of the Report -- that a majority of Americans will want a COVID-19 vaccine when it becomes available (Report at 64) -- may no longer be accurate today, just a matter of months after the Report was first written. A recent study indicated that the percentage of people who said they would get the vaccine if it were available today is now just over 50 percent. Pew Research Center, “US Public Now Divided over Whether to Get COVID-19 Vaccine.”⁸

In addition, the penalty for non-compliance with the vaccine mandate in *Jacobson* was a \$5 fine, equivalent to roughly \$150 today. Neither the Report nor Revised Resolution No. 3 address how any COVID-19 vaccination mandate might be enforced. The FD&C Law Section assumes that Revised Resolution No. 3 does not contemplate a vaccination mandate that would be enforced by forcible physical compulsion, and that enforcement might take the form of a fine, as in *Jacobson*, or conditioning participation in education or government programs upon compliance or creation of other incentives for compliance.

Revised Resolution No. 3 refers to the possibility of state and local governments mandating vaccinations for unspecified “populations identified by the state and local health authorities.” Elsewhere, Revised Resolution No. 3 states that “[h]ealth care workers and other

⁸ Available at: <https://www.pewresearch.org/science/2020/09/17/u-s-public-now-divided-over-whether-to-get-covid-19-vaccine>.

essential workers most endangered by COVID-19 and populations at highest risk must be afforded priority access to a vaccine.” There is a substantial difference between affording vulnerable segments of the population priority access to a vaccine and mandating that they receive it. Particularly in the absence of a strong consensus as to the safety and efficacy of a vaccine, imposing a mandatory vaccine on certain communities could cause additional complications in enforcement, raising potential ethical issues and providing bases for additional legal challenges.

The Report alludes to the possibility of a federal vaccination mandate, stating that “the gravity of COVID-19 presents compelling justification for State legislatures *and Congress* to mandate a COVID-19 vaccination.” Report at 65 (emphasis added). Although the Report addresses the constitutionality of a vaccine mandate under a State’s police power, the Report does not discuss the constitutionality of a potential federal vaccine mandate.

Questions exist as to whether Congress’s enumerated powers include the power to require vaccination. Indeed, the Supreme Court has held that “the regulation of health and safety matters is primarily, and historically, a matter of local concern.” *Hillsborough Cnty. v. Automated Med. Labs.*, 471 U.S. 707, 719 (1985). Congressional authority to regulate interstate commerce does not permit Congress to compel individual action. *National Federation of Independent Business v. Sebelius*, 567 U.S. 519 (2012) (Commerce Clause does not give Congress the power to command individuals to purchase insurance). Federal regulatory agencies cannot act beyond Congressional authority. The FDA does not have authority to mandate vaccines or to require states to mandate vaccines. While the Centers for Disease Control’s Advisory Committee on Immunization Practices may make recommendations about vaccines, it does not have the authority to mandate vaccines. Inasmuch as Revised Resolution No. 3 does not propose a federal

mandate and the Report does not address the issue of a federal mandate in detail, we do not believe a detailed analysis of the constitutionality of a potential federal mandate is necessary here.

The FD&C Law Section appreciates the opportunity to provide these comments on Revised Resolution No. 3 and also appreciates the Task Force's consideration of the proposed Revisions to Revised Resolution No. 3, attached hereto as Appendix B.

Appendix A

Resolution #3

COVID-19 Vaccine and Virus Testing Legal Reforms

The authority of the State to respond to a public health threat and public health crisis is well-established in constitutional law and statute. In balancing protection of the public's health and civil liberties, the Public Health Law recognizes our interdependence, and that a person's health, or her/his/their lack of health, can and does affect others. This is particularly true for communicable and infectious diseases. Since the discovery of the smallpox vaccine in 1796, vaccines have played a crucial role in preventing the spread of dangerous and often fatal diseases. The New York Public Health Law mandates several vaccinations for students at school-age up through post-secondary degree educational levels, and for health care workers. The Public Health Law also mandates treatment for certain communicable diseases, such as tuberculosis.

The New York State Bar Association recommends:

A vaccine must not only be safe and efficacious; it must be publicly perceived as safe and efficacious. Diverse populations, including people of color, older adults, women, and other marginalized groups, must be represented in clinical trials. The trials also must follow rigorous protocols that will establish a vaccine's safety and efficacy through expert consensus of the medical and scientific communities.

State Government to:

A.1. Ensure Access to Virus Testing: Establish a coordinated statewide plan for Virus Testing to ensure:

A.1.(a) frontline health care workers are prioritized in access to rapid diagnostic testing; and

A.1.(b) the most vulnerable individuals from health status and essential business/employee standpoint have equitable access to rapid diagnostic testing.

A.2. Adopt Ethical Principles Guiding Equitable Allocation and Distribution: Once available, a vaccine should first be equitably allocated and distributed based upon widely accepted ethical principles including: maximizing benefit to the society as a whole through reducing transmission and morbidity and mortality; recognizing the equal value, worth and dignity of all human persons and human lives; mitigating suffering, health inequities and disparities; and ensuring fairness and transparency in decision making. Health care workers and other essential workers most endangered by COVID-19 and populations at highest risk must be afforded priority access to a vaccine.

A.3. Encourage Public Acceptance and Educational Programs: Efforts must be made to encourage public acceptance. Public health authorities should build on existing systems and infrastructures including community-based organizations and networks. The campaign must

Resolution #3 (continued)

acknowledge distrust in communities of color from a history of medical exploitation. Efforts should include linguistically and culturally competent educational and acceptance programs, and stakeholder community engagement strategies, to build public trust, widely encouraging vaccine uptake and addressing vaccine hesitancy.

A.4. Take Steps to Protect the Public's Health, and As May Be Necessary, Consider Vaccine Mandate to Reduce Risks of Transmission and Morbidity and Mortality:

Our state and nation have suffered terrible losses from COVID-19. As of September 3, 2020, 186,000 Americans, including 26,000 New Yorkers, have lost their lives. Unemployment has been at the highest levels since the Great Depression. Numerous businesses have closed.

Should the level of vaccination be deemed insufficient to check the spread of COVID-19 and reduce morbidity and mortality, after due consideration of the expert medical and scientific consensus regarding the safety and efficacy of a vaccine and the need for required inoculation, including i) evidence of properly conducted and adequate clinical trials, ii) reasonable efforts to promote public acceptance, and iii) fact-specific assessment of the threat to the public health in populations and communities, appropriate action as warranted would need to be taken to permit the state and local governments to mandate vaccination for populations identified by state or local public health authorities, subject to exception for personal medical reasons.

Appendix B

Proposed Revisions to Revised Resolution #3

COVID-19 Vaccine and Virus Testing Legal Guidelines

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The authority of the State to respond to a public health threat and public health crisis is well-established in constitutional law and statute. In balancing protection of the public's health and civil liberties, the Public Health Law recognizes our interdependence, and that a person's health, or her/his/their lack of health, can and does affect others. This is particularly true for communicable and infectious diseases. Since the discovery of the smallpox vaccine in 1796, vaccines have played a crucial role in preventing the spread of dangerous and often fatal diseases. The New York Public Health Law mandates several vaccinations for students at school-age up through post-secondary degree educational levels, and for health care workers. The Public Health Law also mandates treatment for certain communicable diseases, such as tuberculosis.

The New York State Bar Association recommends:

To protect public health, it would be useful to provide guidance, consistent with existing law, to assist state and local elected officials and public health authorities in identifying conditions that must be met before it may be appropriate for them to consider the possibility of enacting a vaccine mandate. A vaccine must not only be safe and efficacious; it must be publicly perceived as safe and efficacious. Diverse populations, including people of color, older adults, women, and other marginalized groups, must be represented in clinical trials. The trials also must follow rigorous protocols that will establish a vaccine's safety and efficacy through expert consensus of the medical and scientific communities as may be reflected in the assessments and determinations of recognized organizations of medical and scientific experts such as the National Academies of Science, Engineering and Medicine. Permitting an Emergency Use Authorization by the U.S. Food and Drug Administration, standing alone, is not a sufficient basis upon which to consider imposition of a vaccination mandate in the absence of an expert consensus of the medical and scientific communities establishing the vaccine's safety and efficacy, among other factors which should be considered.

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State Government to:

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A.2. Adopt Ethical Principles Guiding Equitable Allocation and Distribution: Once available, a vaccine should first be equitably allocated and distributed based upon widely accepted ethical principles including: maximizing benefit to the society as a whole through reducing transmission and morbidity and mortality; recognizing the equal value, worth and dignity of all human persons and human lives; mitigating suffering, health inequities and disparities; and ensuring fairness and transparency in decision making. Health care workers and other essential workers most endangered by COVID-19 and populations at highest risk must be afforded priority access to a vaccine.

A.3. Encourage Public Acceptance and Educational Programs: Efforts must be made to encourage public acceptance. Public health authorities should build on existing systems and infrastructures including community-based organizations and networks. The campaign must acknowledge distrust in communities of color from a history of medical exploitation. Efforts should include linguistically and culturally competent educational and acceptance programs, and stakeholder community engagement strategies, to build public trust, widely encouraging vaccine uptake and addressing vaccine hesitancy.

A.4. Take Steps to Protect the Public's Health, and As May Be Necessary, Consider Vaccine Mandate to Reduce Risks of Transmission and Morbidity and Mortality:

Our state and nation have suffered terrible losses from COVID-19. As of September 3, 2020, 186,000 Americans, including 26,000 New Yorkers, have lost their lives. Unemployment has been at the highest levels since the Great Depression. Numerous businesses have closed.

Should the level of immunity be deemed insufficient by expert medical and scientific consensus to check the spread of COVID-19 and reduce morbidity and mortality, a potential mandate should be considered only after the following conditions are met:

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j) evidence of properly conducted and adequate clinical trials;

ii) reasonable efforts to promote public acceptance;

iii) fact-specific assessment of the threat to the public health in populations and communities,

iv) the expert medical and scientific consensus (as may be reflected in the assessments and determinations of recognized organizations of medical and scientific experts such as the National Academies of Science, Engineering and Medicine) regarding the safety and efficacy of a vaccine and the need for immunization, and

v) consideration of potentially less intrusive alternatives.

State and local governments may then consider whether or not it may be appropriate to take action as warranted to mandate vaccination for populations identified by state or local public health authorities, subject to exception for personal medical reasons. Enforcement of any vaccination mandate that may be enacted would never be through the use of physical compulsion, but could be achieved through various means, including fines for non-compliance, conditioning participation in education upon compliance or creation of incentives for compliance.

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LSGLS COVID Issues

Overview of the NYSBA Health Law Section Task Force

The Health Law Section Task Force was charged with examining legal issues presented by the pandemic. As the Task Force pursued its work, it identified gaps in the law and legal and regulatory barriers to care delivery that have emerged during the pandemic. The Task Force also chose to make recommendations to address such gaps and barriers in the rapidly changing legal environment, based upon present knowledge.

The draft report was issued July 1, 2020 and has a heavy emphasis on health care related issues. The report is broken down into seven sections:

1. Public Health Law Framework
2. Ethical Issues in The Management of Covid-19
3. Provider Systems and Issues
4. Business/Contracts/Risk Management
5. Workforce Issues Associated with Covid-19
6. Vaccination
7. Vulnerable Populations and Issues of Equity and Discrimination: A Call For Social Justice

LSGLS Issues

The Role of Local Public Health Agencies and Officials

Overview of Local Public Health Structure

The State of New York's public health system is two-level system with the State Health Department's supervising the work and activities of the local boards of health and health officers throughout the state, unless otherwise provided by law. The State Department of Health oversees reporting and control of disease, maintains vital records, and promotes the prevention and control of disease.

The State's 57 county health departments and the New York City Department of Health and Mental Health have the major responsibility of providing public health services at the local level. These local health departments provide a variety of services and programs to protect and promote the health of the communities they serve. All local health departments offer core public health services that include assessing the health of the community, disease control and prevention, family health services, and health education.

However, on March 18, 2020, Governor Cuomo issued Executive Order 202.5, which provides in relevant part:

Notwithstanding section 24 of the Executive Law, no locality or political subdivision shall issue any local emergency order or executive order with respect to response of COVID-19 without the approval of the State Department of Health.

While chief executive officers may still declare a local state of emergency, before a local government announces, publicizes, or posts a local emergency order issued pursuant to NYS Executive Law § 24, the NYS Department of Health must approve such order. Local officials may submit written requests for

approval to the Department of Health via email at localordersreview@health.ny.gov. Click [here](#) for the Department of Health's detailed guidance on the procedure for obtaining approval.

While this process served to facilitate a uniform response to the pandemic statewide, it hamstrung the ability of local officials to respond locally.

Enforcement of Public Health Regulations and Orders

The Governor's COVID emergency orders were issued pursuant to the authority under NYS Executive Law Article 2-B. However, unlike Executive Law § 24, which provides a penalty for violating orders issued by local chief executive officers pursuant to a local emergency, there is no analogous penalty for violating an order of the Governor issued as a result of a State declared emergency.

RECOMMENDATION: Amend Executive Law § 29-a to provide that any person who knowingly violates any local emergency order of a chief executive promulgated pursuant to this section is guilty of a class B misdemeanor.

Conducting Essential Government Services and Public Access to Essential Government Services

Local officials are finding themselves in situations where conducting business that is essential for the continuation of municipal operations and complying with the technical procedural requirements of State law is difficult and potentially impossible in light of public health considerations. Particularly problematic, given the nature of the current crisis, is the in-person requirement of the NYS Open Meetings Law.

On March 13, 2020, Governor Cuomo issued Executive Order No. 202.1 in an effort to address the conflict between the requirements of the Open Meetings Law and the Governor's emergency orders limiting gatherings. Specifically, Executive Order No. 202.1 suspends Article 7 of the Public Officers Law (also known as the Open Meetings Law) to the extent necessary to permit any public body to meet and take such actions authorized by law without allowing the public to be physically present at the meeting. The order also authorizes public bodies to meet remotely by conference call or similar service. If a public body restricts in-person access to its meetings or conducts a meeting remotely by conference call or similar service, the public body must provide the public the ability to view or listen to such meetings live and must record and later transcribe such meetings.

Executive Order 202.14 extended Executive Order 202.1 until May 7, 2020. Executive Order 202.28 extended Executive Order 202.1 until June 6, 2020. Executive Order 202.38 further extended Executive Order 202.1 until July 6, 2020. And on July 6, 2020, Executive Order 202.48 extended Executive Order 202.1 through August 5, 2020. On August 5, 2020, the Governor issued Executive Order 202.55 which, in part, extended Executive Order 202.1 through September 4, 2020. On September 4, 2020, the Governor issued Executive Order 202.60 which, in part, extended Executive Order 202.1 through October 4, 2020.

While Executive Order 202.1 provides for conducting meetings remotely, the requirement that the meetings be transcribed has proven to be costly and time-consuming, as well as unnecessary, especially when the recording is made readily available. This has in turn served as a disincentive to conducting meetings remotely.

In addition, last minute extensions of the Executive Orders, either on or close to the date on which each expired, has resulted in meetings being noticed to occur in-person to then be changed at the last minute to remote, and vice versa, resulting in confusion and inconvenience to the public.

Recommendation: The authority to conduct meetings remotely during the pandemic should be made as easy as possible. As a result, the requirement to transcribe meetings should be removed from the Executive Order 202.1 requirement and the Open Meetings Law should be amended to provide the authority to conduct remote meetings during the duration of the pandemic.

Elections

Three major issues have arisen as a result of the pandemic with respect to conducting elections: 1) the circulating of petitions to get on the ballot, 2) the public voting in person, and 3) getting individuals to work as poll inspectors. These activities do not lend themselves to social distancing. As a result, the risk of COVID transmission is an issue. Fear of transmission has created numerous problems in each of these areas of the election process.

Recommendations: The Governor modified petition requirements for this past summer's elections. Additionally, he issued an executive order declaring the threat of COVID as an illness for which individuals could vote by absentee ballot. Both provisions should be extended throughout the duration of the pandemic.

Government Liability

Government officials have been concerned about the potential for liability from the public and also from employees who get sick with COVID by visiting local government offices, using local government infrastructure or services, or working for a local government.

Recommendations: The question of COVID-related liability has been a topic at both the State and federal level. Local governments face a question of liability with respect to employees who contract COVID on the job as well as from individuals who contract COVID while using municipal infrastructure or services. The burden of proving causation serves as a protection for local governments against liability. However, the question of government liability needs to be addressed as the cost of defending against liability lawsuits may be significant, especially during a time when local and state governments are faced with tremendous budgetary shortfalls.

The State should NOT create a presumption that local government officials who contract COVID did so while on the job. To the contrary, the State should enact provisions limiting liability of local governments for COVID injuries; thereby protecting the public fisc and local tax payers.

Consequently, local governments should be immune from civil liability for damages or an injury resulting from exposure of an individual to COVID-19 on the premises owned or operated by the local government, or during an activity managed by the local government. This local government immunity should not apply to:

1. willful misconduct;
2. reckless infliction of harm; or
3. intentional infliction of harm.



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Hermes Fernandez, Esq.
Chair, Health Law Section
One Elk Street
Albany, New York 12207

Mary Beth Quaranta Morrissey, Esq.
Chair, Health Law Section Task Force
on Covid-19
One Elk Street
Albany, New York 12207

September 22, 2020

Re: New York State Bar Association Health Law Section Covid-19 Report

Dear Mr. Fernandez and Ms. Morrissey:

On behalf of the Executive Committee of the Real Property Section, I have been asked to contact you with some questions about potential further efforts of the Task Force, after the issuance of this excellent Report, as well as to ask if there is anything we can do to help.

We are sure that our membership and the Bar in general greatly appreciate this effort. It is so important and much appreciated that the Task Force was able to draw on collaboration from so many applicable legal and medical disciplines. We are certain that the Report will be a useful tool to Bar leadership as they might be developing policy in this area. At the same time, this comprehensive survey will clearly also be a valuable tool to practitioners who have an opportunity to review it. On behalf of the Section and its membership, thank you for that.

At the same time, as the Report recognizes, it is possible that considerations of the issues dealt with might be re-examined as science and experience develop. We do not know if the Task Force has been asked to anticipate updates taking into account changed future circumstances. Nor is it clear if the full Bar intends to take public positions or make further pronouncements. We assume that such matters await discussion at other levels, including at the House of Delegates.

As real estate lawyers, the members of our Section see much of the day-to-day life that is so greatly affected by the pandemic. Owners, landlords, tenants, lenders, borrowers, management companies and insurance companies would all like to anticipate potential requirements or limitations to be made on how they operate, including the question of whether vaccination would be recommended or mandated, and who, if anybody, would be responsible for the burdens of requiring and policing vaccinations. Should or can government require them? Should or can a building owner? Should or could tenants? We wonder if the insight of the legal and medical professionals on the Task Force might foresee the implications of future vaccinations (or lack of vaccinations) on these considerations.

As to matters of policy and legal practice, it is interesting to note that at a recent meeting of our Section's Executive Committee, the mere fact of the report elicited a few spirited comments, but those were in the context of an informal conversation about various issues. One issue that arose was whether or not the full State Bar could -- or should -- take a position on whether vaccinations should be mandated generally for the population, if and when reliable vaccinations are universally available. Naturally, there are subordinate questions, even if this broadest question were not considered, such as whether the profession could (or should) mandate vaccination of those working in the profession. Further, another step down, is the question of whether as a matter of law office management, a private law practice could (or should) require vaccination for those in its office. In any event, it is anticipated that many will seek advice as to whether the current Covid-19 type precautions should be kept in place if and until universal vaccination is available and/or implemented.

Anybody who reviews the Report will recognize the great value of the material and learning in the suggestions that certain groups should be given priority for what we all hope is an inevitable vaccination program, and if we understand that correctly, for whom vaccination should be mandatory, such as frontline providers and those in healthcare. We also appreciated the summary of the law that has developed in the area of whether vaccinations could be required, particularly with respect to school systems.

It is appropriate to repeat that as of the date of this letter, our Section has not had a comprehensive conversation nor made any recommendations. However, we are interested in guidance of what we should be examining, how we could help the Task Force, and direction as to what kind of feedback from our Section would be of use to the Task Force.

As a form of summary, our current questions include:

1. Is the Task Force expected to update their report?
2. Has the Task Force been asked to and do you intend to deal with the question of whether the Bar Association could or should recommend universal vaccination for the entire population?
3. Are there any insights, requirements or suggestions that the Task Force might have or look to develop as to what the future should hold or might hold for landlords, tenants, mortgagors, borrowers, real property managers or insurance companies regarding how to comport themselves in the world as it is now, or as it might be situated when a vaccine is available? Where could and should options to require vaccination lie? What

- parties could or should be responsible for implementation? What could be or should be appropriate enforcement mechanisms or penalties for non-compliance?
4. If not universal in the population, could or should the Bar establish a requirement for those in the legal community?
 5. If vaccination is not required at a broader level, as a matter of law office management, could or should individual law offices or firms require vaccination for the population within its office?
 6. If vaccination is not universal, should offices anticipate the precaution and expense of continuing current Covid-19 precautions?
 7. Is it felt that the Bar Association (i) could or (ii) should take a position on these matters?
 8. What can our Section do to help the Task Force? Without being presumptuous, can the Real Property Section provide certain specific questions or viewpoints to the Task Force that would be helpful to any further work?

Certainly, there is no need for you to undertake the effort of a formal reply at this time. However, we would be happy just to talk on the phone informally. For any purposes, you can contact either me at the contact information on this letterhead, or the Chair of the Real Property Section, Ira S. Goldenberg at his office: (914) 997-0999; igoldenberg@goldenbergsselker.com. If there will be further effort required, it is likely that our Section will be organizing a working group to consider these matters.

We look forward to any insight you might be able to share, and certainly to any further material that your group is asked to produce.

Very truly yours,



Matthew J. Leeds

cc: Ira S. Goldenberg, Esq.



TRIAL LAWYERS SECTION

Betty Lugo, Esq.

Chair

Pacheco & Lugo, PLLC

To: Karen Gallinari, Chair, NYSBA Health Law Section

William S. Friedlander, Esq.

Vice Chair

From: Betty Lugo, Chair, NYSBA Trial Lawyers Section

Daniel Ecker, Esq.

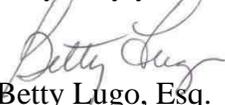
Treasurer

Christian Soller, Esq.

Secretary

The NYSBA Trial Lawyers Section has reviewed the Health Law Section CoVid-19 report and addendum and submits the following response in opposition to any recommendation to provide immunity and takes no position on the vaccine as it is premature.

Very truly yours,



Betty Lugo, Esq.

The Trial Lawyers Section Legislative Committee has reviewed the report prepared by the Health Law Section as well as its recommendations. The report in sum and substance is excellent; however, our section has a fundamental issue, in general, with any proposal to grant immunity.

A recent Hart Research survey completed in early May, 2020, revealed “there is broad bipartisan opposition to legislation that would give guaranteed immunity.” We are concerned that the guarantee of immunity to hospitals, physicians and health care workers will begin a movement for all businesses and companies to seek legislation granting immunity from lawsuits in cases involving coronavirus infection.

The survey revealed that large majorities of voters thought the guarantee of immunity would result in fewer businesses taking precautions to keep people safe from the virus. The survey concluded “it is a bad idea to guarantee” immunity from coronavirus lawsuits.

Key findings revealed by 64% to 36%, voters opposed giving guaranteed immunity. 72% of Democrats, 64% of Independents and 56% of Republicans opposed giving guaranteed immunity.

There is fear that blanket immunity would cause more consumers and workers to die and further hinder our economic recovery. Proving that a health care provider, hospital, or company acted unreasonably and that those actions caused injury to someone will be a difficult task to prove.

Nursing homes will be the next business seeking immunity, and we are concerned that granting immunity to one group will soon lead other groups to seek the same relief.

Mitch McConnell is in the process of drafting legislation in an attempt to protect the nursing home industry from failure to take reasonable precautions to stop the spread of the virus. Granting immunity is really saying it is more important for business to profit than for nurses, caregivers and patients to be protected.

The Seventh Amendment guarantees the right to trial by jury. The concept of facing a jury trial provides incentives to employees to act responsibly and to take reasonable precautions to protect employees from hazards that are likely to cause death or serious physical harm. Professor David Vladeck, who teaches at the Georgetown University Law Center, said, “to attack the jury system is nothing less than an attack on a core guarantee of the Constitution.”

If immunity is provided under the proposed report and recommendations of the Health Law Section, it is our major concern that this will be “the tip of the iceberg” for a large number of special interest groups to seek immunity and create chaos undermining our legal system.

The Trial Lawyers Section Legislative Committee has unanimously agreed that we should oppose any recommendation made by the Health Law Section to provide immunity as set forth in its report.

The Legislative Committee has not taken any position in regard to the Health Law Section’s proposal requiring mandatory vaccinations. A vaccine has yet to be developed, and without studies to review regarding the efficacy and safety of a vaccine, it is our position that, at best, it is premature to take any position.

Trial Lawyers Legislative Committee
Kevin J. Sullivan (former Section Chair)
Seth M. Rosner
Evan M. Goldberg
Christian J. Soller

Betty Lugo, Esq.
Chair, Trial Lawyers Section
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To: Health Law Section Task Force COVID -19 Report Committee
From: Trusts and Estates Law Section/Report Review Team
RE: TELS Comment to Health Law Section Report and Resolutions.
Dated: October 2, 2020

The Review team met on several occasions to review the Report and resolutions proposed by the Health Law Section in connection with the COVID-19 Crisis. After a thorough review, we have come to the conclusion that our particular expertise as Trusts and Estates attorneys lends itself to comment in regard to very few specific proposals contained in the Report and the Resolutions, and our comments to those sections are included below. We have, additionally, reviewed the Report prepared by the Elder Law and Special Needs Section (“ELSNS”) and recommend joining with them in their comments as to their reservations in connection with: 1) the treatment of older adults and people with disabilities within the proposals; 2) with regard to the report’s focus on health care providers and government regulators leaving little room for the input of the general public; and 3) with the level of seemingly unmitigated trust being placed in the hands of the Department of Health to evaluate and choose an appropriate course of action.

We further recommend joining the ELSNS in calling for a proposed amendment to the Report and resolutions calling for a provision that any review of potential legislation or regulation by the Department of Health also include appropriate consumer rights groups and that any findings of said review be subject to public comment and/or hearings before implementation.

Regarding specific provisions of the Resolution, the TELS offers comment on item B.2 of Resolution 1:

B.2. Recommend amendment of the New York State Public Health Law: Article 29-C “Health Care Proxy,” to require in the case of a State Disaster Emergency Declaration:

- (a) at least one, rather than two, witnesses, or
- (b) attestation by a notary public in person or remotely.

We recommend support of this provision as we recognize that in a State Disaster Emergency Declaration the ability to secure witnesses for documents is more difficult. We agree that reducing the number of witnesses appropriately balances the reality of a State Disaster Emergency Declaration with maintaining the propriety of the appointment of a health care agent. We however wish to make it clear that we do not support this change outside of a State Disaster Emergency Declaration.



MEMORANDUM

TO: Kathy Baxter
General Counsel
New York State Bar Association

FROM: Terri A. Mazur
Chair, Women in Law Section

CC: Susan L. Harper, WILS Delegate to House of Delegates
Kim Wolf Price, WILS Alternate Delegate to House of Delegates
Linda Redlisky, WILS Secretary

DATE: October 26, 2020

RE: Comments of Women in Law Section on Health Law Section's Task Force Report and Resolutions on COVID-19

This Memorandum is submitted in response to the request for comments on the Report and proposed Resolutions of the Health Law Section Task Force on COVID-19 (the "Report" and "Resolutions").

The leadership of the Women in Law Section ("WILS" or "Section") received the Report and Resolutions following the June 2020 meeting of the House of Delegates. The Section's representatives to the House of Delegates reported on the discussion about the Report and proposed Resolutions during the House of Delegates meeting. WILS Executive Committee members reviewed the Report and Proposed Resolutions and discussed them extensively during the October 13, 2020 WILS Executive Committee meeting and voted on the Resolutions.

The WILS Executive Committee appreciates the tremendous and thorough efforts of the Health Law Section in preparing the COVID-19 Report and Proposed Resolutions, and thanks the Health Law Section and Task Force for their work. It should be noted that several WILS Executive Committee members expressed their concern that they do not have the substantive expertise to evaluate these proposals. The Section urges the adoption of the Report and Resolutions subject to the following comments and proposed revisions:

Resolution #1: Public Health Legal Reforms

WILS Vote: There was one abstention, all others present voted in favor of Resolution #1, subject to the following comments and proposed revisions:

1. Health Care Proxy: B.2.(a): WILS recommends that: (i) that the number of required witnesses be kept at two witnesses rather than reduced to one because having two witnesses affords the principal greater protection against abuse, and (ii) add an express statement that such witnessing can be done "in person or remotely."

Resolution #2: Legal Reforms in Care Provision, Congregate and Home Care, Workforce and Schools

WILS Vote: There was one abstention, all others present voted in favor of Resolution #2, subject to the following comments and proposed revisions:

1. A.1.(b) Limitation on Resident Hours Working in Acute Care Hospitals: Add a provision that NYSBA recommends exploring ways to increase the number of medical professionals available in Acute Care Hospitals to minimize the need to lift limits on the maximum number of hours professionals can work.
2. A.2.(b): Possible typo - should "Persons incarcerated and correctional facilities and care" be revised to "Persons incarcerated in correctional facilities and care"?
3. While A.2.(b)(ii) states that protective gear be provided to correctional staff, it is not clear whether incarcerated persons are – or should be – provided with any level of protective gear. Accordingly, please add an express statement that PPE or protective gear should be provided to incarcerated persons, a provision parallel to A.2.(b)(ii). This will also help minimize the spread of COVID-19.
4. A.2.(b)(iv) Adequate funding of prison-to-community transitions.: Does this Resolution already reflect the law? If so, what is the purpose of its inclusion here?
5. Immigrants: A.2.(c): Immigrants should all receive the same level of protection against COVID-19 as set forth in A.2.(a) and (b) (including WILS' proposed revision).

Resolution #3: Vaccine and Virus Testing Legal Reforms

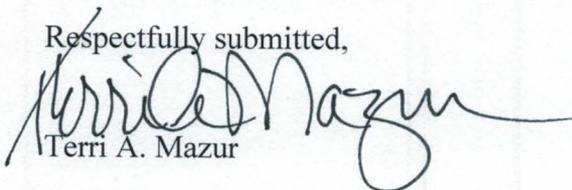
WILS Vote: Provisions A.1 - A.3 were approved.

WILS Vote: Provision A.4 (Vaccine Mandate): the majority approved (one person voted against this provision), subject to the following comments and proposed revisions to clarify the second paragraph of Part A.4 of Resolution #3:

1. This Resolution states that "Should the level of vaccination be deemed insufficient to check the spread of COVID-19 and reduce morbidity and mortality...." WILS requests clarification of and revision to this provision to: (a) identify who will evaluate the situation to determine that the level of vaccination is insufficient; and (b) while this provision states that "due consideration of the expert medical and scientific consensus" will be included, more detail should be provided on the criteria or data that will be used to evaluate that the level of vaccination is insufficient to check the spread of COVID-19 so that the public knows what data will be used to make this decision.

For these reasons, the Women in Law Section recommends that the Proposed Resolutions (and related portions of the Report) be revised as set forth above and then approved by the House of Delegates.

Respectfully submitted,


Terri A. Mazur

MEMORANDUM

To: Health Law Section Covid-19 Report Committee
From: The Elder Law and Special Needs Section
Dated: August 26, 2020
RE: Comments to COVID-19 Resolutions and Health Law Section Report

Embedded herein, please find the comments of the Elder Law and Special Needs Section (“ELSN Section”) regarding the resolutions being posed to the NYSBA House of Delegates in response to the COVID-19 Pandemic¹.

The ELSN Section recognizes and agree with the need to address the critical shortfalls exposed by the COVID-19 Pandemic. However, on behalf of the populations that the ELSN Section serves (namely older adults and people with disabilities and their families) the ELSN Section has a number of reservations both with the general positioning of the report, which has a focus on health care providers and government regulators leaving little room for the input of the general public, and with the level of seemingly unmitigated trust being placed in the hands of the Department of Health to evaluate and choose an appropriate course of action.

In addition to specific commentary offered below, the ELSN Section urges the authors of the Report, the House of Delegates and any body to whom the findings of the Report or the resolutions are referred to carefully consider all perspectives of the proposed relief.

As a general note and proposed friendly amendment to the Report, the ELSN Section suggests that any call for review of potential legislation or regulation by the Department of Health also include appropriate consumer rights groups and that any findings of said review be subject to public comment and/or hearings before implementation.

Our Section’s working group on the subject is available to the authors of the Report at their convenience should they wish to discuss this Memorandum.

NYSBA HOUSE OF DELEGATES COVID-19 RESOLUTIONS

Resolution #1

Recommendations

A. Public Health Legal Reforms and Emergency Preparedness

- A. 1.** Recommend the Department of Health (DOH), (or through it, the NYS Task Force on Life and the Law (NYSTFLL)), review and consider:

¹ Portions of the proposals on which the ELSN SECTION has chosen to abstain from comment have been removed from this memorandum in the interest in clarity. Subject to our general comments noted above, the ELSN Section takes no position on those items.

The ELSN Section is in support of this resolution to the extent that it calls for the DOH to “review and consider” the Model State Emergency Health Powers Act and Crisis Standards of Care. The ELSN Section believes that clear enumerated guidance should be enacted to prevent arbitrary administration of care and systematic access to limited resources in the time of crisis. However, the ELSN Section shares the Committee on Disability Rights’ concerns that vulnerable populations are not adequately protected by the laws.

- (a) Enactment into New York Law of the **Model State Emergency Health Powers Act (MSEHPA)**, developed by the Center for Law and Public Health at Georgetown and John Hopkins Universities (2001), as informed by the Columbia University Center for Health Policy Gap Analysis (2008), and as otherwise updated; and

As best stated by the Committee on Disability Rights², there are three main issues presented by this model legislation that previously failed to pass the legislature.

1. The Model Act fails to provide for adequate checks and balances. The lack of checks and balances could have serious consequences for individuals' freedom, privacy, and equality. Public health authorities make mistakes, and politicians abuse their powers; there is a history of discriminatory use of the quarantine power against particular groups of people based on race, national origin, and age for example. The Act permits a governor to declare a state of emergency unilaterally and without judicial oversight, fails to provide modern due process procedures for quarantine and other emergency powers, it lacks adequate compensation for seizure of assets, and contains no checks on the power to order forced treatment and vaccination.
2. The impetus for the Model Act was bioterrorism, but the Act goes well beyond that framework. The Act includes an overbroad definition of “public health emergency” that sweeps in HIV, AIDS, and other diseases that clearly do not justify quarantine, forced treatment, or any of the other broad emergency authorities that would be granted under its provisions.³
3. The Model Act lacks privacy protections. It requires the disclosure of massive amounts of personally identifiable health information to public health authorities, without requiring basic privacy protections and fair information practices that could easily be added to the bill without detracting from its effectiveness in quelling an outbreak. And the Model Act would undercut existing protections for sensitive medical information. That not only threatens to violate individuals' medical privacy but undermines public trust in government activities.

² Committee on Disability Rights Comments on Health Law Committee’s Covid-19 Report.

³ “Public Health emergency” is defined under the Act as an occurrence or imminent threat of an illness or health conditions caused by bioterrorism, epidemic or pandemic disease, or novel and highly infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or permanent or long-term disability. Such illness or health condition includes, but is not limited to, an illness, or health condition resulting from and natural disaster (Model Act Section 104 [1]).

- (b) Adoption of the, “**Crisis Standards of Care,**” developed by the Institute of Medicine in 2012, as is, or as otherwise updated and amended.

When considering the adoption of Crisis Standards of care, the ELSN Section encourages the DOH to incorporate the 6-point disability framework published on April 8, 2020 by The Arc of the United States, The Bazelon Center for Mental Health Law, the Center for Public Representation and the Autistic Self Advocacy Network.

A. 2. Recommend DOH review and consider:

- (a) Appoint and maintain a core team of emergency preparedness experts to review evidentiary sources and draft legislation to strengthen emergency preparedness planning;
- (b) Re-evaluate the public benefit and costs of reinstating laws waived during COVID-19.

Before taking a position on this sub-resolution, the specific “waived” laws should be identified.

B. Ethical Issues: Ethics Guidelines including Allocation of Life-Saving Equipment, and DNR/Futility and Virus Testing

B.1. Recommend DOH, NYSTFLL, or Governor review/consider:

Again, to the extent that the resolution is to recommend review and consideration of the following ethical allocation guidelines, the ELSN Section is in support. Generally, the ELSN Section understands the need to derive a system to allocate scarce resources. However, the Executive review should consider and address the comments set forth herein.

- (a) NYSTFLL 2015 Report, “Ventilator Allocation Guidelines,” and adopt the policy as is, or as amended; and

We again adopt the comments of the Committee on Disability Rights:

“On April 7, 2020, Disability Rights New York filed a complaint with the federal Department of Health and Human Services alleging that the 2015 Allocation Guidelines contain serious gaps that discriminate against people with pre-existing disabilities in violation of the Americans with Disabilities Act (42 U.S.C. 12101 et seq) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794).⁴ Advocates highlighted the following concerns about the guidelines: (1) they do not retain the presumption that all patients who are eligible for ICU services during ordinary circumstances remain eligible for ICU services in a pandemic; (2) they contain exclusion criteria based on age, disabilities and other factors; (3) they do not ensure that all patients receive individualized assessments by clinicians based upon the best available objective medical evidence; (4) they do not ensure that no one is denied care based upon stereotypes, assessments of quality of

⁴ DRNY is a Protection and Advocacy System specifically authorized to pursue legal, administrative and other appropriate remedies to ensure the protection of, and advocacy for, the rights of individuals with disabilities (42 U.S.C. 15043[a][2][A][i] and New York State Executive Law 558 [b]). The DRNY OCR complaint referenced in the text of this comment is attached as an Addendum [A] for ease of reference.

life or judgments about a person's "worth" or the presence of absence of disabilities other factors; and (5) while it is appropriate to evaluate the possibility of a person's survival in allocation decisions, the guidelines do not mandate that the considerations must be based upon the prospect of surviving the condition for which the treatment is designed -in this case COVID-19. In other words, individuals with pre-existing conditions are completely disadvantaged in a triage situation prior to considering any symptoms that result from COVID-19.”

(b) Issue emergency regulations mandating all providers and practitioners follow the ethics guidelines, and ensure:

- i. the needs of vulnerable populations, including persons and communities of color, older adults and nursing home residents, persons with disabilities or who are incarcerated, and immigrants, are met in a non-discriminatory manner in the implementation of emergency regulations and guidelines;
- ii. provision of palliative care as an ethical minimum to mitigate suffering among those who are in institutional, facility, residential, or home care settings during the COVID-19 crisis, especially when access to life-saving measures, desired equipment or other resources are not available;
- iii. provision of education and training to physicians, health care practitioners, and institutional triage and ethics committees; and
- iv. provision of generalist-level palliative care education and training for all health care workers and health-related service workers in all settings who are providing supportive care.

While the ELSN Section is pleased to see this “catch-all” provision recognizing that vulnerable populations, including the elderly and disabled, are at particular risk under the allocation guidelines, the reviewer must assure that such considerations are meaningfully represented in any adopted guidelines, rules, regulations and law.

B.2. Recommend amendment of the New York State Public Health Law: Article 29-C “Health Care Proxy,” to require in the case of a State Disaster Emergency Declaration:

(a) at least one, rather than two, witnesses, or

(b) attestation by a notary public in person or remotely.

The ELSN Section supports this and recognizes that in a health care emergency the ability to secure witnesses for documents is frustrated. The ELSN Section believes reducing the number of witnesses appropriately balances the reality of the health care crisis with ensurance of the sanctity of the appointment of a health care surrogate.

Resolution #2

Recommendations

A. Providers

A.2. Continue Waivers and Executive Orders (See also Immunities):

(a)Ability to Exceed Certified Bed Capacity for Acute Care Hospitals: Continue the waiver by the Governor’s Executive Orders 202.1 and 202.10 of the DOH regulations governing certified bed restrictions for the pendency of the State Disaster Emergency.

The ELSN Section agrees with the recommendation that in the circumstances of a statewide emergency, where the need for increased hospital beds is urgently required, that acute care hospitals be allowed to make temporary changes to physical plant, bed capacities, and services provided, upon approval of the Commissioner of Health, in response to a surge in patient census during a state of emergency. This will better able these facilities to deliver necessary services to more New Yorkers during temporary periods of increased patient need.

(b)Limitation on Resident Hours Working in Acute Care Hospitals: Continue the Governor’s Executive Order 202.10’s waiver of NYCRR Article 10, Section 405, limiting resident work hours for the pendency of the State Disaster Emergency.

The ELSN Section further agrees with the recommendation to continue the waiver of rules related to the number hours a resident can work in an acute care hospital during a state of emergency. The ELSN Section agree with the finding in the report that in ordinary circumstances, limiting the number of hours better serves both the patients and residents; however in the case of a pandemic where the State is looking to retired physicians and professionals from outside of New York State to come in, limiting the number of hours of Residents is both counter-productive to the provision of care unnecessarily putting patient treatment at risk.

(c)Temporary Changes to Existing Hospital Facility Licenses Services and the Construction and Operation of Temporary Hospital Locations and Extensions: Continue the waiver provided in Executive Orders 202.1 and 202.10 of the State requirements that restrict the ability of Article 28 facilities to reconfigure and expand operations as necessary, for the pendency of the State Disaster Emergency.

The ELSN Section also agrees with the recommendation of the report to continue the waivers provided in E.O. 202.1 and 202.10, thus allowing acute care hospitals to reconfigure and expand operations as necessary, for the pendency of any declared state of emergency.

A.3. Older Adults, Nursing Home Providers and Nursing Home Residents: Governor, DOH, DOH Bureau of Long-Term Care and State Office for Aging to ensure:

- (a) Equitable allocation of scarce resources from the Public Health and Social Services Emergency Fund—established by the CARES Act—to older adults and their health care providers, prioritizing under-resourced long-term care providers;
- (b) Adequate provision of PPE;
- (c) Adequate levels of staffing;
- (d) Adequate funding of employee testing, as required under Executive Order 202.30;
- (e) Consistent and timely tracking and reporting of case and death data;
- (f) Adoption of non-discriminatory crisis standards and ethics guidelines; and
- (g) Recognition and honoring of Older New Yorkers’ right to health and human rights, as protected under international conventions: and
- (h) Adequate resources for the Office of the State Long Term Care Ombudsman, which provides advocacy for nursing home residents and families and helps residents understand and exercise their rights to quality care and quality of life.

SEE SUB-MEMORANDUM ATTACHED.

A.6. Telehealth

Governor or DOH to review and consider:

Eliminate restrictions on the provision of care by telehealth and increase reimbursement for services provided via telehealth.

SEE SUB-MEMORANDUM ATTACHED.

SUB MEMORANDUM RE: LONG TERM CARE FACILITY ISSUES

Introduction:

As attorneys who serve older adults and persons with special needs, the ELSN Section's members are deeply troubled by the rampant spread of COVID-19 and the accompanying high number of deaths that occurred in nursing homes and other long-term care facilities. The Health Law Section COVID-19 Report ("Report") declares "This is not just a matter of a public health emergency, but it is also a human rights crisis."⁵ The ELSN Section agrees with this stark assessment and understand that the Report is focused on the effects of the current pandemic and recommending ways to prepare for the next public health crisis. However, the ELSN Section believes that prior to COVID-19 there was already an existing public health emergency in many nursing homes and long-term care facilities in New York State. The Report should also acknowledge and address that existing emergency and seriously recommend ways to improve quality of care for residents. Many of our clients reside in nursing homes and other long-term care facilities. The facility is their home. The ELSN Section knows firsthand from experiences they have shared with us that there are facilities that strive to provide adequate care and others that do not. The COVID-19 crisis starkly exposed systemic problems in how care and services are provided to residents in a great number of facilities and the failure of the New York State Department of Health to enforce current laws and standards of care.

This tragedy not only requires preparation for the next public health crisis but demands that we address the current state of patient/resident care in nursing homes and other long-term care facilities. There is a dire need for improved patient care that respects the dignity of each resident. The COVID-19 crisis exposed deficiencies in staffing, infection control and protocol, availability of personal protective equipment for residents and staff, testing, visitation by and notice to family members and governmental representatives, and reporting requirements. This crisis also highlighted disproportionately high levels of infection and death among facility residents of color. This moment compels us to ensure that nursing homes and other long-term care facilities meet current statutory and contractual requirements and that those requirements are appropriately enforced. In addition, we must explore legislative initiatives and other reforms to cure current deficiencies and prepare for future challenges. The ELSN Section firmly believes that there needs to be an expansion of community-based benefits and services so that more seniors and those with special needs can remain at home.

In addition to those items outlined in the Report and Resolutions, the ELSN Section is strongly in favor of the following additional policy considerations and proposed actions and would urge the inclusion of same in any discussion of Long-Term Care Facilities.

- NYS Legislature's passage of the Safe Staffing for Quality Care Act.
- Implementation of additional requirements for transparent reporting of data, including specifically tracking and reporting:

⁵ *Health Law Section Report at page 24.*

- COVID-19 infections for residents and staff by adult care facility and nursing home; and
- Inclusion of residents transferred from adult care facility and nursing home who then died at the hospital in COVID-19 facility level death data.
- Development and implementation of policies and protocols aimed to ensure:
 - that resident's rights to visitation by one or more support visitors are not infringed
 - safe infection control measures regarding and during visitation, including but not limited to, staff trained to supervise and enforce such measures;
 - publication of visitation policy and designated patient contact persons;
 - prioritization, with respect to time and frequency of access to residents in end-of-life and other compassionate care situations; and
 - visitation by local long-term ombudsmen and resident advocacy organizations.
- Development and implementation of policies and protocols that support redesign of the institutionalized nursing home model that currently dehumanizes older adults and people with disabilities such as requiring private rooms for all new nursing home builds and operator changes.
- Take actions that support long-term care services and supports in the community. Such actions would facilitate the voluntary transfer/discharge to the community setting instead of forcing a person to remain at risk for contracting COVID-19, abuse, neglect, and various indignities, in an institutionalized setting.

Comments to the Report

The ELSN Section presents these comments in response to the paragraphs of the Report beginning at page 24.

The ELSN Section commends our colleagues for the inclusive list of types of congregate care facilities in this section. The ELSN Section appreciates that home health care settings are included and further believe that with adequate Personal Protective Equipment (PPE) for home care workers, the care at home model is far safer in the time of a pandemic and offers better quality of care overall. The ELSN Section agrees that this is a time of moral imperative demanding immediate attention. The ELSN Section further lauds the reference to the duty of care and duty of non-abandonment to all persons, which is found in the Institute of Medicine's 2012 Crisis Standards of Care. The ELSN Section continues to be a legal watchdog for the elderly and special needs communities; consistently advocating and drawing attention to the fact that many times these populations are not adequately protected by society.

During the COVID-19 pandemic there have been numerous Executive Orders and New York State Department of Health Advisories issued to triage the overwhelming fury the pandemic unleashed on long term care facilities and home health care providers. The Report focuses on the March 25, 2020 New York State Department of Health advisory, prohibiting nursing homes from denying admission or re-admission to a nursing home solely based on a confirmed or suspected

diagnosis of COVID-19 and the similar advisory issued regarding Adult Care Facilities as major contributing factors to the increased spread of the virus in those facilities.⁶

Arguably, while the March 25th NYS Department of Health advisory did contribute to the increased risk of spread of COVID-19 infection in nursing homes as suggested in the Report, nursing homes are not hospitals, and have always had the responsibility to only admit those they can provide care and services to meet that person's individual needs.⁷ The March 25th advisory did not negate that requirement. If a nursing home was short on staff or other resources needed to meet the needs of current residents during the pandemic (or any time), that nursing home had a legal responsibility to not accept patients from the hospital as new residents. A denial of admission to a hospital patient due to not having enough resources is not the same as denying a patient admission based on a confirmed or suspected diagnosis of COVID-19.

A similar point can be made regarding Adult Care Facilities and the NYS Department of Health April 7, 2020 advisory. If an Adult Care Facility could not safely isolate a resident, or that resident's care needs exceeded the licensure of the facility, that facility could have denied readmission to the resident, until that resident's needs could be safely met. Due to the severe undercounting of residents who died from (or contracted) COVID-19 complications in Adult Care Facilities, it is hard to determine the extent the April 7th advisory had on COVID-19 spread in Adult Care Facilities.

In addition to the previously mentioned state advisories, The Report references "other state requirements, which have generally imposed new burdens on under-staffed facilities and administrators during the pandemic..."⁸ It is important to note that nursing homes in New York have been historically understaffed, and the state has not held ownership accountable. The burdens were not on the "institution" but on the residents who suffered from abuse and neglect due to the constant understaffing of nursing homes. Insufficient staffing of nursing homes has always been allowed. New York is one of a minority of states in the country that does not have a minimum staffing law.

"Every day our nursing home residents face conditions that undermine their health and dignity. Countless adult residents are forced to wear diapers because their facilities will not hire sufficient staff to help them get to the bathroom. Thousands of New Yorkers are given dangerous antipsychotic drugs every day because it makes them easier to care for. These drugs have an FDA "Black Box" warning against use on elderly people with dementia because they can

⁶ NYS DOH Advisory: *Hospital Discharges and Admissions to Nursing Homes, Mar. 25, 2020*, previously available at: https://coronavirus.health.ny.gov/system/files/documents/2020/03/doh_Covid19_nhadmissionsreadmissions_032520.pdf, page no longer available.

NYS DOH Advisory: *Hospital Discharges and Admissions to Adult Care Facilities, Apr. 7, 2020*, available at: https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh_covid19_acfreturnofpositiveresidents_040720.pdf.

⁷ https://www.health.ny.gov/facilities/nursing/select_nh/select_nh.htm. Once the patient is medically assessed as appropriate for the NH, "each nursing home is required to develop an admission policy and procedure that is in accordance with State/Fed regulations and does not unlawfully discriminate against applicants. However, NHs have discretion in making admissions decisions and are not required to admit every applicant."

⁸ Report at page 26.

have serious side effects, including heart attacks, strokes, and death. Yet they are used on almost one in five nursing home residents in NY, often as a form of chemical restraint.”⁹

Safe staffing matters and initial research into COVID-19 and its impact on nursing homes shows that nursing homes with higher RN staffing had lower resident deaths from COVID-19.¹⁰ While the New York State Department of Health issued its long overdue report late August 14, 2020 that details the challenges with staffing, there is no question that safe staffing is vital to providing quality care and, as unified, NYSBA must push for the passage of the Safe Staffing for Quality Care Act.¹¹ Nursing homes make a legal and moral promise to provide safe and quality care to each resident they chose to admit. While the state can implement policy that helps boost the workforce, the responsibility to recruit, retain, and properly train staff rests with the nursing home.

The Report at page 25 and 26 states that nursing homes did not have adequate supplies of PPE and that hospitals had more access to emergency stockpiles of this equipment. There is conflicting information regarding these statements. In some cases, as testified to at the August 2020 New York State Assembly and Senate hearings, PPE was stored in administrators’ offices and not distributed to the employee caregivers. It is also important to note that PPE was also scarce at ACF’s, and exceedingly difficult for home care agencies to access through state mechanisms.¹² Nevertheless, the increase in nursing home residents with COVID-19 beginning in March 2020 and the March 25th decision by the New York State Health Department regarding the admission of COVID-19 positive residents highlights what was made evident by the marked increase in COVID-19 cases in these facilities. Namely, that nursing home staff never received adequate PPE training. While the Report discusses the limited access, some facilities had in securing PPE, there is no discussion regarding training staff about how to properly use and dispose of PPE. The testimony during the August hearings conducted by the New York State Senate and Assembly included numerous front-line workers- both registered nurses and certified nursing assistants- who stated that there was in fact PPE available in their facilities but there was no training in how to properly use it. For example, Ira Purks, CNA from Safire Rehabilitation of Northtowns, testified on August 10 about needing training in PPE. Any adequate infection control program must have adequate training as part of its protocol. This should be addressed in any plan to improve infection control.

On July 6, 2020, the New York State Department of Health issued a report entitled “Factors Associated with Nursing Home Infections and Fatalities in New York State During the COVID-19 Global Health Crisis” (“DOH Report”). This report was updated and revised on July 20, 2020. The DOH Report when discussing the March 25th DOH directive states that the peak of admissions of positive residents occurred a week after the peak of nursing home deaths from COVID-19. Therefore, the DOH Report concludes, the March 25th directive was not a decisive factor in the

⁹ Long Term Community Care Coalition, Memo in Support: Safe Staffing For Quality Care Act A02954/S01032.

¹⁰ Yue Li, et al. COVID-19 Infections and Deaths among Connecticut Nursing Home Residents: Facility Correlates” Journal of the American Geriatrics Society, June 18, 2020.

¹¹ A02954/S01032

¹² Testimony of Daniel Ross of Mobilization for Justice (ACF’s), Kathy Lebraio, Pres/CEO NYS Assoc. Health Care Providers, Al Cardillo, Pres/CEO Home Care Assoc. NYS.

mortality rate among nursing home residents based on the timing of admissions and infection. This report states that most of the COVID transmission and infection came in nursing homes came from staff at the facilities as opposed to COVID positive residents. While it is difficult to accurately gauge how transmission was occurring in these facilities, it is clear that nursing home staff members are in constant contact with both residents and other staff. Given the lack of training and distribution regarding PPE in many facilities, it is very difficult to believe that adding more positive residents to a given facility did not contribute to more spread, and that the bulk of transmission was due to COVID positive staff.

The Report states at page 26 that conditions in the nursing homes have been inaccurately represented in media reports. This broad statement is belied both by testimony from families at the recent hearings as well as some of the staff who testified. In addition, the ELSN Section has received firsthand reports from our clients, which corroborate the reports in the media. On August 16, 2020 *Newsday* published an expose on one facility where families were completely shut out from receiving information on their loved ones.¹³ It was reported that numerous families were simply called and told that their loved one had passed with no further information. (*Id.*) This type of behavior was also exposed in the recent hearings where family members testified to similar practices by nursing homes.

We believe that in late March and into April COVID-19 positive returnees to skilled nursing facilities should have been admitted to a COVID-19-only facility. Using the Javits Center or the USS Comfort would have been a much smarter decision and it would have been easy to manage infection and transmission. In addition, the DOH Report states that there were numerous other nursing homes that were COVID-19 only and available for residents who were deemed COVID-19 positive.

Why weren't positive COVID-19 residents sent to these facilities? Governor Cuomo stated on more than one occasion in his press conferences that nursing homes will "do the right thing" and will not accept residents they cannot keep safe.

Unfortunately, this view does not take into consideration that most nursing homes are private businesses, whether they are deemed non-profit or not, for whom profit is a significant matter. Every "body" that a nursing home loses to another facility is lost revenue- and profits. It is clear the nursing homes were ill prepared to handle the infection rates and could not curtail the spread as evidenced by over 6000 deaths. If the nursing homes were to "do the right thing" they would have acknowledged their inability to keep residents safe. Instead, facilities complained about the lack of PPE and did not advocate for the residents by supporting transfers to COVID-19 only facilities.

Owners and operators of nursing homes and other long-term care facilities are always concerned about profit and that concern can and does get in the way of adequate patient care. Regulating the amounts of money nursing home operators must spend on resident care should be part of any comprehensive reform package. The Report at page 26 refers to "historically low reimbursement rates that threaten the stability of the long-term care sector." However, any discussion about increases in Medicaid/Medicare reimbursement rates should include a discussion

¹³ *Newsday*, August 16, 2020; Crisis, Care and Tragedy on LI.

about passing regulations that require transparency with respect to how owners and operators are spending money. It seems that if a facility is going to claim that they would go into the red when meeting actual safe staffing levels for example, they should have to show why this is so. Also, a medical loss ratio model similar to the Affordable Care Act or some other method should be implemented to ensure that Medicaid and Medicare dollars are not inappropriately wasted on excessive management fees and other administrative costs.

As far as proof of the degree of concern about profits by operators, here are two examples: First, many nursing homes put “arbitration clauses” in their Admission Agreements limiting a resident’s ability to file a case in court if they have been harmed or injured by negligent care in the facility. Second, many nursing homes put “venue” selection clauses in their Admission Agreements so that if a claim is filed for a Public Health Law violation the claim must be litigated in the County chosen by the nursing home in the Agreement. Many Bronx and Brooklyn based nursing homes have clauses in the Agreements which place venue in Nassau County or Westchester County. Why? Arbitration clauses take away the right to a jury trial. These clauses are *always* buried in the middle of what is a 20 to 30-page agreement and is rarely, if ever, noticed by the signer who is frequently under significant stress at the time. These types of things are meant to increase profits by limiting damage awards for wrongdoing.

Finally, the ELSN Section understands that the issue of safe visitation during this crisis is complex. However, it is clear from this recent experience that prolonged isolation from loved ones causes residents to suffer severe psychological trauma and depression, which exacerbates or causes additional serious conditions. Providing safe visitation even during high infection rates is a problem that can be solved by resources (screening, minimum safe staffing levels, PPE, and proper practices) and a mandate to do it. Seeing loved ones is a matter of freedom that rests on the basic human right of free association. Congregate care facilities are not prisons whose confined inmates have lost this right; they are homes to their residents who crave human contact. Further, keeping watchdogs such as Ombudsmen out of these facilities, only allows dangerous conditions to persist. Based on many accounts, residents died of sheer neglect that went unreported or underreported before and during this pandemic. The ELSN Section suggests adopting safe visitation protocols as part of this mandate.

Our Comments to the Resolutions:

1. We believe the title of the Resolutions should be amended to read:

Older Adults and People with Disabilities, Nursing Home Providers & ACF Operators, and Nursing Home & ACF Residents¹⁴:

2. Paragraph (a) of the Resolution should be revised to read:

¹⁴ The Report at page 27 has a separate section of recommendations for “**Persons with Disabilities in Residential Facilities or Group Homes**” however, there is no final Resolution for this category of facilities. It is not clear why this category of facilities was left out of the final Resolutions. The ELSN Section strongly recommend including final Resolutions regarding these facilities.

(a) Equitable allocation of scarce resources from the Public Health and Social Services Emergency Fund—established by the CARES Act—To older adults, people with disabilities, and their health care providers, prioritizing under-resources long-term care providers, including home care and consumer-directed personal care

3. (c) Adequate levels of staffing:

“Adequate” is not nor has it ever been enough to ensure that nursing home (and adult care facility) residents received the care and services to meet their needs. Nursing homes must be held to the standard of nurse staffing minimums as stated in the Safe Staffing for Quality Care Act. Furthermore, staffing must encompass all nursing home staff, and not focus solely on nursing. Nursing homes must have enough staff to ensure residents have timely and routine access to visitors of their choosing, even if virtually, and there must be enough staff to ensure facility cleanliness, food service, social services, and activities to ensure each resident’s needs are met. As it stands, the ELSN Section cannot support a resolution that uses “adequate” as its benchmark.

4. Paragraph (g) of the Resolution should be revised to read:

(g) Recognition and honoring of older New Yorkers’ and New Yorkers’ with Disabilities right to health and human rights, to be free from abuse and neglect, and to care in the most integrated setting, as protected under federal law and international conventions;

SUB MEMORANDUM RE: TELEHEALTH

The ELSN Section (hereinafter “ELSN Section”) supports the expansion of telehealth services and reimbursement beyond emergency conditions and submits the following comments with respect to the HOD Resolutions.

I. INTRODUCTION:

Based upon our analysis of the statutes and regulations cited in the proposed HOD Resolution, the ELSN Section supports the concept of permanently expanding telehealth services. The ELSN Section agrees that the expansion of coverage pursuant to N.Y. EXEC. ORDER No. 202.1, Mar. 12, 2020 will afford the greatest amount of patients’ access to care beyond emergencies such as the current pandemic. Given the special challenges confronted by the elderly and special needs populations, our goal is to ensure that the standards of care, as well as the protections afforded under the HIPAA regulations are not compromised. While emergencies require leniency in ensuring immediate access to health care, the quest to continue the expansion of telehealth beyond the COVID-19 crisis cannot be at the expense of privacy and thorough medical evaluations and treatment plans. There should be no difference in providing health care to individuals whether they are in-person or utilizing telehealth services. Moreover, individuals receiving Medicaid and Medicare should not be denied coverage because their providers will not be reimbursed under the current guidelines.

With respect to the language offered in the HOD Resolution the ELSN Section has the following comments.

I. WHEN IS TELEHEALTH COVERED BY MEDICARE AND MEDICAID?

Pre-Covid-19 Guidelines:

New York Medicaid Update, Special Edition, Expansion of Telehealth Vol. 35, No. 2, N.Y.S. DEP’T OF HEALTH, Feb. 2019

While NYS Medicaid has expanded coverage of telehealth services, such telehealth services should not be used by a provider if they may result in any reduction to the quality of care required to be provided to a Medicaid member or if such service could adversely impact the member. Telehealth is designed to improve access to needed services and to improve member health. Telehealth is not available solely for the convenience of the practitioner when a face-to-face visit is more appropriate and/or preferred by the member.

The “originating site” requirement was what dictated whether or not Medicare would pay for services via telehealth. Medicare would reimburse fee-for-service treatment if the person were receiving telehealth services in a designated rural area, physician’s office, or a specified health care facility.

Pages 32-33 states to following: “In February 2019, however, in a Special Medicaid Telehealth, New York instituted limitations, including the rule that for dual individuals (those

eligible for both Medicare and Medicaid), “[i]f a service is within Medicare's scope of benefits (e.g., physician), but Medicare does not cover the service when provided via telehealth, Medicaid will defer to Medicare's decision and will not cover the telehealth encounter at this time.” The effect is to deny Medicaid for telehealth services outside of rural originating sites, and from non-Medicare-eligible practitioners for dually eligible beneficiaries,”

We recommend the following change: However, in a NYS/DOH Medicaid Update, Special Edition released in February 2019, concerning the expansion of telehealth New York instituted limitations on coverage. With respect to dual individuals (those eligible for both Medicare and Medicaid), “[i]f Medicare covers the telehealth encounter, Medicaid will reimburse the Part B coinsurance and deductible to the extent permitted by state law. If a service is within Medicare's scope of benefits (e.g., physician), but Medicare does not cover the service when provided via telehealth, Medicaid will defer to Medicare's decision and will not cover the telehealth encounter at this time.” (See billing guidelines). Although New York had a broader category of what services could be provided and where the origination sites could be, dual eligibles were not covered. On the federal level, Section 102 of the Telehealth Services During Certain Emergency Periods Act of 2020 gives the HHS Secretary authority to waive, among other policies, the geographic and originating site requirements of Section 1834(m) of the Social Security Act (the Act) as he sees fit, without restrictions on the definition of “qualified provider.”¹⁵ The expansion of coverage on the federal level allows dual eligibles to be covered as it expanded coverage under the Medicare program. Should the federal reimbursement rules be scaled back once we are past the current public health emergency, New York should adopt a policy which includes coverage for dual eligibles.

II. DEFINING TELEHEALTH

According to the American Academy of Family Physicians: “Telehealth is different from telemedicine in that it refers to a broader scope of remote health care services than telemedicine. Telemedicine refers specifically to remote clinical services, while telehealth can refer to remote non-clinical services.”¹⁶ “The American Academy of Family Physicians supports expanded use of telemedicine as an appropriate and efficient means of improving health, when conducted within the context of appropriate standards of care.

The CDC Definitions of Telehealth and Telemedicine:

“Telehealth is ‘the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.’ Often, telehealth is used interchangeably with the terms telemedicine or eHealth. Telehealth, however, is broader than these other terms; telemedicine and eHealth are distinct areas within telehealth. Telemedicine is defined by the Federation of State Medical Boards as ‘the practice of medicine using electronic communication, information technology, or other means between a physician in one location, and a patient in another location, with or without an intervening health care provider.’ The World Health

¹⁵ Coronavirus Preparedness and Response Supplemental Appropriations Act (H.R. 6074)

¹⁶ <https://www.aafp.org/news/media-center/kits/telemedicine-and-telehealth.html>

Organization defines eHealth as ‘the use of information and communication technologies (ICT) for health.’”¹⁷

III. CONTINUING TEMPORARY SUSPENSION AND MODIFICATION OF LAWS RELATING TO THE DISASTER EMERGENCY N.Y. EXEC. ORDER No. 202.1, Mar. 12, 2020

Section 2999-cc of the New York Public Health Law authorizes additional telehealth provider categories to permit other types of practitioners to deliver services within their scopes of practice and to authorize the use of certain technologies for the delivery of health care services to established patients, pursuant to such limitations as the commissioners of such agencies may determine appropriate. From standpoint of recipients of such services, the greatest issue prior to the COVID-19 pandemic was that access to telehealth was limited by geographic location and whether or not a provider would be reimbursed for providing services. Under the Medicare guidelines, access to telehealth was limited to rural areas. No consideration was taken with respect to homebound individuals. In the cities, care may be readily available, but that does not mean that accessing the care in-person would be possible. For elderly individuals living in walk-up apartments, they might not be able to leave their homes without EMS assisting them. Access-a-Ride is not always reliable, and many times seniors spend hours waiting to be picked up from doctors’ offices. For many older adults, a trip to the doctor is often delayed until an emergency because coordinating getting them to the doctor’s office may be too difficult if they are immobile.

The ELSN Section is concerned as to whether or not a physician or health provider would be able to adequately provide services to someone who is suffering from a disabling condition, such as cognitive impairment, or physical limitations, such as hearing loss. As stated in the Resolution, on March 6, 2020, the federal government enacted the “Telehealth Services during Certain Emergency Periods Act of 2020.” The Act eliminated the “originating site” requirements during public emergencies. As a result, qualified providers would be able to assist patients via telehealth. The providers must have a “pre-existing relationship with the patient.” With respect to offering services to the elderly and special needs population, it is vital that a relationship exist between provider and patient prior to determining whether or not services can be executed through this means.¹⁸ Standards of care must be reviewed in order to address concerns such as the prescribing of medications or evaluating cognitive deterioration must be addressed.

IV. HIPAA PROTECTION MUST REFLECT THE USE OF TECHNOLOGY

Communications modes for telehealth are limited by the HIPAA Privacy, Security and Breach Notification Rules. With COVID-19, HIPAA restrictions along with patient access to in-person treatment were greatly alleviated by the expansion of telehealth. Due to the increased need

¹⁷ <https://www.cdc.gov/phlp/publications/topic/anthologies/anthologies-telehealth.html>.

¹⁸ Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act this section will eliminate the requirement included in the Coronavirus Preparedness and Response Supplemental Appropriations Act (H.R. 6074) that providers or others in their group must have treated the patient in the past three years to provide them with a telehealth service during the ongoing public health emergency. This particular provision would not be appropriate for treatment beyond a public health emergency.

for telehealth, HIPAA regulators are more lenient with respect to communications, as long as a provider uses a non-public facing app advises the patient of privacy, as acts in good faith. If those requirements are met, it appears that a provider could use a non-HIPAA compliant app to provide telehealth. The HHS/OCR announcement specifies that public-facing apps like Facebook Live, Twitch and TikTok are not to be used. The ELSN Section supports the exercise of enforcement discretion for HIPAA regulations under the current conditions, but regulations must be permanently adopted to ensure there is a compliant communications that allows for expanded access to telehealth, while protecting the privacy of patients.

V. PATIENTS' RIGHTS AND CONSENTS

The practitioner shall provide the member with basic information about the services that he/she will be receiving via telehealth and the member shall provide his/her consent to participate in services utilizing this technology. Telehealth sessions/services shall not be recorded without the member's consent. Culturally competent translation and/or interpretation services must be provided when the member and distant practitioner do not speak the same language. If the member is receiving ongoing treatment via telehealth, the member must be informed of the following patient rights policies at the initial encounter.¹⁹ Documentation in the medical record must reflect that the member was made aware of these and other policies described in the NYS/DOH Medicaid Update, Special Edition released in February 2019.

VI. CONCLUSION

During this time of public health crisis, the expansion of telehealth has proven an effective means of treating patients for medical conditions beyond the effects of COVID-19. The ELSN Section recognizes that telehealth affords individuals an opportunity for treatment to individuals who may be too compromised to travel to a provider whether due to physical, cognitive, developmental, or psychological issues. By redefining the rules regarding reimbursement of services provided to dual eligibles, as well expanding the services covered, many more people will have access to proper medical treatment on a regular basis.

¹⁹ NYS/DOH Medicaid Update, Special Edition, released in February 2019, pg.7

From: [David Fischler](#)
To: [Richards, Thomas](#)
Subject: Re: Annotated Copy of Resolutions - Report of Health Law Section - November House of Delegates - September 10 Comment Deadline
Date: Monday, July 13, 2020 9:00:36 PM

Hi Tom,

Thanks for allowing the Committee on Mass Disaster Response the opportunity to comment report from the Health Law Section. We offer the following comment;

Resolution 1:

(b) Adoption of the, “**Crisis Standards of Care**,” developed by the **Institute of Medicine** in 2012, as is, ...

I would note that the IOM changed its name to the National Academy of Medicine in 2015.

Dave

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On Jun 29, 2020, at 17:00, Richards, Thomas <TRICHARDS@NYSBA.ORG> wrote:

Dear Section and Committee Chairs:

The New York State Bar Association Health Law Section has prepared a report and recommendations on public health issues resulting from the COVID-19 pandemic.

An annotated copy of the Health Law Section COVID 19 Resolutions with cross-referenced footnotes and citations is attached for your review. Links to the full report, addendum, and unannotated resolutions are copied below.

[Report and recommendations of Health Law Section](#)

[Health Law Section Addendum](#)

[Resolutions offered by Health Law Section](#)

The report will be presented at the November 7, 2020 meeting of the House of Delegates.

NYSBA sections and committees are requested to review the report and submit any comments by Thursday, September 10. Comments may be sent to trichards@nysba.org. All comments will be shared with the authors of the report and the Health Law Section.

You are invited to contact Karen Gallinari, Health Law Section chair (kgallinari@gmail.com), Mary Beth Morrissey, Health Law Section Task Force chair (mamorrissey@fordham.edu), and Catherine Carl, Health Law Section liaison (ccarl@nysba.org) should you have questions on the report and resolutions.

<image003.jpg> **Thomas J. Richards, Esq.** Deputy General Counsel,
Director of Public Interest
New York State Bar Association
One Elk Street, Albany, NY 12207

direct/fax: 518.487.5640 | **main:** 518.463.3200 | **email:** trichards@nysba.org | www.nysba.org

-

<image004.jpg>

From: Richards, Thomas
Sent: Monday, June 15, 2020 3:54 PM
To: NYSBA <NYSBA@nysba.onmicrosoft.com>
Cc: Karson, Scott <skarson@nysba.org>; T. Andrew Brown <abrown@brownhutchinson.com>
Subject: Report of Health Law Section - November House of Delegates - September 10 Comment Deadline

Dear Section and Committee Chairs:

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[<image004.jpg>](#)

<Rev 6-29-20 NYSBA Past Presidents Health Law Section resolutions with document requests 6-27-20.pdf><Rev 6-29-20 NYSBA Past Presidents Health Law Section resolutions with document requests 6-27-20.docx>



Staff Memorandum

HOUSE OF DELEGATES Agenda Item #12

REQUESTED ACTION: Approval of the report and recommendations of the Task Force on Mass Shootings and Assault Weapons.

The Task Force on Mass Shootings and Assault Weapons was appointed in 2018 by then-President Michael Miller to update the 2015 report entitled “Understanding the Second Amendment – Gun Regulation in America Today and Yesterday” with a focus on the role of mass shootings and assault weapons on gun violence in the United States. The Task Force’s report, entitled “Reducing the Epidemic of Mass Shootings in the United States – If Not Now, When?” is attached.

The report reviews the current state of the law relating to gun regulation as well as data on mass shootings and assault weapons; Task Force members also met with firearms experts. It addresses the connection between domestic violence and mass shootings; the connection between mental health and mass shootings; and the regulation of the sale and transfer of guns, accessories, and ammunition.

The report makes the following recommendations:

- Ban the possession, sale, and manufacture of assault-style weapons.
- Ban large-capacity magazines that hold more than 10 rounds of ammunition.
- Ban bump stocks and other devices that effectively enable semi-automatic firearms to be fired in fully automatic mode.
- Ban firearms manufactured without a license and without a serial number.
- Enact universal background checks for all gun sales, private and through licensed dealers.
- Expand the time for background checks to be completed before finalizing firearm sales.
- Require gun owners to obtain a license as a purchase and possession requirement for all types of firearms.

- Expand the category of individuals who are prohibited from purchasing or possessing firearms.
- Close reporting loopholes to ensure all disqualifying data is reported to the National Instant Criminal Background Check System (“NICS”).
- Enact Extreme Risk Protection Orders 'Red Flag Laws' that are consistent with the Federal and State Constitutions as well as existing state laws.
- Impose penalties for failure to notify the authorities of stolen or lost guns.
- Impose penalties for unlocked/unsecured guns in certain circumstances.
- Affirm that intermediate scrutiny and preponderance of the evidence proof apply to gun laws that do not substantially burden core Second Amendment rights.
- Educate the public regarding gun legislation and their rights to seek protection in situations of domestic violence.
- Promote and fund research and data collection regarding gun violence, including mass shootings.

The Task Force presented an informational report with its recommendations to the House at its January 2020 meeting. On October 23, it held a Dialogue about the report with interested members; the recording of that meeting is available with the materials for the November 7 meeting at <https://nysba.org/house-of-delegates-meeting-agendas-and-materials/>.

The report will be presented at the November 7 meeting by Margaret J. Finerty and David M. Schraver, co-chairs of the Task Force.



NEW YORK STATE
BAR ASSOCIATION

Report of the New York State Bar Association **Task Force on Mass Shootings and Assault Weapons**

November 2020

The views expressed in this report are solely those of the Task Force and do not represent those of the New York State Bar Association until adopted by the House of Delegates.

New York State Bar Association

Task Force on Mass Shootings and Assault Weapons

*Reducing the Epidemic of Mass Shootings
in the United States*

– If Not Now, When?

Final Report

November 2020

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Margaret J. Finerty

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Task Force on Mass Shootings and Assault Weapons

INTRODUCTION

The Task Force on Mass Shootings and Assault Weapons (“Task Force”) was appointed in the Summer of 2018 by then New York State Bar Association (“NYSBA”) President Michael Miller to update the Association’s 2015 Report *Understanding the Second Amendment – Gun Regulation in America Today and Yesterday*, with a more specific focus on the role of mass shootings and assault weapons in the continuing tragedy of gun violence in America. The Task Force was charged with developing appropriate recommendations for firearm regulations based on available data in an effort to reduce the incidence of mass shootings and the numbers of deaths and injuries that result from mass shootings. To gain an understanding of various types of firearms before developing these recommendations, Task Force members met with firearms experts from the New York City Police Department’s Firearms and Tactics Section. These experts explained and demonstrated various firearms, including assault-style weapons, to the Task Force, and we are grateful for the education they provided to us.

During the term of this Task Force, the incidence of mass shootings, including those in which assault-style weapons were used, only increased. As reported on the front page of the New York Times of Sunday, September 22, 2019:¹

From Memorial Day to Labor Day [2019], there were 26 mass shootings in the United States. They spanned the nation, terrorizing crowded public places and shattering private homes. Among the 126 killed were a 3-year-old girl and a 90-year-old man. And all we could do was ask why. And wait for it to happen again.

While mass shootings may account for only about one percent of all gun-related deaths,² they traumatize the nation and make people feel that no place is safe. While there is no one regulation that will solve this national problem, there is widespread and growing public support for taking certain actions that offer a reasonable chance of reducing the incidence of mass shootings and resulting casualties. There is still a need for more research and better data, but the Task Force has concluded that there are a number of actions that federal, state, and local governments can and should take, consistent with courts’ interpretations and applications of the Second Amendment, that will help to save lives.

The Task Force’s Mission Statement is as follows:

¹ Mitch Smith, *Inside a Deadly American Summer*, N.Y. TIMES (Sept. 21, 2019), <https://www.nytimes.com/interactive/2019/09/21/us/summer-mass-shootings.html?action=click&module=Top%20Stories&pgtype=Homepage> (last visited Nov. 4, 2020); Mitch Smith, *Inside a Deadly American Summer*, N.Y. TIMES (Sept. 22, 2019), <https://static01.nyt.com/images/2019/09/22/nytfpage/scan.pdf> (last visited Oct. 9, 2020).

² Jennifer Skeem & Edward Mulvey, *What role does serious mental illness play in mass shootings, and how should we address it?*, CRIMINOLOGY & PUBLIC POLICY, (2020;19:85-108). 2019 AMERICAN SOCIETY OF CRIMINOLOGY, (internal footnotes omitted). <https://onlinelibrary.wiley.com/doi/10.1111/1745-9133.12473> (last visited Oct. 9, 2020).

The task force will consider the connection between mental health and mass shootings; the relationship between domestic violence and mass shootings and make appropriate recommendations. Among its considerations, it will explore the potential effectiveness of enhanced waiting periods and enhanced background checks; uniformity of rules regarding purchases in stores and gun shows; whether private sellers should be required to conduct background checks on the domestic violence registry; and Federal and State model regulation of assault weapons and related accessories such as large ammunition magazines, “bumpstocks” and other devices.

This Report is intended to help educate the public and to provide a resource to legislators and policymakers as they seek to address the epidemic of gun violence in America. The members of the Task Force were selected to provide a balance of perspectives on these issues. They include avid hunters, target shooters, and gun owners as well as those who do not own or use firearms. They include people who live in rural and other upstate areas of New York State as well as residents of New York City and the greater metropolitan area. Some are solo practitioners and lawyers who practice in large and small firms, current or former prosecutors, and criminal defense counsel. They are people of various political beliefs. This Report is a consensus document that emerged from a collaborative process.

EXECUTIVE SUMMARY

The 2015 Report by the NYSBA Task Force on Gun Violence discussed the legal framework that governs and regulates the ownership, use, and possession of firearms under the Second Amendment. It surveyed the law and history of gun regulation in the United States and was intended to help educate the public, law makers, and policy makers with respect to gun rights and regulations. This Report of the NYSBA Task Force on Mass Shootings and Assault Weapons is focused more specifically on mass shootings and the use of assault-style weapons in mass shootings in an effort, based on available data, to understand the incidence and causes of mass shootings, to describe the role of assault-style weapons in them, and to make recommendations that offer a reasonable chance to reduce the number of mass shootings and casualties that result from them.

I. The New York State Bar Association's Role

The legal profession has a responsibility to use its legal expertise to contribute to changes in the law that promote the public good. Each year, the New York State Bar Association adopts federal and state legislative priorities to advocate for changes and improvements in the law. Indeed, NYSBA has a long history of contributing thoughtful analysis to matters of pressing public concern where our knowledge and experience as lawyers enables us to provide beneficial and responsible guidance. The State of New York has been a leader in enacting legislation to address gun violence, and NYSBA believes lawyers have a special role to play in addressing gun violence in America given our mission to protect the rule of law and the federal and state constitutions. We know from firsthand experience, for example, how important it is to seek orders of protection for our clients in domestic abuse or mental health situations, and to defend those who are accused of gun offenses to ensure their constitutional and other legal rights. This Report is intended to be a nonpartisan effort, based on legal developments and experience since the 2015 Report, to address the continuing tragedy of mass shootings and gun violence that have touched people all across our country.

As discussed above, the members of this Task Force have been selected to provide a variety of perspectives and a balanced approach to the issues around mass shootings and assault weapons. They have worked to arrive at consensus-based recommendations based on the available data and the current state of the law regarding the Second Amendment.

II. Recommendations

The recommendations of the Task Force include:

- Ban the possession, sale and manufacture of assault-style weapons
- Ban large-capacity magazines that hold more than 10 rounds of ammunition

- Ban bump stocks and other devices that effectively enable semi-automatic firearms to be fired in fully automatic mode
- Ban firearms manufactured without a license and without a serial number
- Enact universal background checks for all gun sales, private and through licensed dealers
- Expand the time for background checks to be completed before finalizing gun sales
- Require gun owners to obtain a license as a purchase and possession requirement for all types of firearms, rifles and shotguns
- Expand the category of individuals who are prohibited from purchasing or possessing guns
- Close reporting loopholes to ensure all disqualifying data is reported to the National Instant Criminal Background Check System (“NICS”)
- Enact laws that provide for Extreme Risk Protection Orders (“ERPOs”), i.e., “Red Flag” laws
- Impose penalties for failure to notify the authorities of stolen or lost guns
- Impose penalties for unlocked/unsecured guns in certain circumstances
- Affirm that intermediate scrutiny and preponderance of the evidence proof apply to gun laws that do not substantially burden core Second Amendment rights
- Educate the public regarding gun legislation and their rights to seek protection in situations of domestic violence
- Promote and fund research and data collection regarding gun violence, including mass shootings

III. Mass Shootings

One of the complications in analyzing mass shootings is that there is no universally accepted definition of a mass shooting, and different studies have used different definitions. For example, the Congressional Research Service adopted four “parallel definitions for patterns of ‘mass murder’ committed entirely with firearms”: “mass shooting,” “mass public shooting,” “familial mass shooting,” and “other felony mass shooting.”³ The Congressional Research Service defined mass shooting as, “a multiple homicide incident in which four or more victims are murdered with firearms—not including the offender(s)—within one event, and in one or more locations in close geographical proximity” and used a more conservative definition for public mass shooting: “a multiple homicide incident in which four or more victims are murdered with firearms—not including the offender(s) —within one event, and at least some of the murders occurred in a public location or locations in close geographical proximity . . . and the murders are *not* attributable to any other underlying criminal activity or commonplace circumstance”⁴ A simpler definition commonly used by researchers is to

³ WILLIAM J. KROUSE, CONG. RESEARCH SERV., R44126, MASS MURDER WITH FIREARMS: INCIDENTS AND VICTIMS, 1999-2013 10 (July 30, 2015), <https://fas.org/sgp/crs/misc/R44126.pdf> (last visited Oct. 9, 2020).

⁴ *Id.*

adopt the FBI’s criteria for a “mass murderer” and set a casualty threshold of four fatalities by firearm, excluding the offender(s), in a single incident and typically in a single location. Other definitions vary using factors such as time, place, method, circumstances, and number of victims (whether killed or injured) excluding the offender(s). This Task Force has reviewed and relies on various available databases, studies, and reports, without confining our research to a specific definition of mass shooting. For example, in our discussion of the relation between domestic violence and mass shootings, some of the incidents we cite may have occurred in private, rather than public, places. Nevertheless, we are confident that available data from reputable sources support the general conclusions we have reached and the recommendations we make.

The different definitions of a mass shooting and the relative rarity of these events compared to the total number of gun-related deaths make it difficult to analyze trends. However, data indicate that both the incidence of mass shootings and the numbers of casualties are increasing. Based on an analysis of its public mass shootings database, in August of 2019, *The Washington Post* proclaimed: “More and deadlier: Mass shooting trends in America.”⁵ In September of 2019, the *Los Angeles Times* published an Opinion based on a research project funded by the National Institute of Justice, the research arm of the U. S. Department of Justice, which concluded: “We analyzed 53 years of mass shooting data. Attacks aren’t just increasing, they’re getting deadlier.”⁶ Obviously, not all mass shootings follow the same pattern. The Violence Project, funded by the National Institute of Justice, has developed a “Mass Shooter Database” of 171 mass public shootings from 1966 to 2019 coded on 100 life history variables in an effort to identify evidence-based prevention strategies. Research must continue on many fronts. But the time is now to take actions that offer a reasonable possibility of reducing the damage caused by mass shootings in America.

IV. Assault Weapons

As with the definition of mass shooting, determining the precise definition of an assault weapon can be challenging.⁷ Because firearms deemed to be “assault weapons” carry greater restrictions than other firearms, gun manufacturers have been very creative in bypassing legal definitions by altering the design of firearms to avoid specified features. Certain states have adopted different definitions to try to address these efforts to circumvent statutory definitions. Among other recommendations, the Report discusses the definition of assault weapon and suggests a potentially improved working definition.

⁵ Bonnie Berkowitz et al., *More and Deadlier: Mass Shooting Trends in America*, WASH. POST (Aug. 5, 2019), <https://www.washingtonpost.com/nation/2019/08/05/more-deadlier-mass-shooting-trends-america/?arc404=true> (last visited Oct. 9, 2020).

⁶ James Densley & Jillian Peterson, Opinion, *We Analyzed 53 Years of Mass Shooting Data. Attacks Aren’t Just Increasing, They’re Getting Deadlier*, L.A. TIMES (Sept. 1, 2019), <https://www.latimes.com/opinion/story/2019-09-01/mass-shooting-data-odessa-midland-increase> (last visited Oct. 9, 2020).

⁷ See for a general discussion: Erica Goode, *Even Defining ‘Assault Rifles’ Is Complicated*, N.Y. TIMES (Jan. 16, 2013), <https://www.nytimes.com/2013/01/17/us/even-defining-assault-weapons-is-complicated.html?pagewanted=all> (last visited Oct. 9, 2020).

Generally speaking, assault weapons are high-powered semiautomatic firearms capable of autoloading a new cartridge into the chamber after the gun is discharged. Users then need only to pull the trigger to fire the gun again. Given the frequency with which such weapons are used in mass shootings and their increased lethality compared to most other types of firearms, the Task Force recommends that a ban on the sale and possession of assault-style weapons be implemented on both the federal and state levels. Data support the conclusion that such a ban will decrease the occurrence and casualties of mass shootings. Similarly, in an effort to reduce the number of casualties of mass shootings, magazines capable of holding more than ten rounds and bump stocks and other devices that effectively permit semiautomatic firearms to be fired in fully automatic mode should be banned. Additional measures should be taken to try to keep firearms from getting into the hands of people who should not have them, including universal background checks, extending the time for completing background checks, and adding basic requirements for the purchase, acquisition, and securing of firearms.

V. Recent Developments in the Law

In *District of Columbia v. Heller*, 554 U.S. 570 (2008), the Supreme Court, in a 5-4 decision, held for the first time that the Second Amendment protects an individual right of law-abiding citizens to possess an operable handgun in the home for self-defense. The Court cautioned that this right is “not unlimited” and that certain regulations and limitations are “presumptively lawful.” The Report includes an updated post-*Heller* discussion of Second Amendment challenges to gun regulations and various types of gun safety laws; courts’ reasoning in these cases as they have applied a standard of “intermediate scrutiny” unless the law in question seriously burdens the “core” Second Amendment right of self-defense in the home; and the Supreme Court’s reluctance to grant certiorari in Second Amendment cases. The Report includes a table summarizing some of the 2018-2020 cases in which *Heller* was discussed in depth.

VI. Domestic Violence and Mass Shootings

Studies show that there is a demonstrable connection between domestic violence and mass shootings. Federal law and the laws of several states address this problem by (1) prohibiting persons who have threatened or committed certain acts of domestic violence from purchasing or possessing firearms, and (2) providing for protective orders (variously called “domestic violence restraining orders,” “orders of protection,” or similar terms) that include such prohibitions and may require the person subject to the order to surrender their firearm(s). These protective orders can be obtained in civil Family Court or divorce proceedings, as well as in the context of a criminal case. Protective orders relating to domestic violence should be reported to federal and state authorities and maintained in registries or databases such as the NICS and corresponding state registries. This will enable the orders to appear during a background check and identify those who are disqualified from owning or possessing firearms. Victims of domestic violence should be educated by law enforcement and other agencies about their right to obtain these protective orders. And the laws should broaden both who qualifies to seek domestic

violence protective orders and abusers who may be subject to such orders. Reporting or registering such orders must be enforced. At the same time, the constitutional rights of persons alleged to have committed acts of domestic violence that would disqualify them from owning or possessing firearms should be respected. To this end, at the expiration of the protective orders or disqualifications, there should be reasonable procedures for the retrieval of firearms and the restoration of the right to own or possess firearms, if appropriate. The Report includes a discussion of the issues and recommendations related to domestic violence and a summary of federal and selected state laws that address these issues.

VII. Mental Health and Mass Shootings

The Report demonstrates the connection between serious mental health issues and mass shootings and discusses efforts by the federal government and several states to prevent persons with mental health problems from purchasing or possessing firearms, which, in turn, may prevent mass shootings or other gun violence including suicide. The Report includes a detailed discussion of ERPOs (which allow families and law enforcement, and in some instances school officials, to temporarily restrict individuals' access to guns if they present a higher risk of harming themselves or others) and recommends the enactment of a federal law providing support for such orders, as well as the adoption or expansion of such laws at the state level. Although federal law identifies persons who are ineligible to purchase or possess firearms because of certain mental health issues, the Report recommends that the categories of individuals who are prohibited from purchasing or possessing firearms due to mental health concerns be expanded. The Report also urges that all disqualifying events for gun ownership and possession, including mental health issues, must be reported to NICS and state registries. NICS is the foundation of the system that enables a quick background check and determination of whether a prospective gun buyer is eligible to purchase a firearm. But the system is only as good as the records in it and is largely reliant on federal agencies, state and local courts, and law enforcement agencies to submit records, including mental health records, to NICS and to state registries. Improved reporting and background checks can be effective in keeping firearms out of the hands of people who should not have them, but more needs to be done at the federal and state levels. The Report includes a number of recommendations to address these issues, including that the federal government allocate resources to assist and incentivize the states in providing essential information to NICS and all other relevant authorities.

VIII. The Sale and Transfer of Guns, Accessories and Ammunition

In addition to banning assault-style weapons, bump stocks and high capacity magazines, the Task Force recommends that “ghost guns”⁸ be prohibited, and that all firearms be manufactured by licensed individuals, bear serial numbers, and be detectable by standard screening systems with an image that displays its shape. We recommend universal background checks for all weapons sales, by licensed dealers as well as private individuals, in person and online, and that the sale of unfinished frames and receivers require background checks as well.

⁸ Ghost guns are self-assembled firearms built from kits or individual gun components, including 3D printed pieces, that can be purchased without a background check. These firearms do not have serial numbers and are therefore untraceable. The term “firearm” in this report refers to the common usage of the term, is meant to be synonymous with “gun,” and includes rifles and shotguns, as well as handguns. In New York, Penal Law § 265.00 has separate definitions for the terms “firearm,” “rifle,” and “shotgun.” Consequently, we also use the term “gun” or specifically reference firearms, rifles and shotguns, for clarification as needed.

The time in which to complete a background check should be extended. The current 3-day federally required turnaround time can be insufficient, especially for locating disqualifying information from state sources. A tragic example of this is the shooting that occurred at the Emanuel African Methodist Episcopal Church in Charleston, South Carolina on June 17, 2015. The shooter in that case, who killed 9 people, should not have been allowed to purchase the gun he used due to a prior arrest record. Because his background check was not completed within the three-day period, however, the sale went through.⁹ New York has expanded the time frame in which to complete a background check to 30 days. There is pending federal legislation that would allow additional time as well.¹⁰ It passed in the House on February 28, 2019, but has not been acted upon by the Senate. The categories of people prohibited from purchasing a firearm should be expanded to include individuals convicted of violent misdemeanors in addition to domestic violence offenses, such as hate crimes, stalking and lower level illegal gun possession. We strongly urge that anyone purchasing or possessing any type of firearm, as well as a rifle or shotgun, be required to obtain a license or permit beforehand, and that a course be required on the safe operation and storage of the weapon. This would ensure that background checks are performed, and that weapons do not get into the hands of disqualified individuals. All states require that a person be licensed and pass a test before they can drive a car. A gun is as deadly a weapon as a car when not operated and maintained safely. Additionally, the right to possess a weapon carries with it responsibilities, including storing it in a safe manner so that it does not get into the wrong hands and children do not have access to it. The Task force recommends that laws be enacted, to the extent they do not already exist, to impose criminal penalties for the failure to promptly report lost or stolen guns, and the failure to securely and safely store them when not in the owner's possession.

⁹ See Carrie Johnson, *FBI Says Background Check Error Let Charleston Shooting Suspect Buy Gun*, NPR (July 10, 2015), <https://www.npr.org/sections/thetwo-way/2015/07/10/421789047/fbi-says-background-check-error-let-charleston-shooting-suspect-buy-gun> (last visited Oct. 9, 2020).

¹⁰ The Enhanced Background Checks Act of 2019, H.R. 1112, extends the window for background checks to 10 days.

REPORT SECTION ONE

Update on *District Of Columbia v. Heller* and The Current State of the Law

This Section provides a summary of the status of Second Amendment jurisprudence in light of the United States Supreme Court decisions in *District of Columbia v. Heller* and *McDonald v. City of Chicago*. This summary relies heavily on a document prepared by the Giffords Law Center,¹¹ which summarizes the post-*Heller* litigation, and a recent law review article by Eric Ruben and Joseph Blocher, which analyzes Second Amendment litigation after *Heller* through February 2016.¹²

I. Overview

In *District of Columbia v. Heller*, 554 U.S. 570 (2008), the Supreme Court, in a 5-4 decision, “held for the first time that the Second Amendment protects an individual right of law-abiding citizens to possess an operable handgun in the home for self-defense. . . . [T]he Court struck down Washington D.C. laws prohibiting handgun possession and requiring that firearms in the home be stored unloaded and disassembled or locked at all times.”¹³

In *McDonald v. City of Chicago*, 561 U.S. 742 (2010), the Supreme Court held in another 5-4 ruling that this Second Amendment right is incorporated in the Due Process Clause of the Fourteenth Amendment, and therefore binds the States as well as the Federal Government. “The Court invalidated a Chicago law entirely prohibiting the possession of handguns.”¹⁴

In *Heller*, the Court cautioned that the Second Amendment right it recognized is “not unlimited,” and does not confer “a right to keep and carry any weapon whatsoever in any manner whatsoever and for whatever purpose.” *Heller*, 554 U.S. at 626. The Court noted that “prohibitions on carrying concealed weapons were lawful under the Second Amendment” and identified a non-exhaustive list of “presumptively lawful regulatory measures,” including: “prohibitions on the possession of firearms by felons and the mentally ill,” laws forbidding guns in “sensitive places” like schools and government buildings, and “conditions and qualifications” on the commercial sale of firearms. *Id.* at 626-27, 627 n. 26. “The Court also noted that laws banning ‘dangerous and unusual weapons,’ such as M-16 rifles and other firearms that are most useful in military service, are consistent with the Second Amendment. *Id.* at 627 (internal quotation marks omitted). Finally, the Court declared that its analysis should not be read to suggest ‘the invalidity of laws regulating the storage of firearms to prevent accidents.’ *Id.* at 632.”¹⁵

¹¹ See generally Giffords L. Ctr., *Post-Heller Litigation Summary* (Jan. 2020), <https://lawcenter.giffords.org/wp-content/uploads/2020/02/PHLS-February-2020-Update.pdf>. Since updated on August 25, 2020, <https://giffords.org/lawcenter/gun-laws/litigation/post-heller-litigation-summary/#:~:text=In%20a%20%E2%80%93%20ruling,the%20home%20for%20self%2Ddefense> (last visited Oct. 9, 2020).

¹² See generally Eric Ruben & Joseph Blocher, *From Theory to Doctrine: An Empirical Analysis of the Right to Keep and Bear Arms After Heller*, 67 DUKE L.J. 1433 (2018).

¹³ *Supra* note 11.

¹⁴ *Id.*

¹⁵ *Id.*

Because *Heller* suggested that certain “presumptively lawful” regulations fall outside the scope of the Second Amendment, most courts have no difficulty upholding these types of laws. More broadly, however, “Second Amendment challenges as a whole . . . have been overwhelmingly rejected.”¹⁶ For example, in October 2018 the Giffords Law Center reported that in more than 1,300 state and federal court decisions it tracked, “courts have rejected the Second Amendment challenges 93% of the time,” upholding many gun laws, including the following:

- Requiring “good cause” for the issuance of a permit to carry a concealed firearm;
- Prohibiting the possession of machine guns, assault weapons, and large capacity ammunition magazines;
- Requiring that firearms be stored in a locked container or other secure manner when not in the possession of the owner;
- Forbidding gun possession by dangerous persons including those convicted of felonies and domestic violence crimes, and those who have been involuntarily committed to mental institutions;
- Requiring the registration of all firearms;
- Forbidding persons under 21 years old from possessing firearms or carrying guns in public;
- Regulating firing ranges, including zoning, construction, and operation requirements;
- Requiring that handguns sold within a state meet certain safety requirements;
- Imposing fees on the commercial sale of handguns to fund firearm safety regulations; and
- Requiring a waiting period before completing a firearm sale.¹⁷

II. Types of Gun Safety Laws

A. Guns in Public or Public Carry Laws

¹⁶ Ruben & Blocher, *supra* note 12, at 1446. This study analyzed 1,153 Second Amendment challenges through February 2016 and found only 108 that were not rejected, “an overall success rate of 9 percent.” *Id.* at 1472.

¹⁷ Giffords L. Ctr., *Post-Heller Litigation Summary* (Oct. 2018), <https://giffords.org/lawcenter/gun-laws/litigation/post-heller-litigation-summary/> (last visited Oct. 10, 2020).

Heller did not reach this issue, but challenges to public carry restrictions have had the highest success rate, particularly when the challenged law or regulation attempts to completely ban public carry. Such bans have been struck down in Illinois and in Washington, D.C.¹⁸ Nevertheless, even where the courts have held that the Second Amendment protects some right to carry a gun in public, they have also expressly recognized the government's broad authority to regulate guns in public, including licensing, residency, and age requirements.¹⁹

B. Possession of Firearms by Criminals or Other Dangerous People

Regulations that prohibit certain categories of people from possessing firearms are the most commonly challenged. These challenges are also among the least likely to succeed, due in large part to the number of them involving felons in possession of firearms.²⁰ However, some litigants challenging laws that impose lifetime firearms prohibitions have had measured success in convincing the courts that their personal circumstances potentially warrant lifting such prohibitions.²¹

C. Unusually Dangerous Weapons and Ammunition

In *Heller*, the Supreme Court recognized that one limitation on the Second Amendment is the prohibition on carrying “dangerous and unusual weapons.” *Heller*, 554 U.S. at 627 (citation omitted). The Court also noted that it does not violate the Second Amendment to ban “weapons that are most useful in military service,” such as “M-16 rifles and the like.” *Id.* The court explained that its prior decision *United States v. Miller*, 307 U.S. 174 (1939), provided that the weapons protected by the Second Amendment are those “in common use at the time.” *Id.* (quoting *Miller*, 307 U.S. at 179). In addition, the Court observed that protected arms are those “typically possessed by law-abiding citizens for lawful purposes.” *Id.* at 625.

But a finding that a particular weapon is in “common use” or “typically possessed” does not guarantee its protection under the Second Amendment. Relying on *Heller's* recognition that “M-16 rifles and the like” may be banned, courts have upheld restrictions on assault weapons and large-capacity magazines. Courts have also upheld bans or restrictions on the sale or manufacture of short-barreled shotguns, machine guns, silencers, grenades, pipe bombs, and mines, as well as some types of ammunition.²²

D. Commercial Sale of Firearms

In *Heller*, the Supreme Court stated that “laws imposing conditions and qualifications on the commercial sale of arms” are presumptively lawful and do not run afoul of the Second Amendment. *Heller*, 554 U.S. at 626-27. Accordingly, laws regulating the sales of firearms and accessories are routinely upheld, including prohibiting the sale of weapons and ammunition to people under the age of 21, requiring waiting periods prior to the transfer of firearms, requiring

¹⁸ See Ruben & Blocher, *supra* note 12, at 1484-85.

¹⁹ See Giffords L. Ctr., *supra* note 11, at 9-10.

²⁰ See Ruben & Blocher, *supra* note 12, at 1481.

²¹ See Giffords L. Ctr., *supra* note 11, at 19.

²² See *id.*, at 14-16.

new handguns to meet safety requirements, zoning regulations, fees, and requiring dealers to be licensed.²³

E. Firearms in Sensitive Places

Although courts usually agree that bans on firearm possession in or near schools and government property are constitutional, challenges to laws that prohibit possession of weapons, shooting ranges, or gun stores in specific locations have a better success rate than challenges to other types of regulations.²⁴

F. Other – Including Registration, Transfer, and Safety of Firearms

Many courts have upheld laws requiring all firearms to be registered; requiring background checks; requiring individuals to be licensed to own a handgun; requiring fees for license or permit applications; requiring the safe storage of guns in the home or in vehicles; and prohibiting possession of firearms while intoxicated.²⁵

III. Second Amendment Challenges

A study conducted by Eric Ruben and Joseph Blocher, and summarized in the above-referenced Duke Law Journal article, identified certain characteristics of Second Amendment challenges and doctrinal trends. Not surprisingly, a significant proportion of Second Amendment litigation has occurred in geographic areas known to have stronger gun laws, e.g., Illinois, California, Massachusetts, and New Jersey.²⁶ Criminal cases accounted for almost 65 percent of the cases that Ruben and Blocher analyzed, but the success rate in criminal cases is less than half of that in civil cases, 6 percent versus 15 percent.²⁷

Although Second Amendment challenges have largely been rejected post-*Heller*, they have “experienced a steadily increasing success rate, from 0 percent in the challenges brought after *Heller* in 2008, to 19 and 15 percent in 2014 and 2015, respectively.”²⁸ Of the 108 successful challenges analyzed by Ruben and Blocher, 70 were at the appellate level.²⁹ As would be expected, as-applied challenges were successful at a higher rate than facial challenges in Second Amendment litigation, at least in federal court.³⁰

A. The Courts’ Reasoning in Second Amendment Cases

²³ See Giffords L. Ctr, *supra* note 11, at 22-23.

²⁴ See Ruben & Blocher, *supra* note 12, at 1483.

²⁵ See Giffords L. Ctr., *supra* note 11, at 25-26.

²⁶ Ruben & Blocher, *supra* note 12, at 1475-77.

²⁷ *Id.* at 1478.

²⁸ *Id.* at 1486.

²⁹ *Id.* at 1497.

³⁰ *Id.* at 1499.

Generally, lower courts engage in a basic two-step inquiry when analyzing Second Amendment claims.³¹ First, the courts ask whether the challenged law imposes a burden on conduct falling within the scope of the Second Amendment. If the court finds that the regulation does not impose such a burden, no further inquiry is needed and the challenge fails. If the court finds that a regulation indeed implicates conduct protected by the Second Amendment, the second step of the analysis is required, which is to determine and apply the appropriate level of scrutiny.³²

In *Heller*, the Court stated that the “rational basis” test is not appropriate in the Second Amendment context. *Heller*, 554 U.S. at 628 n. 27. Accordingly, courts have uniformly rejected rational basis scrutiny.³³ Courts tend to agree that the appropriate level of scrutiny depends on the nature of the conduct being regulated and the degree to which the challenged law burdens Second Amendment rights. To this end, “the proper level of scrutiny is generally determined by looking at how severely the law in question burdens the ‘core’ Second Amendment right of self-defense in the home.”³⁴ In general, a consensus has emerged that intermediate scrutiny, which examines whether a law is reasonably related to an important or significant government interest, is appropriate in the majority of Second Amendment cases. Under this view, gun control measures that do not prevent law-abiding, responsible citizens from possessing an operable handgun in the home for self-defense are analyzed under intermediate scrutiny.³⁵

An example of this approach is found in *New York State Rifle & Pistol Ass’n, Inc. v. Cuomo*, 804 F.3d 242 (2d Cir. 2015). In this case, firearms owners, sellers, and advocacy groups challenged the constitutionality of New York’s Secure Ammunition and Firearms Enforcement Act (“SAFE Act”)³⁶ and Connecticut’s “An Act Concerning Gun Violence Prevention and Children’s Safety.” At issue were provisions of both the New York and Connecticut laws prohibiting possession of semiautomatic assault weapons and large-capacity magazines, as well as New York’s law regulating load limits and Connecticut’s law banning the non-semiautomatic Remington 7615. On review, the Second Circuit adopted “a two-step analytical framework, determining first whether the regulated weapons fall within the protections of the Second Amendment and then deciding and applying the appropriate level of constitutional scrutiny.” *Id.* at 253.

³¹ In their analysis, however, Ruben and Blocher, found that only 41% of the challenges in their dataset explicitly involved the two-part test. *Id.* at 1490-91.

³² See Giffords L. Ctr., *supra* note 11, at 3.

³³ *Id.* at 6.

³⁴ *Id.* at 3.

³⁵ See *id.* at 6-7.

³⁶ The New York Secure Ammunition and Firearms Enforcement Act, known as the SAFE Act, S.2230/A.2388, 2013-2014 Legis. Sess. (2013), was signed into law by Governor Cuomo on January 15, 2013. Appendix B includes a description of (1) amendments to the SAFE Act effective since the Task Force’s 2015 report, and (2) cases decided since the Task Force’s 2015 report addressing the SAFE Act involving issues not related to the *Heller* decision. For an excellent discussion of the background and provision of New York’s Safe Act, see 78 Albany Law Review 749, Robert J. Spitzer, *New York State and the New York State Safe Act: A Case Study in Strict Gun Laws*, (2015), http://www.albanylawreview.org/Articles/Vol78_2/78.2.749%20Spitzer.pdf (last visited Oct. 9, 2020).

The court first determined that “[b]y their terms, the statutes at issue implicate[d] the core of the Second Amendment’s protections by extending into the home, ‘where the need for defense of self, family and property is most acute.’” *Id.* at 258 (quoting *Heller*, 554 U.S. at 628). However, because the regulated weapons were not handguns, “that ‘quintessential self-defense weapon,’” the laws did not implicate Second Amendment rights to the same extent as the laws at issue in *Heller*. *Id.* (quoting *Heller*, 554 U.S. at 629). Still, because the New York and Connecticut laws amounted to an absolute prohibition of a certain class of weapons, the laws operated as a substantial burden on the ability of law-abiding citizens to possess and use a firearm for lawful purposes. *Id.* at 259. Nevertheless, the court concluded that intermediate, rather than strict, scrutiny was appropriate. *Id.* at 260. The key question for the court was whether the statutes at issue were substantially related to the achievement of an important governmental interest. *Id.* at 261. In the court’s view, there could be no argument that both states had “substantial, indeed compelling, governmental interests in public safety and crime prevention,” so the court believed its only role was to “assure ourselves that, in formulating their respective laws, New York and Connecticut have drawn reasonable inferences based on substantial evidence.” *Id.* at 261-62 (internal quotation marks omitted). To survive intermediate scrutiny, the “fit between the challenged regulation [and the government interest] need only be substantial, not perfect.” *Id.* at 261 (citation omitted). It was not necessary to ensure that the statute was “narrowly tailored” or the “least restrictive available means to serve the stated governmental interest.” *Id.* (citation omitted). The “predictive judgments of the legislature” were entitled to “substantial deference,” and as long as the defendants produced evidence that “fairly support[ed] their rationale, the laws will pass constitutional muster.” *Id.* (internal quotation marks omitted).

In this case, the court believed that both states had produced such evidence, finding that “semiautomatic assault weapons have been understood to pose unusual risks,” “tend to result in more numerous wounds, more serious wounds, and more victims,” “are disproportionately used in crime, and particularly in criminal mass shootings like the attack in Newtown,” and “are also disproportionately used to kill law enforcement officers.” *Id.* at 262. According to the court, it needed “merely to ensure that the challenged laws are substantially—even if not perfectly—related to the articulated governmental interest.” *Id.* at 263. The prohibition of semiautomatic assault weapons passed this test, and the same logic applied to the restrictions on large-capacity magazines. *Id.*

As for the seven-round load limit in New York’s SAFE Act, however, the court found that New York failed to present sufficient evidence that a seven-round load limit would best protect public safety or that “the mere existence of this load limit will convince any would-be malefactors to load magazines capable of holding ten rounds with only the permissible seven.” *Id.* at 264. On intermediate scrutiny review, the state cannot “get away with shoddy data or reasoning”; rather, “the defendants must show *reasonable* inferences based on *substantial* evidence that the statutes are substantially related to the governmental interest.” *Id.* (internal quotation marks omitted). The court also struck down Connecticut’s prohibition of the Remington Tactical 7615, a non-semiautomatic pump-action rifle. *Id.* at 269. It did so, however, because the state failed to present any argument at all regarding this weapon or others like it. *See id.* at 269, 258 n. 73.

In a more recent opinion, the First Circuit adopted the two-step approach to uphold provisions of the Massachusetts firearms licensing statute allowing Boston and Brookline to restrict licenses to carry firearms in public (the licenses at issue allowed the holders to carry firearms only in relation to certain specified activities or because the holder has good reason to fear injury, but denied them the right to carry firearms more generally). *See Gould v. Morgan*, 907 F.3d 659, 669 (1st Cir. 2018).³⁷

According to the First Circuit, the plaintiffs’ appeal hinged on two questions: Does the Second Amendment protect the right to carry a firearm outside the home for self-defense? And, if it does, may the government condition the exercise of that right on a showing that a citizen has a “good reason” for carrying a firearm outside the home?³⁸ *Id.* at 666. The term “firearm” in this case referred to a conventional handgun but not to assault weapons. *Id.* at 666-67. Plaintiffs contended that the right to carry firearms in public for self-defense lies at the core of the Second Amendment and, thus, admits of no regulation; and that the Boston and Brookline policies therefore fail under any level of scrutiny that might apply. *Id.* at 667.

The court disagreed with plaintiffs that the Second Amendment guarantees an unconditional right to carry firearms in public for self-defense: “*Heller* simply does not provide a categorical answer to whether the challenged policies violate the Constitution,” and neither does *Heller* “imperil every law regulating firearms.” *Id.* at 668 (citation omitted). Applying the first step of the two-step approach, however, the court concluded that *Heller* implied that the right to carry a firearm for self-defense guaranteed by the Second Amendment is not limited to the home. *Id.* at 670. Acknowledging that *Heller* does not “supply . . . a map to navigate the scope of the right of public carriage for self-defense,” the court proceeded on the assumption that the Boston and Brookline policies therefore burden the Second Amendment. *Id.*

Applying the next step of the two-step approach, the court rejected plaintiffs’ invitation to apply strict scrutiny: “Strict scrutiny does not automatically attach to every right enumerated in the Constitution.” *Id.* Moreover, “[e]ven though the Second Amendment right is fundamental, the plaintiffs have offered us no valid reason to treat it more deferentially than other important constitutional rights.” *Id.* Rather, making explicit what it had previously implied, the court held that “the core Second Amendment right is limited to self-defense in the home,” citing as support cases from the Second, Third, Fourth, Fifth, Sixth, Tenth, and Eleventh Circuits. *Id.* at 671. As the court explained:

The home is where families reside, where people keep their most valuable possessions, and where they are at their most vulnerable (especially while sleeping at night). Outside the home, society typically relies on police officers, security guards, and the watchful eyes of concerned citizens to mitigate threats. This same panoply of protections is much less effective inside the home. . . . Last—but surely

³⁷ The district court in *Gould v. O’Leary*, 291 F. Supp. 3d 155, 174 (D. Mass. 2017), granted summary judgment for the defendants, Boston, Brookline, and the Commonwealth.

³⁸ Plaintiffs did not challenge the Massachusetts firearms licensing statute as a whole, nor did they challenge the Commonwealth’s requirement that an individual must have a license to carry firearms in public. *See Gould v. Morgan*, 907 F.3d 659, 666 (1st Cir. 2018).

not least—the availability of firearms inside the home implicates the safety only of those who live or visit there, not the general public.

Id. at 671-72.

The court reasoned that “[v]iewed against this backdrop, the right to self-defense—upon which the plaintiffs rely—is at its zenith inside the home. This right is plainly more circumscribed outside the home.” *Id.* at 672. Indeed, “[t]his sort of differentiation is not unique to Second Amendment rights,” the court observed. *Id.* “Many constitutional rights are virtually unfettered inside the home but become subject to reasonable regulation outside the home.” *Id.* Ultimately, citing its own precedent as well as decisions of its sister circuits, the court decided that intermediate scrutiny was the appropriate test in this case. *Id.* at 672-73.

Applying intermediate scrutiny, the court did not dispute “the obvious importance” of Massachusetts’ compelling governmental interests in both public safety and crime prevention. *Id.* at 673. The question reduced to whether the “good reason” requirement was substantially related to those interests. *Id.* In answering the question, the predictive judgments of the state legislature were entitled to substantial deference, although not “blind allegiance.” *Id.* at 673-74. Still, the legislature’s chosen means did not need to be narrowly tailored to achieve its ends; rather, the fit need only be substantial. *Id.* at 674. Here, the Boston and Brookline policies did not impose a total ban on the right to public carry of firearms. *Id.* Furthermore, the defendants “forged a substantial link between the restrictions imposed . . . and the indisputable governmental interests.” *Id.* There was evidence that Massachusetts consistently had one of the lowest rates of gun-related deaths in the nation, as well as several studies indicating that states with more restrictive licensing schemes for public carry experienced significantly lower rates of gun-related homicides and other violent crimes. *Id.* at 675.

Finally, the court acknowledged the “profusion of countervailing studies and articles” presented by plaintiffs, but concluded that in the “process of crafting sound policy, a legislature often must sift through competing strands of empirical support and make predictive judgments to reach its conclusions.” *Id.* at 675-76. “This is plainly an inexact science, and courts must defer to a legislature’s choices among reasonable alternatives.” *Id.* at 676. “[T]his case falls into an area in which it is the legislature’s prerogative—not ours,” the court concluded, “to weigh the evidence, choose among conflicting inferences, and make the necessary policy judgments.” *Id.* The court further reasoned:

It would be foolhardy—and wrong—to demand that the legislature support its policy choices with an impregnable wall of unanimous empirical studies. Instead, the court’s duty is simply “to assure that, in formulating its judgments, [the legislature] has drawn reasonable inferences based on substantial evidence.”

Id. (quoting *Turner Broad. Sys., Inc. v. FCC*, 512 U.S. 622, 666 (1994) (Kennedy, J.)).

Here, according to the court, the defendants adduced such evidence, and “the legislature was entitled to rely on it to guide its policy choices.” *Id.*

The plaintiffs filed a Petition for Writ of Certiorari in this matter (now captioned *Gould v. Lipson*) in April 2019, and the respondents’ opposition brief and petitioner’s reply brief was filed in May. The case was distributed for conference on May 21, 2019. The Supreme Court denied the petition for certiorari on June 15, 2020.³⁹

In another recent opinion, the Third Circuit applied the two-step approach to conclude that a law limiting the amount of ammunition in a single firearm magazine to ten rounds does not unconstitutionally burden the Second Amendment right to self-defense in the home, upholding the district court’s denial of the plaintiffs’ motion for a preliminary injunction. See *Ass’n of N.J. Rifle & Pistol Clubs, Inc. v. Attorney Gen. of N.J.*, 910 F.3d 106 (3d Cir. 2018). After first determining that magazines are “arms” under the Second Amendment, the court applied the first step of the two-step approach to assume, without deciding, that large-capacity magazines (“LCMs”) are typically possessed by law-abiding citizens for lawful purposes and that they are entitled to Second Amendment protection. *Id.* at 116-17. Addressing the level of scrutiny that must be applied, the court stated that the applicable level of scrutiny is dictated by whether the challenged regulation burdens the core Second Amendment right, and if that core right is severely burdened, strict scrutiny applies. *Id.* at 117. If not, intermediate scrutiny applies. *Id.*

The LCM law at issue here did not severely burden the core Second Amendment right to self-defense in the home for five reasons, according to the court. First, the law did not categorically ban a class of firearms. *Id.* at 117. Second, the law did not prohibit an entire class of arms that is overwhelmingly chosen by American society for self-defense in the home. *Id.* at 118. Third, a prohibition on LCMs does not effectively disarm individuals or substantially affect their ability to defend themselves. *Id.* Fourth, the law does not render the firearm at issue incapable of operating as intended. *Id.* And fifth, “it cannot be the case that possession of a firearm in the home for self-defense is a protected form of possession under all circumstances.” *Id.* Indeed, “[b]y this rationale, any type of firearm possessed in the home would be protected merely because it could be used for self-defense.” *Id.* Thus, the law did not severely burden, “and in fact respects, the core of the Second Amendment right.” *Id.*; see also *id.* at 118 n. 21 (noting that no court has applied strict scrutiny to LCM bans).

Under intermediate scrutiny, the court found that New Jersey had “undoubtedly, a significant, substantial and important interest in protecting its citizens’ safety,” and that the LCM ban “reasonably fit” that interest. *Id.* at 119 (internal quotation marks omitted). There was evidence that LCMs are used in mass shootings and in the murders of police, and that LCMs allow for more shots to be fired and thus more casualties to occur when they are used. *Id.* In addition, an LCM ban would present opportunities for shooting victims to flee and bystanders to intervene because the shooter would have fewer bullets available and would need to either change weapons or reload to continue shooting, a view that was corroborated by additional evidence. *Id.* at 119-20. Finally, the law did not burden more conduct than reasonably necessary—it did not disarm the individual and it did not impose a limit on the number of firearms or magazines or amount of ammunition a person may lawfully possess. *Id.* at 122. Moreover, the record did not show that LCMs are well-suited or safe for self-defense. *Id.* For these reasons, the LCM ban survived intermediate scrutiny, and the court held that such laws do

³⁹ See <https://www.supremecourt.gov/Search.aspx?FileName=/docket/docketfiles/html/public%5C18-1272.html> (last visited Oct. 9, 2020).

not violate the Second Amendment. *Id.* at 122-23. The plaintiffs petitioned for certiorari. The case (now captioned *Rogers v. Grewal*) was distributed for conference on May 7, 2019. The Supreme Court denied the petition for certiorari on June 15, 2020, the same day it denied the petition for certiorari in *Gould v. Lipson*.⁴⁰

B. The Supreme Court Has Repeatedly Denied Certiorari in Second Amendment Cases, But Granted Certiorari in *New York State Rifle & Pistol Ass'n Inc.*

Since *Heller*, the Supreme Court has denied certiorari in at least 150 Second Amendment cases.⁴¹ The Court has heard only two such cases: *Caetano v. Massachusetts*, 136 S. Ct. 1027 (2016) (per curiam) and *New York State Rifle & Pistol Ass'n Inc. v. City of New York*, 140 S. Ct. 1525 (2020) (No. 18-280). In *Caetano*, Massachusetts sought to prohibit the private possession of stun guns. The Court did not rule that stun guns are protected by the Second Amendment, but vacated and remanded the Massachusetts Supreme Judicial Court's decision upholding the constitutionality of the state's stun gun ban. *Caetano*, 136 S. Ct. at 1027-28.⁴² Massachusetts later dropped its prosecution, so the case did not continue after remand.⁴³ In *New York State Rifle & Pistol Ass'n Inc. v. City of New York*, the petitioners challenged the New York City rule prohibiting gun owners with premises licenses—licenses enabling residents to keep handguns in their homes—from transporting firearms outside of the city. *See* 883 F.3d 45 (2d Cir. 2018), *cert. granted*, 139 S. Ct. 939 (U.S. Jan. 22, 2019) (No. 18-280). After the Court granted certiorari, and before oral argument, the City modified the challenged regulation to allow premises license holders to transport their handguns outside of city limits, and amended its handgun licensing statute to require localities to permit such license holders to engage in such transport. The City subsequently argued that these changes rendered the case moot. *See* Respondents' Suggestion of Mootness at 1, *N.Y. State Rifle & Pistol Ass'n v. City of N.Y.*, 140 S. Ct. 1525 (2020) (No. 18-280). The petitioners, however, argued that the case still presented a live controversy, claiming that, among other things, the current version of the rule prohibited gun owners from stopping within city bounds, with their firearms, on their way out of the city. Brief for Petitioners at 2, 6-11, *N.Y. State Rifle & Pistol Ass'n v. City of N.Y.*, 140 S. Ct. 1525 (2020) (No. 18-280). At oral argument, a few of the Justices, including Justices Kagan and Sotomayor, expressed skepticism about this argument, noting that the petitioners have already obtained the relief that they originally sought. *See* Transcript of Oral Argument at 5, 8, *N.Y. State Rifle & Pistol Ass'n v. City of N.Y.*, 140 S. Ct. 1525 (2020) (No. 18-280). The Court ultimately dismissed the case in a *per curiam* decision as being moot.⁴⁴

As noted above and below, additional Second Amendment cases may be poised for Supreme Court review, and there is an emerging view in Second Amendment jurisprudence that the Court's disinclination to expand its decision in *Heller* has relegated gun ownership rights to "second-class" status. A dissenting opinion in the Third Circuit case discussed above is a recent example of this view: "The Second Amendment is an equal part of the Bill of Rights," the

⁴⁰ *See Rogers v. Grewal*, 140 S. Ct. 1865 (2020).

⁴¹ *See Giffords L. Ctr.*, *supra* note 11, at 28-29.

⁴² In a concurring opinion, however, Justices Alito and Thomas concluded that "Massachusetts' categorical ban of such weapons . . . violates the Second Amendment." *Caetano*, 136 S. Ct. at 1033.

⁴³ Earlier this year, however, the Massachusetts Supreme Judicial Court struck down the stun gun statute as facially invalid in *Ramirez v. Commonwealth*, 479 Mass. 331 (2018).

⁴⁴ *See N.Y. State Rifle & Pistol Ass'n v. City of N.Y.*, 140 S. Ct. 1525 (2020) (per curiam).

circuit judge wrote. *Ass'n of N.J. Rifle & Pistol Clubs, Inc.*, 910 F.3d at 126 (Bibas, J., dissenting). “We must treat the right to keep and bear arms like other enumerated rights, as the Supreme Court insisted in *Heller*. We may not water it down and balance it away based on our own sense of wise policy.” *Id.*

Under this view, strict scrutiny should be applied to any law that burdens the core Second Amendment right of self-defense in the home. *See id.* at 127. This core Second Amendment right is no different than core First Amendment rights, and it is entitled to the same level of scrutiny. *See id.* “*How much* the law impairs the core or *how many people* use the core right that way does not affect the tier of scrutiny.” *Id.* at 128. “So,” according to the dissent, “like any other law that burdens a constitutional right’s core, this [LCM ban] warrants strict scrutiny.” *Id.*

The dissent accuses the majority of taking a forbidden balancing approach, rejected by *Heller*. *See id.* at 128-29. “Deciding the severity of the burden before picking a tier of scrutiny is deciding the merits first,” which is backwards and “upends *Heller’s* careful approach.” *Id.* at 129.⁴⁵ According to the dissent:

The Supreme Court insisted that the Second Amendment has already made the basic policy choice for us. By enacting it, the Framers decided that the right to keep and bear arms is “*really worth* insisting upon.” So the Court needed no data on how many people wield handguns defensively. It did not evaluate alternatives. It was enough that banning handguns impaired self-defense in the home.

Id. (internal citations omitted).

The dissent finally concluded that, even under intermediate scrutiny, the LCM ban fails, claiming that the majority “takes a record on which the District Court did not rely and construes everything in favor of the government, effectively flipping the burden onto the challengers.” *Id.* at 130. The dissent agrees that New Jersey has a compelling interest in reducing the harm from mass shootings. *Id.* at 131. Indeed, “[n]o one disputes that.” *Id.* But the dissent simply rejects the evidence cited by the majority, claiming that not even the District Court relied on the evidence and concluding that there was no evidence relied on by the District Court “that specifically links large magazines to mass-shooting deaths.” *Id.* at 131-32. In sum, according to the dissent, the government must prove that the LCM ban will advance its interests and is tailored to do so, and they should be required to introduce “real studies of any causal evidence that large-magazine limits prevent harm from mass shootings or gun violence in general.” On this point, the majority commented on the dissent’s insistence “on a particular type of evidence, namely empirical studies demonstrating a causal link between the LCM ban and a reduction in mass shooting deaths.” *Id.* at 120 n. 24. “This is not required,” the court wrote. *Id.* “To take the dissent’s suggestion concerning the need for empirical studies to its logical conclusion, the State would have to wait for studies analyzing a statistically significant number of active and mass shooting incidents before taking action to protect the public. The law does not impose such a stringent requirement.” *Id.* at 122.

⁴⁵ The majority notes that its “dissenting colleague seems to misunderstand the analytical approach that we have adopted and which is consistent with our precedent. The dissent suggests that we engage in interest-balancing. Our analysis demonstrates that we do not.” *Ass'n of N.J. Rifle & Pistol Clubs, Inc.*, 910 F.3d at 119 n. 22.

IV. Recent Lower Court Cases

A. Firearms Cases

Heller has been cited in almost 2,000 cases in the ten years since it was handed down, according to Westlaw. In 2018 alone, it was cited in over 170 cases. The following summarizes some of the 2018-2020 cases in which *Heller* was cited in greater depth.

CASE	CLAIMS/ISSUE(S)/ PROCEDURAL HISTORY	OUTCOME
<i>Holloway v. Attorney Gen. United States</i> , 948 F.3d 164 (3d Cir. 2020)	A Pennsylvania resident convicted of a second DUI at the highest blood alcohol content, a first-degree misdemeanor with a maximum penalty of five years' imprisonment, claimed that the prohibition on possessing a firearm under 18 U.S.C. § 922(g)(1) violated his Second Amendment rights. The district court held that his DUI offense was a "non-serious crime" that was not a historical basis for disarmament and that the government failed to show that disarmament of individuals like him would promote public safety, and permanently enjoined the government from applying § 922(g)(1) to him.	Reversed and remanded. The court first determined that the application of § 922(g)(1) was presumptively lawful under <i>Heller's</i> affirmance of the "longstanding prohibitions on possession of firearms by felons," because the appellee's DUI misdemeanor conviction carried a maximum penalty of five years and was thus a disqualifying felony. Turning to the issue of whether the DUI offense was a "serious crime" sufficient to strip the appellee of his Second Amendment rights under Third Circuit precedent, the court considered the high potential for harm posed by drunk driving, as recognized by Supreme Court cases, federal legislation requiring states to implement highway safety programs to reduce injuries and deaths caused by drunk driving, executive-branch rules conditioning state funding on impaired driving countermeasures, and the state's decision to impose a mandatory minimum jail term and a higher maximum penalty of five years' imprisonment. The court concluded that the appellee fell within the class of "persons historically excluded from Second Amendment protections."
<i>Culp v. Raoul</i> , 921 F.3d 646 (7th Cir. 2019)	Out-of-state residents claimed that Illinois' Firearm Concealed Carry Act, which allows the state to issue concealed-carry licenses only to residents who pass criminal and mental health background checks and monitoring, and	The court upheld the law. As it reasoned, <i>Heller</i> emphasized that the Second Amendment right was not unlimited and recognized the "propriety of the longstanding prohibitions on the possession of firearms by felons and the mentally ill." The court found that the state's interest in ensuring public safety justifies prohibitions on the possession of firearms by individuals with felony

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	<p>nonresidents from states with “substantially similar” requirements, violates the Second Amendment. The district court granted summary judgment to the state, underscoring that the state has a substantial interest in restricting such licenses to those individuals whose qualifications can be verified and monitored.</p>	<p>criminal records and mental illness. The court also rejected the plaintiffs’ claims that the “substantial-similarity” requirement violates the Second Amendment, noting that the licensing standards for residents and nonresidents were identical, and that the requirement stems from the information deficit the states faces in vetting and monitoring out-of-state residents. As the court held, the state demonstrated that the requirement directly relates to its “weighty interest” in maintaining public safety by preventing individuals with mental illness and felony criminal records from carrying firearms in public.</p>
<p><i>Kanter v. Barr</i>, 919 F.3d 437 (7th Cir. 2019)</p>	<p>The plaintiff, who was convicted of a nonviolent felony, was barred from possessing a firearm under federal and Wisconsin law. He challenged those statutes under the Second Amendment, as applied to nonviolent offenders. The district court granted the governments’ motions to dismiss, holding that applying the federal and Wisconsin felon dispossession laws to the plaintiff is substantially related to the government’s important interest in preventing gun violence.</p>	<p>Affirmed. Although <i>Heller</i> and historical evidence did not address whether nonviolent felons as a class historically enjoyed Second Amendment rights, the court noted that <i>Heller</i> had recognized felon disarmament laws as “presumptively lawful.” The court applied intermediate scrutiny and found that the government met its burden under that standard. The government showed that it had an interest in preventing gun violence by keeping firearms from certain individuals such as convicted felons, who are likely to misuse them, and presented statistical evidence showing that nonviolent offenders are more likely to commit violent crimes in the future. As the court determined, prohibiting even nonviolent felons from possessing firearms is substantially related to the state’s interest in ensuring public safety.</p>
<p><i>Medina v. Whitaker</i>, 913 F.3d 152 (D.C. Cir. 2019)</p>	<p>An individual convicted of felony mortgage fraud 27 years ago brought an as-applied challenge to 18 U.S.C. § 922(g)(1), which prohibits anyone convicted of a crime punishable by imprisonment for a term exceeding one year from</p>	<p>Affirmed. In light of <i>Heller</i>’s statement that felon firearm prohibitions are “longstanding” and “presumptively lawful,” the court rejected the argument that non-violent felons have a right to bear arms under the Second Amendment. The court noted <i>Heller</i>’s assertion that the Second Amendment protects the right of “law-abiding, responsible citizens to use arms in defense of hearth and home”—</p>

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	<p>owning firearms for life. The district court dismissed the complaint, holding that felons are not protected by the Second Amendment, and, even if they were, the law met intermediate scrutiny.</p>	<p>a category excluding both violent and nonviolent felons. Medina’s as-applied challenge failed because he could not show that his conviction for felony fraud was distinguishable from other convictions encompassed by § 922(g), given that felony fraud is a serious crime (<i>malum in se</i>), and that a few years after his conviction, he was convicted of three additional counts of misdemeanor fraud.</p>
<p><i>Doe I v. Evanchick</i>, 355 F. Supp. 3d 197 (E.D. Pa. 2019)</p>	<p>Plaintiffs attempted to purchase firearms for self-defense in their homes, but were prohibited from doing so by Section 6105(c)(4) of the Pennsylvania Uniform Firearms Act (“PUFA”), which bans individuals who have been temporarily committed under the Pennsylvania Mental Health Procedures Act (“MPRA”) from possessing firearms. Plaintiffs brought a facial challenge to Section 6105(c)(4), claiming that it deprives them, and all other similarly-situated individuals committed under Section 302 of the MPRA (“section 302 committees”), of the right to bear arms without procedural due process.</p>	<p>The court granted the defendant’s motion for summary judgment. The court acknowledged that although <i>Heller</i> stated that a prohibition on the right to own firearms by the mentally ill is presumptively lawful, a temporary emergency commitment to a mental institution is not sufficient to consider an individual “mentally ill.” However, the court held that a section 302 committee is not entitled to additional pre-deprivation procedures before the state police enter his mental health record in state databases, which, in turn, prevents the committee from purchasing a firearm under section 6105(c)(4). The court found that the state’s interest in preventing someone who poses a “clear and present danger to himself” from owning or using firearms outweighs the need for a pre-deprivation hearing. The court also determined that the state’s post-deprivation procedures, which provides a committee with three ways to restore his right to bear arms—including a full evidentiary hearing—satisfied due process.</p>
<p><i>Miller v. Sessions</i>, 356 F. Supp. 3d 472 (E.D. Pa. 2019)</p>	<p>Plaintiff had a 20-year-old misdemeanor conviction for possessing and using documents issued by PennDOT that he knew were altered, and completed one year of</p>	<p>The court granted the plaintiff’s motion for summary judgment, finding that this offense was not “serious” in light of the fact that it was a non-violent misdemeanor and the plaintiff’s punishment was one year of probation. As applied to the plaintiff, the statute did not survive intermediate scrutiny</p>

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	<p>probation. He brought an as-applied challenge to 18 U.S.C. § 922(g)(1), which prohibits anyone convicted of a crime punishable by imprisonment for a term exceeding one year from owning firearms for life.</p>	<p>because the government did not meet its burden of demonstrating a “substantial fit” between disarming the plaintiff and protecting the community from crime. Although circuit precedent did not require the government to show empirical evidence, the court concluded that there was no evidence showing that the plaintiff would be “dangerous to his community” if allowed to possess a firearm. The court granted plaintiff’s request for permanent injunctive relief barring the government from enforcing § 922(g)(1) against him.</p>
<p><i>Harley v. Barr</i>, No. 18-cv-396, 2019 U.S. Dist. LEXIS 66056 (E.D. Va. Apr. 16, 2019)</p>	<p>Plaintiff, who was convicted of a domestic violence misdemeanor thirty years earlier, brought an as-applied challenge to 18 U.S.C. § 922(g)(9), arguing that the statute was unconstitutional as applied to him because of his law-abiding history and his public service. Section 922(g)(9) applies specifically to prior domestic abusers and was added to the statute in 1997 to address the large number of domestic abusers who are not charged with, or convicted of, felonies.</p>	<p>The court denied the plaintiff’s motion for summary judgment and granted the government’s cross-motion for summary judgment. The government showed that there was a reasonable fit between § 922(g)(9) and its “important interest in protecting individuals from gun violence perpetrated by domestic abusers.” The court rejected the plaintiff’s argument that the passage of time combined with demonstrated rehabilitation invalidated the statute as applied to him, citing other circuit decisions rejecting similar claims due to the high rates of recidivism amongst domestic abusers. As the court noted, “Congress, in passing § 922(g)(9), created a regulation that has a reasonable relationship to its desired objective, <i>i.e.</i> eliminating domestic gun violence,” and “it is improper to create a judicial exception that has no basis in the text of the statute.”</p>
<p><i>Williams v. Barr</i>, 379 F. Supp. 3d 360(E.D. Pa. 2019)</p>	<p>Plaintiff was convicted of a DUI at the highest rate of intoxication with a prior offense and sentenced to house arrest, due to a medical condition. He had previously been arrested for another DUI, which was ultimately dismissed. He brought an as-applied</p>	<p>The court denied plaintiff’s motion for summary judgment and granted summary judgment for the government. First, the court considered whether the plaintiff’s first-degree misdemeanor was sufficiently “serious,” and concluded that it was not, because it was a non-violent misdemeanor and there was no “clear consensus” among the states regarding its seriousness. However, the court held that the government met its burden of intermediate</p>

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	challenge to 18 U.S.C. § 922(g)(1), which prohibits the possession of firearms by individuals convicted of a crime punishable by a term of imprisonment exceeding one year.	scrutiny, taking into account an expert report submitted by the government showing that DUI offenders are 5.6 times more likely to commit a violent or firearms-related offense than someone with no criminal history. In light of this study, the court found a reasonable fit between the plaintiff's disarmament and the "important government interest of preventing armed mayhem."
<i>Baumiller v. Sessions</i> , 371 F. Supp. 3d 224(W.D. Pa. 2019)	Plaintiff was convicted of theft by unlawful taking in Pennsylvania, a first-degree misdemeanor with a maximum sentence of five years of prison time, and was sentenced to one year of probation. He brought an as-applied challenge to a statute barring him from owning a gun for the rest of his life.	The court granted summary judgment for the government, finding that the plaintiff's crime was "serious." Although Pennsylvania classified the plaintiff's crime as a misdemeanor and it did not involve the use of force, the court considered the fact that the maximum penalty was five years and the vast majority of states classified the plaintiff's offense as a felony. In light of this finding, the court rejected the plaintiff's challenge without considering whether the statute met intermediate scrutiny.
<i>Laudenslager v. Sessions</i> , No. 17-00330, 2019 U.S. Dist. LEXIS 23213 (M.D. Pa. Feb. 13, 2019)	Plaintiff was charged with a misdemeanor (knowing receipt of stolen property) which was punishable by up to five years of imprisonment, and he was sentenced to three years' probation. He sought a judgment restoring his right to bear arms and declaring that his conviction fell outside of the scope of a statute banning firearm possession by misdemeanants who have committed crimes punishable by more than two years' imprisonment, and brought an as-applied challenge to the statute.	The court denied the plaintiff's motion for summary judgment. Under Third Circuit precedent, misdemeanors subject to a maximum penalty of more than two years' imprisonment are subject to the statutory prohibition on firearm possession, even if the conviction does not include any prison term. The court also rejected the plaintiff's as-applied challenge, because most states classify the plaintiff's crime as a felony or as a misdemeanor punishable by more than two years' imprisonment, which supported the conclusion that it was a crime sufficiently "serious" to trigger disarmament.
<i>Rocky Mountain Gun Owners v.</i>	Gun right advocates filed suit against the state,	Affirmed. The court held that the LCM restrictions are a reasonable exercise of the

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<p><i>Hickenlooper</i>, No. 17CA1502, 2018 WL 5074555 (Colo. Ct. App. Oct. 18, 2018)</p>	<p>alleging that statutes prospectively prohibiting the sale, transfer, or possession of large-capacity magazines (“LCMs”) violated the right to bear arms clause of the Colorado Constitution. (Plaintiffs did not allege that the statutes violated their rights under the Second Amendment to the U.S. Constitution.) The trial court upheld the constitutionality of the statutes. Gun rights advocates appealed.</p>	<p>state’s police power. The trial court’s finding that the legislative purpose in enacting the statutes was to reduce the number of people who are killed or shot in mass shootings was supported by the record. There was evidence that LCMs were used close to 50% of the time in mass shootings versus only 20% of other crimes; that the use of LCMs increases the fatality rate per mass shooting by 40% and increases the number of people who are shot by a factor of roughly two to three; that the use of LCMs results in victims being struck by more bullets, which causes a greater chance of death; that small-capacity magazines cause a shooter to pause in firing, which affords victims more opportunity for escape; and that states without LCM bans experienced three times as many mass shootings as states with a ban.</p>
<p><i>Congden v. Michigan Dep’t of Health & Human Servs.</i>, No. 17-cv-13515, 2018 WL 2431605 (E.D. Mich. May 29, 2018)</p>	<p>Plaintiff posted a picture of himself to his Facebook page wearing a Santa Claus outfit and carrying a legally purchased semiautomatic rifle. He was constructively discharged from his employment as an officer with Child Protective Services after the unsatisfactory completion of his one-year probationary period. He filed a wrongful termination suit against the defendants alleging Second Amendment retaliation, among other claims.</p>	<p>The defendants were entitled to qualified immunity on the Second Amendment claim because the officials’ acts did not violate the plaintiff’s clearly established constitutional right. Plaintiff contended <i>Heller</i> clearly established that the Second Amendment protects the right to own and possess a firearm inside one’s own home. But the court held that “<i>Heller</i> does not stand for such a broad proposition.” “[T]he Court in <i>Heller</i> seemed to at least acknowledge that there is no Second Amendment right to carry a semiautomatic rifle like the one depicted in [plaintiff’s] Facebook post.”</p>

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<i>Libertarian Party of Erie Cty. v. Cuomo</i> , 300 F. Supp. 3d 424 (W.D.N.Y. 2018)	New York State’s licensing scheme, which requires applicants to be over 21 years old, have “good moral character,” have no history of crime or mental illness, and demonstrate no “good cause” to deny the license, violates Second and Fourteenth Amendments.	Licensing scheme upheld. New York State’s firearms licensing laws are substantially related to the state’s governmental interest because they are designed to ensure that “only law-abiding, responsible citizens are allowed to possess” a firearm, and the laws “promote[] public safety and prevent gun violence” by preventing classes of individuals without the requisite character and qualities from possessing firearms. An appeal to the Second Circuit has been filed. Briefs were filed and oral argument took place on February 20, 2019; a decision is pending.
<i>Mance v. Sessions</i> , 896 F.3d 699 (5th Cir. 2018)	Handgun dealers and purchasers and gun rights organization challenged the constitutionality of the federal interstate handgun transfer ban, which prohibits a federally-licensed firearms dealer (“FFL”) from transferring handguns to individuals who do not reside in the state in which dealer’s place of business is located. District court granted plaintiffs’ motion for summary judgment and issued an injunction.	Reversed and injunction vacated. The in-state sales requirement is not unconstitutional either facially or as applied to plaintiffs. The requirement that a handgun purchased from an FFL outside of the state be transferred to an FFL located in the state in which purchaser lives is narrowly tailored to assure that an FFL who actually delivers a handgun to a buyer can reasonably be expected to know and comply with the laws of the state in which the delivery occurs, and it is the least restrictive means of assuring that the purchasers are authorized under their home state’s laws to purchase and possess the particular firearms they seek to buy. In addition, the in-state sales requirement does not violate the Due Process Clause because it does not favor or disfavor residents of any particular state and it imposes the same restrictions on sellers and purchasers of firearms in each state. A petition for writ of certiorari is pending and was distributed for conference on April 8, 2019
<i>N.Y. State Rifle & Pistol Ass’n v. City of N.Y.</i> , 883 F.3d 45 (2d Cir. 2018), cert. granted, ___ U.S. (2020).	Firearm owners’ association and individual handgun owners challenged city’s licensing scheme that limited the circumstances under which an individual with a	Licensing scheme upheld. The court found the rule to be substantially related to an important governmental interest of protecting public safety and preventing crime. “There is a longstanding tradition of states regulating firearm possession and use in public because of the dangers posed to public safety.” A

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	“premises license” for a handgun could remove the gun from the premises specified.	petition for writ of certiorari was filed on September 6, 2018 and granted on Jan. 22, 2019. <i>See supra</i> at pp. 22-23 for a summary of the briefing and oral argument.
<i>Pena v. Lindley</i> , 898 F.3d 969 (9th Cir. 2018)	Handgun purchasers brought an action challenging the constitutionality of provisions of California’s Unsafe Handgun Act (“UHA”) regarding required features for handguns. District court granted summary judgment for defendant.	Affirmed. The UHA requires new models of handguns to have a chamber load indicator and a magazine detachment mechanism, both designed to limit accidental firearm discharges. A third provision, designed to aid law enforcement, requires new handguns to stamp microscopically the handgun’s make, model, and serial number onto each fired shell casing. The Court of Appeals rejected plaintiffs’ claims that the laws were unconstitutional, finding that the law only regulates commercial sales, not possession, and does so in a way that does not impose a substantial burden on purchasers. The court rejected plaintiffs’ claims that they have a constitutional right to purchase a particular handgun. The court also found no violations of the Equal Protection Clause. A Petition for Writ of Certiorari was filed on December 28, 2018. A response was filed on February 4, 2019, and the case was distributed for conference on March 20, 2019.
<i>United States v. Jimenez</i> , 895 F.3d 228 (2d Cir. 2018)	Defendant was charged with possession of ammunition after having been dishonorably discharged from the military. The district court denied defendant’s motion to dismiss, and he appealed.	Affirmed. <i>Heller</i> protects the rights of “law-abiding, responsible citizens to use arms in defense of hearth and home.” Criminalizing possession of a bullet after being dishonorably discharged for felony-equivalent conduct was substantially related to achieving an important government interest of regulating firearms. The defendant’s conviction, therefore, did not violate the Second Amendment.
<i>Glass v. Paxton</i> , 900 F.3d 233 (5th Cir. 2018)	State university professor brought an action alleging that a Texas law permitting concealed carry of handguns on campus and a corresponding university policy prohibiting	Affirmed. Professors lacked standing to bring First Amendment claim because she did not allege that harm from concealed-carrying students was certainly impending. Rather, she alleged only a probability that concealed-carry license holders would intimidate professors and students in the classroom. The

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	<p>professors from banning such weapons in their classrooms violated her rights under the First Amendment, Second Amendment, and Equal Protection Clause. The district court dismissed the Complaint.</p>	<p>court also rejected Plaintiff’s argument that the campus concealed-carry law violated the Second Amendment because firearm usage in her presence was not sufficiently “well regulated.” According to the court, <i>Heller</i> foreclosed that argument by stating “[t]he Amendment’s first clause does not limit or expand the scope of the operative clause.” Finally, Plaintiff’s equal protection claim failed because Plaintiff did not “negative every conceivable basis which might support” the campus concealed-carry law.</p>
<p><i>Stimmel v. Sessions</i>, 879 F.3d 198 (6th Cir. 2018)</p>	<p>Plaintiff, who had a misdemeanor domestic violence conviction, filed suit challenging a statutory firearm restriction under 18 U.S.C. § 922(g)(9) that denied him the opportunity to purchase a firearm based on his conviction. The district court granted the government’s motion to dismiss.</p>	<p>Affirmed. Section 922(g)(9) did not violate the Second Amendment because the statute was reasonably related to an important government interest of preventing domestic gun violence. “All of our sister circuits that have considered Second Amendment challenges to § 922(g)(9) have unanimously upheld the restriction as constitutional.”</p>
<p><i>Young v. Hawaii</i>, 896 F.3d 1044 (9th Cir. 2018)</p>	<p>Applicant for a license to carry handgun brought a § 1983 action against county officials, alleging that the denial of his application violated the Second Amendment right to carry a loaded firearm in public for self-defense. The district court dismissed the action for failure to state a claim.</p>	<p>Reversed. Under Hawaii law, a license for open carry of a loaded handgun may be granted only “[w]here the urgency or the need has been sufficiently indicated” and the applicant “is engaged in the protection of life and property.” The Court of Appeals, in a 2-1 decision, concluded that, “[o]nce identified as an individual right focused on self-defense, the right to bear arms must guarantee some right to self-defense in public.” While finding that concealed carry of firearms categorically falls outside Second Amendment protection, the right to carry a firearm in public for self-defense is protected. Thus, the Hawaii statute’s limitations on the open carry of firearms violates the core of the Second Amendment and is void. This decision aligns with the majority opinion in <i>Wrenn v. District of Columbia</i>, 864 F.3d 650, 655 (D.C. Cir.</p>

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		2017), which was the first to describe the right to carry firearms in public as part of the “core” of the Second Amendment. A strong dissent was rendered in <i>Young</i> , and rehearing en banc was granted in February 2019. The court stayed en banc proceedings pending the issuance of an opinion by the Supreme Court in <i>New York State Rifle & Pistol Ass’n Inc. v. City of New York</i> . After the Supreme Court dismissed the case in a per curiam decision as being moot, ⁴⁶ the en banc proceedings went forward. Oral argument occurred on September 24, 2020, and a decision is awaited.
<i>United States v. Cox</i> , 906 F.3d 1170 (10th Cir. 2018)	After a jury trial, defendants appealed their convictions for violations of the National Firearms Act (“NFA”), alleging that the NFA is an invalid exercise of congressional power and a violation of the Second Amendment right to bear arms. Defendants were convicted of possessing an unregistered silencer, possessing an unregistered short-barreled rifle, and dealing in unregistered silencers.	Affirmed. The Tenth Circuit agreed with the government that the NFA is a valid exercise of Congress’ taxing power, rejecting the defendants’ argument that it was an invalid exercise of congressional power. On the Second Amendment claims, the court found that short-barreled rifles are dangerous and unusual and therefore possession of such firearms falls outside the Second Amendment. As for silencers, since they are not weapons in themselves, they are not “bearable arms” and therefore not protected by the Second Amendment. The NFA’s regulation of these activities, then, does not burden protected conduct. Because there was no Second Amendment violation, the court also rejected defendants’ argument that the NFA was a prohibited “general revenue tax on the exercise of a constitutional right.” Finally, the defendants sought to invoke as a defense Kansas’ Second Amendment Protection Act (“SAPA”), which purports to exempt any personal firearm, accessory, or ammunition “manufactured, owned, and remaining within Kansas’ borders” from “any federal law.” The court found that “allowing state legislature to estop the federal government from prosecuting its laws would upset the

⁴⁶ *Supra* note 44.

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		balance of powers between states and the federal government and contravene the Supremacy Clause.”

<p><i>Duncan v. Becerra</i>, 366 F. Supp. 3d 1131 (S.D. Cal. 2019), <i>aff'd</i>, 970 F.3d 1133 (9th Cir. 2020).</p>	<p>Plaintiffs challenged the constitutionality of California laws (Cal. Penal Code § 32310 and § 16740) prohibiting the acquisition and possession of a magazine with more than ten rounds (a large capacity magazine), and moved for summary judgment and injunctive relief.</p>	<p>The plaintiffs’ motion for summary judgment was granted, and the court issued a permanent injunction, holding that the right of a law-abiding citizen to acquire, possess, and keep common firearms and magazines holding more than 10 rounds was protected under the Second Amendment. The court decided that under <i>Heller</i>, the California laws infringed the right to bear arms “in common use”, as magazines holding more than 10 rounds are “commonly used by responsible, law-abiding citizens for lawful purposes such as self-defense.” Determining that the laws burdened a core Second Amendment right—the right to use arms in defense of the home—the court applied strict scrutiny and ruled that the ban did not survive such scrutiny, because the state did not have a compelling interest for the ban and the ban was not narrowly tailored, but categorical. Even under intermediate scrutiny, the court found that the laws were not a “reasonable fit” with the state’s goals of protecting citizens and law enforcement from gun violence, because the state did not present substantial evidence demonstrating a reasonable fit. The court subsequently stayed the judgment as to the provisions prohibiting the sale, manufacture, import, or other transfer of a firearm magazine able to hold more than 10 rounds, on grounds that the state demonstrated “a substantial case on the merits” and that maintaining the status quo until further judicial deliberation would benefit society, but allowed the injunction to go into effect as to the law criminalizing the simple possession of magazines with more than 10 rounds. On appeal, the Ninth Circuit affirmed the lower court’s decision granting summary judgment for the plaintiffs-appellees. The Court applied a strict scrutiny standard, distinguishing cases in other jurisdictions, and said that even if an intermediate level of scrutiny were applied, the statute in question would fail.</p>
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<p><i>Drummond v. Robinson Twp.</i>, No. 18-1127, 2020 U.S. Dist. LEXIS 45305 (W.D. Pa. Mar. 16, 2020)</p>	<p>The plaintiff alleged that the defendant township unconstitutionally barred it from operating a gun club on leased property.</p>	<p>After the District Court initially granted the defendant’s motion to dismiss, holding that the township’s zoning ordinances restricting commercial gun sales and outdoor shooting activities were permissible time, place, or manner regulations under the Second Amendment (361 F. Supp. 3d 466 (W.D. Pa. Jan. 22, 2019)), the case went up to the Third Circuit. The Third Circuit vacated / remanded this decision in part because it determined that the Court erred in the way it evaluated whether the law burdened Second Amendment rights. <i>See Drummond v. Twp. of Robinson</i>, 784 Fed. Appx. 82 (3d Cir. 2019). When the case went back to the District Court, the Court again granted the Defendant Township’s Motion to Dismiss, and applied an intermediate scrutiny analysis in determining whether the challenged regulation serves an important governmental interest, and the fit between the regulation and the objective was reasonable.</p>
<p><i>United States v. Fierro-Morales</i>, No. 17CR3096 WQH, 2018 WL 3126116 (S.D. Cal. June 26, 2018)</p>	<p>Defendant moved on Second Amendment grounds to dismiss count in indictment charging defendant with violating a federal statute that prohibits an alien who is illegally in the United States from knowingly possessing a firearm.</p>	<p>Motion denied. “[T]he core of the Second Amendment is the ‘right of the law-abiding, responsible <i>citizens</i> to use arms in the defense of hearth and home.’” Nothing in <i>Heller</i> indicates that it was intended to provide protections for the right to bear arms of non-citizens in the United States without any legal status. Further, prohibiting the possession of firearms by an alien with no legal status is a reasonable method to promote important interests in crime control and public safety.</p>
<p><i>Flanagan v. Harris</i>, No. 16 CV 06164, 2018 U.S. Dist. LEXIS 82844(C.D. Cal. May 7, 2018)</p>	<p>Plaintiffs who wished to carry a firearm in public for self-defense challenged California statutes regulating open and concealed carry of firearms and the Los Angeles County Sheriff’s policy for requiring a showing of “good cause” for the</p>	<p>California’s motion for summary judgment was granted. California submitted sufficient evidence to show a reasonable fit between the challenged statutes and its interest in protecting public safety by reducing violent-crime rates, conserving law enforcement resources, and protecting law enforcement officers and the public from unnecessary and potentially dangerous confrontations.</p>

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	issuance of concealed carry permits.	
<i>Hatfield v. Barr</i> , 925 F.3d 950 (7th Cir. 2019)	Convicted felon brought an as-applied Second Amendment challenge to a federal statute that banned him from owning a gun. Plaintiff moved for summary judgment.	Plaintiff's motion for summary judgment was initially granted by the District Court (<i>Hatfield v. Sessions</i> , 322 F. Supp. 3d 885 (S.D. Ill. 2018)). The Court found that the conviction that prevented Plaintiff from keeping a gun in his home for self-defense occurred 28 years ago for a non-violent offense and Plaintiff did no prison time. The district court concluded that although felon disarmament bans are "presumptively lawful" under <i>Heller</i> , "if there is any case that rebuts the presumption, it is this one." The Seventh Circuit reversed this decision and found that <i>Heller</i> and <i>McDonald</i> specifically acknowledged the longstanding prohibitions on felons possessing firearms. The Court found no support for the argument that nonviolent felons should be excluded from this prohibition.
<i>Zeno v. LeBlanc</i> , No. 17-6234, 2018 WL 2163800 (E.D. La. Feb. 1, 2018)	Habeas corpus petitioner sought to overturn his convictions for possession of a firearm by a convicted felon and illegal carrying of a weapon while in possession of a controlled dangerous substance.	Petition denied. Longstanding prohibitions on the possession of firearms by felons, expressly referenced in <i>Heller</i> , compelled the conclusion that the state appellate court's decision in this case could not have been contrary to or an unreasonable application of clearly established law.
<i>Worman v. Healey</i> , 922 F.3d 26 (1st Cir. 2019)	Plaintiff filed suit, alleging that a Massachusetts statute banning the transfer or possession of assault weapons and large capacity magazines violates the Second and Fourteenth Amendments. The district court granted the Attorney General's motion for summary judgment.	Affirmed grant of Attorney General's summary judgment motion and constitutionality of statute. Assuming without deciding that possession of assault weapons and LCMs in the home for self-defense is safeguarded by the Second Amendment, the court found that the statute's burden on the Second Amendment was minimal, because it only banned a subset of semiautomatic assault weapons, which were not as suited to self-defense in the home as handguns and not commonly used for home self-defense purposes. Because the act did not heavily burden the core Second Amendment right of

CASE	CLAIMS/ISSUE(S)/ PROCEDURAL HISTORY	OUTCOME
		self-defense within the home, intermediate scrutiny was appropriate. The court determined that the statute survives intermediate scrutiny, in light of the statute’s manifest purpose—ensuring public safety by making it more difficult for criminals to obtain the guns at issue—and evidence that semiautomatic assault weapons and LCMs posed “unique dangers.”
<i>Avitabile v. Beach</i> , 368 F. Supp. 3d 404(N.D.N.Y. 2019)	The plaintiff brought a Second Amendment challenge to New York’s total ban on the civilian possession of tasers and stun guns, arguing that prohibiting people from keeping and using such weapons in the home for self-defense was unconstitutional.	Under <i>Heller</i> , the court determined that tasers and stun guns are protected by the Second Amendment, in light of the plaintiff’s showing that tasers and stun guns are in common use and are typically possessed by law-abiding citizens for law-abiding purposes such as self-defense. The court applied intermediate scrutiny, on grounds that the plaintiff did not demonstrate that these electric arms are as commonly used for self-defense as handguns, and held that the ban fails such scrutiny, because it is not “substantially related” to the state’s interest in promoting public safety, and noted that the ban on tasers and stun guns could make it more likely that people would buy handguns for protection in the home, which would result in an increased likelihood of injury or death.
<i>Doe v. Putnam Cty.</i> , 344 F. Supp. 3d 518(S.D.N.Y. 2018)	Plaintiffs alleged that a New York law publicizing the names and addresses of all handgun permit holders violates due process and impermissibly chills the free exercise of fundamental Second Amendment rights.	Attorney General’s motion to dismiss granted in part and denied in part. The motion to dismiss was denied as to the Second Amendment claim because the NYAG had not supplied evidence adequate to show a substantial relationship between the public disclosure requirements and an important governmental interest. The motion to dismiss was granted as to the Fourteenth Amendment claim because the disclosure of one’s name, address, and status as a firearm licensee is not a constitutionally protected privacy right.
<i>Tripodi v. Sessions</i> , 339 F. Supp. 3d	Plaintiff, a businessman convicted of a federal conspiracy felony over 13	United States’ motion to dismiss granted. Allegations that the conviction was old and for a non-violent offense, as well as that

CASE	CLAIMS/ISSUE(S)/ PROCEDURAL HISTORY	OUTCOME
458(E.D. Pa. 2018)	years ago challenged the existing ban on the possession of firearms by convicted felons.	plaintiff had since led a peaceful and productive life were irrelevant. Congress defined plaintiff's conduct as serious, and his conviction for that conduct bars him from possessing a firearm.
<i>King v. Sessions</i> , No. 17-884, 2018 WL 3008527 (E.D. Pa. June 15, 2018)	Plaintiff challenged the constitutionality of 18 U.S.C. § 922(g)(1), which prohibits anyone who has been convicted of a crime punishable by imprisonment for a term exceeding one year from possessing firearms or ammunition.	Attorney General's motion to dismiss granted. Plaintiff failed to (1) identify the traditional justifications for excluding from Second Amendment protections the class of which he appears to be a member, and (2) present facts about himself and his background that distinguish his circumstances from those of persons in the historically barred class.
<i>Mai v. United States</i> , No. C17-0561 RAJ, 2018 WL 784582 (W.D. Wash. Feb. 8, 2018)	Plaintiff challenged the constitutionality of 18 U.S.C. § 922(g)(4), which prohibited him from possessing firearms because he had been involuntarily committed for mental health treatment 15 years ago.	Attorney General's motion to dismiss granted. Plaintiff failed to plead sufficient facts to distinguish himself from those historically barred from Second Amendment protections: the mentally ill. Moreover, defendants had shown that the fit between the asserted interest and the challenged law is reasonable, and the law is substantially related to the Government's interest in promoting public safety and preventing suicide.
<i>United States v. Collins</i> , No. 18-cr-00068, 2018 WL 3084708 (S.D. W. Va. June 22, 2018)	Defendant moved to dismiss his indictment for possessing a weapon while being a prohibited person who has been previously adjudicated as a mental defective or committed to a mental institution.	Defendant's motion to dismiss denied. The statute is constitutional under a strict scrutiny standard, because "[i]t is statistically supported that citizens suffering from a mental illness are more likely to commit harm with a firearm than those who are not, and Congress has a compelling interest [in] reducing the risk of danger."
<i>Cruz-Kerkado v. Puerto Rico</i> , No. 16-2748 (ADC), 2018 WL 1684329 (D.P.R. Apr. 5, 2018)	Plaintiff challenged provisions of the Puerto Rico Weapons Act that required target shooting permit holders to be a member of a gun club or organization and a shooting federation duly recognized by the Secretary of the Department of Sports.	Plaintiff's facial challenge failed because he did not establish that the statute lacks any "plainly legitimate sweep."

CASE	CLAIMS/ISSUE(S)/ PROCEDURAL HISTORY	OUTCOME
<i>People v. Webb</i> , 2019 IL 122951, 131 N.E.3d 93 (Ill. 2019)	Defendants, who were charged with misdemeanors for carrying stun guns in public under section 24-1(a)(4) of the Unlawful Use of Weapons statute, filed motions to dismiss the charges, arguing that because the statute operated as a complete ban on carrying stun guns and tasers in public, it violated the Second Amendment.	The court first found that stun guns and tasers were bearable arms protected by the Second Amendment, as the government conceded. The government contended that the statute did not completely prohibit carrying stun guns and tasers in public, because another statute, the Firearm Concealed Carry Act, allowed a license holder to carry “concealed firearms,” which the government claimed encompassed stun guns and tasers. However, the court rejected this interpretation as unsupported by legislative intent and held that the statute was facially unconstitutional under the Second Amendment.
<i>People v. Chairez</i> , 2018 IL 121417, 104 N.E.3d 2158 (Ill. 2018)	Defendant was convicted of possessing a firearm within 1,000 feet of a public park. The trial court declared the statute unconstitutional and voided defendant’s conviction. The state appealed.	Affirmed. Statutory provision prohibiting possession of a firearm within 1,000 feet of a public park was facially unconstitutional under the Second Amendment. The state provided no evidentiary support for its claims that such a prohibition would reduce the risks it identified. In addition, the state conceded that the 1,000-foot firearm restriction zone around a public park would effectively prohibit the possession of a firearm for self-defense within a vast majority of the acreage in the city of Chicago since there are more than 600 parks in the city.
<i>People v. Cunningham</i> , 2019 IL App (1st) 160709, 126 N.E.3d 600 (Ill. App. 2019)	Defendant appealed his felony conviction for unlawful use of a firearm in public housing.	Affirmed. The court found that there was a “reasonable fit” between the government’s interest in protecting the safety of residents and guests on public housing property and the statutory prohibition on carrying firearms in public housing property.
<i>People v. Bell</i> , 2018 IL App (1st) 153373, 107 N.E.3d 1047 (Ill. App. 2018)	Defendant appealed his conviction for unlawful use of a weapon in a public park.	Affirmed. The “troubling aspects” present in <i>Chairez</i> [above] are not present here. “[A] person can certainly preserve an undiminished right of self-defense by simply not entering a public park.”

CASE	CLAIMS/ISSUE(S)/ PROCEDURAL HISTORY	OUTCOME
<i>People v. Martin</i> , 2018 IL App (1st) 152249, 111 N.E.3d 168 (Ill. App. 2018)	Following a bench trial, Defendant was convicted of armed habitual criminal, unlawful use of a weapon by a felon, and six counts of aggravated unlawful use of a weapon. Defendant argued that the armed habitual criminal statute was unconstitutional as applied to him because his underlying felony offenses were nonviolent and more than 20 years old.	Affirmed. “[P]rohibiting felons from possessing firearms falls outside the scope of the Second Amendment.” The armed habitual criminal statute is a valid exercise of Illinois’ right to protect the health, safety, and general welfare of its citizens from the potential danger posed by convicted felons in possession of firearms.
<i>Ramirez v. Commonwealth</i> , 479 Mass. 331, 94 N.E.3d 809 (2018)	Defendant moved to dismiss charge for criminal possession of a stun gun on Second Amendment grounds.	Statute absolutely prohibiting civilian possession of stun guns violates the Second Amendment. Taking guidance from <i>Caetano v. Massachusetts</i> , 136 S. Ct. 1027 (2016), the court concluded that stun guns are “arms” within the protection of the Second Amendment. Thus, the possession of stun guns may be regulated, but not absolutely banned. Since the statute is facially invalid, it was struck down in its entirety.
<i>Alpert v. Missouri</i> , 543 S.W.3d 589 (Mo. banc 2018)	A convicted felon who was required to surrender his firearms license in accordance with a statutory amendment filed a declaratory judgment action seeking a declaration that the state could not enforce the statute against him without violating his Second Amendment rights. The trial court sustained the state’s motion for summary judgment.	Affirmed. The Missouri Supreme Court rejected Alpert’s call to apply strict scrutiny to his Second Amendment challenge. Alpert cited no case in which a Second Amendment claim was subjected to strict scrutiny and the challenger prevailed. Alpert had been convicted of two serious felonies requiring him to serve prison time. <i>Heller</i> makes clear that prohibitions against felons possessing firearms are presumptively lawful.
<i>State v. Weber</i> , 132 N.E.3d 1140 (Ohio App. 2019)	Defendant appealed his conviction for using weapons while intoxicated.	Conviction affirmed. The statute is narrowly tailored to serve the government’s significant interest in preventing injury or death by

CASE	CLAIMS/ISSUE(S)/ PROCEDURAL HISTORY	OUTCOME
		prohibiting intoxicated individuals from using or carrying firearms.
<i>State v. Smith</i> , No. 18AP-124, 2018-Ohio-4297, 2018 WL 5279075 (Ohio App. Oct. 23, 2018)	Defendant unsuccessfully moved the trial court to dismiss a charge against him for improperly handling a firearm in a motor vehicle. After a no-contest plea, Defendant brought an action alleging that the statute at issue violated his Second Amendment rights.	Conviction affirmed. Ohio’s statutory scheme provides numerous legal avenues by which people in Ohio can effectively defend a motor vehicle with a firearm. Using or carrying a handgun outside of those regulations in such a vehicle is not constitutionally protected according to <i>Heller</i> .
<i>State v. Wheatley</i> , 94 N.E.3d 578 (Ohio App. 2018)	Defendant appealed his conviction for violating a statute that prohibited persons who are drug-dependent from possessing a weapon.	Conviction affirmed. The statute does not violate defendant’s Second Amendment rights because he is not a law-abiding citizen and therefore not entitled to possess a firearm “in defense of hearth and home.”
<i>State v. Beeman</i> , 417 P.3d 541 (Or. App. 2018)	Defendant appealed his conviction for being a felon in possession of a firearm.	Conviction affirmed. According to the court, “[n]o state law banning felons from possessing guns has ever been struck down,” nor has any federal ban on felons possessing guns been struck down in the wake of <i>Heller</i> .
<i>Gun Range, LLC v. City of Phila.</i> , No. 1529 C.D. 2016, 2018 WL 2090303 (Pa. Commw. Ct. May 7, 2018)	Appellant, who operated a shooting range, sought approval from the zoning board to change his registration permit from “gun range” to “gun range & gun sales.” The board denied the application, and the Court of Common Pleas (trial court) affirmed.	Remanded. The trial court failed to address the constitutional arguments, which were properly submitted to the zoning board. A dissenting judge would have affirmed the trial court on the Second Amendment issue because “there is no right guaranteed under the Second Amendment that gives a person the right to sell guns,” and there was no evidence that the zoning ordinance violated anyone’s Second Amendment right by impeding a city resident who wished to purchase a firearm from doing so.
<i>Wargocz v. Brewer</i> , No. 02-17-00178-CV, 2018 WL 4924755 (Tex. App. Oct. 11, 2018)	Appellant appealed a trial court’s protective order against him, which also prohibited him, pursuant to statute, from possessing a firearm for the duration of the protective order.	The statute did not violate Appellant’s Second Amendment rights. Appellant, who had committed the offense of stalking, threatened to kill his ex-wife, and knowingly violated the trial court’s ex parte temporary protective order, could not be regarded as a law-abiding,

CASE	CLAIMS/ISSUE(S)/ PROCEDURAL HISTORY	OUTCOME
		responsible citizen who possesses the right to carry a weapon for self-defense under <i>Heller</i> .
<i>Reininger v. Attorney Gen. of N.J.</i> , No. 14-5486-BRM, 2018 WL 3617962 (D. N.J. July 30, 2018)	Habeas corpus petition brought by defendant convicted of unlawful possession of rifles, shotguns, hollow-nose bullets, and large capacity ammunition magazine. Petitioner argued that his convictions under New Jersey gun control laws violated the Second Amendment.	Relief denied. <i>Heller</i> and <i>McDonald</i> do not extend to gun possession outside the home or the manner in which guns may be transported.
<i>Commonwealth v. Cassidy</i> , 479 Mass. 527 (2018)	Defendant failed to properly register the firearms as required by Massachusetts law and was convicted of unlawful possession of an assault weapon, four large capacity feeding devices, a large capacity firearm, and ammunition. He appealed his convictions on Second Amendment grounds.	Affirmed. “[A]n individual’s Second Amendment right does not prohibit laws regulating who may purchase, possess, and carry firearms, and where such weapons may be carried.”
<i>United States v. Stepp-Zafft</i> , 733 Fed. Appx. 327 (8th Cir. 2018)	Defendant appealed his conviction on three counts of possession of unregistered firearms, including five short-barreled rifles, nine destructive devices, and two silencers.	Affirmed. The Second Amendment does not extend to short-barreled rifles or silencers, and neither are typically possessed by law-abiding citizens for lawful purposes.

CASE	CLAIMS/ISSUE(S)/ PROCEDURAL HISTORY	OUTCOME
<i>Gallinger v. Becerra</i> , 898 F.3d 1012 (9th Cir. 2018)	Permit holders challenged California’s Gun-Free School Zone Act, which prohibited permit holders from possessing firearms on school grounds, but allowed retired peace officers to carry firearms on school grounds. The district court dismissed the action.	Affirmed. The statute did not violate the Equal Protection Clause because it was rationally related to a legitimate state interest. No Second Amendment challenge was asserted in this case.
<i>Rupp v. Becerra</i> , No. 17-cv-00746-JLS-JDE, 2018 WL 2138452 (C.D. Cal. May 9, 2018)	Plaintiffs challenged California’s Assault Weapons Control Act (“AWCA”), including provisions enacted in response to the 2015 mass shooting in San Bernardino, alleging violations of the Due Process Clause, the Takings Clause, and the Second Amendment.	Attorney General’s motion to dismiss granted. The firearms categorized as assault weapons have “such a high rate of fire and capacity for firepower that [their] function as . . . legitimate sports or recreational firearm[s] is substantially outweighed by the danger that [they] can be used to kill and injure human beings.” Thus, the legislature had a legitimate government objective in enacting the amendments to the AWCA.
<i>United States v. Sawyer</i> , No. 17-40060-01-CM, 2018 WL 572094 (D. Kan. Jan. 26, 2018)	Defendant was charged with felon in possession of a firearm and possession of an unregistered firearm. Defendant moved to dismiss the charges, arguing, in part, that the provision of National Firearms Act (“NFA”) prohibiting short-barreled shotguns violates the Second Amendment.	Motion to dismiss denied and NFA provision upheld. District court declined to depart from United States Supreme Court and Tenth Circuit precedent that specifically upheld the NFA’s taxation and licensing requirements related to short-barreled shotguns in the absence of evidence that such firearms are now considered “in common use” to warrant Second Amendment protections.

B. Bump Stocks, etc.

A “bump stock” is a type of trigger activator, which is “marketed to shooters seeking to convert their weapon to simulate the rapid, continuous fire of an automatic firearm while using a semi-automatic gun.”⁴⁷ A recent ruling in the United States District Court for the District of

⁴⁷ Giffords L. Ctr., *State Legislative Tool Kit: Addressing Bump Stocks*, https://giffords.org/wp-content/uploads/2017/11/Giffords_Six-State-Bump-Stocks-Toolkit.pdf (last visited Oct. 10, 2020).

Maryland upheld a Maryland statute, enacted in April 2017, which generally prohibits people from owning, manufacturing, selling, or purchasing rapid fire “trigger activators.” *See Md. Shall Issue, Inc. v. Hogan*, 353 F. Supp. 3d 400 (D. Md. 2018). The shooter involved in the massive attack on concert-goers in Las Vegas in October 2017 used AR-15 assault rifles modified with “bump stocks,” and the Maryland law was designed to ensure that these dangerous and unusual devices cannot be used in Maryland as they were in Las Vegas. Plaintiffs in this case argued that the Takings Clause of the Fifth Amendment compels Maryland to compensate plaintiffs for their trigger activators, which they could no longer legally own after the law took effect on October 1, 2018. On November 16, 2018, the district court granted the defendant’s motion to dismiss all counts of the Complaint. The court found that plaintiffs failed to plausibly allege a per se taking under any theory recognized in federal Takings Clause jurisprudence. An appeal was filed in the United States Court of Appeals for the Fourth Circuit on December 13, 2018. On June 29, 2020 the 4th Circuit issued a decision upholding the District Court’s decision to dismiss the Complaint. *See Md. Shall Issue, Inc. v. Hogan*, 963 F.3d 356 (4th Cir. 2020).

REPORT SECTION TWO

Mass Shootings and Domestic Violence

I. The Nexus Between Domestic Violence and Mass Shootings

There is a proven nexus between domestic violence offenders and mass shooters. Although this does not mean that such offenders necessarily become mass shooters, the correlation is significant enough that limiting their access to guns must be factored into the passage of meaningful gun legislation.

A New York Times article published on August 10, 2019, titled *A Common Trait Among Mass Killers: Hatred Toward Women*,⁴⁸ provides several key examples of mass shootings which all involved a shooter who had committed or threatened acts of violence against women. Of note, the article points out that “[t]he University of Texas tower massacre in 1966,⁴⁹ generally considered to be the beginning of the era of modern mass shootings in America, began with the gunman killing his mother and wife the night before.”⁵⁰

Statistical data support the connection between domestic violence and mass shootings noted in the New York Times article. A report issued by the organization Everytown for Gun Safety (“Everytown”) that analyzed data from mass shootings in the United States between 2009 and 2020 found the following:

Although many people think of mass shootings as random acts of violence, this analysis shows that most mass shootings are not at all random: In at least 54 percent of mass shootings between 2009 and 2018, the perpetrator shot a current or former intimate partner or family member during the mass rampage. These domestic violence-related mass shootings resulted in at least 532 people shot and killed and

⁴⁸ Julie Bosman, Kate Taylor & Tim Arango, *A Common Trait Among Mass Killers: Hatred Toward Women*, N.Y. TIMES (Aug. 10, 2019), <https://www.nytimes.com/2019/08/10/us/mass-shootings-misogyny-dayton.html> (last visited Oct. 10, 2020).

⁴⁹ An article on Wikipedia provides the following overview of the University of Texas tower massacre:

On August 1, 1966, after stabbing his mother and his wife to death the night before, Charles Whitman, a former Marine, took rifles and other weapons to the observation deck atop the Main Building tower at the University of Texas at Austin, then opened fire indiscriminately on people on the surrounding campus and streets. Over the next 96 minutes he shot and killed 14 more people (including an unborn child) and injured 31 others. The incident ended when a policeman and a civilian reached Whitman and shot him dead. At the time, the attack was the deadliest mass shooting by a lone gunman in U.S. history, being surpassed 18 years later by the San Ysidro McDonald’s massacre. *University of Texas Tower Shooting*, WIKIPEDIA, https://en.wikipedia.org/wiki/University_of_Texas_tower_shooting (last visited Oct. 9, 2020). “The San Ysidro McDonald’s massacre was an act of mass murder which occurred at a McDonald’s restaurant in the San Ysidro neighborhood of San Diego, California on July 18, 1984. The perpetrator, . . . James Huberty, fatally shot 21 people and wounded 19 others before being killed by a police sniper approximately 77 minutes after he had first opened fire.” *San Ysidro McDonald’s Massacre*, WIKIPEDIA, https://en.wikipedia.org/wiki/San_Ysidro_McDonald%27s_massacre (last visited Oct. 9, 2020).

⁵⁰ Bosman, Taylor & Arango, *supra* note 48.

83 people wounded, amounting to almost half of all mass shooting deaths and one in ten injuries.⁵¹

The following examples of mass shootings further illustrate this deadly connection:

- In 2012, an 11-month-old boy was hospitalized twice in one week. The circumstances of the boy's hospitalization concerned hospital staff, in part because during the second visit he appeared to have a hand-shaped bruise on his face.⁵² Prosecutors would later charge the boy's stepfather—Devin Patrick Kelley—with striking the boy “with a force likely to produce death or grievous bodily harm,” and with similar violence towards the boy's mother.⁵³ In June of 2012, Kelley escaped from a mental health facility where he was sent after being charged with the assault on his wife and stepson (he had also made death threats against his military superiors and had tried to smuggle weapons onto the military base). Kelley was found guilty of the domestic abuse charges in November 2012 in a court martial proceeding by the Air Force, and sentenced to 12 months confinement.⁵⁴ In August 2014, Kelley was charged with misdemeanor mistreatment of animals after neighbors observed him punching and throwing a dog.⁵⁵ On November 5, 2017, Kelley walked into a church in Sutherland Springs, Texas and fatally shot 26 people, wounding 20 others. Investigators believe that Kelley's anger at his mother-in-law, who belonged to the Church, may have motivated the attack.⁵⁶ Kelley's prior conviction should have prevented him from obtaining a firearm, but that conviction had not been properly flagged for the FBI. Indeed, there were six distinct instances in which the Air Force should have submitted records regarding Kelley's conduct to the FBI but failed to do so.⁵⁷
- A similar pattern of domestic violence can be seen in the events preceding the shooting at the Azana Salon and Spa in Milwaukee on October 21, 2012. Just *three days* before that shooting, during which three people were killed and four others were injured, the

⁵¹ *Ten Years of Mass Shootings in the United States, An Everytown For Gun Safety Support Fund Analysis*, EVERYTOWN (Nov. 21, 2019), <https://everytownresearch.org/massshootingsreports/mass-shootings-in-america-2009-2019/> (last visited Oct. 9, 2020).

⁵² Katie Mettler & Alex Horton, *Air Force Failed 6 Times to Keep Guns from Texas Church Shooter Before He Killed 26, Report Finds*, WASH. POST (Dec. 7, 2018), <https://www.washingtonpost.com/national-security/2018/12/08/air-force-failed-six-times-keep-guns-texas-church-shooter-before-he-killed-report-finds/> (last visited Oct. 9, 2020).

⁵³ Eli Rosenberg & Wesley Lowery, *Devin Patrick Kelley Had a Violent Past, Records Indicate*, WASH. POST (Nov. 6, 2017), https://www.washingtonpost.com/national/devin-patrick-kelley-had-a-violent-past-records-indicate/2017/11/06/f7ee6222-c33d-11e7-84bc-5e285c7f4512_story.html (last visited Oct. 9, 2020).

⁵⁴ Simon Romero, Alan Blinder and Richard Perez-Pena, *Texas Gunman Once Escaped From Mental Health Facility*, N.Y. TIMES (Nov. 7, 2017), <https://www.nytimes.com/2017/11/07/us/texas-shooting-church.html> (last visited Oct. 9, 2020). See also, Eli Rosenberg, Mark Berman & Wesley Lowery, *Texas church gunman escaped mental health facility in 2012 after threatening military superiors*, WASH. POST (Nov. 7, 2017), <https://www.washingtonpost.com/news/post-nation/wp/2017/11/07/as-texas-town-mourns-details-emerge-on-gunmans-methodical-tactics-in-church-massacre/> (last visited Oct. 9, 2020).

⁵⁵ *Supra* note 53

⁵⁶ *Supra* note 54, *Texas church gunman escaped mental health facility in 2012 after threatening military superiors*, WASH. POST (Nov. 7, 2017).

⁵⁷ *Supra* note 52.

shooter's wife, Zina Haughton, testified at a restraining order hearing.⁵⁸ Zina told the court that she believed her husband, Radcliffe Haughton, would kill her and recounted an incident in which Radcliffe had threatened her with a gun which then accidentally discharged, narrowly missing her and her daughter.⁵⁹ In her application for a restraining order, she stated that Radcliffe had “threatened to throw acid in my face, burn me and my family with gas. His threats terrorize my every waking moment.”⁶⁰ Zina obtained the restraining order, but Radcliffe was nonetheless able to purchase a firearm two days later by exploiting a loophole in Wisconsin law that only requires background checks for purchases from a gun dealer.⁶¹ Radcliffe purchased a Glock .40 caliber handgun from a private seller over the internet, and the next day he used it to kill his wife and two others, in addition to killing himself.⁶²

- On February 25, 2016, Cedric Ford went on a shooting rampage shortly after being served with a “protection from abuse” order filed by his domestic partner who accused him of placing her in a chokehold. Ford opened fire at several locations in Harvey County, Kansas, injuring 14 people and killing three at a lawn mower factory where he worked. He was killed by police fire. Despite prior criminal records in Kansas and Florida, he was able to obtain the pistol and long gun he used in the attack.
- On June 12, 2016, Omar Mateen walked into the Pulse night club in Orlando, Florida carrying a Glock 9mm handgun and a SIG Sauer MCX military-style rifle, and killed 49 people and wounded 53 others, before being killed himself during a shoot-out with police. Subsequently, details emerged about the violent nature of Mateen's relationship with his wife, Noor Salman. Relatives stated that Mateen began beating Salman soon after they married, on one occasion punching her in the shoulder while she was pregnant and, on a separate occasion, attempting to strangle her while shoving her against the wall (he also reportedly beat his first wife who fled with the help of her parents within the first year of their marriage).⁶³ After the shooting, Salman was charged with aiding and abetting the commission of a terrorist act and obstruction of justice for allegedly helping Mateen case the club on the night before the attack and formulate an alibi. She was acquitted of all counts after a federal jury trial.⁶⁴ A New York Times article from June 15, 2016, entitled *Control and Fear: What Mass Killings and Domestic Violence Have in Common*, notes: “[T]here are striking parallels between the intimate terrorism of

⁵⁸ Lateef Mungin, *Wisconsin Spa Shooting: Wife Told Court “I Don’t Want to Die”*, CNN (Oct. 23, 2012) <https://www.cnn.com/2012/10/23/justice/wisconsin-shooting/index.html> (last visited Oct. 9, 2020).

⁵⁹ *Id.*

⁶⁰ *Id.*

⁶¹ *Id.*

⁶² *Id.*

⁶³ Dan Barry, Serge F. Kovalski, Alan Blinder and Mujib Mashal, ‘Always Agitated. Always Mad’: Omar Mateen, According to Those Who Knew Him, N.Y. TIMES (June 18, 2016), <https://www.nytimes.com/2016/06/19/us/omar-mateen-gunman-orlando-shooting.html> (last visited Oct. 9, 2020). Rachel Louise Snyder, *Was the Wife of the Pulse Shooter a Victim or an Accomplice?* THE NEW YORKER (Mar. 14, 2018), <https://www.newyorker.com/news/news-desk/the-wife-of-the-pulse-night-club-shooter-goes-on-trial> (last visited Oct. 9, 2020).

⁶⁴ Patricia Mazzei, *Noor Salman Acquitted in Pulse Nightclub Shooting*, N.Y. TIMES (Mar. 30, 2018), <https://www.nytimes.com/2018/03/30/us/noor-salman-pulse-trial-verdict.html> (last visited Oct. 9, 2020).

domestic violence and the mass terrorism perpetrated by lone-wolf attackers like Mr. Mateen seems to have been. Both, at their most basic level, are attempts to provoke fear and assert control.”⁶⁵

- On June 14, 2017, James T. Hodgkinson fired more than 50 rounds of ammunition from a military-style rifle and a handgun, in Alexandria, Virginia, at a group of Republican members of Congress during a baseball practice. House Majority Whip Steven Scalise was seriously injured from the gunfire, and four others were also shot. Hodgkinson died from police gunshots fired at the scene.⁶⁶ Hodgkinson reportedly had a history of domestic violence. In 2006 he was arrested after he entered a neighbor’s home where his teenage foster daughter was visiting. During the encounter, which began inside the neighbor’s home and ended up outside, Hodgkinson threw his foster daughter around the bedroom and hit her, punched his foster daughter’s friend in the face, and fired off a shotgun and hit the friend’s boyfriend with the butt of the shotgun. When the daughter attempted to flee the location in her car, Hodgkinson began choking her and tried to cut the seat belt. The charges ended up being dismissed.⁶⁷

These are just a few of many examples where individuals who have carried out a mass shooting have also engaged in acts of domestic violence. Laws that prevent those who have been convicted of domestic violence from being able to purchase and possess guns go a long way towards addressing this proven and deadly connection, and preventing more tragic mass shootings.

II. Federal and State Laws Addressing the Connection between Domestic Violence and Mass Shootings

Federal law includes certain provisions intended to address the nexus between domestic violence and mass shooting. For example, the Federal Gun Control Act prohibits two classes of individuals from purchasing or possessing firearms: (1) under 42 U.S.C. § 922(g)(8), anyone subject to a “domestic violence restraining order” issued after a hearing on notice cannot have firearms; and (2) under 42 U.S.C. § 922(g)(9), anyone convicted of misdemeanor domestic violence crimes cannot have firearms. Although these laws are an important step to preventing domestic violence abusers from obtaining firearms and ammunition, they do not cover all such individuals. This is because the prohibition only applies if specific criteria are met. In

⁶⁵ Amanda Taub, *Control and Fear: What Mass Killings and Domestic Violence Have in Common*, N.Y. TIMES (June 15, 2016), <https://www.nytimes.com/2016/06/16/world/americas/control-and-fear-what-mass-killings-and-domestic-violence-have-in-common.html> (last visited Oct. 9, 2020).

⁶⁶ Peter Hermann, Amber Phillips, Paul Kane & Rachel Weiner, *Lawmaker Steve Scalise is critically injured in GOP baseball shooting; gunman James T. Hodgkinson is killed by police*, WASH. POST (June 14, 2017), https://www.washingtonpost.com/local/public-safety/multiple-people-injured-after-shooting-in-alexandria/2017/06/14/0289c768-50f6-11e7-be25-3a519335381c_story.html?skafhsduifhsuighisdfg&utm_term=.b329487558be&tid=a_inl_manual (last visited Oct. 9, 2020).

⁶⁷ Jane Mayer, *The Link Between Domestic Violence And Mass Shootings*, THE NEW YORKER (June 17, 201), <https://www.newyorker.com/news/news-desk/the-link-between-domestic-violence-and-mass-shootings-james-hodgkinson-steve-scalise> (last visited Oct. 9, 2020). Charlotte Alter, *Why So Many Mass Shooters Have Domestic Violence in Their Past*, TIME, (June 16, 2017), [HTTPS://TIME.COM/4818506/JAMES-HODGKINSON-VIRGINIA-SHOOTING-STEVE-SCALISE/](https://time.com/4818506/james-hodgkinson-virginia-shooting-steve-scalise/) (last visited Oct. 9, 2020).

particular, the prohibition applies only if the protective order was issued after notice to the abuser and a hearing, and only if the order protects an abuser’s “intimate partner” or child.⁶⁸ An “intimate partner” is limited to a current or former spouse, a parent of a child in common with the abuser, or an individual with whom the abuser does or has cohabitated.⁶⁹ For these and other reasons, the federal laws intended to prevent access to firearms by domestic abusers have significant limitations.

Many states have adopted broader laws to address these limitations in federal laws. State laws that close loopholes in federal law, and comprehensively restrict access to firearms by a person subject to a domestic violence restraining order, are associated with a significant reduction in the number of intimate partner homicides.⁷⁰ Three types of legislation that states enact to close the gaps in federal law pertaining to abusers who are subject to domestic violence protective orders include: (1) legislation that broadens the scope of individuals who may seek a protective order; (2) legislation that authorizes or requires courts to prohibit abusers subject to protective orders from purchasing or possessing firearms; and/or (3) legislation that authorizes or requires removal or surrender of firearms when a protective order is issued.⁷¹

III. Orders of Protection and Gun Restrictions Under New York State Law

“An order of protection is issued by the court to limit the behavior of someone who harms or threatens to harm another person. It is used to address various types of safety issues, including, but not limited to situations involving domestic violence.”⁷² In New York State, an individual can obtain an order of protection in both the civil and criminal courts.⁷³ While in both instances the individual seeks the assistance of the legal system to end violent or threatening behaviors, the criminal side adds a potential punitive result.

A. Obtaining an Order of Protection in New York

There are multiple avenues for people to seek orders of protection in the New York legal system. In Family Court an individual can choose to file a family offense petition or seek an order of protection within the context of custody matters or other proceedings. In Supreme

⁶⁸ 18 U.S.C. § 922(g)(8). The order must also contain a finding that the person presents a credible threat to the victim, and restrain him or her from certain specified conduct.

⁶⁹ 18 U.S.C. § 921(a)(32).

⁷⁰ See Everytown for Gun Safety, *Guns and Violence Against Women: America’s Uniquely Lethal Intimate Partner Violence Problem* 22 (Oct. 2019) (citing AM Zeoli et al., *Analysis of the Strength of Legal Firearms Restrictions for Perpetrators of Domestic Violence and Their Associations With Intimate Partner Homicide*, 187 AM. J. EPIDEMIOLOGY 2365 (2018)), <https://everytownresearch.org/report/guns-and-violence-against-women-americas-uniquely-lethal-intimate-partner-violence-problem/> (“States that prohibit abusers subject to domestic violence restraining orders from possessing guns have seen a 13 percent reduction in intimate partner firearm homicide rates.”) (last visited Oct. 10, 2020).

⁷¹ See generally *Domestic Violence & Firearms*, GIFFORDS L. CTR., <https://lawcenter.giffords.org/gun-laws/policy-areas/who-can-have-a-gun/domestic-violence-firearms/> (last visited Oct. 9, 2020).

⁷² *Obtaining an Order of Protection*, NY COURTS, [https://www.nycourts.gov/faq/orderofprotection.shtml#:~:text=An%20order%20of%20protection%20is,to%20situations%20involving%20domestic%20violence%20\(last%20updated%20Jan.%204,%202019\)](https://www.nycourts.gov/faq/orderofprotection.shtml#:~:text=An%20order%20of%20protection%20is,to%20situations%20involving%20domestic%20violence%20(last%20updated%20Jan.%204,%202019)) (last visited Oct. 9, 2020).

⁷³ This includes Family Court proceedings and civil divorce actions in Supreme Court, as well as criminal matters, both misdemeanor and felony, handled in the various courts in New York State. See *id.*

Court, an individual can petition for an order of protection within a divorce action. In Criminal Court, an individual can receive an order of protection against an offender charged with a criminal offense after an arrest as part of a criminal prosecution brought by the local District Attorney's Office.⁷⁴ Individuals can also pursue both civil and criminal court options simultaneously, and there is concurrent jurisdiction between New York Family and Criminal Courts if the alleged acts fall under enumerated offenses set forth in New York's Family Court Act § 812 and Penal Law § 530.11.⁷⁵

In the Family Court context, an "order of protection is issued as part of a civil proceeding. Its purpose is to stop violence within a family, or within an intimate relationship, and provide protection for those individuals affected."⁷⁶ Persons who wish to file a family offense petition to obtain an order of protection must have a relationship to the alleged respondent as defined in the Family Court Act. Such a relationship is defined as a spouse or former spouse, a parent or a child, or other member of the same family or household. A member of the same family or household includes persons related by consanguinity or affinity, persons legally married to each other, persons formerly married to one another regardless of whether they still reside in the same household, persons who have a child in common regardless of whether they were ever married or ever lived together, and persons who have been in an intimate relationship, whether or not they ever lived together. In determining whether a relationship qualifies as "intimate," a court will examine the nature or type of relationship, regardless of whether it is sexual, the frequency of interactions between the persons, and the duration of the relationship. The Family Court Act excludes business relationships or casual relationships from the definition of intimate relationships.⁷⁷

Orders of protection pursuant to a family offense petition can be issued on a temporary basis and contain a variety of conditions and restrictions on the offender to limit any possibility of further violence and conflict, as well as address child custody, visitation, and support. If the person filing a family offense petition proves that a family offense has been committed, the order of protection can become final and include the same conditions. Such orders typically last up to

⁷⁴ *Supra* note 72.

⁷⁵ As listed in New York's Family Court Act § 812 and Penal Law §530.11, these include: disorderly conduct (which does not have to take place in public); unlawful dissemination or publication of an intimate image; harassment in the first degree; harassment in the second degree; aggravated harassment in the second degree; sexual misconduct; forcible touching; sexual abuse in the third degree; sexual abuse in the second degree as set forth in subdivision one of section 130.60 of the penal law; stalking in the first degree; stalking in the second degree; stalking in the third degree; stalking in the fourth degree; criminal mischief; menacing in the second degree; menacing in the third degree; reckless endangerment; criminal obstruction of breathing or blood circulation; strangulation in the second degree; strangulation in the first degree; assault in the second degree; assault in the third degree; an attempted assault; identity theft in the first degree; identity theft in the second degree; identity theft in the third degree; grand larceny in the fourth degree; grand larceny in the third degree; coercion in the second degree; coercion in the third degree as set forth in subdivisions one, two, and three of section 135.60 of the Penal Law between spouses and former spouses or between parent and child or between members of the same family or household except that if the respondent would not be criminally responsible by reason of age pursuant to section 30.00 of the Penal Law then the Family Court shall have exclusive jurisdiction over such proceeding.

⁷⁶ *Obtaining an Order of Protection, supra* note 72.

⁷⁷ *See* N.Y. Family Court Act Law § 812 (1)(e) (Consol. 2020).

two years but can be as long as five years upon a finding of the presence of aggravating circumstances or the violation of a valid order of protection.⁷⁸

In the Criminal Court context, an order of protection “is issued as a condition of a defendant’s release and/or bail in a criminal case.”⁷⁹ A temporary order of protection is issued when the defendant is arraigned or first appears in court. The order of protection can contain conditions of behavior that prohibit or restrict the defendant from having contact with the victim. However, a criminal court cannot address child custody, visitation, or support issues. The order of protection will usually remain in effect during the pendency of the proceeding. Any final order of protection issued in criminal court is done pursuant to a sentencing or plea arrangement and can last from one to several years depending on the seriousness of the case and whether the defendant is convicted of a misdemeanor or felony.⁸⁰

Orders of protection are enforceable throughout New York State and across state lines in keeping with Full Faith and Credit protections and the federal Violence Against Women Act.⁸¹

B. Resulting Restrictions on Access to and Possession of Guns

As noted above, the Federal Gun Control Act generally prohibits individuals from purchasing or possessing firearms if they are subject to a “domestic violence restraining order” or convicted of misdemeanor domestic violence crimes.⁸² New York statutes include these restrictions in the Family Court Act, Criminal Procedure Law, and the Penal Law.

New York’s Family Court Act Section 842-a addresses the suspension and revocation of a firearms license when a temporary order of protection is issued. In particular, the law provides that the respondent’s firearms license will be suspended, that the respondent cannot obtain a firearms license, and that the respondent must surrender any firearms under certain circumstances. First, such measures apply if the respondent has: (1) a prior conviction of any violent felony offense; (2) a previous willful failure to obey a prior order of protection that involved infliction of physical injury, the use or threatened use of a deadly weapon or dangerous instrument, or behaviors constituting any violent felony offense; or (3) a prior conviction for stalking in the first degree, second degree, or third degree. Second, such measures apply if a court finds a substantial risk that the respondent may use or threaten to use a firearm, rifle, or shotgun against the subject of the order of protection. Similar restrictions apply if a court issues a durational order of protection and includes procedures for license revocation as well. Under

⁷⁸ See N.Y. Family Court Act Law § 842 (Consol. 2020). New York’s Family Court Act § 827(a)(vii) defines Aggravating Circumstances as: “physical injury or serious physical injury to the petitioner caused by the respondent, the use of a dangerous instrument against the petitioner by the respondent, a history of repeated violations of prior orders of protection by the respondent, prior convictions for crimes against the petitioner by the respondent or the exposure of any family or household member to physical injury by the respondent and like incidents, behaviors and occurrences which to the court constitute an immediate and ongoing danger to the petitioner, or any member of the petitioner’s family or household.”

⁷⁹ *Obtaining an Order of Protection*, *supra* note 72.

⁸⁰ See N.Y. Criminal Procedure Laws § 530.12.

⁸¹ See N.Y. Office for the Prevention of Domestic Violence, *Orders of Protection (OPs) Involving Members of the Same Family or Household*, N.Y. STATE. https://opdv.ny.gov/professionals/criminal_justice/ops.html (last visited Oct. 9, 2020).

⁸² See 42 U.S.C. §§ 922(g)(8)-(9).

the Family Court Act provisions, the order of protection must say explicitly that the abuser must surrender his or her guns or license in order for it to be illegal under New York State law for the abuser to possess a gun or license.⁸³

In criminal courts, Criminal Procedure Law Section 530.14 governs and provides the same standards as those in the New York Family Court Act. In addition, New York Criminal Procedure Law and Penal Law provide that a court must order individuals to surrender all weapons, including firearms, rifles, and shotguns, if they are convicted of a felony or serious offense.⁸⁴ These laws establish that certain misdemeanor crimes are “serious” offenses when they are committed against members of the same family or household.⁸⁵ Notably, Criminal Procedure Law Section 530.11(1) makes clear that individuals do not have to be related by consanguinity, live together, have children together, or have been married to be “members of the same family or household.” It is sufficient if the individuals are, or have been in, an intimate relationship, regardless of whether it was sexual in nature. The court determines whether a relationship is “intimate” by considering various factors, such as the nature of the individuals’ relationship, how often the individuals interact, and how long the relationship has lasted.⁸⁶

New York’s Penal Law Section 400.00(11) addresses when and how an individual must surrender their weapons if they are issued an order of protection. In any instance in which a person’s firearms license is suspended or revoked, the person must surrender: (1) such license to the appropriate licensing official, and (2) any and all firearms, rifles, or shotguns they own or possess to an appropriate law enforcement agency. The Penal Law defines appropriate law enforcement agencies in Section 265.20(a)(1)(f). The appropriate agency is usually the one located where the individual resides. In the event an individual does not surrender their license, firearm, shotgun, or rifle, such items shall be declared a nuisance, and police officers or peace officers acting pursuant to their special duties are authorized to remove any and all such weapons.⁸⁷

In keeping with the legal provisions discussed above, the following language appears at the bottom of all orders of protection issued in New York State:

It is a federal crime to:

.....

⁸³ See N.Y. Family Court Act Law § 842-a (Consol. 2020). See also, *Disarming Prohibited People in New York*, GIFFORDS L. CTR., <https://lawcenter.giffords.org/disarming-prohibited-people-in-new-york/> (last visited Oct. 9, 2020) (“When a protective order or temporary protective order is issued or when such orders are violated, the court must make a determination regarding the suspension or revocation of a license to carry or possess a firearm, ineligibility to obtain such a license, and the surrender of firearms already possessed.” (citing N.Y. Family Court Act Law §§ 446-a, 552, 656-a).

⁸⁴ See N.Y. Penal Law § 400.00(11) (Consol. 2020); N.Y. Crim. Proc. Law § 370.25 (Consol. 2020).

⁸⁵ The enumerated misdemeanors are, “assault in the third degree, menacing in the third degree, menacing in the second degree, criminal obstruction of breathing or blood circulation, unlawful imprisonment in the second degree, coercion in the third degree, criminal tampering in the third degree, criminal contempt in the second degree, harassment in the first degree, aggravated harassment in the second degree, criminal trespass in the third degree, criminal trespass in the second degree, arson in the fifth degree, or attempt to commit any of the above-listed offenses.” N.Y. Penal Law § 265.00(17)(c); N.Y. Crim. Proc. Law § 370.15(1).

⁸⁶ See N.Y. Crim. Proc. Law § 530.11(1)(a)-(e).

⁸⁷ See *Disarming Prohibited People in New York*, *supra* note 83 (citing N.Y. Penal Law §§ 400.05).

- buy, possess or transfer a handgun, rifle, shotgun or other firearm or ammunition while this Order remains in effect (Note: there is a limited exception for military or law enforcement officers but only while they are on duty); and
- buy, possess or transfer a handgun, rifle, shotgun or other firearm or ammunition after a conviction of a domestic violence-related crime involving the use or attempted use of physical force or a deadly weapon against an intimate partner or family member, even after this Order has expired. (18 U.S.C. §§ 922(g)(8), 922(g)(9), 2261, 2261A, 2262).⁸⁸

The order may also contain provisions for the respondent or defendant to follow regarding the surrender of existing guns or purchase of future guns by stating:

Surrender any and all handguns, pistols, revolvers, rifles, shotguns and other firearms owned or possessed, including, but not limited to, the following: _____; and do not obtain any further guns or other firearms. Such surrender shall take place immediately, but in no event later than [specify date/time]: _____ at: _____.⁸⁹

The order of protection may restrict a respondent or a defendant’s gun license during the pendency of the order or protection as well by stating:

It is further ordered that the above-named Defendant’s [or Respondent’s] license to carry, possess, repair, sell or otherwise dispose of a firearm or firearms, if any, pursuant to Penal Law § 400.00, is hereby : [13A] ___ suspended, or [13B] ___ revoked (note: final order only), and/or [13C] ___ the Defendant [or Respondent] shall remain ineligible to receive a firearm license during the period of this order.⁹⁰

C. Computerized Registry for Orders of Protection

Pursuant to the Family Protection and Domestic Violence Intervention Act of 1994,⁹¹ which went into effect in October 1995, New York State maintains a computerized domestic violence registry database (“Registry”). The Registry includes all orders of protection⁹² issued by New York courts in domestic violence matters, as well as orders of protection from courts of competent jurisdiction in other states, territories, or tribal jurisdictions when submitted to the Registry with an accompanying affidavit.⁹³ The Registry was developed by the New York State Unified Court System in collaboration with the New York State Police. Through this

⁸⁸ *Criminal Form 1 Order of Protection 2* (2020), N.Y. COURTS <https://www.nycourts.gov/LegacyPDFS/FORMS/familycourt/pdfs/crim1.pdf> (last visited Oct. 9, 2020).

⁸⁹ *Id.*

⁹⁰ *Id.*

⁹¹ Family Protection and Domestic Violence Intervention Act of 1994, 1994 N.Y. Laws ch. 222.

⁹² See Letter from Servs. & Community Dev. & Housing & Adult Serv. to Comm’rs of Community Soc. Servs. re The Family Protection and Domestic Violence Intervention Act (June 23, 1995), <https://ocfs.ny.gov/main/policies/external/1995/INFs/95-INF-20%20The%20Family%20Protection%20and%20Domestic%20Violence%20Intervention%20Act.pdf> (“The new law requires the creation of a statewide registry of all orders of protection[.]”) (last visited Oct. 9, 2020).

⁹³ A template for affidavits in support of entry of an out-of-state order of protection onto the New York Registry of Orders of Protection is available on the New York Courts website. See *Domestic Violence Forms*, Form No. GF-5e, N.Y. COURTS, <https://www.nycourts.gov/LegacyPDFS/FORMS/familycourt/pdfs/GF-5e.pdf> (last visited Oct. 9, 2020).

collaboration, court clerks are able to transmit the orders real time to the State Police repository, which ultimately transmits the orders to the Registry.⁹⁴ The Registry is available to criminal justice users, including local police, the courts, and probation departments, through the eJustice NY portal. This portal is a browser-based application designed for use by qualified agencies as a single point of access to computerized information both within and outside of New York State.⁹⁵ In addition to providing information on current orders of protection, the Registry is an historical record. Orders of protection remain in the state’s database even after they expire.⁹⁶

The New York Sheriff’s Institute maintains the New York Order of Protection Notification System as a service to the public. This system can notify individuals who are granted an order of protection when the order has been served so that they can take any necessary precautions. As noted on the Sheriff’s Institute’s website, the 45-minute period following service of an order of protection is a crucial period of time to ensure the safety of an individual. Individuals can sign up on the Institute’s website to receive notices of service by text, email, or phone.⁹⁷

The collaboration between New York courts and state police to maintain its Registry has facilitated national efforts to ensure that individuals subject to protective orders are not improperly granted firearms licenses. In particular, New York is highly adept at submitting orders of protection to the National Crime Information Center (“NCIC”) database. The NCIC is an “an electronic clearinghouse of crime data that can be tapped into by virtually every criminal justice agency nationwide, 24 hours a day, 365 days a year.”⁹⁸ The NCIC includes files, such as protective orders, that officials search when performing firearms background checks through the “NICS”.⁹⁹ The NICS “is a national system that checks available records” to determine whether an individual is disqualified from receiving firearms due to, for example, domestic violence.¹⁰⁰

New York contributed nearly 174,000 firearms-disqualifying orders to the NICS database in 2014, the highest of any state. Approximately one-third of such disqualifying orders were issued out of family courts, the remaining two-thirds out of criminal courts, and the total number of transmissions averaged 650 per day.¹⁰¹ New York’s Registry captures relationship

⁹⁴ See Becki Goggins & Anne Gallegos, *State Progress in Record Reporting for Firearm-Related Background Checks: Protection Order Submissions*, NCJRS 9 (Apr. 2016), <https://www.ncjrs.gov/pdffiles1/bjs/grants/249864.pdf> (last visited Oct. 9, 2020).

⁹⁵ Div. of Crim. Justice Servs., *eJusticeNY*, N.Y. STATE, <https://www.criminaljustice.ny.gov/ojis/ejusticeinfo.htm> (last visited Oct. 9, 2020).

⁹⁶ *Order of Protection Notification System*, NYS SHERIFF’S INSTITUTE VICTIM SERVICES (2020), <HTTPS://SHERIFF-ASSIST.ORG/ORDER-OF-PROTECTION-NOTIFICATION-SYSTEM> (last visited Oct. 9, 2020).

⁹⁷ See *How to Use the Order of Protection Notification System*, N.Y.S. SHERIFF’S INST., <https://sheriff-assist.org/order-of-protection-notification-system> (last visited Oct. 9, 2020).

⁹⁸ See *National Crime Information Center (NCIC)*, FBI, <https://www.fbi.gov/services/cjis/ncic> (last visited Oct. 9, 2020).

⁹⁹ The NICS database was mandated by the federal Brady Handgun Violence Protection Act (“Brady Act”). The FBI implemented the database for Federal Firearms Licensees so that they could instantly determine whether a prospective transferee is eligible to receive firearms or explosives. NICS screens for a wide variety of prohibiting factors that disqualify purchasers from obtaining firearms. See *About NICS*, FBI, <https://www.fbi.gov/services/cjis/nics/about-nics> (last visited Oct. 9, 2020).

¹⁰⁰ See *id.*

¹⁰¹ Goggins & Gallegos, *supra* note 94, at 9-10.

information, and terms, conditions, and service requirements for all orders of protection so as to comply with federal firearms prohibitions. The orders can be reviewed as PDF images, which enables officials performing background checks to quickly assess New York records entered into NICS. Because firearms background checks have a 72-hour turnaround time, this easy access to New York records is crucial to ensuring that firearms do not end up in the wrong hands.¹⁰²

The success of New York's Registry is attributed to a unified court system, a statewide high-speed computer network within all its courts, and the administration of a single domestic violence database managed and supported by the courts. As a result, New York can successfully facilitate the immediate calculation and transmission of statewide firearms-prohibiting data to the federal databases.

D. Retrieval of Firearms and Restoration of Gun Permits

When an individual's order of protection expires, whether issued by a Criminal Court or the Family Court, that individual can apply to have their weapons returned and license or permit restored. Any court which exercises criminal jurisdiction may hear such an application. The application must be made on notice, with an opportunity to be heard, to the following individuals: the district attorney, the county attorney, the protected party, and every licensing officer responsible for issuing a firearms license to the subject of the order. Before the individual's gun rights can be restored, there must be a written finding that there is no legal impediment to their possession of a surrendered firearm, rifle, shotgun or license. If the licensing officer informs the court that the officer will seek to revoke the individual's license, the order shall be stayed by the court until the conclusion of any license revocation proceeding.¹⁰³

IV. Specific Recommendations

The Task Force proposes legislation and other measures that the federal and state governments can adopt to minimize the risk of shootings committed by individuals with a documented history of domestic violence. The recommendations include the following:

- The category of disqualifying events for gun ownership should be expanded to include findings of liability under abuse and neglect petitions rather than being limited to domestic violence protective orders.
- The current federal definition of "intimate partner" under 18 U.S.C. § 922(g)(8) should be expanded to include anyone in a romantic relationship with an abuser, which better reflects the nature of modern relationships. New York law already includes this more expansive protection, thus closing what has become known as the "boyfriend loophole."¹⁰⁴ Federal law, and other state laws, should do so as well. There is legislation that has been introduced in the Congress, companion federal bills S. 120 and H.R. 569, that would close this loophole in the federal law by expanding protections to dating partners and stalkers. HR. 569 was referred to

¹⁰² See *id.* at 10.

¹⁰³ See N.Y. Crim. Proc. Law § 530.14(5)(b) (Consol. 2020).

¹⁰⁴ *Supra note 86.*

the Subcommittee on Crime, Terrorism and Homeland Security on 2/25/19 by the House, and S. 120 was referred to the Committee on the Judiciary on 1/15/19 by the Senate. We urge the passage of this legislation.

- Reporting domestic violence incidents should be encouraged, and the available protections to victims of domestic violence should be well publicized. For example, a New York Victims' Rights Notice Bill¹⁰⁵ (S.6158/A.7395) signed into law in December of 2019 requires that victims of domestic violence be informed of their rights by the police and district attorneys handling the matter. The disclosure requirement includes notifying victims of their right to ask the court for an order of protection, which can include provisions requiring offenders to turn in their firearms and any firearm licenses, as well as preventing offenders from obtaining or possessing any additional firearms. Other states should pass similar laws and take steps to ensure that these notices are provided to victims of domestic violence.

¹⁰⁵ *An Act to Amend the Family Court Act and the Criminal Procedure Law, in Relation to Notification of Rights of Victims of Domestic Violence in Criminal and Family Court Proceedings*, S.6158/A.7395, 2019-2020 Legis. Sess. (2019).

REPORT SECTION THREE

Mass Shootings and Mental Health Issues

Although most individuals with mental health illnesses are not mass shooters, it is undeniable that many mass shooters suffer from some type of serious mental health condition. A backgrounder from the Treatment Advocacy Center, a national non-profit organization that advocates for better treatment of mental illness, summarized four surveys published between 1999 and 2012, which found that mass killings are increasing over time, and that about half of mass shooters suffered from untreated severe mental illness.¹⁰⁶ It's important to keep perspective and note that mass shootings account for less than 1% of gun murder victims in the United States.¹⁰⁷ Many mass shooters suffer from serious mental illness that went undiagnosed or did not follow the medical regimen prescribed to address the illness. Furthermore, "the extant research on mass murders suggests that these events are caused by a complex interaction of emotional turmoil, psychopathology, traumatic life events, and other precipitating factors unique to each case."¹⁰⁸ Research shows that most people with serious mental illness, such as schizophrenia, bipolar disorder and major depression, are not violent.¹⁰⁹ To the extent people suffering from such severe disorders are likely to engage in gun violence, it is more likely to involve suicide than a mass shooting.¹¹⁰ Keeping guns away from individuals with serious mental illness is not the complete solution for our country's mass shooting and gun violence crisis.

To the extent that there may be a correlation between serious mental illness and mass shootings, there are typically other psychological and social risk factors involved, such as substance abuse, antisocial traits, low self-esteem, a paranoid outlook, anger, narcissism, a history of being abused, and the perception of being rejected by society. In fact, as noted in a recent article appearing in a special issue of *Criminology & Public Policy*, published by the American Society of Criminology, on *Countering Mass Violence in the United States*, these other factors are a better predictor of violent behavior among people suffering from serious mental illness.

Among people with serious mental illness, general risk factors like substance abuse, antisocial traits, anger, and a history of maltreatment predict violence much more

¹⁰⁶ See The Commonsense Gun Laws P'ship, *Commonsense Solutions: How State Laws Can Reduce Gun Deaths Associated With Mental Illness* 11 (2014), <https://giffords.org/lawcenter/toolkit/first-co-branded-toolkit-from-national-gun-policy-law-center-and-gabby-giffords-organization-urges-legislators-and-activists-to-take-the-steps-to-help-prevent-gun-violence-in-mental-hea/> (last visited Oct. 9, 2020) (citing Treatment Advoc. Ctr., *Are Mass Killings Associated With Untreated Mental Illness Increasing?* (Mar. 2014), https://www.treatmentadvocacycenter.org/storage/documents/mass_killings_increasing_2013_feb.pdf (last visited Oct. 9, 2020)).

¹⁰⁷ *Supra* note 2.

¹⁰⁸ James L. Knoll IV, M.D. & George D. Annas, M.D., M.P.H., *Mass Shootings and Mental Illness*, AMERICAN PSYCHIATRIC ASSOCIATION PUBLISHING, Ch. 4, p. 86 (2016) (internal footnotes omitted), https://www.researchgate.net/publication/284156856_Mass_Shootings_and_Mental_Illness (last visited Oct. 9, 2020).

¹⁰⁹ *Id.*

¹¹⁰ *Supra* note 2.

strongly compared to psychosis or other clinical factors. Psychosis and clinical factors seem to play a role primarily among people with few of these general risk factors who are less likely to be violent in the first place. It seems most mass shootings are not directly caused by serious mental illness and would not be prevented by policies that assume otherwise. Mass violence is caused by multiple social, situational, and psychological factors that interact with one another in complex ways that are poorly understood and difficult to predict in advance. . . . A consistent finding in research conducted with community . . . psychiatric . . . and correctional . . . samples is that the most robust risk factors for violence are shared by people with and without mental illness—including demographic factors (e.g., male sex, young age, and low socioeconomic status), histories of victimization and exposure to violence (e.g., childhood maltreatment and trauma), substance abuse and involvement with drug markets, histories of violence and other criminal behavior, and antisocial traits including poor anger controls and impulsivity.¹¹¹

Because “mass violence is a multidetermined problem,”¹¹² the solutions for preventing mass shootings need to go beyond more than just keeping guns out of the hands of individuals suffering from mental illness. The solutions need to have a multi-dimensional approach.

Because major risk factors for violence are shared, improvements in policies designed to keep guns out of the hands of dangerous people without mental illness will also go far in preventing incidents involving those with mental illness. Chiefly, these steps include sharpening the criteria for gun disqualification and temporarily removing guns from individuals at imminent risk for violence. The implementation of threat assessment teams and funding for crisis services for people with and without mental illness may also be helpful.¹¹³

There are various steps that can be taken to prevent individuals suffering from serious mental illness from having access to firearms thereby minimizing the incidence of mass shootings and the devastating injuries and loss of life that occur, as well as the self-inflicted harm that is often a more probable outcome. In this Section of the Report, the Task Force examines and makes recommendations concerning three issues of fundamental importance to the proper balance of public safety and individual rights in this area. The first is the subject of so-called “red flag” laws or Extreme Risk Protective Order Laws. The second is the broadening of mental health bases for prohibiting the purchase or possession of firearms. And, lastly, we discuss the National Instant Criminal Background Check System, the expansion of information being reported to NICS, and the rights of individuals whose mental health information has been reported to NICS.

¹¹¹ *Supra* note 2.

¹¹² *Id.*

¹¹³ *Id.*

I. Extreme Risk Protective Order Laws Should be Implemented in all Jurisdictions

With the increase in the number of mass shootings over time and the desire to take steps to proactively prevent them, many states have passed laws that enable family members, friends, school administrators, and law enforcement personnel to seek a court order that allows guns to be removed from individuals determined to be at risk of harming themselves or others. These laws are known as “Red Flag” laws, because the behavior of the individuals subject to the order has put up a red flag that they may hurt themselves and others. These orders are often referred to as Extreme Risk Protection Orders.

The Task Force recommends the enactment of an ERPO law in all states that do not currently have one. We also recommend passage of H.R. 1236 by the Congress as soon as possible to establish a program under the Department of Justice to award grants to states to implement extreme risk laws, as well as to empower the federal courts to issue ERPOs when sought by law enforcement or family and household members. It is critically important that the provisions of these laws do not violate federal and state constitutional protections and other applicable laws.

A. Rationale Behind Extreme Risk Protection Orders

Data from studies substantiate the fact that many individuals who commit mass shootings give signs beforehand that they are at serious risk of committing violent behavior against themselves and others. For example, Everytown performed an analysis of mass shootings from 2009 to 2018 and found that shooters exhibited warning signs that they posed a risk to themselves or others before the shooting in 54 percent of incidents.¹¹⁴

These warning signs are even more apparent among perpetrators of school violence.¹¹⁵ The United States Secret Service National Threat Assessment Center conducted a study of school violence incidents from 2008 through 2017 in which a weapon was used causing physical injury or death in grades K – 12. The study, reported in November 2019, found that all of the perpetrators exhibited troubling behavior beforehand, whether at home, school, elsewhere, or online.¹¹⁶

Jillian Peterson and James Densley, academics who head an organization called “The Violence Project,”¹¹⁷ studied every mass shooting since 1966 and, in an Op-Ed in the *Los*

¹¹⁴ *Ten Years of Mass Shootings in the United States*, EVERYTOWN, *supra* note 51.

¹¹⁵ See Everytown for Gun Safety, Am. Fed’n of Teachers, & Nat’l Educ. Ass’n, *Keeping Our Schools Safe: A Plan for Preventing Mass Shootings and Ending All Gun Violence in American Schools* 13 (Feb. 2020), <https://everytownresearch.org/report/a-plan-for-preventing-mass-shootings-and-ending-all-gun-violence-in-american-schools/> (last visited Oct. 9, 2020).

¹¹⁶ *Id.* (citing U.S. Dep’t Homeland Security, U.S. Secret Serv., Nat’l Threat Assessment Ctr., *Protecting America’s Schools: A U.S. Secret Service Analysis of Targeted School Violence* (2019), <https://bit.ly/2U7vnwa> (last visited Oct. 9, 2020)).

¹¹⁷ The Violence Project is a nonpartisan think tank that has performed research on mass shootings. It is funded by the National Institute of Justice, the research, development, and evaluation agency of the U.S. Department of Justice. For more information on The Violence Project, see THE VIOLENCE PROJECT, <https://www.theviolenceproject.org/> (last visited Oct. 9, 2020).

Angeles Times, dated August 4, 2019, discussed the four things all mass shooters have in common based on their research.¹¹⁸ They noted that in almost all cases, the shooter “reached an identifiable crisis point in the weeks or months leading up to the shooting . . . [and] often had become angry and despondent because of a specific grievance.” This may have been triggered by a change in job status or rejection in a relationship. They further noted that mass shooters often displayed signs prior to the shooting. “Such crises were, in many cases, communicated to others through a marked change in behavior, an expression of suicidal thoughts or plans, or specific threats of violence. . . . Most mass public shooters are suicidal, and their crises are often well known to others before the shooting occurs. The vast majority of mass shooters leak their plans ahead of time.”¹¹⁹ ERPO laws provide people who see such warnings with a means to report them before a tragedy occurs.

B. Specific Examples of Mass Shootings Where Signals Were Given

In reviewing highly publicized mass shootings, it is common to find that the shooter had had some form of serious mental illness and exhibited warning signs prior to the shooting that they were at risk of harming themselves or others. Unfortunately, one also finds examples in which concerned individuals tried to alert authorities but were unable to prevent the shootings from occurring. In the following examples, the shooter’s access to a firearm resulted in these warning signs becoming fatal.

1. The Heritage Foundation, as part of a three-part series addressing mental illness, violence, and firearms, published a Legal Memorandum discussing prime examples of mass shootings where the shooter exhibited troubling, and sometimes psychotic, symptoms at the time of the shooting.¹²⁰
 - a. Jennifer San Marco killed seven people in Goleta, California on January 30, 2006 – a former neighbor and six postal workers in the mail processing plant where she used to work – before shooting herself in the head. A couple of months prior to the shooting, police were alerted to her bizarre behavior which, for example,

¹¹⁸ Jillian Peterson & James Densley, Opinion, *Op-Ed: We Have Studied Every Mass Shooting Since 1966. Here’s What We’ve Learned About the Shooters*, L.A. TIMES (Aug. 4, 2019), <https://www.latimes.com/opinion/story/2019-08-04/el-paso-dayton-gilroy-mass-shooters-data> (last visited Oct. 9, 2020). The authors have compiled a database that dates back to 1966 “of every mass shooter who shot and killed four or more people in a public place, and every shooting incident at schools, workplaces, and places of worship since 1999.” The four things the data revealed that mass shooters have in common are: 1) they “experienced early childhood trauma and exposure to violence;” 2) they “reached an identifiable crisis point in the weeks or months leading up to the shooting;” 3) most shooters “had studied the actions of other shooters and sought validation for their motives;” and 4) they “all had the means to carry out their plans.”

¹¹⁹ *Id.*

¹²⁰ See John Malcolm & Amy Swearer, Legal Memo. No. 239, *Part I: Mental Illness, Firearms, And Violence*, THE HERITAGE FOUNDATION, 6-7 (Jan. 31, 2019) (internal footnotes omitted), <https://www.heritage.org/sites/default/files/2019-01/LM-239.pdf> (last visited Oct. 9, 2020).

consisted of: kneeling by her car in a post office parking lot talking to herself; ordering food at restaurants and rushing out the door before eating it; and taking her shirt off in public.¹²¹

- b. Seung-Hui Cho, the shooter who killed 32 people and wounded 17 others at Virginia Tech on April 16, 2007 before killing himself, likewise exhibited telltale signs that he was suffering from serious mental illness. “Cho told his college roommate that he had a supermodel girlfriend who lived in outer space and traveled by spaceship, was known to fixate on female students, and had to be removed from his undergraduate poetry class over worrying behavior. After suggesting he might kill himself, he was determined to be mentally ill and in need of hospitalization for presenting a danger to himself or others, but received only minimal psychiatric treatment.”¹²²
- c. Jiverly Wong, who killed 13 people and himself at a civic association in Binghamton, New York in 2009, sent a letter to a news station before the shooting. He claimed in the letter that he was being “persecuted by undercover cops who caused him to lose his job by spreading rumors about him, touched him in his sleep, stole money from his wallet, and tried to force him into a car accident.”¹²³
- d. Jared Loughner killed 6 people and wounded 13 others, including Congresswoman Gabrielle Giffords, in January 2011 at a shooting in Tucson, Arizona. He “was almost certainly suffering from untreated schizophrenia in the year prior to the shooting. . . . Loughner’s parents were so worried about his mental health that his father confiscated Loughner’s shotgun,

¹²¹ *Id.* (citing Dan Frosch, *Woman in California Postal Shootings Had History of Bizarre Behavior*, N.Y. TIMES (Feb. 3, 2006), <https://www.nytimes.com/2006/02/03/us/woman-in-california-postal-shootings-had-history-of-bizarre-behavior.html> (last visited Oct. 9, 2020)); see Martin Kasindorf, *Woman Kills 5, Self at Postal Plant*, USA TODAY (Feb. 1, 2006), https://usatoday30.usatoday.com/news/nation/2006-01-31-postal-shooting_x.htm (last visited Oct. 9, 2020).

¹²² Malcom & Swearer, *supra* note 120, at 6 (internal quotation marks and footnotes omitted); see Christine Hauser & Anahad O’Connor, *Virginia Tech Shooting Leaves 33 Dead*, N.Y. TIMES (Apr. 16, 2007), <https://www.nytimes.com/2007/04/16/us/16cnd-shooting.html> (last visited Oct. 9, 2020).

¹²³ Malcom & Swearer, *supra* note 120, at 6.

disabled his car, and tried to get him mental health treatment.”¹²⁴

- e. James Holmes killed 12 people and injured 70 others in a movie theater in Aurora, Colorado, on July 20, 2012. Holmes was seeing a University of Colorado psychiatrist before the shooting, who was so worried about his mental state that she reached out to University Police regarding putting him under a psychiatric hold. Holmes sent a package to his psychiatrist containing a notebook with plans for the shooting and his obsession with killing. Police found explosives and gasoline when they searched his apartment after the shooting, the door to which had been boobytrapped.¹²⁵

- f. On December 14, 2012, Adam Lanza shot and killed his mother at the home he shared with her in Newtown, Connecticut, and then traveled to the Sandy Hook Elementary School where he murdered 20 children and 6 adults by shooting them. He shot himself in the head as police arrived at the school. As set forth in an official report issued by the Connecticut Office of the Child Advocate regarding the shooting,¹²⁶ he had exhibited symptoms consistent with schizophrenia at a young age, including excessive hand washing and smelling non-existent odors. During the year before the shooting, he demonstrated increasingly antisocial behavior, such as staying in his room and only communicating with his mother, with whom he lived, by text messages.¹²⁷ Lanza’s mother had consulted with Yale University’s Child Study Center when he was in ninth grade, however, she unfortunately did not follow its recommendations for therapy and medication for her son. Lanza participated in an online community for mass-murder enthusiasts. He had easy access to a number of firearms and high-capacity magazines in his

¹²⁴ *Id.* (internal footnotes omitted).

¹²⁵ *Id.*; see also *Colorado Theater Shooting Fast Facts*, CNN, <https://www.cnn.com/2013/07/19/us/colorado-theater-shooting-fast-facts/index.html> (last visited Oct. 9, 2020).

¹²⁶ See John Malcolm & Amy Swearer, *supra* note 120 at 7, nn. 101-04 (citing Connecticut Off. of the Child Advoc., *Final Report: Shooting at Sandy Hook Elementary School* (Nov. 21, 2014)).

¹²⁷ *Id.*

home, which enabled him to carry out this horrible tragedy.¹²⁸

2. A more recent example is Nikolas Cruz’s massacre of 17 students at the Marjory Stoneman Douglas High School in Parkland, Florida on February 14, 2018. Cruz’s guardian described him as a “ticking time bomb.” In fact, his guardian had contacted law enforcement on multiple occasions regarding his threatening behavior, which included holding a gun to her head.¹²⁹

C. New York State’s Red Flag Law

New York State’s ERPO law became effective on August 24, 2019.¹³⁰ The law allows not only a family or household member of the person at risk, or law enforcement, to apply for such an order, but a school official as well. In this regard, New York’s law allows more categories of individuals to seek ERPOs than the laws of some other states.¹³¹ If granted, the ERPO prohibits the person at risk from purchasing or possessing firearms and orders them to surrender any firearms they possess to law enforcement. The order may also authorize the police to search the individual, their home, or their vehicle for any firearms.

The New York State Assembly’s memorandum in support of this legislation¹³² provides a number of justifications for the law. For example, the memorandum notes that “[f]amily and household members are often the first to know when someone is experiencing a crisis or exhibiting dangerous behavior.” Moreover, even in situations where the concerns have been reported to law enforcement, “in New York, as in many other states, law enforcement officers may not have the authority to intervene based on the evidence they are provided, sometimes resulting in preventable tragedies, including interpersonal gun violence or suicide involving a gun.” The memorandum further notes that California, Washington, Indiana, and Connecticut all have similar laws on the books. In addition, the memorandum acknowledges the important goal of keeping New Yorkers safe, while respecting due process rights.¹³³

¹²⁸ Alison Leigh Cowan, *Adam Lanza’s Mental Problems ‘Completely Untreated’ Before Newtown Shootings, Report Says*, N.Y. TIMES (Nov. 21, 2014), <https://www.nytimes.com/2014/11/22/nyregion/before-newtown-shootings-adam-lanzas-mental-problems-completely-untreated-report-says.html> (last visited Oct. 9, 2020).

¹²⁹ *See Nikolas Cruz’s Caretaker Claims She Warned Authorities That Parkland Suspect Was ‘Ticking Time Bomb’*, INSIDE EDITION (Mar. 20, 2018, 2:52 PM), <https://www.insideedition.com/nikolas-cruzs-caretaker-claims-she-warned-authorities-parkland-suspect-was-ticking-time-bomb-41716> (last visited Oct. 9, 2020).

¹³⁰ It is set forth in Article 63-A of New York’s Civil Practice Law and Rules.

¹³¹ *See Extreme Risk Protection Orders*, GIFFORDS L. CTR, <https://lawcenter.giffords.org/gun-laws/policy-areas/who-can-have-a-gun/extreme-risk-protection-orders/> (last visited Oct. 9, 2020).

¹³² N.Y. State Assembly, *Memorandum in Support of Legislation A06994*, https://nyassembly.gov/leg/?default_fld=&bn=A6994&term=2017&Memo=Y (last visited Oct. 9, 2020).

¹³³ *See id.*

1. Applying for an ERPO in New York

To apply for an ERPO, an individual (“Petitioner”) files a sworn application in New York Supreme Court in the County where the individual against whom the order is being sought (“Respondent”) lives. The application may contain supporting documentation and must set forth facts that justify the issuance of the ERPO. The application should indicate if the Respondent owns firearms and where they are located, to the best of the Petitioner’s knowledge.¹³⁴ A court may issue a temporary ERPO, ex parte or otherwise, if the Petitioner shows that there is probable cause to believe that the Respondent is likely to engage in conduct that would result in serious harm to himself, herself or others. The court must issue a written decision on a temporary ERPO application on the same day it is filed. If the court grants a temporary ERPO, the written decision must set forth the grounds that warrant issuing a temporary ERPO.¹³⁵

2. Service of a Temporary ERPO on the Respondent

If the application is granted, the temporary ERPO, petition, and supporting papers are to be served promptly on the Respondent, typically by a law enforcement agency in the Respondent’s jurisdiction. The Order must, among other things, direct the Respondent: (1) not to purchase, possess, or attempt to purchase or possess, a firearm, rifle or shotgun during the time the Order is in effect; (2) to promptly surrender to law enforcement any such weapon the Respondent possesses; and (3) to list all firearms, rifles, and shotguns possessed by the Respondent and the location of same. The Court may also direct a police officer to search the premises, vehicle, and person of the Respondent in a manner that is consistent with procedures set forth in Article 690 of N.Y. Criminal Procedure Law, which govern the granting of search warrants in connection with criminal matters. The

¹³⁴ N.Y. C.P.L.R. § 6341 (Consol. 2020).

¹³⁵ N.Y. C.P.L.R. § 6342.

Respondent is given written notice of the time and place for the hearing to determine whether a final ERPO should be granted. The hearing must take place between 3 to 6 days after service of the temporary ERPO.¹³⁶

The Court must notify the appropriate law enforcement agencies by the next business day after the Order is issued and provide a copy of the Order. The Division of Criminal Justice Services (“DCJS”)¹³⁷ is required to immediately report the Order to the Federal Bureau of Investigation so that the Bureau is aware that the Respondent is prohibited from purchasing firearms, rifles, and shotguns. The Court also must direct the law enforcement agency with jurisdiction over the temporary ERPO to conduct a background investigation, and then report to the court information pertaining to Respondent’s prior convictions, current criminal charges, firearm registrations, orders of protection against the Respondent, and current parole or probation status, if applicable.¹³⁸

3. Issuance of a Final ERPO

As noted above, the Court must hold a hearing soon after the temporary ERPO is issued to determine whether to issue a final ERPO.¹³⁹ At the hearing, the Petitioner has the burden of proving, by clear and convincing evidence, that the Respondent is likely to engage in conduct that would result in serious harm to himself, herself or others. If the Court issues a

¹³⁶ *Id.* The Respondent is advised in writing that he or she may seek a longer time frame for the hearing and that the Respondent may promptly seek the advice of an attorney.

¹³⁷ DCJS is a New York State agency that provides resources and services to improve the quality of the criminal justice system and enhance the public safety. Among its many responsibilities, it provides training to law enforcement, analyzes statewide crime and program data, maintains criminal history records and fingerprint files, performs background checks, and administers the state’s Sex Offender Registry, Missing Persons Clearinghouse and DNA Databank, <https://www.criminaljustice.ny.gov/crimnet/mail.htm> (last visited Oct. 9, 2020).

¹³⁸ *Supra* note 135.

¹³⁹ N.Y. C.P.L.R. § 6343. The time frame in which to hold a hearing regarding the issuance of a final ERPO is set forth in § 6343(1) as follows: the hearing shall take place no sooner than three business days nor later than six business days after service of the temporary ERPO on the Respondent. If no temporary ERPO has been granted, the Petitioner is still entitled to a hearing (unless the application is voluntarily withdrawn) no later than 10 business days after service of the application. If the Respondent requests additional time for the hearing, in both situations, the Court may grant that request.

permanent ERPO, it must be served on the Respondent in the same manner as the temporary ERPO was served. Any firearms previously removed by law enforcement pursuant to a temporary ERPO must be retained by law enforcement; any firearm licenses the Respondent possesses must be suspended; the Respondent must be prohibited from purchasing or possessing a firearm, rifle or shotgun; and the Respondent must surrender any such weapons to law enforcement.¹⁴⁰ Similar to the service of the temporary ERPO, the Court may direct a police officer to search the Respondent's premises, vehicle, and person in a manner that is consistent with procedures set forth in Article 690 of N.Y. Criminal Procedure Law. The Final ERPO may last for up to one year from the date the final ERPO (or temporary ERPO) was issued. The Court must make the same notifications to law enforcement agencies and the Federal Bureau of Investigation as with the issuance of a temporary ERPO.¹⁴¹

If the Court determines that the burden of proof for issuing a final ERPO has not been met, and firearms have been taken from the Respondent, the Court must order the return of those weapons to the Respondent. In addition, the Respondent is entitled to petition the Court for a hearing to set aside the final ERPO before it expires; however, the Respondent may only do so once and bears the burden of proof by clear and convincing evidence that there are changed circumstances justifying a change to the final ERPO. The Petitioner must receive notice of any such hearing.¹⁴²

4. Renewal of a Final ERPO

Within 60 days before a final ERPO expires, a Petitioner can request an extension if he or she believes that there is still a likely risk that the Respondent will engage in conduct that would result in serious harm to himself, herself, or others. The Court will conduct a hearing similar to that held when considering the first

¹⁴⁰ *Id.*

¹⁴¹ *Id.*

¹⁴² *Id.*

ERPO, in determining whether to grant an extension.¹⁴³ If the Court is convinced by clear and convincing evidence that an extension is warranted, the final ERPO can be renewed for up to one year.¹⁴⁴ After an ERPO expires, the records of the proceedings are sealed from the general public. However, certain individuals and entities will still have access to the records, including: courts, police who enforce criminal state laws, agencies that issue firearm licenses, and prospective law enforcement employers.¹⁴⁵

5. Return of Weapons After Expiration of a Final ERPO

Once the ERPO has expired, the Respondent can submit a written application for the return of his or her firearm(s). This application must be made with notice to the Petitioner and all law enforcement responsible for issuing a firearm license to the Respondent, and an opportunity for those parties to be heard. If the Court determines that there is no legal impediment to the Respondent possessing the surrendered firearms, the Court will order their return. However, if a licensing officer informs the Court that he or she is going to seek a revocation of Respondent's license to possess a firearm, the Court must stay the return order until a license revocation proceeding can be completed.¹⁴⁶

D. Other State ERPO Laws

Several states in addition to New York have enacted Extreme Risk Protection Laws. Many of these laws were passed after the tragic shooting on February 14, 2018 at the Marjory Stoneman Douglas High School in Parkland, Florida, during which 17 people were killed and 17 others were injured. At least 18 states and the District of Columbia currently have Extreme Risk Protection laws on the books.¹⁴⁷ An analysis performed by Everytown of petitions filed seeking ERPOs in jurisdictions with such laws in effect as of January 2019 found that at least 3,900 petitions for such orders were filed between January 2018 and August 2019 across all of the states. Furthermore, states with such laws on the books for more than two years (California,

¹⁴³ N.Y. C.P.L.R. § 6345.

¹⁴⁴ See *FORMS & INSTRUCTIONS - Application for an Extreme Risk Protection Order*, NYCOURTS.GOV, <http://ww2.nycourts.gov/erpo> (last visited Oct. 9, 2020).

¹⁴⁵ N.Y. C.P.L.R. § 6346.

¹⁴⁶ *Id.*

¹⁴⁷ See *Extreme Risk Laws Save Lives*, EVERYTOWN (Apr. 17, 2020), <https://everytownresearch.org/extreme-risk-laws-save-lives/> (last visited Oct. 9, 2020); see also *Extreme Risk Protection Orders*, *supra* note 131).

Connecticut, and Washington), revealed a vast increase in the number of petitions being filed over time.¹⁴⁸

The above data indicate that Extreme Risk Protection laws are being increasingly utilized as a means to prevent mass shootings and suicides. In addition, Everytown's analysis provides examples of incidents in several states where it is believed that an ERPO prevented a mass shooting tragedy:¹⁴⁹

- A study in California, published in 2019, examined 21 cases where a Gun Violence Restraining Order [comparable to an ERPO] was issued to disarm people who threatened to commit mass shootings, including an employee of a car dealership who threatened to shoot up his workplace and a student who threatened a mass shooting at a school assembly;
- In Maryland, four individuals who threatened violence against schools were disarmed during the first three months after its extreme risk law went into effect; and
- In Florida, extreme risk laws were used to remove firearms from a person who said that killing people would be “fun and addicting”; as well as in several potential school violence cases, including one where a student accused of stalking an ex-girlfriend threatened to kill himself.

E. Proposed Federal Legislation

The Extreme Risk Protection Order Act of 2019¹⁵⁰ was introduced in the House of Representatives on February 14, 2019 (exactly one year after the mass shooting tragedy at the Marjory Stoneman Douglas High School in Parkland, Florida). If enacted, this Act would establish a program under the Department of Justice to award grants to states to implement extreme risk laws and set forth minimum standards that states must meet to be eligible for the grants. The funding would go towards: providing training, personnel, and resources to law enforcement; training judges, court personnel, and law enforcement to accurately identify individuals at risk of harming themselves or others with a firearm; developing protocols, forms, and orders to carry out the extreme risk laws; and raising public awareness regarding extreme risk laws. The act would also empower federal courts to issue ERPOs when sought by law enforcement or family and household members.¹⁵¹ The bill was ordered to be Reported as

¹⁴⁸ *Extreme Risk Laws Save Lives*, *supra* note 147. In California the number of petitions filed for ERPOs increased by more than 330 percent between 2016 and 2018.

¹⁴⁹ See *Extreme Risk Protection Orders*, *supra* note 131 (internal footnotes omitted).

¹⁵⁰ H.R. 1236, 116th Cong. (2019).

¹⁵¹ Representative Jerrold Nadler offered an Amendment to the bill on September 10, 2019, during a Consideration and Mark-up Session by the Committee on the Judiciary, which would authorize federal courts to issue ERPOs. See House Comm. on Judiciary, Press Release, *Chairman Nadler Statement for the Markup of H.R. 1236 the Extreme Risk Protection Order Act of 2019*, JUDICIARY.HOUSE.GOV (Sept. 10, 2019), <https://judiciary.house.gov/news/documentsingle.aspx?DocumentID=2106> (last visited Oct. 9, 2020). This provision was present in the Federal Extreme Risk Protection Order Act of 2019, introduced in the House on June 4, 2019. H.R. 3076, 116th Cong. (2019).

amended on September 10, 2019 by the Judiciary Committee. This is the last action that has been taken on this legislation to date.

Notably, in a recent survey of over 2,500 likely 2020 voters across the country, 85 percent of participants were in favor of Congress passing an extreme risk law, including 78 percent of gun owners.¹⁵²

F. Due Process Considerations with ERPO Laws

As set forth in the New York Assembly’s Memorandum in support of the ERPO bill, the goal of ERPO laws is to “keep New Yorkers safe while respecting due process rights.”¹⁵³ There can be no doubt that New York and other state ERPO laws are effective tools for helping to prevent mass shootings. To protect Respondents’ due process rights, New York’s ERPO law specifically provides that “no finding or determination made pursuant to this article shall be interpreted as binding or having collateral estoppel or similar effect, in any other action or proceeding, or with respect to any other determination or finding in any court, forum or administrative proceeding.”¹⁵⁴ Nevertheless, there have been concerns raised by attorneys, including the Criminal Justice Section, the Committee on Disability Rights, and the Committee on Mandated Representation of the New York State Bar Association,¹⁵⁵ that the implementation of New York’s Red Flag law raises due process, privacy, constitutional, and right to counsel concerns that should be addressed.

Among these concerns is that because the application for an ERPO (temporary or permanent), set forth in N.Y.C.P.L.R. Article 63-A, is a civil proceeding, it lacks certain protections that attach to a criminal action and could potentially result in criminal jeopardy for a respondent. Moreover, the ERPO law’s provisions contain concerning ambiguities, including how judicial findings about a respondent’s mental health in an ERPO proceeding might be used in other civil or criminal proceedings, or whether “evidence” discovered in an ERPO proceeding could be used in a criminal action or be discoverable pursuant to the new criminal discovery provisions under the Criminal Procedure Law. In addition, since there is no right to counsel in connection with the ERPO civil proceeding, Respondents may unwittingly take actions that can result in self-incrimination, for example, by signing a receipt acknowledging possession of seized firearms that could later form the basis for a criminal weapons charge.

A detailed discussion of the due process concerns stemming from ERPOs is beyond the scope of this Report. However, the Task Force understands that these are serious concerns and that further action by the Legislature, the courts, or both, may be required to address them. We

¹⁵² Global Strategy Group & Everytown for Gun Safety, *Voters Call for Background Checks, Strong Red Flag Bill*, (Sept. 6, 2019), <https://everytown.org/documents/2019/09/global-strategy-group-and-everytown-for-gun-safety.pdf/> (last visited Oct. 9, 2020).

¹⁵³ *Supra* note 132.

¹⁵⁴ N.Y. C.P.L.R. § 6347.

¹⁵⁵ *See* Letter from N.Y. Bar Ass’n Comm. on Mandated Representation, to Henry Greenberg, President, N.Y. Bar Ass’n (Oct. 31, 2019), attached at Appendix A.

recommend that the New York State Bar Association further explore these issues in order to make additional suggestions regarding proposed legislation that address these important matters.

G. Recommendation of the Task Force

According to The Violence Project’s research, another factor that all mass shooters have in common is the means to carry out their plan, i.e., access to a firearm. Through their study of mass shootings since 1966, Professors Peterson and Densley found that “[i]n 80% of school shootings, perpetrators got their weapons from family members, . . . Workplace shooters tended to use handguns they legally owned. Other public shooters were more likely to acquire them illegally.”¹⁵⁶ Based on these findings, Peterson and Densley recommend that people be more proactive in identifying and reporting concerns about individuals in crisis, as well as taking steps to prevent such individuals’ access to weapons. At the legislative level, they recommend laws requiring individuals to obtain a license before purchasing a firearm, universal background checks, safe storage laws, and red flag laws.¹⁵⁷ The Task Force is supportive of all of these recommendations. In particular, ERPOs are an effective way to prevent those individuals at serious risk of doing harm to themselves and others from having access to the firearms that can inflict such devastating loss of life.

The Task Force recommends the enactment of an ERPO law in all states that do not currently have one. We also recommend that Congress pass H.R. 1236 as soon as possible, which will establish a program under the Department of Justice to award grants to states to implement Extreme Risk Laws, and empower federal courts to issue ERPOs when sought by law enforcement or family and household members. Ideally ERPOs should also enable school officials to seek court intervention, as provided for under New York’s Red Flag Law. We recommend that family, household members, and school administrators who have knowledge regarding an individual who is at risk of harming himself, herself, or others, first go to law enforcement, if possible, to advise them of the relevant information. The Task Force also recognizes that there are differences between the state laws currently enacted regarding who is afforded standing, the burden of proof, and the scope of the ERPOs. The Task Force favors common sense approaches to these laws, but believes it is critically important to respect and support everyone’s constitutional rights and due process. To that end, we recommend that the concerns raised by NYSBA’s Criminal Justice Section and Committee on Mandated Representation be addressed by NYSBA in future discussions with the legislature and the Courts.

II. Expand the Categories of Individuals Prohibited from Purchasing or Possessing Guns

The Task Force recommends that the categories of individuals who are prohibited from purchasing or possessing firearms under both federal and state law include: (i) individuals undergoing court-ordered outpatient mental health treatment, and (ii) individuals who have voluntarily committed themselves to a mental health hospital.

¹⁵⁶ Peterson & Densley, *supra* note 118.

¹⁵⁷ *Id.*

A. Federal Law

Federal law sets forth the circumstances under which people are ineligible to possess or purchase firearms for mental health and other reasons.¹⁵⁸ In particular, people who have been “adjudicated as a mental defective” or committed to a mental institution are prohibited from buying or possessing firearms or ammunition.¹⁵⁹ Effective August 26, 1997, the Bureau of Alcohol, Tobacco and Firearms (“ATF”) amended regulations to define the categories of persons prohibited from receiving or possessing firearms.¹⁶⁰ The definitions are meant to facilitate the implementation of the National Instant Criminal Background Check System required under the 1993 Brady Handgun Violence Prevention Act,¹⁶¹ which is discussed further in the following Section.

The term “adjudicated as a mental defective” is defined by law to mean that a court, board, commission, or other lawful authority has determined that a person, due to “marked subnormal intelligence, or mental illness, incompetency, condition or disease” is a danger to himself, herself, or others; or lacks the mental capacity to contract or manage his or her own affairs.¹⁶² The term includes individuals found to be “insane” by a court in a criminal case, and individuals found incompetent to stand trial or found not guilty by reason of lack of mental responsibility pursuant to articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. §§ 850a, 876b.¹⁶³ In effect, individuals who have been involuntarily committed to an inpatient mental facility, found incompetent to stand trial, found not guilty due to insanity or serious mental illness, or placed under a legal conservatorship because of serious mental illness, are not allowed to possess a firearm or ammunition.¹⁶⁴

“Committed to a mental institution” is defined by law to mean a formal commitment of a person to a mental institution by a court, board, commission, or other legal authority, and includes a commitment to a mental institution involuntarily. It includes a commitment for mental defectiveness or mental illness, as well as for other reasons, such as for drug use.¹⁶⁵

¹⁵⁸ See Federal Gun Control Act of 1968, 18 U.S.C. § 921 *et seq.*

¹⁵⁹ See *id.*; see also 27 C.F.R. § 478.11.

¹⁶⁰ See Dep’t of Treasury, Bureau of Alcohol, Tobacco, & Firearms, Final Rule, Treasury Decision, TD ATF-391, Definitions for the Categories of Persons Prohibited From Receiving Firearms (95R-051P), <https://www.atf.gov/file/84311/download> (last visited Oct. 9, 2020). Note that ATF’s name was changed to “Bureau of Alcohol, Tobacco, Firearms, and Explosives” with the enactment of the Homeland Security Act of 2002. It was also moved from the Department of the Treasury to the Department of Justice under that act. It is still referred to as “ATF.”

¹⁶¹ Brady Handgun Violence Prevention Act, 107 Stat. 1536, Pub. L. No. 103-159 (1993).

¹⁶² See sources cited *supra* notes 158-160.

¹⁶³ See *id.*; see also 10 U.S.C. § 850a (indicating that the defense of lack of mental responsibility at a court-martial proceeding is established if the accused proves by clear and convincing evidence that as a result of a severe mental disease or defect, they were unable to appreciate the nature and quality or the wrongfulness of the acts); 10 U.S.C. § 876b (mentally incompetent to stand trial means that a person is presently suffering from a mental disease or defect that renders them unable to understand the nature of the proceedings against them or to conduct or cooperate intelligently in the defense of the case).

¹⁶⁴ See Dep’t of Treasury, Bureau of Alcohol, Tobacco, & Firearms, *supra* note 160; see also Emma Elizabeth McGinty, Daniel W. Webster, & Colleen L. Barry, *Gun Policy and Serious Mental Illness: Priorities for Future Research and Policy*, 65 PSYCHIATRIC SERVS. 50 (2014), <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201300141> (last visited Oct. 9, 2020).

¹⁶⁵ See 27 C.F.R. § 478.11.

The federal prohibition on firearm possession for mental health reasons does not include people who have voluntarily committed themselves to a mental health facility, or who have been admitted for observation. It also does not include individuals who are undergoing mandatory court-ordered outpatient treatment determined necessary for that person to live safely in the community.¹⁶⁶ Notably, a number of states have expanded their laws beyond the federal prohibition categories to include some of these situations, such as mandatory outpatient commitment and voluntary commitment to an inpatient program.¹⁶⁷ The Task Force recommends that the federal prohibitions be expanded to include these situations.

B. Involuntary Outpatient Commitment

Most states have laws that allow courts to mandate that individuals undergo mental health treatment as part of an outpatient program rather than on an inpatient basis.¹⁶⁸ In New York, Kendra's Law (passed in 1999 and named in memory of Kendra Webdale who was pushed in front of a subway train and killed by a man with a history of mental illness and hospitalizations) provides for court-ordered outpatient treatment for those individuals with mental illness who are likely to have difficulty living safely in the community without the supervision and assistance of outpatient treatment.¹⁶⁹

Even though federal law does not include involuntary outpatient commitment as one of its prohibited categories for firearm ownership, several states prohibit individuals ordered to receive outpatient mental health treatment from possessing firearms, and require reporting those individuals to state and/or federal authorities.¹⁷⁰ These reporting requirements can save lives. For example, the shooter in the 2007 Virginia Tech massacre, during which 32 people were killed and 17 people were injured, was ordered to receive outpatient treatment, but was not reported to authorities as ineligible for gun ownership because the law did not require it. In the aftermath of that tragedy, Virginia amended its law to prohibit gun ownership based on involuntary outpatient commitment.¹⁷¹ The Consortium for Risk-Based Firearm Policy, which includes leading researchers, practitioners, and advocates in gun violence prevention and mental health, specifically recommends that “[i]nvoluntary outpatient commitment should disqualify individuals from purchasing or possessing firearms under federal law if there is a court finding of substantial likelihood of future danger to self or others or an equivalent finding.”¹⁷²

¹⁶⁶ See sources cited *supra* notes 158-160.

¹⁶⁷ See McGinty, Webster, & Barry, *supra* note 164.

¹⁶⁸ See The Commonsense Gun Laws P'ship, *supra* note 106, at 11-12 (internal footnotes omitted). Notably, the Commonsense Gun Law Partnership was a collaboration of the Americans for Responsible Solutions and the Law Center to Prevent Gun Violence. The two organizations joined together in 2016 to form the Giffords Law Center to Prevent Gun Violence.

¹⁶⁹ See N.Y. Mental Hygiene Law § 9.60 (Consol. 2020).

¹⁷⁰ See *Mental Health Reporting*, GIFFORDS L. CTR., <https://lawcenter.giffords.org/gun-laws/policy-areas/background-checks/mental-health-reporting/> (last visited Oct. 9, 2020).

¹⁷¹ See Va. Code Ann. § 18.2-308.1:3 (2019) (“It shall be unlawful for any person involuntarily . . . ordered to mandatory outpatient treatment . . . or ordered to mandatory outpatient treatment as the result of a commitment hearing . . . to purchase, possess, or transport a firearm.”)

¹⁷² Consortium for Risk-Based Firearm Policy, *Guns, Public Health, and Mental Illness: An Evidence-Based Approach for Federal Policy* 3 (Dec. 11, 2013), <https://www.issuelab.org/resources/18225/18225.pdf> (last visited Oct. 9, 2020).

A mandate that a mentally ill person participate in involuntary outpatient commitment because he or she is likely to endanger him or herself, or others, should have the same prohibiting effect as an inpatient commitment to a mental institution. The Task Force recommends that the federal statute be amended to add mandatory outpatient treatment to the prohibition against purchasing or possessing a firearm, and that states that do not already have such a prohibition enact one.

C. Voluntary Admission to a Mental Institution

Federal law does not prohibit people who voluntarily admit themselves to a mental institution from purchasing firearms.¹⁷³ According to the Giffords Law Center: “The following states have closed this gap by prohibiting firearm purchase or possession by persons who have been voluntarily admitted to a mental hospital within specified time periods: Connecticut (within six months), Illinois (until receiving a certification that he or she is not a danger), Maryland (until receiving ‘relief’ from the firearm disqualification), and the District of Columbia (within five years).”¹⁷⁴ New York State law does not include voluntary commitment to a mental institution within its definition of “committed to a mental institution,” for purposes of disqualification from firearms possession.¹⁷⁵

The position of the Task Force is that individuals who voluntarily commit themselves to a mental institution should be prohibited from purchasing or possessing a firearm. We believe this prohibition should be required under federal law as well as under all state law. Any subsequent restoration of the individual’s right to possess a firearm should be determined after balancing the individual’s right to purchase or possess a firearm against any continuing public safety concerns.¹⁷⁶

III. All Disqualifying Events Prohibiting Gun Ownership Should be Reported to NICS

The Task Force recommends that all disqualifying events for gun ownership and possession be reported by all state and federal entities, including law enforcement, courts and mental facilities, to the National Instant Criminal Background Check System to ensure thorough and effective background checks. There is no doubt that this will help prevent guns from getting into the hands of individuals who should not have them.

A. The National Instant Criminal Background Check System (“NICS”)

¹⁷³ See sources cited *supra* notes 158-160.

¹⁷⁴ *Categories of Prohibited People*, GIFFORDS L. CTR., <https://lawcenter.giffords.org/gun-laws/policy-areas/who-can-have-a-gun/categories-of-prohibited-people/> (last visited Oct. 9, 2020).

¹⁷⁵ See 14 CRR-NY 543.3-.4.

¹⁷⁶ See *infra* Report Section Three, Part III. G. *State Procedures for Restoration of Firearm Possession Rights* for a further discussion of restoring gun possession rights.

The NICS was established to carry out the firearm purchase background check requirements enacted into law by the Brady Handgun Violence Prevention Act of 1993.¹⁷⁷ The NICS is managed by the Federal Bureau of Investigation and is used to conduct presale background checks for individuals seeking to purchase firearms from Federal Firearms Licensees (“FFL”).¹⁷⁸ The NICS is defined by statute as: “[T]he National Instant Criminal Background Check System, which an FFL must, with limited exceptions, contact for information on whether receipt of a firearm by a person who is not licensed under 18 U.S.C. 923 would violate federal or state law.”¹⁷⁹

The NICS provides disqualifying information under 18 U.S.C. § 922(g) or (n) to FFLs when they are processing an individual’s potential firearms purchase. The FBI developed the NICS in cooperation with ATF, and local and state law enforcement agencies. The NICS provides centralized access to criminal history and other disqualifying records by searching three separate national databases.¹⁸⁰ Those databases contain records compiled by the FBI and information that the states voluntarily provide. The three separate databases are: (1) the National Crime Information Center (“NCIC”),¹⁸¹ (2) the Interstate Identification Index (“III”), and (3) the NICS Index.

- The NCIC is defined as “the nationwide computerized information system of criminal justice data established by the FBI as a service to local, state, and federal criminal justice agencies.”¹⁸² It has been in existence since 1967 and contains a wealth of information, including: individuals who are the subjects of domestic violence protection orders, active criminal warrants, immigration violations, missing persons, stolen property, and other information helpful to law enforcement.¹⁸³ It contains information voluntarily contributed by federal, state, local and international criminal justice agencies.¹⁸⁴
- The III is defined as “the cooperative Federal-State system for the exchange of criminal history records; and . . . includes the National Identification

¹⁷⁷ 107 Stat. 1536, Pub. L. No. 103-159. The Brady Act amended the Federal Gun Control Act of 1968 (18 U.S.C. § 921 *et seq.*). The interim provisions (phase I) of the Brady Act went into effect February 28, 1994. The interim provisions applied to handgun purchases only and allowed law enforcement officers a maximum of five business days to conduct presale background checks for evidence of disqualifying information. The NICS became operational when the Brady Act’s permanent provisions went into effect on November 30, 1998.

¹⁷⁸ An FFL is a person who is licensed as a manufacturer, importer, and/or dealer of firearms. A person must be licensed by the Bureau of Alcohol, Tobacco, Firearms and Explosives to engage in the business of firearms. See 28 C.F.R. § 25.2; see also *Fact Sheet - Federal Firearms and Explosives Licenses by Types*, ATF (May 2019), <https://www.atf.gov/resource-center/fact-sheet/fact-sheet-federal-firearms-and-explosives-licenses-types> (last visited Oct. 9, 2020).

¹⁷⁹ See 28 C.F.R. § 25.2. 18 U.S.C. § 923 deals with licensing for individuals engaged in the business of importing, manufacturing, or dealing in firearms and ammunition, or licensing as a collector.

¹⁸⁰ See 28 C.F.R. § 25.6.

¹⁸¹ For a discussion on the NICS and NCIC in the context of domestic violence and, in particular, Orders of Protection, see *supra*, Report Section Two, III. C. *Computerized Registry for Orders of Protection..*

¹⁸² 28 C.F.R. § 25.2.

¹⁸³ See *National Crime Information Center (NCIC)*, FBI, <https://www.fbi.gov/services/cjis/ncic> (last visited Oct. 9, 2020).

¹⁸⁴ 28 C.F.R. § 25.4.

Index, the National Fingerprint File and, to the extent of their participation in such system, the criminal history record repositories of the states and the FBI.”¹⁸⁵ It is a national system for the interstate exchange of criminal history records, and also contains information voluntarily contributed by federal, state, local, and international criminal justice agencies.¹⁸⁶ It includes information on arrests and convictions for serious offenses anywhere in the United States. The III is compiled and maintained by the FBI.

- The NICS Index is defined as “the database, to be managed by the FBI, containing information provided by federal and state agencies about persons prohibited under federal law from receiving or possessing a firearm. The NICS Index is separate and apart from the NCIC and the Interstate Identification Index (III).”¹⁸⁷ It was specifically created for NICS and contains descriptive information regarding disqualified individuals, such as unlawful drug use, dishonorable discharge from the military, unlawful aliens, persons adjudicated or committed as a mental defective, and other information that would prohibit an individual from possessing a firearm based on state or federal law. The information from localities and states is voluntarily contributed to the NICS Index and may not be found in the III or the NCIC. Although the majority of records in the NICS Index may come from federal agencies, this is considered a vehicle for states to share relevant mental health information according to what their state laws allow.¹⁸⁸ To this end, the NCIS Index was expanded in 2012 to include state records regarding information prohibiting firearm purchase or possession.¹⁸⁹

In addition to the three databases above, during an NICS background check the Department of Homeland Security’s U.S. Immigration and Customs Enforcement databases are also searched for disqualifying information.

B. Performing a Background Check

The procedure FFLs follow in performing background checks depends upon the state in which the FFL is conducting business, and whether the state government or FBI serves as the Point of Contact (“POC”) for the sale and background check. “Each state decides whether the FFLs in its state call a state POC or the FBI to initiate firearm background checks.”¹⁹⁰

¹⁸⁵ 34 U.S.C. § 40316.

¹⁸⁶ 28 C.F.R. § 25.4.

¹⁸⁷ 28 C.F.R. § 25.2.

¹⁸⁸ 28 C.F.R. § 25.4; *see also* FBI Nat’l Press Office, Press Release, *National Instant Criminal Background Check System Posts NICS Index Data*, FBI (Mar. 18, 2016), <https://www.fbi.gov/news/pressrel/press-releases/national-instant-criminal-background-check-system-posts-nics-index-data> (last visited Oct. 9, 2020).

¹⁸⁹ *See* U.S. Dep’t Just., FBI, Crim. Just. Info. Servs. Division, *National Instant Criminal Background Check System (NICS) Operations 2012*, <https://archives.fbi.gov/archives/about-us/cjis/nics/reports/2012-operations-report> (last visited Oct. 9, 2020).

¹⁹⁰ *About NICS*, *supra* note 99.

“Point of Contact” is defined by statute to mean:

[A] state or local law enforcement agency serving as an intermediary between an FFL and the federal databases checked by the NICS. A POC will receive NICS background check requests from FFLs, check state or local record systems, perform NICS inquiries, determine whether matching records provide information demonstrating that an individual is disqualified from possessing a firearm under Federal or state law, and respond to FFLs with the results of a NICS background check. A POC will be an agency with express or implied authority to perform POC duties pursuant to state statute, regulation, or executive order.¹⁹¹

FFLs must follow one of these three procedures in performing background checks, depending upon the state in which they are located:¹⁹²

- In states where the state government has agreed to serve as the POC for the sale of handguns as well as long guns, the FFLs contact the NICS through the state POC for all firearm transfers. The state POC conducts the NICS check and determines whether the transfer would violate state or federal law.
- In states where the state government has agreed to serve as a POC for handgun purchases but not for long gun purchases, FFLs contacts the NICS through the designated state POC for handgun transfers and the FBI NICS Section for long gun transfers.
- In states where the state government has declined to serve as a POC for both firearm and long gun transfers, FFLs contact the NICS directly. The FBI conducts the NICS check and determines whether the transfer would violate state or federal law.

The NICS provides full service to FFLs in 30 states, five U.S. territories, and the District of Columbia. The NICS provides partial service to seven states. The remaining 13 states perform their own checks through the NICS.¹⁹³

After a search is initiated pursuant to an FFL’s request, the initial results will yield a disqualifying record, no disqualifying record, or will indicate that there is a delay because potential disqualifying information was found but more research is needed for verification. If

¹⁹¹ 28 C.F.R. § 25.2.

¹⁹² See U.S. Dep’t Just., FBI, Crim. Just. Info. Servs. Division, *NICS Federal Firearms Licensee Manual* (Aug. 2011), <https://www.fbi.gov/file-repository/nics-firearms-licensee-manual-111811.pdf/view> (last visited Oct. 9, 2020).

¹⁹³ See *National Instant Criminal Background Check System (NICS)*, FBI, <https://www.fbi.gov/services/cjis/nics> (last visited Oct. 9, 2020).

FFLs have not been notified within three business days that a firearm sale would violate federal or state law, they can proceed with the sale if they wish to do so.¹⁹⁴

C. State Submissions of Mental Health Records to NICS and The National Instant Criminal Background Check System (NICS) Improvement Amendments Act of 2007

If a state is a POC for purposes of performing a background check for an FFL, it will often have access to information that goes beyond that which the FBI can access. Federal law requires that federal agencies submit information they possess regarding people prohibited from possessing firearms to the NICS.¹⁹⁵ Federal law, however, does not require state agencies to report individuals prohibited from purchasing firearms under either federal or state law to the NICS. As such, the FBI will only be able to access state mental health disqualifying information if a state voluntarily provides such information to an NICS database.¹⁹⁶ Not all states have provided this information, or if they do, the information is often incomplete. Consequently, the FBI is reliant on states voluntarily submitting relevant records for use in the NICS and has strongly encouraged states to provide more complete records.¹⁹⁷

The National Instant Criminal Background Check System (NICS) Improvement Amendments Act of 2007 (“NIAA”)¹⁹⁸ was passed to encourage states that were not reporting mental health and other disqualifying records for firearm possession to the NICS to do so.¹⁹⁹ At the time of its passage, most states did not report mental health records to NICS.²⁰⁰ In the *Sec. 2 FINDINGS* portion of the NIAA, Congress set forth facts to support the legislation, including the following:

Although most Brady background checks are processed through NICS in seconds, many background checks are delayed if the Federal Bureau of Investigation (FBI) does not have automated access to complete information from the States concerning persons prohibited from possessing or receiving a firearm under Federal or State law. . . . The primary cause of delay in NICS background checks is the lack of . . . automated access to information concerning persons prohibited from possessing or

¹⁹⁴ See 18 U.S.C. § 922(t)(1); 28 C.F.R. § 25.2. Some states have longer waiting periods that must be met before a firearm may be transferred. For example, New York allows up to 30 days (S. 2374/A2690 signed into law in July 2019).

¹⁹⁵ See NICS Improvement Amendments Act of 2007, 121 Stat. 2559, Pub. L. 110-180 (2008); 34 U.S.C. § 40901(e)(1)(C); see also the Fix NICS Act of 2017, passed as part of the Consolidated Appropriations Act, 132 Stat. 348, Pub. L. 115-141 (2018).

¹⁹⁶ See 28 C.F.R. § 25.4; see also Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and the National Instant Criminal Background Check System (NICS), 81 Fed. Reg. 382 (Jan. 6, 2016) (codified at 45 C.F.R. pt. 164); *Printz v. United States*, 521 U.S. 898 (1997) (5-4 decision striking down the interim provisions of the Brady Act obligating local law enforcement officers to conduct background checks on prospective handgun purchasers and holding that requiring state and local officials to do violated the Tenth Amendment.).

¹⁹⁷ U.S. GEN. ACCOUNTING OFF., GAO/GGD/AIMD-00-64, GUN CONTROL: IMPLEMENTATION OF THE NATIONAL INSTANT CRIMINAL BACKGROUND CHECK SYSTEM 12-13 (Feb. 2000), <http://www.gao.gov/new.items/g100064.pdf> (last visited Oct. 9, 2020).

¹⁹⁸ NICS Improvement Amendments Act, 121 Stat. 2559, Pub. L. No. 110-180.

¹⁹⁹ See McGinty, Webster, & Barry, *supra* note 164, at 51-52 (internal citation omitted).

²⁰⁰ *Id.*

receiving a firearm because of mental illness, restraining orders, or misdemeanor convictions for domestic violence. . . .²⁰¹

Congress goes on to cite the 2007 Virginia Tech shooting as an example of how “[i]mproved coordination between State and Federal authorities could have ensured that the shooter’s disqualifying mental health information was available to NICS.”²⁰² Due to the importance of federal access to state records through the NICS system, the Act authorizes state grants to: (1) establish or upgrade information and identification technologies for firearms eligibility determinations, and (2) create electronic systems to provide accurate and timely information to NICS of individuals prohibited from obtaining firearms under federal law.²⁰³

In July 2012, the U.S. Government Accountability Office issued a report assessing the progress that the Department of Justice and the states had made in implementing key provisions of the NIAA.²⁰⁴ The report noted that the NIAA was intended to assist states in making more records available to NICS for use in background checks, and provides financial incentives, including rewards and penalties, based on the percentage of records each state makes available. Those financial incentives are in the form of NICS Act Record Improvement Program (“NARIP”) grants from the DOJ to the states to aid them in providing such records. To be eligible to receive a grant, a state must: (1) give DOJ an estimate of the number of NICS-related records it has, and (2) establish a program that will allow individuals with a mental health-related firearm prohibition to seek relief from that prohibition under certain conditions.²⁰⁵

The report found that between 2004 and 2011, the total number of mental health records that states made available to the NICS Index increased by approximately 800 percent. Most of these records came from 12 states.

Everytown performed an analysis of the NICS Indices database²⁰⁶ “obtained from the FBI for the years of 2008 to 2017.”²⁰⁷ It found that in 2009, the first year that funding became available under the NIAA for states to upgrade their reporting systems to NICS, three states

²⁰¹ NICS Improvement Amendments Act, 121 Stat. 2559, Pub. L. No. 110-180.

²⁰² *Id.*

²⁰³ *Id.*

²⁰⁴ See U.S. GOV’T ACCOUNTABILITY OFF., GAO-12-684, GUN CONTROL SHARING PROMISING PRACTICES AND ASSESSING INCENTIVES COULD BETTER POSITION JUSTICE TO ASSIST STATES IN PROVIDING RECORDS FOR BACKGROUND CHECKS (July 2012), <https://www.gao.gov/assets/600/592452.pdf> (last visited Oct. 9, 2020).

²⁰⁵ Such a program must allow an individual, who previously was disqualified for mental health reasons, to apply for relief from these disabilities, with an opportunity for an adjudication before a court or other appropriate state body, with due process protections. The person is to be granted this relief if it is determined that he or she is not likely to act in a manner dangerous to public safety, and if granting the relief would not be contrary to the public interest. If the relief is denied there must be an opportunity for the individual to petition the appropriate state court for a *de novo* judicial review of the denial. If the relief is granted, the mental health disqualification is treated as if it never occurred. *Id.*; *supra* at note 189, Sec. 105 RELIEF FROM DISABILITIES PROGRAM REQUIRED AS CONDITION FOR PARTICIPATION IN GRANT PROGRAMS.

²⁰⁶ As noted above, information from localities and states is voluntarily contributed to the NICS Index and may not be found in the Interstate Identification Index or the NCIC. The NICS Indices database is considered a vehicle for states to share relevant mental health information according to what their state laws allow.

²⁰⁷ Everytown For Gun Safety, *Fatal Gaps: How the Virginia Tech Shooting Prompted Changes in State Mental Health Records Reporting 2* (July 2, 2018), <https://everytownresearch.org/report/fatal-gaps/> (last visited Oct. 9, 2020).

received the funds; but by the end of 2017 that had increased to 29 states.²⁰⁸ It further found that the number of state mental health records submitted to the NICS system dramatically increased along with the funding,²⁰⁹ and the numbers of individuals denied firearms on mental health grounds likewise increased.

The Everytown analysis showed that between 2008 and 2017, states with laws requiring or authorizing reporting of mental health records (43 states at the time of the report) increased the number of disqualifying mental health records in NICS by 11 times. States without such laws (seven at the time and the District of Columbia) increased their reporting, but at a much lower rate of two times.²¹⁰ Not surprisingly, states with reporting laws have submitted more than twice as many records per capita as states without such laws, “1,600 vs. 700 per 100,000 people, respectively.”²¹¹

The specifics of an individual state’s reporting laws make a difference in terms of whether disqualifying information ends up being transmitted to NICS. Not surprisingly, the Everytown analysis found that if a reporting law requires mental health information to be reported to NICS, as compared to just authorizing transmittal, it makes a significant difference.²¹² Whether the laws require reporting prospectively versus reporting going back for a period of time also impacts on the completeness of the records reported to NICS. Requiring courts and mental health facilities to submit this information makes a further positive impact on the completeness of the information to which NICS has access.

D. New York State Law

New York State has enacted a number of measures to ensure that federal and state authorities have access to records that show whether an individual is disqualified from purchasing firearms due to mental health or other reasons.

In 2008, after the passage of the NIAA, New York passed the Gun Safety Act, which amended the Mental Hygiene and related laws to authorize the Commissioner of the Office of Mental Health (“OMH”) and the Commissioner of the Office for People with Developmental Disabilities (“OPWDD”) to: (1) collect records from the private and county-operated facilities in the state that provide inpatient mental health treatment, and (2) share with the NICS database non-clinical identifying records regarding mental health disabilities that would disqualify individuals from possessing firearms under federal law.²¹³ This information includes involuntary commitments, but not voluntary commitments. The information is submitted to the New York

²⁰⁸ *Id.*

²⁰⁹ *Id.* (“In 2007, only eight states had laws requiring or explicitly authorizing the reporting of prohibiting mental health records to NICS. Between 2007 and 2017, 35 states passed new reporting laws and, by the end of 2017, 43 states had reporting laws in place. In that same time period, 16 of those states have also amended and improved existing laws.”).

²¹⁰ *Id.* at 4.

²¹¹ *Id.*

²¹² *Id.* at 6 (“Of the 10 states with the highest record submission rates per capita, there are eight that require reporting, rather than merely authorizing it.”(emphasis omitted)).

²¹³ See Carl E. Fisher, Ziv E. Cohen, Steven K. Hoge, & Paul S. Appelbaum, *Restoration of Firearm Rights in New York*, 33 BEHAV. SCI. & L.334, 335-36 (2015), <https://onlinelibrary.wiley.com/doi/epdf/10.1002/bsl.2171> (last visited Oct. 10, 2020).

State Division of Criminal Justice Services (“DCJS”) by OMH and OPWDD, which then transmits it to NICS.²¹⁴

New York’s SAFE Act²¹⁵ amended the Mental Hygiene Law (“MHL”) by adding a new § 9.46, effective March 16, 2013, which requires mental health professionals to report patients who they believe are likely to engage in conduct that would result in serious harm to themselves or others. A “mental health professional” includes physicians (including psychiatrists), psychologists, registered nurses, and licensed clinical social workers. The report is to be made to the county director of community services or his or her designees as soon as practicable. If the county mental health official agrees with the mental health professional’s assessment, he or she will report non-clinical identifying information to DCJS. DCJS then determines if the reported individual possesses a firearms license. If they do, DCJS will notify the appropriate licensing official to revoke or suspend the license as soon as possible. The individual must surrender the license and all firearms, and if he or she does not do so voluntarily, the police are authorized to remove them.²¹⁶

The SAFE Act also created a statewide database of firearms license holders that is operated by the New York State Police. In addition to DCJS checking the MHL § 9.46 reports, it also periodically checks the statewide firearms license database for criminal convictions, mental health, and other records to determine if an individual is no longer eligible to possess a firearm.²¹⁷

New York requires operators of mental health facilities or programs that are licensed or funded by the state to provide OMH with any records pertaining to persons who may be disqualified from possessing a firearm due to mental illness.²¹⁸ The state further requires the Chief Administrator of the Courts to adopt rules requiring transmission of the name and other identifying information of each person who has a guardian appointed to him or her because of marked subnormal intelligence, mental illness, incapacity, condition or disease or who lacks the mental capacity to contract or manage his or her own affairs to the Criminal Justice Information Service of the FBI or DCJS.²¹⁹

E. The Fix NICS Act of 2017

Even though federal agencies and departments are mandated to report disqualifying information to NICS, they have not always done so. This failure can result in tragedies. One such example is the mass shooting that occurred at the First Baptist Church in Sutherland Springs, Texas on November 5, 2017, during which 27 people were killed (including the shooter)

²¹⁴ *Id.*

²¹⁵ *Supra* at note 36.

²¹⁶ New York Mental Hyg. Law § 9.46 (Consol. 2020); *see also* NYS Off. of Mental Health & NYS Off. for People with Dev. Disabilities, *Guidance Document: New York Secure Ammunition and Firearms Enforcement Act (NY SAFE Act)*, <https://nics.ny.gov/docs/guidance.pdf> (last visited Oct. 9, 2020).

²¹⁷ *See* NYS Off. of Mental Health & NYS Off. for People with Dev. Disabilities, *supra* note 216, at 5.

²¹⁸ *See Mental Health Reporting: State by State; Mental Health Reporting in New York*, <https://lawcenter.giffords.org/gun-laws/state-law/50-state-summaries/mental-health-reporting-state-by-state/> (citing N.Y. Mental Hyg. Law §§ 7.09(j), 31.11, 33.13(b)) (last visited Oct. 9, 2020).

²¹⁹ *See Id.* (citing N.Y. Jud. L. § 212(2)(q) (Consol. 2020)).

and 20 were injured. The shooter opened fire on a church congregation in which his mother-in-law, with whom he did not get along, was a member. The shooter was a former airman in the Air Force and had been court-martialed in 2012 for an assault on his spouse and stepson. He pled guilty and received a bad conduct discharge and 12 months confinement. The domestic violence conviction prohibited him under federal law from buying or possessing a firearm. However, the Air Force failed to report the disqualifying conviction to the NICS system. As a result, he twice passed a background check when buying firearms at San Antonio-area Academy Sports & Outdoors stores. He had also been able to purchase two firearms in 2014 and 2015 in Colorado.²²⁰

On March 23, 2018, in the wake of the Sutherland Springs shooting, the Fix NICS Act of 2017²²¹ was passed and signed into law in an attempt to improve federal agencies' reporting of disqualifying gun possession events. In summary, the law:

- Requires federal agencies and departments to submit semiannual certifications to the Attorney General. The certifications must indicate whether the agency is in compliance with the NICS record submission requirements and describe all relevant records in its possession during the previous 6-month reporting period.
- Requires federal agencies to establish a four-year implementation plan to improve the submission of records to NICS.
- Incentivizes state and tribal governments to establish four-year implementation plans with grant preferences, and to comply with said plans.
- Requires the Attorney General to report to Congress on a semiannual basis regarding federal agencies' compliance with the Act.
- Requires the Attorney General to determine whether federal agencies, states, and tribal governments have achieved substantial compliance with the benchmarks set out in their implementation plans.

The Attorney General submitted the first semiannual report to Congress on November 14, 2019.²²² The results, as published, reflected improved sharing of records and information to NICS at all levels of government, including state and federal. Moreover, each of the 50 states and the District of Columbia submitted implementation plans.²²³ The report notes a large increase in the number of records in the NICS databases between April 2018 and August 2019. Specifically, more than six million records were added to the three databases that are searched during a NICS check. Of particular significance is the 15% increase in the number of records in

²²⁰ See David Montgomery, Richard A. Oppel Jr., & Jose A. Del Real, *Air Force Error Allowed Texas Gunman to Buy Weapons*, N.Y. TIMES (Nov. 6, 2017), <https://www.nytimes.com/2017/11/06/us/texas-shooting-church.html> (last visited Oct. 9, 2020).

²²¹ Consolidated Appropriations Act, 132 Stat. 1132-38, Pub. L. 115-141 (2018). The Fix NICS Act comprises Title VI of the Appropriations Act.

²²² U.S. DEP'T JUSTICE, THE ATTORNEY GENERAL'S SEMIANNUAL REPORT ON THE FIX NICS ACT (Nov. 2019), <https://www.justice.gov/ag/page/file/1217396/download> (last visited Oct. 9, 2020).

²²³ See *id.*

the NICS Indices, which is where the records relating to mental health adjudications are primarily located. Another positive development is the increased number of dispositions reported for cases that had previously just reported an arrest. Cases without a reported disposition require additional time to research the outcome and, consequently, cause a delay in reporting the results of the NICS background check. The number of records submitted, as well as the means of transmission to NICS, has improved in several federal agencies and departments, including the U.S. Immigration and Customs Enforcement (“ICE”), the Homeland Security Investigations Section of ICE, the United States Army, and the Air Force. Likewise, the states have made progress, and several have initiated working groups to address reporting issues. It remains to be seen if the goals set out in the implementation plans will be attained, but it appears that the reporting of relevant records by federal agencies and departments, and the states, is improving and will hopefully continue on this trajectory. The way to ensure an effective background check system is to have as many relevant records in the system as possible in order to keep firearms out of the hands of those who should not possess them under the law.

F. Privacy Considerations

Federal and state privacy laws do not prevent states from sharing relevant mental health records with the NICS system. Given the sensitive nature of this information, however, federal regulations include requirements to ensure the privacy and security of mental health records that have been submitted to NICS.²²⁴ Moreover, access to this data is restricted to agencies authorized by the FBI and limited to use in firearm purchaser background checks and other closely related law enforcement activities.

The federal Health Insurance and Portability and Accountability Act of 1996 (“HIPAA”), and implementing regulations, restrict disclosure of protected health information by covered entities, which consist of health care providers, health plans, and clearinghouses.²²⁵ However, HIPAA and its regulations permit disclosures under certain circumstances, including when required by law and for a law enforcement purpose to a law enforcement official.²²⁶

The Department of Health and Human Services (“HHS”) issued a final rule, effective February 5, 2016, modifying HIPAA to specifically allow certain HIPAA-covered entities to disclose to the NICS, or a state repository of NICS data, the identities of individuals with a mental health condition that disqualifies them from shipping, transporting, possessing, or receiving a firearm under federal law. This rule clarifies for states that by releasing mental health records to the NICS, even in the absence of any state law compelling them to do so, they are not violating the HIPAA privacy requirements. The permitted disclosure is limited to information NICS needs to ascertain whether someone is disqualified from possessing a firearm and excludes diagnostic or clinical information from medical records. As such, the rule balances privacy concerns with the strong public safety need for this information to be communicated to

²²⁴ See 28 C.F.R. § 25.1.

²²⁵ See 45 C.F.R. § 164.104.

²²⁶ See 45 C.F.R. § 164.512.

the NICS and the goal of encouraging states to provide disqualifying mental health information to the NICS.²²⁷

G. State Procedures for Restoration of Firearm Possession Rights

As noted above, the NIAA requires states to implement a relief from disabilities program in order to receive grant funds under that statute.²²⁸ State laws differ regarding when, and for how long, people suffering from mental illness will have their gun rights restricted. They also differ with respect to the procedures in place to petition for restoration of gun possession rights. Some states require that a physician certify that restoration of those rights will not endanger the public safety, whereas others rely solely on a judicial proceeding. In addition, not all states have enacted legislation setting forth restoration procedures.²²⁹

A comprehensive review of various state laws published in a 2011 New York Times article found that:

The intent of these state laws is to enable people to regain the right to buy and possess firearms if it is determined that they are not a threat to public safety. But an examination of restoration procedures across the country, along with dozens of cases, shows that the process for making that determination is governed in many places by vague standards and few specific requirements.

States have mostly entrusted these decisions to judges, who are often ill-equipped to conduct investigations from the bench. Many seemed willing to simply give petitioners the benefit of the doubt. The results often seem haphazard.²³⁰

New York, in light of the requirements of the NIAA, passed the New York Gun Safety Act of 2008 requiring the Commissioners of OMH and OPWDD to establish a relief from disabilities program for individuals disqualified from firearm possession under federal law due to mental health conditions.²³¹ In 2010, OMH and OPWDD adopted regulations for that program.²³² A person who has been disqualified from possessing a firearm due to mental health conditions may apply for a certificate of relief from civil disabilities to regain their ability to possess a firearm. The procedures in the two Offices differ somewhat, but detailed medical records of the applicant's mental health history and

²²⁷ See Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and the National Instant Criminal Background Check System (NICS), 81 Fed. Reg. 382 (Jan. 6, 2016) (codified at 45 C.F.R. Pt. 164).

²²⁸ See NICS Improvement Amendments Act, 121 Stat. 2559, Pub. L. No. 110-180, § 105 (Relief from Disabilities Program Required as Condition for Participation in Grant Programs); *Supra* note 205.

²²⁹ McGinty, Webster, & Barry, *supra* note 164, at 52 (internal citations omitted); see also Alan R. Felthous & Jeffrey Swanson, *Prohibition of Persons With Mental Illness From Gun Ownership Under Tyler*, 45 J. AM. ACAD. PSYCHIATRY & L. 478, 479 (2017), http://jaapl.org/content/jaapl/45/4/478_full.pdf (last visited Oct. 9, 2020) (noting that 19 states and the District of Columbia have not enacted restoration procedures as of the 2017 date of publication); Fisher, Cohen, Hoge, & Appelbaum, *supra* note 213.

²³⁰ Michael Luo, *Some With Histories of Mental Illness Petition to Get Their Gun Rights Back*, N.Y. TIMES (July 2, 2011), <https://www.nytimes.com/2011/07/03/us/03guns.html?auth=login-email&login=email&smid=em-share> (last visited Oct. 9, 2020).

²³¹ *Supra* note 213, at 336.

²³² See 14 CRR-NY 543, 643; See also *supra* note 213.

treatment must be provided, and in most cases a recent psychiatric evaluation must be performed.²³³ A determination is made whether or not to grant a Certificate of Relief based on whether a person’s “record and reputation are such that he/she will not be likely to act in a manner dangerous to public safety and where granting the relief would not be contrary to the public interest.”²³⁴ If the petition is denied, the basis for that denial must be set forth in writing, and the petitioner may seek a *de novo* review under N.Y.C.P.L.R. Article 78.²³⁵

H. Conclusion

It is essential that all disqualifying events for gun ownership and possession be reported by all state and federal entities, including law enforcement, courts and mental facilities, to the NICS to ensure thorough and effective background checks. There is no doubt that this will help prevent guns from getting into the hands of individuals who should not have them.

The NIAA requires that states receiving grant funds from the federal government have a process that provides for the possibility of restoring gun possession rights. Although the NIAA does not require states to implement a specific process, they must guarantee due process protection and grant individuals relief if their record and reputation are such that they will not be likely to act in a manner dangerous to public safety and granting them relief would not be contrary to the public interest.²³⁶ Consequently, states that have implemented restoration laws have varying processes in place.

Although the Task Force does not endorse one particular process, we emphasize that there should be a fair opportunity for individuals to seek restoration of their rights to possess a firearm after a mental health disqualification. We also recommend that all state restoration procedures require the evaluation and opinion of a mental health professional and incorporate both a clinical and judicial component to ensure that the rights of individuals and public safety interests are appropriately considered in the restoration process.

²³³ Such an evaluation is required under OPWDD procedures in addition to an IQ and behavior assessment, whereas OMH has the right to require a psychiatric evaluation in appropriate cases. When asked about this difference, OMH stated that it anticipated requesting psychiatric evaluations in most cases. *Supra note 213* at 337-38.

²³⁴ 14 CRR-NY 543.1, 643.1.

²³⁵ *Id.*; N.Y. Mental Hyg. Law § 7.09(j) (Consol. 2020).

²³⁶ *See* NICS Improvement Amendments Act of 2007, 121 Stat. 2559, Pub. L. 110-180 (2008).

REPORT SECTION FOUR

Mass Shootings and the Sale and Transfer of Guns, Accessories, and Ammunition

The Task Force considered the issues surrounding the sale and transfer of guns, accessories (e.g., bump stocks), and ammunition by examining how people acquire guns and the physical components and accessories of guns. We divide the discussion into the topic of “Hardware Issues,” which addresses whether people should be able to possess certain types of guns or accessories, and “Acquisition Issues,” which addresses how people obtain these items.

I. Hardware Issues

A. Assault-Style Weapons

Whether people should be able to possess assault-style weapons is a hot button issue. While many people question the need for any law-abiding gun owner to possess what has been termed an assault-style weapon, many law-abiding citizens do choose to hunt with rifles that fall within many definitions of an assault-style rifle. Assault weapons are generally high-powered semiautomatic firearms that are capable of autoloading a new cartridge into the chamber after the gun is discharged. As a result, users only need to pull the trigger to fire the gun, eliminating additional steps between firing rounds and speeding up the rapidity of shooting. The power and speed of such weapons inflicts greater damage at a faster speed. Data indicate that the use of assault-style weapons results in deadlier shooting events.²³⁷ Well known examples of the devastating effects using assault-style weapons can have include the following mass shootings: Sandy Hook Elementary School, Newtown, CT; Pulse Nightclub in Orlando, FL; Las Vegas Country Musical Festival; First Baptist Church in Sutherland Springs, TX; and Marjory Stoneman Douglas High School in Parkland, FL. Versions of the AR-15, a semiautomatic assault weapon,²³⁸ have been used in many mass shootings, including those that occurred in Dayton, Ohio; Las Vegas; Parkland; and Sandy Hook.

Given the frequency with which such weapons are used in mass shootings and their increased lethality compared to most other types of firearms, the Task Force recommends that a ban on the sale and possession of assault-style weapons be implemented on both the federal and

²³⁷ See Jaclyn Schildkraut, Policy Brief, *Assault Weapons, Mass Shootings, and Options for Lawmakers*, ROCKEFELLER INST. OF GOV'T 6 (Mar. 22, 2019), https://rockinst.org/wp-content/uploads/2019/03/190321b_Mass-Shootings-and-Assault-Weapons.pdf (last visited Oct. 9, 2020).

²³⁸ The AR-15 is a type of “Armalite rifle, named after the company that developed the weapon.” The AR-15 is a semiautomatic rifle, meaning that “the user needs to pull the trigger to fire each shot. . . . The AR was designed for speedy reloading in combat situations, and it can fire dozens of rounds in seconds. The butt of the rifle, or the stock, has a large internal spring that absorbs the shock of each firing. The low recoil makes it easier to shoot and is more accurate than earlier military weapons. It can also be easily customized by adding scopes, lasers and more.” Julie Vitkovskaya & Patrick Martin, *4 Basic Questions About The AR-15*, WASH. POST. (Feb. 16, 2018), <https://www.washingtonpost.com/news/checkpoint/wp/2018/02/15/4-basic-questions-about-the-ar-15/> (last visited Oct. 9, 2020).

state levels. Data support the conclusion that such a ban will in fact decrease the occurrence and casualties of mass shootings.

New York’s SAFE Act, signed into law on January 15, 2013,²³⁹ bans manufacturing, transporting, disposing of, or possessing assault-style weapons in New York.²⁴⁰ The federal Assault Weapons Ban, in effect from 1994-2004 (it sunset in 2004), included a prohibition on manufacturing certain specific weapons as well as a more general ban on semiautomatic weapons with military-style features, and certain large capacity ammunition magazines.²⁴¹ It prohibited individuals from manufacturing, owning, or selling a semiautomatic assault weapon.²⁴² During the ban the relative frequency of assault-style rifles being used in mass shootings declined.²⁴³ In January 2019, legislation was introduced in the United States Senate by Senator Dianne Feinstein to again ban assault weapons. This federal legislation (S. 66 – Assault Weapons Ban of 2019) has been referred to the Committee on the Judiciary, but has not been acted upon beyond that.²⁴⁴

Scholarly research supports the effectiveness of these laws in decreasing mass shootings. For example, an article published in the scholarly healthcare journal *The BMJ* on March 6, 2019 entitled *State Gun Laws, Gun Ownership, and Mass Shootings In the US: Cross Sectional Time Series* studied whether the restrictiveness or permissiveness of state gun laws or gun ownership are associated with mass shooting rates in the United States. The researchers concluded that “[t]he permissiveness or restrictiveness of state gun laws is associated with the rate of mass shootings in the US. States with more permissive gun laws and greater gun ownership have higher rates of mass shootings.”²⁴⁵ In a New York Times opinion piece dated September 4, 2019, Stanford Law professor John Donohue and student Theodora Boulouta reported similar conclusions through their research on whether the federal Assault Weapons Ban reduced the occurrence of mass shootings. They concluded that: “[P]ublic mass shootings — which we defined as incidents in which a gunman killed at least six people in public — dropped during the decade of the federal ban. Yet, in the 15 years since the ban ended, the trajectory of gun massacres has been sharply upward, largely tracking the growth in ownership of military-style

²³⁹ *Supra* note 36.

²⁴⁰ New York State has established a very helpful website for people to learn about the provisions of the NY SAFE Act. See NYSAFE, <https://safeact.ny.gov/> (last visited Oct. 9, 2020).

²⁴¹ Violent Crime Control and Law Enforcement Act of 1994, H.R. 3355, 103d Cong., 2nd Sess. (1994); see also VIVIAN S. CHU, CONG. RESEARCH SERV., R42957, FEDERAL ASSAULT WEAPONS BAN: LEGAL ISSUES (Feb. 14, 2013), <https://fas.org/sgp/crs/misc/R42957.pdf> (last visited Oct. 9, 2020).

²⁴² “Under the ban, semiautomatic assault weapons, including rifles, were defined as having the ability to accept detachable magazines and two or more of the following features: (1) a folding or telescopic stock; (2) a pistol grip that protrudes conspicuously beneath the action of the weapon; (3) a bayonet mount; (4) a flash suppressor or threaded barrel designed to accommodate a flash suppressor; or (5) a grenade launcher. Additional criteria designating semiautomatic pistols and shotguns as assault weapons also were included in the ban. The ban further listed 19 specific firearms, including the AR-15, that were banned from production, and included a prohibition on large-capacity ammunition-feeding devices (magazines) for civilian-owned guns capable of holding more than 10 rounds.” Schildkraut, *supra* note 237, at 7 (internal footnotes omitted); see also 18 U.S.C. § 921(a)(30)(B) (repealed).

²⁴³ See Schildkraut, *supra* note 237, at 7-8.

²⁴⁴ See *S.66 - Assault Weapons Ban of 2019*, CONGRESS, <https://www.congress.gov/bill/116th-congress/senate-bill/66> (last visited Oct. 9, 2020).

²⁴⁵ Paul M. Reeping et al., *State Gun Laws, Gun Ownership, and Mass Shootings In the US: Cross Sectional Time Series*, *BMJ* 2019; 364:1542 (2019), available at <https://doi.org/10.1136/bmj.1542>.

weapons and high-capacity magazines.”²⁴⁶ They further noted that, “[c]ompared with the decade before its adoption, the federal assault weapon ban in effect from September 1994 through 2004 was associated with a 25 percent drop in gun massacres (from eight to six) and a 40 percent drop in fatalities (from 81 to 49).”²⁴⁷

These data support the Task Force’s position that enacting a nation-wide ban against assault-style weapons makes sense. This is so even if the law will require periodic updating to meet efforts by gun manufacturers and others to make minor modifications to firearms in an effort to avoid the ban. Moreover, given the large number of assault-style weapons in existence, any legislation could include a buyback program encouraging gun owners to voluntarily turn in assault-style weapons in order to reduce the number of such weapons in circulation.

Determining how to define an “assault weapon” for purposes of such legislation can be challenging. This is because gun manufacturers are very creative in altering a firearm’s design to create firearms that are, in effect, assault weapons but do not meet the criteria set forth in the legal definition. To address this issue, the Task Force offers the following definition of an assault weapon for consideration. It is largely based on the definition in the federal Assault Weapons Ban that was in place from 1994 through 2004. The Task Force submits that this definition is clear, simple, and captures the most common features of assault-style weapons without resulting in an overly broad definition that would include many traditional-style hunting firearms:

- **The term “semiautomatic pistol” means any repeating pistol which utilizes a portion of the energy of a firing cartridge to extract the fired cartridge case and chamber the next round, and which requires a separate pull of the trigger to fire each cartridge.**
- **The term “semiautomatic rifle” means any repeating rifle which utilizes a portion of the energy of a firing cartridge to extract the fired cartridge case and chamber the next round, and which requires a separate pull of the trigger to fire each cartridge.**
- **The term “semiautomatic shotgun” means any repeating shotgun which utilizes a portion of the energy of a firing cartridge to extract the fired cartridge case and chamber the next round, and which requires a separate pull of the trigger to fire each cartridge.**
- **The term “semiautomatic assault weapon” means a semiautomatic pistol, rifle, or shotgun that has an ability to accept a detachable magazine and has at least two of the following characteristics:**

(i) a folding or telescoping stock;

²⁴⁶ John Donohue & Theodora Boulouta, Opinion, *That Assault Weapon Ban? It Really Did Work*, N.Y. TIMES (Sept. 4, 2019), <https://www.nytimes.com/2019/09/04/opinion/assault-weapon-ban.html> (last visited Oct. 9, 2020).

²⁴⁷ *Id.*

- (ii) a pistol grip that protrudes conspicuously beneath the action of the weapon;**
- (iii) a bayonet mount;**
- (iv) a flash suppressor or threaded barrel designed to accommodate a flash suppressor;**
- (v) a grenade launcher;**
- (vi) a ventilated shroud or forend that is attached to, or partially or completely encircles, the barrel or a portion thereof; and**
- (vii) in the case of a shotgun, a revolving cylinder through which the cartridges are fed into the action.**

B. Large Capacity Magazines²⁴⁸

A magazine is “a holder in or on a gun for cartridges . . . to be fed into the gun chamber.”²⁴⁹ “[M]agazines with a capacity of more than 10 rounds of ammunition” are typically considered to be high capacity magazines.²⁵⁰ As noted by the Giffords Law Center, high capacity magazines “are a common thread in many high-profile mass shootings in the United States. Because shooters with such magazines can fire at large numbers of people without taking the time to reload, those in the line of fire do not have a chance to escape, law enforcement does not have the chance to intervene, and the number of lives shattered by acts of gun violence increases dramatically.”²⁵¹ For example, the shooter in the October 1, 2017 Las Vegas Country Music Festival mass shooting used high capacity magazines in addition to a bump stock, which effectively transforms a semi-automatic rifle into a fully automatic rifle. He killed 58 people and injured 441. Similarly, the shooter in the August 4, 2019 Dayton, Ohio mass shooting used a 100-round drum that allowed him to continuously fire without having to reload. He was able to strike 26 people, 9 of whom were killed, in the 32 seconds before police arrived and fatally shot him.²⁵²

There are no compelling reasons why a law-abiding gun owner would need to use magazines that hold more than ten rounds; and limiting shooters to lower capacity magazines has the potential to save lives. In a mass shooting scenario, if the shooter switches magazines, the potential victims have an opportunity—albeit brief—to either escape or disarm the shooter. It also provides law enforcement with a similar opportunity to disarm the shooter. Accordingly, a ban on magazines capable of holding more than ten rounds makes sense. New York State already bans the sale and possession of magazines holding more than ten rounds under the New York SAFE Act. Other states who do not yet have such a ban, and the federal government, should do the same.

²⁴⁸ Large capacity magazines are also referred to as high capacity magazines.

²⁴⁹ *Magazine*, MERRIAM WEBSTER, <https://www.merriam-webster.com/dictionary/magazine> (last updated Apr. 21, 2020) (last visited Oct. 9, 2020).

²⁵⁰ *Large Capacity Magazines*, GIFFORDS L. CTR., <https://lawcenter.giffords.org/gun-laws/policy-areas/hardware-ammunition/large-capacity-magazines/> (last visited Oct. 9, 2020).

²⁵¹ *Id.*

²⁵² Adeel Hassan, *Dayton Gunman Shot 26 People in 32 Seconds, Police Timeline Reveals*, N.Y. TIMES (Aug. 13, 2019), <https://www.nytimes.com/2019/08/13/us/dayton-shooter-video-timeline.html> (last visited Oct. 9, 2020).

C. Bump Stocks and Other Devices That Effectively Permit Semi-Automatic Firearms to Be Fired in Fully-Automatic Mode

As with high capacity magazines, there are no compelling reasons for law-abiding gun owners to possess devices that enable the fully-automatic firing of a firearm. This includes bump stocks, which effectively transform a semi-automatic rifle into a fully automatic one by harnessing the recoil energy of a semi-automatic firearm so that the trigger automatically resets and continues firing instead of the shooter having to physically reset the trigger. Like high capacity magazines, bump stocks increase the lethality of shootings. For example, bump stocks were used in the 2017 Las Vegas mass shooting referenced above.

In recognition of these dangers, the federal government has taken significant steps to outlaw bump stocks for most individuals. First, it is illegal under federal law, in most instances, to possess a fully-automatic firearm manufactured after 1986, when the Firearm Owners Protection Act²⁵³ was passed. Under the Act, if an individual wishes to own a fully automatic weapon, it must be manufactured prior to 1986, not prohibited by the individual's state law, and the individual must obtain a special license from the federal government, which is very difficult and requires an extensive background check and periodic renewal. Second, effective March 26, 2019, the federal government enacted a federal rule revising its interpretation of the limits on fully-automatic weapons to specifically include guns fitted with bump stocks.²⁵⁴ In other words, it is now illegal under federal law to possess a bump stock (unless the possessor has the required license to possess a machine gun) and any bump stocks will have to be destroyed or surrendered to law enforcement officials.

New York State has also acted to outlaw bump stocks. On July 29, 2019, Governor Cuomo signed S. 2448/A. 2684 into law, which makes possessing bump stocks and similar devices an A misdemeanor, and manufacturing or shipping such devices a felony. The Task Force recommends that a similar ban be enacted into law by each state that does not already ban bump stocks.

D. Firearms Manufactured Without a Serial Number (Ghost Guns)²⁵⁵ and Not Made By a Licensed Manufacturer

3D printing technology has not yet advanced to where it can be used to create an effective firearm; however, we are not far from a time when a layperson could use 3D printing to create a lower receiver and combine it with legally available gun parts to create an effective, unlicensed/unregistered, and untraceable semi-automatic or fully automatic rifle. Even without the use of 3D printing, it is already possible for a skilled machinist to create an effective, unlicensed/unregistered, and untraceable semi-automatic or fully automatic rifle using legally available parts. These ghost guns enable individuals to obtain deadly firearms without undergoing required background checks and have been used in mass shootings. For example, on November 14, 2019, Nathaniel Berhow, aged 16, killed two students, and later himself, and

²⁵³ Pub. L. 99-308, 100 Stat. 449 (May 19, 1986).

²⁵⁴ See Bump-Stock-Type Devices, 83 Fed. Reg. 246 (proposed Dec. 26, 2018) (to be codified at 27 C.F.R. pts. 477, 478 and 479).

²⁵⁵ *Supra* note 8.

injured 3 others, at his high school in Santa Clarita, California. He used a .45 caliber handgun that was assembled from parts, creating a ghost gun without a serial number. He was too young to purchase a gun legally.²⁵⁶

In July 2019, Governor Cuomo signed into law legislation (S.1414-A/A.0763-A) that criminalized: the manufacture, sale, transport, exchange, and possession with intent to sell of firearms and major components of firearms that (a) are undetectable by a metal detector (including 3D printed guns) after removal of grips, stocks and magazines, or (b) have a major component that does not generate an image that displays the shape of the component by a security screening device.²⁵⁷ Building upon this legislation, an Act was introduced in the New York State Assembly and Senate²⁵⁸ in February of 2020 to prohibit the possession of unfinished receivers by anyone other than a gunsmith, and would create felony crimes of possession of an unfinished frame or receiver and the criminal sale of an unfinished frame or receiver in the first, second and third degrees. This legislation was introduced in memory of Scott J. Beigel, a teacher at the Marjory Stoneman Douglas High School in Parkland, Florida who was killed in the tragic mass shooting on February 14, 2018. The Task Force urges the passage of this legislation for the reasons set forth in the New York State Assembly Memorandum in support of the legislation:

With an epidemic of gun violence plaguing the United States, and in the face of Federal inaction in dealing with the crisis, it is incumbent upon the states to enact common-sense reforms that close dangerous loopholes that allow untraceable weapons to flood our communities. Unfinished receivers, also called lowers or blanks, are used to form the lower part of a firearm. An individual can use an unfinished receiver to circumvent gun laws by making their own semiautomatic weapon at home. These unfinished receivers can be turned into a firearm incredibly easily; all that is required is for an individual to drill holes in the unfinished receiver, well out other areas of the unfinished receiver, and then combine with the other pieces needed to make a fully functioning semiautomatic rifle. A skilled individual can assemble an operational semi-automatic firearm using a lower in under an hour, and someone with little experience can, after watching a YouTube video, use a lower make [sic] a semi-automatic weapon in only a slightly longer time. Unfinished receivers are not tracked, and it is unknown exactly how many of them have been finished into weapons.

²⁵⁶ See *Saugas High School Shooting*, WIKIPEDIA, https://en.wikipedia.org/wiki/Saugus_High_School_shooting (last updated Oct. 9, 2020).

²⁵⁷ See N.Y. Penal Law §§ 265.50, 265.55 (consol. 2020).

²⁵⁸ Session Year 2019, Bill Nos. A 9945 and S 7762; currently referred to the Codes Committee.

Because these weapons are made at home, they contain no serial number and are untraceable.²⁵⁹

The Undetectable Firearms Act of 1988 makes it illegal, in effect, to manufacture, import, sell, ship, deliver, possess, transfer, or receive any firearm (after removal of grips, stocks and magazines) with less than 3.7 ounces of metal (so as to be detectable by a walk-through metal detector), or that is not in the traditional shape of a gun. The image of all major components of the firearm, i.e., the barrel, slide or cylinder, frame or receiver, must be detectable by x-ray machines.²⁶⁰ However, the law “does not specify what portion of the firearm must be detectable by a metal detector. This could allow an individual to create a mostly plastic but technically compliant firearm, using a 3D printer or other technology, that contains metal in an extraneous part of the firearm that could be removed prior to entering a security area.”²⁶¹ Indeed, 3D printing of guns has become more common in the years after the law’s most recent renewal in 2013.²⁶²

Several states have passed legislation to address the issue of ghost guns in addition to New York, including California, Connecticut, New Jersey and Washington.²⁶³

- California and Connecticut laws require that individuals who manufacture or assemble a ghost gun request a unique serial number from state law enforcement and engrave that serial number on the firearm. California also prohibits individuals or companies from helping individuals assemble or manufacture a firearm if such individuals are prohibited from possessing a firearm under state law. Connecticut prohibits individuals who cannot possess a firearm under state law from possessing unfinished frames or receivers.
- New Jersey has banned the possession and sale of unserialized frames and receivers. It also requires that major components of a firearm be detectable by security screening devices, and prohibits the use of 3D printers to produce a firearm or its components unless the user is registered or licensed as a firearm manufacturer or dealer. New Jersey further prohibits the distribution of computer code capable of manufacturing firearms and firearm components using 3D printers to anyone but a licensed manufacturer.
- In 2019 Washington State passed laws making it illegal to manufacture, own, buy, sell, or possess an undetectable firearm or any part designed and intended for use in an undetectable firearm; to assemble or repair undetectable firearms; to manufacture an untraceable firearm (i.e., one without a serial

²⁵⁹ https://nyassembly.gov/leg/?default_fld=&leg_video=&bn=A09945&term=2019&Summary=Y&Memo=Y (last visited Oct. 9, 2020).

²⁶⁰ See 18 U.S.C. § 922. The term “firearm” under the statute does not include the frame or receiver of the weapon, 18 U.S.C. § 922 (p)(2)(A); “major component” is defined in 18 U.S.C. § 922 (p)(2)(B).

²⁶¹ *Ghost Guns*, GIFFORDS L. CTR., <https://giffords.org/lawcenter/gun-laws/policy-areas/hardware-ammunition/ghost-guns/#state> (last visited Oct. 9, 2020).

²⁶² *Id.* See also H.R. Con. Res. 3626, 113th Cong. (2013) (enacted), Pub. L. No. 113-57 (renewing the Undetectable Firearms Act for another 10 years).

²⁶³ *Supra* note 261.

number) with intent to sell it; or assist someone who is prohibited from possessing firearms with manufacturing an undetectable or untraceable firearm.

There is also federal legislation pending in both the House and Senate to address the issue of ghost guns. Unfortunately, this legislation has not been brought to a vote in either house.

- On January 30, 2019, the Undetectable Firearms Modernization Act was introduced in the House of Representatives by Representative Madeleine Dean of Pennsylvania and has several co-sponsors.²⁶⁴ If enacted, the Bill would prohibit the possession of any firearm that is undetectable by airport-level detection devices and require any firearm with all of its major components attached to generate a gun-shaped image in detection systems. The Bill was referred to the Subcommittee on Crime, Terrorism, and Homeland Security by the Committee on the Judiciary on March 25, 2019.²⁶⁵
- On June 13, 2019, the 3D Printed Gun Safety Act was introduced in the Senate by Senator Edward Markey of Massachusetts, joined by others.²⁶⁶ The Bill would prohibit the online distribution of blueprints and instructions for the 3D printing of firearms. It has been referred to the Senate Committee on the Judiciary.²⁶⁷ On that same date the 3D Printed Gun Safety Act of 2019 (H.R. 3265) was also introduced in the House by Representative Theodore Deutch of Florida, with many co-sponsors. On June 28, 2019 it was referred to the House Subcommittee on Crime, Terrorism, and Homeland Security by the Committee on the Judiciary. This legislation would prohibit the manufacture and sale of firearms without serial numbers.
- On June 27, 2019 the Untraceable Firearms Act of 2019 was introduced in the House by Representative David Cicilline of Rhode Island, and referred to the House Committee on the Judiciary.²⁶⁸ On August 15, 2019, the bill was referred to the House Subcommittee on Crime, Terrorism, and Homeland Security by the Committee on the Judiciary.²⁶⁹ This legislation would prohibit the manufacture and sale of firearms without serial numbers.
- On May 14, 2020, a group of 15 Democrat Senators, led by Senator Richard Blumenthal of Connecticut, introduced legislation, called the Untraceable Firearms Act of 2020,²⁷⁰ that would require that all guns sold in the U.S. after

²⁶⁴ H.R. 869, 116th Cong. (2019).

²⁶⁵ See *All Information (Except Text) for H.R.869 - Undetectable Firearms Modernization Act*, CONGRESS, <https://www.congress.gov/bill/116th-congress/house-bill/869/all-info> (last visited Oct. 9, 2020).

²⁶⁶ S. 1831, 116th Cong. (2019).

²⁶⁷ See *S.1831 - 3D Printed Gun Safety Act of 2019*, CONGRESS, <https://www.congress.gov/bill/116th-congress/senate-bill/1831/text> (last visited Oct. 9, 2020).

²⁶⁸ H.R. 3553, 116th Cong. (2019).

²⁶⁹ See *H.R.3553 - Untraceable Firearms Act of 2019*, CONGRESS, <https://www.congress.gov/bill/116th-congress/house-bill/3553?r=5&s=1> (last visited Oct. 9, 2020).

²⁷⁰ S. 3743: Untraceable Firearms Act of 2020.

January 1, 2022 be traceable by ATF; and includes ghost guns, unfinished frames and receivers, and gun-making kits, in the definition of a firearm under federal law. It subjects gun-kit manufacturers, distributors, sellers and buyers to the same federal regulations that govern the purchase or sale of completed firearms. This includes: licensing requirements for all parties involved; that a serial number be placed on the frame or receiver included in each kit; and that background checks be completed on all buyers of these kits and parts. This bill incorporated the Undetectable Firearms Modernization Act, discussed above. It was specifically noted in the announcement of this legislation by Senator Blumenthal that the coronavirus pandemic has caused an increased demand for ghost guns, that results in a mounting threat to public safety.²⁷¹ The legislation has been referred to the Committee on the Judiciary.

The Task Force supports these federal legislative efforts. We believe that the most effective way to address the issue of ghost guns is to pass legislation that:

- Bans the manufacturing, assembly or sale of firearms and firearm components, including unfinished frames and receivers, and 3D components and firearms, by those without the appropriate license.
- Requires that 3D printed firearms and components, and all frames and receivers, finished or unfinished, have serial numbers imprinted on them.
- Prohibits undetectable firearms by requiring that all operable firearms be detectable by standard screening systems, and that all of the components generate an image that displays the shape of the component by a security screening device.
- Requires a background check before transferring or selling an unfinished frame or receiver, in addition to a finished frame or receiver as the law now requires.

Notably, at its February 2020 Mid-Year Meeting, the American Bar Association adopted as policy a consistent recommendation presented by its Standing Committee on Gun Violence:

The American Bar Association urges federal, state, local, territorial, and tribal governments to enact statutes, rules and regulations that would make it unlawful for any person to transfer, sell, trade, give, transport, or deliver any unfinished firearm frame or receiver to any person (other than a licensed importer, licensed manufacturer, licensed dealer, or licensed collector) unless (i) the unfinished frame or receiver is serialized in accordance with federal requirements for the serialization of firearms, (ii) the recipient passes a background check consistent with the federal requirements for a licensed dealer's transfer of a firearm, and (iii) the seller or transferor of the unfinished frame or receiver creates and retains records consistent with the federal record-keeping requirements for licensed firearm dealers related to

²⁷¹ See the "one pager" issued by Senator Richard Blumenthal describing the Untraceable Firearms Act of 2020, <https://www.blumenthal.senate.gov/imo/media/doc/Untraceable%20Firearms%20Act%20of%202020%20-%20OnePager%20-%20200513.pdf>, (internal footnotes omitted) (last visited Oct. 9, 2020).

the disposition of firearms, and prohibits the possession, without a federal firearms license, of a finished or unfinished firearm frame or receiver that has not been serialized.²⁷²

We urge all states that have not already done so to pass effective legislation to prevent the manufacture, sale, and transport of ghost guns, and urge the federal government to enact the legislation that is currently pending before the House and Senate.

II. Acquisition Issues

A. Universal Background Checks

Closing the “gun show loophole” is an essential step in preventing mass shootings. While firearms sales through licensed dealers are subject to a background check of the prospective purchaser, sales between private individuals without a federal firearms license (including at gun shows and over the internet) do not require a background check.²⁷³ Legislation should be passed making it illegal for anyone to sell or transfer a firearm, rifle or shotgun without a background check of the prospective purchaser being performed, just as licensed firearm dealers are required to do. This type of legislation passed in the House of Representatives but has not been addressed by the Senate. The Bill, the Bipartisan Background Checks Act of 2019,²⁷⁴ prohibits a firearm transfer between private parties unless a licensed gun dealer, manufacturer, or importer first takes possession of the firearm to conduct a background check. The prohibition does not apply to certain firearm transfers, such as a gift between spouses in good faith.

Since 2013, the New York SAFE Act has required *all* sellers of firearms, rifles, shotguns—both private sellers and licensed firearm dealers—to conduct universal background checks throughNICS.²⁷⁵ A private firearm sale must be processed by a federally licensed dealer.²⁷⁶ Failure to comply with these requirements is punishable as a class A misdemeanor.²⁷⁷

Many mass shootings could have been prevented if this provision had been in place on a national level. The following is a recent, devastating example:

²⁷² Am. Bar Ass’n Standing Comm. on Gun Violence, *Policy 2020*, AM. BAR ASS’N, https://www.americanbar.org/groups/public_interest/gun_violence/policy/ (last visited Oct. 9, 2020).

²⁷³ See *Universal Background Checks*, GIFFORDS L. CTR., <https://lawcenter.giffords.org/gun-laws/policy-areas/background-checks/universal-background-checks/> (last visited Oct. 9, 2020) (“A dangerous gap in our federal gun laws lets people buy guns without passing a background check. Under current law, unlicensed sellers—people who sell guns online, at gun shows, or anywhere else without a federal dealer’s license—can transfer firearms without having to run any background check whatsoever.”).

²⁷⁴ H.R. 8, 116th Cong. (2019).

²⁷⁵ *Supra* note 36. See also N.Y. Gen Bus Law § 898.

²⁷⁶ Under New York’s SAFE Act, there is also an exception for sales between immediate family members provided that the transferor-seller does not know of any prohibition preventing the transferee-buyer from owning a firearm.

²⁷⁷ See *Resources for Gun Owners, Frequently Asked Questions*, NYSAFE, <https://safeact.ny.gov/resources-gun-owners> (last visited Oct. 9, 2020) (“Q. What if I fail to comply with the background check provision? A: Failure to comply with the provision is punishable as a class A misdemeanor.”).

- On August 31, 2019, Seth Ator opened fire in Odessa, Texas after being pulled over by police for a traffic stop in Midland, Texas. He highjacked a U.S. Postal Service worker, killing her and driving off in her van. At the end of his shooting spree, 8 people were killed, including the shooter, and 25 people were injured. Ator purchased the gun in a private sale, which did not require a background check under Texas law. If a background check had been done, he would not have passed due to a criminal record and prior mental health issues.²⁷⁸

B. Extending the Time in which Background Checks May Be Completed

In many jurisdictions, including under federal law, if a background check has not been completed within three days, a gun sale may go through without waiting for the results. There are occasions when the NICS check cannot be completed within three days, often because there are issues regarding a potential buyer's qualifications. Nonetheless, federal law requires that the gun be transferred to the buyer after the three-day period has expired if the NICS results have not been received.²⁷⁹ This can have devastating effects if the gun gets into the wrong hands.

A fatal and tragic example of why the background check time limit should be lengthened is the shooting that occurred at the Emanuel African Methodist Episcopal Church in Charleston, South Carolina on June 17, 2015. The shooter in that case, who killed 9 people, should not have been allowed to purchase the gun he used due to a prior arrest record. Because his background check was not completed within the three-day period, however, the sale went through.²⁸⁰

Additionally, a Government Accountability Office July 2016 report further documents the difficulty of adequately completing background checks within three days:

FBI data also show that during fiscal year 2015, the FBI completed 90 percent of denials that involved MCDV [misdemeanor crime of domestic violence] convictions within 7 business days, which was longer than for any other prohibiting category (e.g., felony convictions). The FBI completed 90 percent of denials that involved domestic violence protection orders in fewer than 3 business days. According to federal and selected state officials GAO contacted, the information needed to determine whether domestic violence records—and in particular MCDV convictions—meet the criteria to prohibit a firearm transfer is not always readily available in NICS databases and can require additional outreach to state agencies to obtain information.²⁸¹

²⁷⁸ See *Midland–Odessa shooting*, WIKIPEDIA, https://en.wikipedia.org/wiki/Midland%E2%80%93Odessa_shooting (last updated Apr. 17, 2020) (last visited Oct. 9, 2020).

²⁷⁹ See 118 U.S.C. § 922(t)(1).

²⁸⁰ *Supra* note 9.

²⁸¹ See U.S. GOV'T ACCOUNTABILITY OFF., GAO-16-483, GUN CONTROL: ANALYZING AVAILABLE DATA COULD HELP IMPROVE BACKGROUND CHECKS INVOLVING DOMESTIC VIOLENCE RECORDS, at What GAO Found (July 2016), <https://www.gao.gov/assets/680/678204.pdf> (last visited Oct. 9, 2020).

New York addressed this issue in July 2019, when Governor Cuomo signed legislation (S. 2374/A2690) into law that extends the time to obtain results from the NICS before a gun sale can be finalized up to 30 days. A bill passed the House of Representatives on February 28, 2019 that would also address this issue, but it has not been acted upon by the Senate. The Enhanced Background Checks Act of 2019, H.R. 1112, extends the window for background checks to 10 days.²⁸²

The 10-day period in H.R. 1112 is an improvement over the current 3-day requirement, especially with the safety valve language that if a review is not completed within the initial 10 days, a purchaser must certify that he or she is not prohibited from purchasing or possessing a firearm in their petition for an expedited review, and the FBI will have 10 additional business days from the date the petition was submitted to complete the background check before a sale can proceed. New York's 30-day time period should provide sufficient time for a thorough review to be completed and is not an unduly long period of time for a person to wait before a gun sale is finalized. If the background check is finished before the 30-day period, the sale can be finalized sooner.

The Task Force recommends that all states pass legislation extending the time period in which a background check must be completed before a sale is finalized and a gun is transferred to the buyer, ideally to at least a 30-day period. The proposed federal legislation is a vast improvement over the current 3-day period, and the Senate should pass it as soon as possible.

C. Expand the Categories of People Who Are Precluded from Purchasing and Possessing a Gun

A person who has committed a violent act towards another is not prohibited from possessing guns under federal law unless he or she is the subject of a domestic violence restraining order, has been convicted of a felony, or has been convicted of a domestic violence misdemeanor.²⁸³ However, there are additional categories of individuals who have been found to have engaged in violent behavior, or are at great risk of doing so. For example, the Consortium for Risk-Based Firearm Policy reported that, “[t]he research evidence conclusively shows that individuals convicted of violent misdemeanors are at increased risk of committing future violent crimes.”²⁸⁴

²⁸² See H.R. 1112, 116th Cong. (2019); H.R.1112 - Enhanced Background Checks Act of 2019, Congress, <https://www.congress.gov/bill/116th-congress/house-bill/1112/text> (last visited Oct. 9, 2020). After the initial 10 business-day period, if a background check has not been completed, a purchaser may petition for an expedited review and must certify that they are not prohibited from purchasing or possessing a firearm. The FBI will have 10 additional business days from the date the petition was submitted to complete the background check before a sale can proceed under federal law. Those individuals who choose not to submit a certified petition will be required to wait until their background check is complete before a transfer can proceed. See also BRADY, RESOURCES, *The Enhanced Background Checks Act of 2019 (H.R. 1112)*; <https://www.bradyunited.org/legislation/the-enhanced-background-checks-act-of-2019-hr-1112-charleston-loophole> (last visited Oct. 9, 2020).

²⁸³ See 18 U.S.C. § 922(d)(1), (8)-(9).

²⁸⁴ Consortium for Risk-Based Firearm Policy, *Guns, Public Health, and Mental Illness: An Evidence-Based Approach for Federal Policy* 14 (Dec. 11, 2013) (internal citations omitted), <https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-policy-and-research/archive-2019/pdfs/GPHMI-State.pdf> (last visited Oct. 9, 2020).

The Task Force believes the following categories of individuals should also be prohibited from gun ownership and possession:

- Individuals convicted of violent misdemeanor crimes such as hate crimes, stalking, and lower level illegal gun possession, among others;
- Individuals found liable under an abuse and neglect petition in a Family Court-type proceeding;
- Individuals who have abused someone with whom they are, or have been, in an intimate relationship (this category closes the “boyfriend loophole” discussed in Report Section Two above).
- Individuals on the federal government’s Terrorist Watch list.

D. Ensure All Disqualifying Information Is Reported to NICS

Increased reporting of information that would disqualify individuals from purchasing firearms can save lives and, indeed, may have prevented some of the worst mass shootings in the past two decades. For example, the gunman that killed twenty-six people at a church in Sutherland Springs, Texas, on November 5, 2017, had a domestic violence conviction (a disqualifying factor) that the U.S. Air Force failed to report to NICS. As a result, the shooter was able to purchase several firearms despite his lengthy history of disqualifying criminal and mental health records.²⁸⁵ If this conviction had been reported, as it should have been, the shooter would not have been allowed to purchase the assault rifle used in the shooting.

Federal law requires federal agencies that have information concerning people who are prohibited from possessing firearms to submit that information to NICS.²⁸⁶ As discussed above, however, “Federal law cannot require states to make information identifying people ineligible to possess firearms available to the federal or state agencies that perform background checks.”²⁸⁷ Although some states have passed laws to close this gap, many states fail to voluntarily report disqualifying information to the proper databases. As a result, the available information during a background check is often incomplete. As discussed in a Giffords Law Center Report on NICS & Reporting Procedures:²⁸⁸

²⁸⁵ Alex Horton, *The Air Force Says It Failed to Follow Procedures, Allowing Texas Church Shooter to Obtain Firearms*, WASH. POST (Nov. 7, 2017) <https://www.washingtonpost.com/news/checkpoint/wp/2017/11/06/the-air-force-says-it-failed-to-follow-procedures-allowing-texas-church-shooter-to-obtain-firearms/> (last visited Oct. 9, 2020).

²⁸⁶ 34 U.S.C. § 40901(e)(1)(C).

²⁸⁷ *NICS & Reporting Procedures*, GIFFORDS L. CTR., <https://lawcenter.giffords.org/gun-laws/policy-areas/background-checks/nics-reporting-procedures/> (last visited Oct. 9, 2020) (citing 28 C.F.R. § 25.4). Case law suggests that a federal statute requiring states to disclose records to the FBI would violate the Tenth Amendment. In *Printz v. United States*, 521 U.S. 898 (1997), a 5-4 decision, the Supreme Court struck down the interim provisions of the Brady Act obligating local law enforcement officers to conduct background checks on prospective handgun purchasers. The Court held that Congress cannot compel state officials to enact or enforce a federal regulatory program.

²⁸⁸ *Id.*

This problem applies to every category of person prohibited from possessing firearms, including:

- **Criminal History Records:** A survey in December 2010 found that out of all 50 states, only 12 reported that 80% or more of their felony charges had a final disposition recorded in their criminal history databases.²⁸⁹ Without a disposition record, it cannot immediately be determined whether a person who was arrested for a crime was ultimately convicted of that crime and became prohibited from possessing firearms.
- **Mental Health Records:** States have also inconsistently reported records identifying people whose mental health histories prevent them from legally possessing firearms [This is discussed in greater detail in Section 3 above].
- **Drug Abuse Records:** Federal law prohibits unlawful users and individuals addicted to illegal drugs from possessing firearms, and federal regulations define these terms to include any person found through a drug test within the preceding year to have used a controlled substance unlawfully.²⁹⁰ There are now hundreds of drug court programs across the country that require periodic drug testing, yet this positive test data is rarely available for firearm purchaser background checks.²⁹¹ According to a November 2011 report by Mayors Against Illegal Guns, 44 states have submitted fewer than 10 records to the controlled substance file of a centralized nationwide database, and 33 states have not submitted any records at all.²⁹²
- **Domestic Violence Records:** Federal law prohibits firearm possession by individuals subject to a domestic violence protective order or who have been convicted of a domestic violence misdemeanor.²⁹³ Yet, states have had difficulty identifying and reporting individuals who fall within these categories. . . .²⁹⁴

²⁸⁹ *Id.* (citing SEARCH Nat'l Consortium for Justice Info. & Stat., *Improving the National Instant Background Screening System for Firearm Purchases: Recommendations by SEARCH* 13, 19 (Feb. 2013), <http://www.search.org/files/pdf/ImprovingNICSforFirearmsPurchases.pdf> (last visited Oct. 9, 2020)).

²⁹⁰ *Id.* (citing 18 U.S.C. § 922(g)(3); 27 C.F.R. § 478.11).

²⁹¹ *Id.* (citing SEARCH Nat'l Consortium for Justice Info. & Stat., *supra* note 289, at 19; U.S. GOV. ACCOUNTABILITY OFF., GAO-12-684, GUN CONTROL—SHARING PROMISING PRACTICES AND ASSESSING INCENTIVES COULD BETTER POSITION JUSTICE TO ASSIST STATES IN PROVIDING RECORDS FOR BACKGROUND CHECKS 20-24 (July 2012), <https://www.gao.gov/assets/600/592452.pdf> (last visited Oct. 9, 2020)).

²⁹² *Id.* (citing Mayors Against Illegal Guns, *Fatal Gaps: How Missing Records in the Federal Background Check System Put Guns in the Hands of Killers* 8 (Nov. 2011), <https://www.issueab.org/resources/14319/14319.pdf> (last visited Oct. 9, 2020)).

²⁹³ *Id.* (citing 18 U.S.C. § 922(g)).

²⁹⁴ *Id.* (citing U.S. Dep't Justice, *Information Needed to Enforce the Firearm Prohibition: Misdemeanor Crimes of Domestic Violence* (Nov. 2007), http://www.ncdsv.org/images/MCDV_Info%20needed%20to%20enforce%20the%20firearm%20prohibition.pdf (last visited Oct. 9, 2020)).

In light of these significant reporting deficiencies, the FBI strongly encouraged states to provide more complete records.²⁹⁵

The Task Force recommends that all states that do not currently require the reporting of disqualifying information to NICS pass legislation that ensures that such information will be provided to the FBI. We further recommend that the federal government provide resources to the states to assist in this process, as provided for in the NICS Improvement Amendments Act of 2007.

E. Require Gun Owners to Have a License to Purchase and Possess All Types of Guns

A limited number of states require an individual to obtain a license (or permit) before purchasing a handgun,²⁹⁶ and fewer jurisdictions require a license (or permit) in order to purchase a rifle or shotgun. Other states require a license to own a firearm.²⁹⁷ Almost all states require licenses to hunt with a gun, and most require gun education and safety training. Federal law, however, does not require gun owners or purchasers to be licensed. Moreover, some states require a license in order to purchase ammunition.²⁹⁸ While such a requirement makes sense, it would be unnecessary if individuals were precluded from purchasing a firearm without a license since the ammunition is useless without a firearm.

Requiring a license (or permit) to purchase or own any type of firearm, as well as a rifle and a shotgun, is an effective way to promote gun safety and discourage guns from getting into the hands of people who should not have them. Even highly protected First Amendment activity such as marriage, peaceful marches and protests, and the construction of churches are subject to state licensing or permitting and related regulatory requirements. A licensing requirement could include mandatory safety training as well as a written and a practical test on gun safety. Just as all states require significant training and education for a driver's license, this is a reasonable requirement in order to ensure the public's safety and welfare. Many states already require the completion of a gun safety training course in order to obtain a license to carry a concealed firearm.²⁹⁹ Moreover, since firearm safety is a part of any hunter education course (required by

²⁹⁵ *Id.* (citing U.S. GEN. ACCOUNTING OFF., GAO/GGD/AIMD-00-64, GUN CONTROL: IMPLEMENTATION OF THE NATIONAL INSTANT CRIMINAL BACKGROUND CHECK SYSTEM 12-13 (Feb. 2000), <http://www.gao.gov/new.items/g100064.pdf> (last visited Oct. 9, 2020)).

²⁹⁶ According to an American Bar Association Report to its House of Delegates from the Standing Committee on Gun Violence and other ABA entities, 11 states, and the District of Columbia, have laws, referred to as "permit to purchase" laws, that require a prospective gun buyer to first obtain a permit in order to purchase a firearm. *See* Am. Bar Ass'n Standing Committee on Gun Violence, *20M107B – Permit to Purchase* (Feb. 19, 2020), https://www.americanbar.org/groups/public_interest/gun_violence/policy/20m107b/ (last visited Oct. 9, 2020).

²⁹⁷ New York State requires a license to purchase a handgun (pistol or revolver), but not to purchase a shotgun or a rifle.

²⁹⁸ *See* Am. Bar. Ass'n Standing Committee on Gun Violence, *supra* note 296.

²⁹⁹ *See* *Licensing*, GIFFORDS L. CTR., <https://lawcenter.giffords.org/gun-laws/policy-areas/gun-owner-responsibilities/licensing/> (last visited Oct. 9, 2020).

most, if not all, states in order to obtain a hunting license),³⁰⁰ completion of a hunter education course could satisfy this requirement, making it less of a burden for many gun owners.

The Giffords Law Center to Prevent Gun Violence reports in its section on Licensing that studies show that licensing laws can lead to significant reductions in both gun homicides and gun suicides.³⁰¹ Specifically it notes:

- When Connecticut passed a licensing law, its firearm homicide rate decreased by 40%³⁰² and its firearm suicide rate decreased by 15%.³⁰³
- Conversely, when Missouri repealed its licensing law, its firearm homicide rate increased by 25%³⁰⁴ and its firearm suicide rate increased by 16%.³⁰⁵
- A study of licensing laws across 80 large urban counties found that these laws are associated with an 11% decrease in firearm homicides.³⁰⁶

Notably, at its February 2020 Mid-Year Meeting, the American Bar Association adopted the following policy at the recommendation of its Standing Committee on Gun Violence:

The American Bar Association urges federal, state, local, territorial, and tribal governments to enact statutes, rules and regulations that require any person seeking to acquire a designated firearm to apply for a permit from a designated law enforcement or public safety agency, in person, to be fingerprinted, and be subject to a background and criminal records check; and prohibit the sale, delivery or transfer of a firearm to anyone who does not possess a valid permit.³⁰⁷

The Task Force recommends that all states pass legislation requiring a license (or permit) before a person can purchase or possess any type of firearm, as well as a rifle and a shotgun, that a background check be completed before issuance, and that training in the use of the weapons as well as safety measures be required.

F. Penalties for Failure to Notify the Authorities of Stolen or Lost Guns

³⁰⁰ See, e.g., Dep't Environmental Conservation, *Hunter Education Course*, N.Y. STATE, <https://www.dec.ny.gov/outdoor/92267.html> (last visited Oct. 9, 2020) (“The NY Hunter Education course (Hunter Safety course) is required to purchase a hunting license in New York.”).

³⁰¹ See *Licensing*, *supra* note 299.

³⁰² *Id.* (citing Kara E. Rudolph, Elizabeth A. Stuart, Jon S. Vernick, & Daniel W. Webster, *Association Between Connecticut's Permit-to-purchase Handgun Law and Homicides*, 105 AM. J. PUB. HEALTH 49 (2015)).

³⁰³ *Id.* (citing Cassandra K. Crifasi, John Speed Meyers, Jon S. Vernick, & Daniel W. Webster, *Effects of Changes in Permit-to-purchase Handgun Laws in Connecticut and Missouri on Suicide Rates*, 79 PREVENTIVE MED. 43 (2015)).

³⁰⁴ *Id.* (citing Daniel Webster, Cassandra K. Crifasi, & Jon S. Vernick, *Effects of the Repeal of Missouri's Handgun Purchaser Licensing Law on Homicides*, 91 J. URBAN HEALTH 293 (2014)).

³⁰⁵ *Id.* (citing Crifasi, Meyers, Vernick, & Webster, *supra* note 303).

³⁰⁶ *Id.* (citing Cassandra K. Crifasi *et al.*, *Association Between Firearm Laws and Homicide in Urban Counties*, 95 J. URBAN HEALTH 383 (2018)).

³⁰⁷ Am. Bar Ass'n Standing Committee on Gun Violence, *supra* note 296.

Imposing some significant form of liability for the failure to promptly report a lost or stolen weapon after a gun owner learns of the loss or theft would encourage gun owners to keep control of their firearms and limit the likelihood that their guns fall into the wrong hands. It could also limit an individual's willingness to serve as straw buyers if they know that they will face significant liability if a gun they purchased is later recovered by law enforcement.

Federal law does not require individual gun owners to report the loss or theft of a firearm to law enforcement. It does, however, require licensed firearm dealers to do so. Such reports must be made within 48 hours of discovering the loss or theft to the United States Attorney General and appropriate local authorities.³⁰⁸ Most states do not have laws that require an individual owner of a firearm to report its loss or theft.³⁰⁹ New York, however, requires an owner or person lawfully in possession of a firearm, rifle, or shotgun to report its loss or theft within 24 hours of discovery to a police department or sheriff's office. Violating this requirement is a class A misdemeanor crime.³¹⁰

The Task Force recommends that all states and the federal government require the prompt reporting of any lost or stolen firearm by gun dealers as well as individual owners. This law should apply to all types of firearms. The failure to do so is a crime under New York law. We believe that imposing criminal sanctions, along with prohibiting future gun ownership, are the most effective consequences for ensuring compliance with such a law.

G. Penalties for Unlocked and Unsecured Guns

Although many people may argue that there are legitimate reasons to keep a firearm handy (and unlocked) for self-defense purposes, requiring gun owners to safely and securely store their firearms, rifles and shotguns and imposing penalties for failing to do so, would reduce the likelihood of firearms falling into the wrong hands. This, in turn, may prevent tragic mass shootings. For example, Adam Lanza, who had a history of mental health issues, killed 28 people in the Sandy Hook Elementary School shooting using his mother's guns which he was able to access at the home he shared with her.³¹¹ Had Lanza's mother secured her guns, he may not have been able to access the weapons he used in the shooting.

Under the Protection of Lawful Commerce in Arms Act,³¹² it is unlawful for a licensed importer, manufacturer, or dealer to sell or transfer any handgun unless the transferee is provided with a secure gun storage or safety device. This federal law does not apply to private sellers or require the transferee to use the safety device. A reasonable compromise position would be to impose liability for leaving firearms loaded and unsecured in situations where they could be easily accessed by minors or emotionally disturbed persons. For example, in July 2019,

³⁰⁸ See 18 U.S.C. § 923(g)(6); *Reporting Lost & Stolen Guns*, GIFFORDS L. CTR., <https://lawcenter.giffords.org/gun-laws/policy-areas/gun-owner-responsibilities/reporting-lost-stolen-guns/> (last visited Oct. 9, 2020).

³⁰⁹ *Id.*, *Reporting Lost & Stolen Guns*.

³¹⁰ See N.Y. Penal Law § 400.10 (Consol. 2020).

³¹¹ See Kristina Sgueglia & Ray Sanchez, *Sandy Hook Families Sue Estate of Shooter's Mother*, CNN (Mar. 15, 2015), <https://www.cnn.com/2015/03/14/us/connecticut-sandy-hook-lawsuits/index.html> (last visited Oct. 9, 2020).

³¹² 15 U.S.C. §§ 7901-03.

Governor Cuomo signed into law a bill (S.6360/A.8174) that makes it a misdemeanor for firearm, rifle or shotgun owners or custodians to fail to securely lock or store their firearms if they live with (a) an individual under 16 years of age, or (b) someone who is prohibited from possessing a firearm due to an extreme risk protection order or a conviction of a felony or serious offense. New York City further requires firearm owners to render their firearms inoperable by using a safety locking device while the weapon is out of their possession or control, and prohibits the sale or transfer of any firearm without a safety locking device.³¹³ Most states have no laws that speak to this issue, and those that do vary with respect to certain provisions, e.g., when firearms must be safely stored; whether firearms require a safety lock when sold or transferred; and what type of lock must be used for firearms.³¹⁴

Notably, at its February 2020 Mid-Year Meeting, the American Bar Association adopted as policy, at the recommendation of its Standing Committee on Gun Violence, the following:

The American Bar Association urges federal, state, local, territorial, and tribal governments to enact statutes, rules and regulations that define the requirements of safe storage of a firearm, require firearm owners to meet those requirements, promote safe storage education for firearm owners, [and] urge the federal government to incentivize safe storage programs within the states.³¹⁵

There have been too many children killed as a result of being able to access guns in their homes. The Task Force recommends that laws be enacted, on both a federal and state level, requiring that all firearms, rifles and shotguns, be disabled with a locking device and safely stored when not in the possession or immediate control of the owner or authorized user (the stricter New York City requirement); and that locking devices be required on all weapons manufactured, sold, or transferred by both authorized dealers and private individuals. We recommend the imposition of a criminal penalty for failure to comply with this requirement.

³¹³ See *Safe Storage*, GIFFORDS L. CTR., <https://lawcenter.giffords.org/gun-laws/policy-areas/child-consumer-safety/safe-storage/> (last visited Oct. 9, 2020).

³¹⁴ See *id.*

³¹⁵ Am. Bar Ass'n Standing Committee on Gun Violence, *supra* note 296.

RECOMMENDATIONS

The following recommendations will have a significant impact on decreasing the occurrence of mass shootings. Some of these recommendations have already been implemented on a state and federal level. Many of them have been recommended by scholars, public interest groups and elected officials. To the extent that these recommendations have not been addressed by all of the states or by the federal government, we recommend that they be implemented promptly. The specifics and manner in which each state addresses these recommendations legislatively and administratively should be determined based on what each state's elected officials deem best for its constituents.

These recommendations pass constitutional muster. The Supreme Court, in a 5-4 decision, in *District of Columbia v. Heller*, 554 U.S. 570 (2008), held for the first time that the Second Amendment protects an individual right of law-abiding citizens to possess an operable handgun in the home for self-defense. In *Heller*, however, the Court cautioned that the Second Amendment right it recognized is “not unlimited,” and does not confer a “right to keep and carry any weapon whatsoever in any manner whatsoever and for whatever purpose.” *Heller*, 554 U.S. at 626. The following recommendations respect a citizen's right to possess a firearm as set forth in the Constitution and interpreted in *Heller* and subsequent cases, while imposing reasonable and lawful restrictions that are in the government's and public's best interest.

Throughout this report we have noted proposed federal legislation that the Task Force believes can effectively minimize the occurrence of mass shootings, as well as other gun violence. We have urged prompt passage of this legislation. The current Congressional session of the 116th United States Congress, during which this legislation has been introduced but not yet passed, will end on December 31, 2020. If this legislation is not enacted into law by that date, these bills that have been introduced in the House or Senate will be null and void. Bills with identical or similar provisions, may be introduced during the 117th United States Congress commencing on January 3, 2021 and ending on January 3, 2023. We urge the passage of all future bills introduced during the 117th United States Congress that are similar to those recommended in this report.

The following fifteen recommendations are based upon the information set forth in Report Sections One through Four, and summarize the general recommendations that appear in the body of the report.

1. Ban the manufacture, sale and possession of assault-style weapons.

Assault weapons are generally high-powered semiautomatic firearms that are capable of autoloading a new cartridge into the chamber after the gun is discharged, and users then only need to pull the trigger to fire the gun, eliminating additional steps between rounds and speeding up the rapidness of the shooting. The power and speed of such weapons inflicts greater damage at a faster rate.

As discussed in Section Four of this report, data indicate that the use of assault-style weapons results in deadlier events.³¹⁶ Well known examples of this occurred in the following mass shootings: Sandy Hook Elementary School, Newtown, Connecticut; Pulse Nightclub in Orlando, Florida; Las Vegas Country Musical Festival; First Baptist Church in Sutherland Springs, Texas; and Marjory Stoneman Douglas High School in Parkland, Florida. Versions of the AR-15 assault weapons have been used in many mass shootings, including in the shootings that occurred in Dayton, Ohio; Las Vegas; Parkland, Florida; and Newtown, Connecticut.

The federal Assault Weapons Ban, in effect from 1994-2004 (it sunset in 2004), included a prohibition on the manufacture of certain semiautomatic weapons with military-style features, as well as certain large capacity ammunition magazines. During the ban the relative frequency of assault-style rifles in mass shootings declined.³¹⁷

The precise definition of what constitutes an assault weapon can be challenging since gun manufacturers are very creative in bypassing legal definitions by altering a design. To address this issue, we offer the following definition of an assault weapon. It is largely based on the definition in the federal Assault Weapons Ban that was in place from 1994 through 2004.

The term “semiautomatic pistol” means any repeating pistol which utilizes a portion of the energy of a firing cartridge to extract the fired cartridge case and chamber the next round, and which requires a separate pull of the trigger to fire each cartridge.

The term “semiautomatic rifle” means any repeating rifle which utilizes a portion of the energy of a firing cartridge to extract the fired cartridge case and chamber the next round, and which requires a separate pull of the trigger to fire each cartridge.

The term “semiautomatic shotgun” means any repeating shotgun which utilizes a portion of the energy of a firing cartridge to extract the fired cartridge case and chamber the next round, and which requires a separate pull of the trigger to fire each cartridge.

The term ‘semiautomatic assault weapon’ means a semiautomatic pistol, rifle, or shotgun that has an ability to accept a detachable magazine and has at least 2 of the following characteristics:

(i) a folding or telescoping stock;

³¹⁶ See Jaclyn Schildkraut, *supra* note 237.

³¹⁷ *Id.*

- (ii) a pistol grip that protrudes conspicuously beneath the action of the weapon;**
- (iii) a bayonet mount;**
- (iv) a flash suppressor or threaded barrel designed to accommodate a flash suppressor;**
- (v) a grenade launcher;**
- (vi) a ventilated shroud or forend that is attached to, or partially or completely encircles, the barrel or a portion thereof; and**
- (vii) in the case of a shotgun, a revolving cylinder through which the cartridges are fed into the action.**

The Task Force submits that this definition is a clearer and simpler definition that captures the most common features of assault-style weapons without resulting in an overly broad definition that would include many traditional-style hunting firearms.

The Task Force recommends that all jurisdictions, state and federal, enact laws similar to the New York SAFE Act's³¹⁸ ban on manufacturing, transporting, disposing of, or possessing assault-style weapons.

Legislation was introduced in the United States Senate in January of 2019 by Senator Dianne Feinstein to reinstitute the Assault Weapons ban. This federal legislation (S. 66 – Assault Weapons Ban of 2019) has been referred to the Committee on the Judiciary, but has not been acted upon beyond that. The Task Force urges the passage of this or similar legislation that again bans assault weapons, as the prior federal Assault Weapons Ban did that was in effect from 1994 through 2004.

We further suggest that legislation banning assault-style weapons define the term in a manner similar to that suggested in this recommendation.

2. Ban large-capacity magazines that hold more than 10 rounds of ammunition.

There are no compelling reasons why a law-abiding gun owner would need to use magazines that hold more than ten rounds. In a mass shooting scenario, if the shooter switches magazines, the potential victims have an opportunity – albeit brief -- to either escape or disarm the shooter. It also provides law enforcement with a similar opportunity to disarm the shooter. Accordingly, a ban on magazines capable of holding more than ten

³¹⁸ The New York Secure Ammunition and Firearms Enforcement Act, known as the SAFE Act, S.2230/A.2388, 2013-2014 Legis. Sess. (2013), was signed into law by Governor Cuomo on January 15, 2013. For an excellent discussion of the background and provision of New York's Safe Act, see 78 Albany Law Review 749, Robert J. Spitzer, *New York State and the New York State Safe Act: A Case Study in Strict Gun Laws*, (2015), http://www.albanylawreview.org/Articles/Vol78_2/78.2.749%20Spitzer.pdf (last visited Oct. 9, 2020).

rounds makes sense. For example, the shooter in the August 4, 2019 Dayton, Ohio shooting modified his weapon to attach a 100-round drum that allowed him to continuously fire without having to reload. He was able to strike 26 people, 9 of whom were killed, in 32 seconds before police arrived and fatally shot him.³¹⁹ New York State already bans the sale and possession of magazines holding more than ten rounds under the New York SAFE Act.

In *New York State Rifle & Pistol Ass’n v. Cuomo*, 804 F. 3d 242 (2d Cir. 2015), the United States Court of Appeals upheld the constitutionality of the core provisions of New York’s SAFE Act and Connecticut’s laws prohibiting the possession of semiautomatic assault weapons and large-capacity magazines, finding that the provisions withstood an intermediate scrutiny review and were substantially related to the achievement of an important governmental interest. The Court noted in its decision that:

The record evidence suggests that large-capacity magazines may “present even greater dangers to crime and violence than assault weapons alone, in part because they are more prevalent and can be and are used . . . in both assault weapons and non-assault weapons.” Large-capacity magazines are disproportionately used in mass shootings, like the one in Newtown, in which the shooter used multiple large-capacity magazines to fire 154 rounds in less than five minutes. Like assault weapons, large-capacity magazines result in “more shots fired, persons wounded, and wounds per victim than do other gun attacks.” Professor Christopher Koper, a firearms expert relied upon by all parties in both states, stated that it is “particularly” the ban on large-capacity magazines that has the greatest “potential to prevent and limit shootings in the state over the long-run.” We therefore conclude that New York and Connecticut have adequately established a substantial relationship between the prohibition of both semiautomatic assault weapons and large-capacity magazines and the important—indeed, compelling—state interest in controlling crime. These prohibitions survive intermediate scrutiny. [citations in the opinion omitted] (804 F.3d at 263-64)

The provision in New York’s SAFE Act that limited the number of rounds in the magazine to no more than seven, even though a magazine capable of holding up to 10 rounds was legal, did not withstand intermediate scrutiny and was deemed unconstitutional. Therefore the current law in New York allows magazines that can hold up to 10 rounds, and an authorized gun owner can load up to 10 rounds in that magazine.

³¹⁹ Adeel Hassan, *Dayton Gunman Shot 26 People in 32 Seconds, Police Timeline Reveals*, N.Y. TIMES (Aug. 14, 2019), <https://www.nytimes.com/2019/08/13/us/dayton-shooter-video-timeline.html> (last visited Oct. 9, 2020).

The former federal Assault Weapons ban that sunset in 2004³²⁰ had a provision banning a magazine that could hold more than 10 rounds of ammunition. Reportedly, the federal ban resulted in a reduced use of large capacity magazines in criminal activity.³²¹ Currently federal law does not ban large capacity magazines and the vast majority of states do not have such a ban.

The Task Force recommends that all states and the federal government impose a ban on the sale and possession of all magazines that exceed a 10-round capacity, and apply the law retroactively regardless of when the magazines were manufactured or purchased. If this happens, lives will be saved.

3. **Ban bump stocks and other devices that effectively enable semi-automatic firearms to be fired in fully-automatic mode.**

As with high capacity magazines, there are no compelling reasons for law-abiding gun owners to possess devices that enable the fully-automatic firing of a firearm. This includes “bump stocks” which effectively transform a semi-automatic rifle into a fully automatic rifle. It enables the shooter to fire a weapon at nearly the speed of a machine gun. Twelve of the rifles used by the gunman in the Las Vegas Country Music Festival mass shooting in 2017, where 58 people were killed and 441 people were injured, were modified with a bump stock attachment.³²² Effective March 26, 2019, the federal government revised its interpretation of the limits on fully-automatic weapons to specifically include guns fitted with bump stocks, and it is now illegal under federal law to possess a bump stock (unless the possessor has the required license to own a machine gun) and any bump stocks will have to be destroyed or surrendered to law enforcement officials. This was enacted as a federal rule, and involves potentially severe consequences of fines and imprisonment if violated.³²³

In New York, Governor Cuomo signed S. 2448/A. 2684 into law on July 29, 2019 that makes the possession of a bump stock and similar devices an A misdemeanor, and the manufacture or shipment of such a device a felony offense. The Task Force

³²⁰ Violent Crime Control and Law Enforcement Act of 1994, 18, U.S.C. § 921 *et seq.*,

³²¹ A Washington Post study analyzed data kept by the Virginia State Police and found a clear decline in the percentage of crime guns that were equipped with large capacity ammunition magazines after the federal ban was enacted. The percentage reached a low of 10% in 2004 and then steadily climbed after Congress allowed the ban to expire; by 2010, the percentage was close to 22%. *About the Project: The Hidden Life of Guns*, Wash. Post, Jan. 22, 2011, at <http://www.washingtonpost.com/wp-dyn/content/article/2011/01/22/AR2011012204243.html> (last visited Oct. 9, 2020); David S. Fallis & James V. Grimaldi, *Virginia Data Show Drop in Criminal Firepower During Assault Gun Ban*, Wash. Post, Jan. 23, 2011, at <http://www.washingtonpost.com/wp-dyn/content/article/2011/01/22/AR2011012203452.html> (last visited Oct. 9, 2020).

³²² Larry Buchanan, Evan Grothjan, Jon Huang, Yuliya Parshina-Kottas, Adam Pearce and Karen Yourish, *What Is a Bump Stock and How Does It Work?* N.Y. TIMES (Mar. 28, 2019), <https://www.nytimes.com/interactive/2017/10/04/us/bump-stock-las-vegas-gun.html> (last visited Oct. 9, 2020).

³²³ Bump-Stock-Type Devices, 83 Fed. Reg. 246 (Dec. 26, 2018) (to be codified at 27 C.F.R. pts. 477, 478 and 479).

recommends that the ban be enacted into law by each individual state that does not already ban bump stocks, and that criminal penalties be imposed for violating the law, as New York has done.

4. **Ban the possession, sale, transfer, and manufacture of: firearms without a serial number (ghost guns);³²⁴ firearms that are not made by a licensed manufacturer; and firearms that are not detectable by standard screening devices.**

When American gun laws were written, legislators assumed that firearms would either be imported from abroad by dealers or manufactured domestically by professional gun manufacturers. When a firearm is manufactured domestically or imported from abroad, it is engraved with a serial number and markings that identify the manufacturer or importer, make, model, and caliber, and are unique to that firearm.³²⁵ Using this information, ATF can track firearms from the manufacturer or importer through the distribution chain to the first retail purchaser. This ability is especially useful in criminal and other investigations where a firearm has been used.

Under federal law only a finished “frame” or “receiver” must have a serial number, and a purchaser of these parts is required to undergo a background check.³²⁶ That is because a purchaser can buy the other components necessary to make a complete and operable firearm. Buyers of unfinished gun parts or components, however, are not required to undergo a background check. Sellers of these parts or kits claim they do not need to follow serialization requirements because they are not selling completed firearms. With the advent of 3D printing, however, we are not far from a point where an individual without significant machining skills could use 3D printing to create a lower receiver or frame that could be combined with legally-available parts to create an effective, unlicensed/unregistered and untraceable semi-automatic or fully automatic rifle or firearm. In addition, even without the use of 3D printing, it is already possible for a skilled machinist to create an effective, unlicensed/unregistered and untraceable semi-automatic or fully automatic rifle or firearm using legally-available parts. Furthermore, creative online retailers have devised ways to skirt federal serialization and background check requirements by marketing “unfinished” frames or receivers that can be turned into fully functioning frames or receivers with minimal tools or effort. Pre-programmed milling machines are available online that will produce a fully functional receiver from an unfinished receiver with the press of a button. Sold in this form, these unfinished

³²⁴ Ghost guns are self-assembled firearms built from kits or individual gun components, including 3D printed pieces, that can be purchased without a background check. These firearms do not have serial numbers and are therefore untraceable.

³²⁵ Under the Gun Control Act of 1968 (GCA), 18 U.S.C. § 923(i), licensed manufacturers must identify each firearm manufactured by a serial number in the manner prescribed by regulation. 18 U.S.C. Section 921(a)(3), defines a “firearm,” in relevant part, as both a “weapon ... which will or is designed to or may readily be converted to expel a projectile by the action of an explosive” (921(a)(3)(A)), and the “frame or receiver of any such weapon” (921(a)(3)(B)).

³²⁶ Sellers of gun kits often leave the receivers or frames unfinished to avoid the requirements of federal and state laws that apply to fully finished frames and receivers. It is not difficult to complete the unfinished frames or receivers available in some of these kits and then make the fully functional weapon using the other parts that can be sold without a serial number and background check.

frames or receivers are not required to carry serial numbers and can be sold without a background check.

Tragically, a real-life example of the deadly consequences that ghost guns can inflict occurred on November 14, 2019, in Santa Clarita, California, when Nathaniel Berhow, aged 16, killed two students, and later himself, and injured 3 others, at his high school. He used a .45 caliber handgun that was assembled from parts, creating a ghost gun without a serial number. He was too young to purchase a gun legally.³²⁷

The Undetectable Firearms Act of 1988 (18 U.S.C. § 922) makes it illegal, in effect, to manufacture, import, sell, ship, deliver, possess, transfer or receive any firearm (after removal of grips, stocks and magazines) with less than 3.7 oz. of metal (so as to be detectable by a walk-through metal detector) or is not in the traditional shape of a gun. The image of all major components of the firearm, i.e., the barrel, slide or cylinder, frame or receiver, must be detectable by x-ray machines. The law, however, does not specify what part of the firearm must be detectable. This law has been renewed several times, the last time in 2013 by President Obama for another 10 years. Since that time the occurrence of 3D printing of guns has come to the forefront. This could enable a person to create a mostly plastic, but technically compliant, firearm using a 3D printer that contains metal in an extraneous part of the firearm that could be removed before screening.

Several states have passed legislation to address the issue of ghost guns, including New York, California, Connecticut, New Jersey and Washington.³²⁸ In July of 2019 Governor Cuomo signed into law legislation (S.1414-A/A.0763-A) that criminalized the manufacture, sale, transport, exchange and possession with intent to sell of firearms and major components of firearms that are undetectable by a metal detector (including 3D printed guns) after removal of grips, stocks and magazines, or that has a major component that does not generate an image that displays the shape of the component by a security screening device.³²⁹

An act was introduced in the New York State Assembly and Senate³³⁰ in February of 2020 to prohibit the possession of unfinished receivers by anyone other than a gunsmith, and would create felony crimes of possession of an unfinished frame or receiver and the criminal sale of an unfinished frame or receiver in the first, second and third degrees. This legislation was introduced in memory of Scott J. Beigel, a teacher at the Marjory Stoneman Douglas High School in Parkland, Florida who was killed in the tragic mass shooting on February 14, 2018. We urge the New York legislature to pass this bill.

³²⁷ Zusha Elinson, *Saugus High Shooter Used 'Ghost Gun' Built From Parts*, The Wall Street Journal (Nov. 21, 2019), <https://www.wsj.com/articles/saugus-high-shooter-used-ghost-gun-built-from-parts-11574360615> (last visited Oct. 9, 2020).

³²⁸ See in general *Ghost Guns*, GIFFORDS L. CTR., <https://lawcenter.giffords.org/gun-laws/policy-areas/hardware-ammunition/ghost-guns/#state> (last visited Oct. 9, 2020).

³²⁹ *Id.* N.Y. Penal Law §§ 265.50, 265.55 (consol. 2020).

³³⁰ Session Year 2019, Bill Nos. A 9945 and S 7762; currently referred to the Codes Committee.

There is also federal legislation pending in both the House and Senate to address the issue of ghost guns. Unfortunately this legislation has not been brought to a vote in either house.

- The Undetectable Firearms Modernization Act (H.R. 869), was introduced in the House of Representatives on January 30, 2019 by Representative Madeleine Dean of Pennsylvania, and has several co-sponsors. It would prohibit the possession of any firearm that is undetectable by airport-level detection devices, and requires any firearm with all of its major components attached to generate a gun-shaped image in detection systems.
- On June 13, 2019 the 3D Printed Gun Safety Act (S. 1831) was introduced in the Senate by Senator Edward Markey of Massachusetts, and others. The bill would prohibit the online distribution of blueprints and instructions for the 3D printing of firearms. On that same date the 3D Printed Gun Safety Act of 2019 (H.R. 3265) was also introduced in the House by Representative Theodore Deutch of Florida, with many co-sponsors. This legislation would prohibit the manufacture and sale of firearms without serial numbers.
- On June 27, 2019 the Untraceable Firearms Act of 2019 (H.R. 3553) was introduced in the House by Representative David Cicilline of Rhode Island. This legislation would prohibit the manufacture and sale of firearms without serial numbers.
- On May 14, 2020, a group of 15 Democrat Senators, led by Senator Richard Blumenthal of Connecticut, introduced legislation, called the Untraceable Firearms Act of 2020,³³¹ that would require that all guns sold in the U.S. after January 1, 2022 be traceable by ATF; and includes ghost guns, unfinished frames and receivers, and gun-making kits, in the definition of a firearm under federal law. It subjects gun-kit manufacturers, distributors, sellers and buyers to the same federal regulations that govern the purchase or sale of completed firearms. This includes: licensing requirements for all parties involved; that a serial number be placed on the frame or receiver included in each kit; and that background checks be completed on all buyers of these kits and parts. This bill incorporated the Undetectable Firearms Modernization Act, discussed above. It was specifically noted in the announcement of this legislation by Senator Blumenthal that the coronavirus pandemic has caused an increased demand for ghost guns, that results in a mounting threat to public safety.³³²

³³¹ S. 3743: Untraceable Firearms Act of 2020.

³³² See the “one pager” issued by Senator Richard Blumenthal describing the Untraceable Firearms Act of 2020, <https://www.blumenthal.senate.gov/imo/media/doc/Untraceable%20Firearms%20Act%20of%202020%20-%20OnePager%20-%20200513.pdf> (last visited Oct. 9, 2020), (internal footnotes omitted).

The Task Force supports all of these legislative efforts, both in New York and on the federal level. We recommend that all states, as well as the federal government, pass effective legislation to prevent the manufacture, sale, and transport of ghost guns. We believe that the most effective way to address the issue of ghost guns is to pass legislation that:

- Bans the manufacturing, assembly or sale of firearms and firearm components, including unfinished frames and receivers, and 3D components and firearms, by those without the appropriate license
- Requires that 3D printed firearms and components, and all frames and receivers, finished or unfinished, have serial numbers imprinted on them
- Prohibits undetectable firearms by requiring that all operable firearms be detectable by standard screening systems, and that all of the components generate an image that displays the shape of the component by a security screening device.
- Requires a background check before transferring or selling an unfinished frame or receiver, in addition to a finished frame or receiver as the law now requires.

5. Enact universal background checks.

Background checks should be required for all sales of firearms, rifles and shotguns - by licensed firearms dealers as well as by private individuals, whether in person at gun shows or elsewhere, including sales over the internet. While sales through licensed firearms dealers are subject to a background check of the prospective purchaser, sales between private individuals (including at gun shows) do not require a background check under federal law, and many state laws. Legislation should be passed making it illegal for anyone to sell or transfer a firearm, rifle or shotgun without a National Instant Criminal Background Check System (“NICS”) check to determine if the prospective purchaser is disqualified from purchasing the firearm.

Federal legislation that would require background checks for private sales passed in the House of Representatives in February 2019, but has not yet been addressed by the Senate. The bill, H.R. 8, Bipartisan Background Checks Act of 2019, prohibits a firearm transfer between private parties unless a licensed gun dealer, manufacturer, or importer first takes possession of the firearm to conduct a background check. The prohibition does not apply to certain firearm transfers, such as a gift between spouses in good faith.

The New York SAFE Act has required universal background checks to be conducted through the NICS for all sellers of firearms, rifles, and shotguns since 2013, including private sales.³³³ A private sale must be processed by a federally licensed dealer. Failure to comply is punishable as a class A misdemeanor.

Many mass shootings could have been prevented if this provision were in place on a national level. The following is a recent devastating example:

³³³ *Supra* notes 36, 275 and 276.

- On August 31, 2019, Seth Ator opened fire in Odessa, Texas after being pulled over by police for a traffic stop in Midland, Texas. He highjacked a U.S. Postal Service worker, killing her and driving off in her van. At the end of his shooting spree he had killed 7 people, and injured at least 22. He purchased the gun in a private sale, which did not require a background check under Texas law. If a background check had been done he would not have passed due to a criminal record and prior mental health issues.³³⁴

The Task Force recommends that background checks be required for all sales, whether by private or licensed firearm dealers, for all types of guns. We urge the federal government to pass H.R. 8 or similar legislation. We urge all states to pass provisions requiring universal background checks for private gun sales conducted in person and on the internet, similar to the provisions of the New York SAFE Act, with criminal consequences for failure to comply.

6. Extend the time for background checks to be completed before finalizing the sale of a gun.

Under federal law, only people who buy a gun from a federally licensed gun dealer are required to pass a background check. If a background check has not been completed within three business days, the sale may go through without waiting for its results.³³⁵ There are occasions when the NICS check cannot be completed within three days, often when there are issues regarding a potential buyer’s qualifications.³³⁶ Nonetheless, federal law requires that the gun must be transferred to the buyer after the three-business day period has expired if the NICS results have not been received. This can have devastating effects if the gun gets into the wrong hands.

A fatal and tragic example that demonstrates why the time period should be lengthened is the shooting that occurred at the Emanuel African Methodist Episcopal Church in Charleston, South Carolina on June 17, 2015, during which 9 people were killed. The shooter had a prior arrest record that would have disqualified him from purchasing the gun. The background check was not completed within the three-day period, however, and the sale went through.³³⁷ To avoid this and other tragic mass shootings, the time to complete a background check before a gun is transferred to the

³³⁴ Brandon Formby, *Reports: Odessa shooter bought gun via private sale without background check*, The Texas Tribune (Sept. 3, 2019), <https://www.texastribune.org/2019/09/03/odessa-texas-shooter-bought-gun-private-sale-without-background-check/> (last visited Oct. 9, 2020).

³³⁵ 18 U.S.C. § 922(t)(1).

³³⁶ See, United States Government Accountability Office, July 2016, GAO-16-483, “Gun Control, Analyzing Available Data Could Help Improve Background Checks Involving Domestic Violence Records.” The report notes at *What GAO Found*: “FBI data also show that during fiscal year 2015, the FBI completed 90 percent of denials that involved MCDV [misdemeanor crime of domestic violence] convictions within 7 business days, which was longer than for any other prohibiting category (e.g., felony convictions).” <https://www.gao.gov/assets/680/678204.pdf> (last visited Oct. 9, 2020).

³³⁷ Larry Buchanan, Josh Keller, Richard A. Oppel, Jr. and Daniel Victor, *How They Got Their Guns*, NEW YORK TIMES (Feb. 16, 2018), <https://www.nytimes.com/interactive/2015/10/03/us/how-mass-shooters-got-their-guns.html?searchResultPosition=15> (last visited Oct. 9, 2020).

purchaser should be extended to a reasonable period of time sufficient to complete a thorough background check.

There is legislation in New York State that addresses this situation. In July 2019 Governor Cuomo signed into law bill S. 2374/A2690 that establishes an extension of time of up to 30 days to obtain results from the NICS before a sale can be finalized.

A bill passed the House of Representatives on February 28, 2019 that would also address this issue, but it has not been acted upon by the Senate. The Enhanced Background Checks Act of 2019, H.R. 1112, extends the window for background checks to 10 days.³³⁸ After the initial 10 business-day period, if a background check has not been completed, a purchaser may petition for an expedited review and must certify that they are not prohibited from purchasing or possessing a firearm. The FBI will have 10 additional business days from the date the petition was submitted to complete the background check before a sale can proceed under federal law. Those individuals who choose not to submit a certified petition will be required to wait until their background check is complete before a transfer can proceed.³³⁹

The 10-day period in H.R. 1112 is an improvement over the current 3-day requirement, especially with the safety valve language that if a review is not completed within the initial 10 days, a purchaser must certify that he or she is not prohibited from purchasing or possessing a firearm in their petition for an expedited review, and the FBI will have 10 additional business days from the date the petition was submitted to complete the background check before a sale can proceed. New York's 30-day time period should provide sufficient time for a thorough review to be completed and is not an unduly long period of time for a person to wait before a gun sale is finalized. If the background check is finished before the 30-day period, the sale can be finalized sooner.

The Task Force recommends that all states pass legislation extending the time period in which a background check must be completed before a sale is finalized and a gun is transferred to the buyer, ideally for at least a 30-day period. The proposed federal legislation is a vast improvement over the current 3-day period, and should be passed by the Senate as soon as possible.

7. Require gun owners to have a license to purchase and possess all types of guns.

A limited number of states require an individual to obtain a license (or permit) before purchasing a handgun, and fewer jurisdictions require a license (or permit) in order to purchase a rifle or shotgun. Other states require a license to own a firearm.³⁴⁰

³³⁸ See H.R. 1112, 116th Cong. (2019); H.R.1112 - Enhanced Background Checks Act of 2019, Congress, <https://www.congress.gov/bill/116th-congress/house-bill/1112/text> (last visited Oct. 9, 2020).

³³⁹ *Id.* See also BRADY, RESOURCES, *The Enhanced Background Checks Act of 2019 (H.R. 1112)*; <https://www.bradyunited.org/legislation/the-enhanced-background-checks-act-of-2019-hr-1112-charleston-loop-hole> (last visited Oct. 9, 2020).

³⁴⁰ New York State requires a license to purchase a handgun (pistol or revolver), but not to purchase a shotgun or a rifle. New York City requires a license to possess handguns and a permit for rifles and shotguns.

All fifty states require licenses to hunt with a gun, and some place limits on the number of rounds that may be fired or require gun education and safety training. Federal law does not require licensing of gun owners or purchasers.

Requiring a license (or permit) to purchase or own any type of gun is an effective way to promote gun safety and discourage guns from getting into the hands of people who should not have them. Even highly protected First Amendment activity such as marriage, peaceful marches and protests, and construction of churches are subject to state licensing or permitting and related regulatory requirements. A licensing requirement should also include mandatory safety training or the requirement that an applicant pass a written and/or practical test on gun safety. This is a reasonable requirement in order to ensure the public's safety and welfare, just as all states require significant training and education for a driver's license. Many states already require the completion of an NRA training course in order to obtain a license to carry a concealed firearm. Moreover, since firearm safety is a part of any hunter education course (required by most, if not all, states in order to obtain a hunting license) completion of a hunter education course could satisfy a licensing education requirement as well, making it less of a burden for many gun owners.

The specifics of the licensing or permitting requirements can be determined by individual state laws, however, we recommend that the following provisions be included:

- Licensing or permitting requirements should apply to the purchase and possession of all types of guns, including handguns, shotguns and rifles
- A safety training requirement should be imposed
- A thorough background check should be performed prior to the issuance of a license or permit
- A license or permit must be renewed after a set period of time with an updated background check performed
- The license or permit should be revoked if the holder becomes a prohibited purchaser or owner under the law; the holder should be required to report this change in status
- A license or permit holder must be required to report the theft/loss of a gun or license/permit
- The license or permit holder must be required to safely store the gun when not in the licensee's possession.

8. Expand the category of individuals who are prohibited from purchasing or possessing guns.

Laws prohibiting categories of people from owning weapons vary from state to state and between federal and state laws. We recommend that the categories of individuals prohibited from purchasing firearms be expanded to reflect evidence-based risk of dangerousness to prevent future killings.

The federal Gun Control Act of 1968, 18 U.S.C. § 922 (d), generally prohibits the sale of firearms to individuals who: are indicted or convicted of a felony; use or are addicted to a controlled substance; have been adjudicated as mentally defective or committed to a mental institution; are unlawfully in the United States; are subject to a court order restraining him or her from harassing, stalking or threatening an “intimate partner,” the individual’s child, or the intimate partner’s child; have been convicted of a misdemeanor offense of domestic violence; among other specifications. Some state laws include additional categories of people. For example, New York expands prohibitions to situations where domestic violence occurs not just between spouses, or people who cohabitate or share a child, but also to individuals in a dating relationship, thus closing what’s known as the “boyfriend loophole.”³⁴¹

To the extent a law does not prohibit the following categories of people from purchasing and possessing a gun, we recommend that the law be expanded, both on the federal and state level, in order to afford greater protection from individuals who are at a heightened risk of gun violence:

- a. Expand the definition of protected individuals in domestic violence situations to include not only the spouse of the person, a former spouse of the person, an individual who is a parent of a child of the person, and an individual who cohabitates or has cohabited with the person, but also a dating partner and any other person similarly situated to a spouse, similar to the way New York Law determines whether someone is in an intimate relationship.³⁴² Proposed federal legislation, S. 120 and H.R. 569, are companion bills that would close this loophole in the federal law by expanding protections to dating partners and stalkers. HR. 569 was referred to the Subcommittee on Crime, Terrorism and Homeland Security on 2/25/19 by the House, and S. 120 was referred to the Committee on the Judiciary on 1/15/19 by the Senate. We urge the passage of this legislation.
- b. Individuals who have been found liable under abuse and neglect petitions in New York Family Court, and similar courts in the country that deal with such matters, should be prohibited from possessing a gun.

³⁴¹ See N.Y. Family Court Act Law § 812 (1)(e) (Consol. 2020).

³⁴² *Id.* § 812 (1) “For purposes of this article, “members of the same family or household” shall mean the following: (e) persons who are not related by consanguinity or affinity and who are or have been in an intimate relationship regardless of whether such persons have lived together at any time. Factors the court may consider in determining whether a relationship is an “intimate relationship” include but are not limited to: the nature or type of relationship, regardless of whether the relationship is sexual in nature; the frequency of interaction between the persons; and the duration of the relationship. Neither a casual acquaintance nor ordinary fraternization between two individuals in business or social contexts shall be deemed to constitute an “intimate relationship”.”

- c. Expand the types of violent misdemeanors that preclude individuals from possessing a gun beyond what is currently set forth in federal law.³⁴³ Federal law prohibits individuals who have convictions for a domestic violence misdemeanor offense from purchasing a gun.³⁴⁴ This disqualification should be expanded, both on the state and federal level, to include misdemeanor convictions that are violent and threatening in nature, such as hate crimes, stalking and lower level gun offenses. It is significant and alarming to note that hate crimes are on the rise in the United States.
- d. Individuals who are on the federal government’s Terrorist Watch List should not be allowed to purchase or possess a gun.
- e. Individuals who suffer from serious mental illness should not possess firearms. Under federal law, individuals adjudicated as mentally defective or who have been committed to a mental institution cannot possess firearms.³⁴⁵ This does not include individuals, for example, who have been voluntarily committed to a mental hospital or ordered by a court to undergo outpatient mental health treatment.³⁴⁶ The disqualification regarding mental illness should be expanded to include situations such as voluntary commitments as well as court-ordered outpatient mental health treatment.

9. Ensure all disqualifying events for gun ownership are reported to NICS

Screening gun buyers with an effective background check “is the backbone of any comprehensive gun violence prevention strategy, and it works to keep firearms out of the hands of people who pose a danger of violence to themselves or others.”³⁴⁷

Steps need to be taken to ensure disqualifying events are reported to NICS and all relevant state regulatory authorities. This includes criminal background information in addition to disqualifying mental health conditions.

- 1. Existing Reporting Laws must be implemented.
 - a. All disqualifying information set forth in 18 U.S.C. § 922 must be reported to NICS by all federal and state agencies.³⁴⁸

³⁴³ See generally Michael Siegel & Claire Boine, *What Are The Most Effective Policies in Reducing Gun Homicides?*, Rockefeller Institute of Government (March 29, 2019), <https://rockinst.org/wp-content/uploads/2019/08/8-13-19-Firearm-Laws-Homicide-Brief.pdf> (last visited Oct. 9, 2020).

³⁴⁴ 18 U.S.C. § 922 (d)(9).

³⁴⁵ 18 U.S.C. § 922 (d)(4).

³⁴⁶ 27 C.F.R. § 478.11.

³⁴⁷ EVERYTOWN FOR GUN SAFETY, *FATAL GAPS: HOW THE VIRGINIA TECH SHOOTING PROMPTED CHANGES IN STATE MENTAL HEALTH RECORDS REPORTING* (2018), <https://everytownresearch.org/report/fatal-gaps/> (last visited Oct. 9, 2020).

³⁴⁸ This includes the federal disqualifying events discussed in this report, e.g., individuals: adjudicated as a mental defective or committed to a mental institution; subject to a domestic violence order of protection, or convicted of a misdemeanor domestic violence crime; indicted or convicted of a felony; addicted to a controlled substance; as well as individuals who are in the country illegally, been given a dishonorable discharge from the

- b. The gunman who killed twenty-six people at a church in Sutherland Springs, Texas, on November 5, 2017, had a domestic violence conviction (a disqualifying factor) that had not been reported to NICS by the U.S. Air Force. If this conviction had been reported, as it should have been, the shooter would not have been allowed to purchase the assault rifle used in the shooting.
2. All disqualifying mental health conditions should be reported to NICS.
 - a. The Gun Control Act of 1968 prohibits any person from selling or otherwise transferring a firearm or ammunition to any person who has been “adjudicated as a mental defective” or “committed to any mental institution.” Federal law prohibits the sale of firearms to certain individuals with a history of mental illness, but it cannot require states to make information identifying these people available to the federal or state agencies that perform background checks. Unfortunately, many states fail to voluntarily report the necessary records to the NICS with respect to people prohibited from possessing guns for mental health reasons.
 - b. A tragic example involving a state’s failure to report mental health records occurred in April 2007, when Virginia Tech Student Seung-Hui Cho shot and killed 32 people and injured 17 others on the college campus before committing suicide. Under federal law, Cho was prohibited at the time from purchasing firearms because of his history of mental illness (a Virginia judge had declared Cho to be an “imminent danger” to himself on December 14, 2005 as a result of mental illness, and directed him to seek outpatient treatment). Cho was able to purchase firearms through two licensed dealers following two background checks. While “Virginia law at that time required that some mental health records be submitted to the databases used for background checks, it did not require reporting of all people prohibited from possessing firearms for mental health reasons.”³⁴⁹
 - c. The number of mental health records in NICS increased dramatically after this tragedy.³⁵⁰ Likewise, many states have enacted laws authorizing or requiring the submission of mental health records to NICS. In January 2008, President Bush signed into law the NICS Improvement Amendments Act of 2007 to provide financial incentives for states to report this type of disqualifying information to NICS.³⁵¹ Unfortunately, there are still many individuals whose mental health histories are missing from this database, and the laws vary between the states as to: the categories of people who must be reported; whether it is mandatory to report such information; how soon the information

armed services, less than eighteen years of age (excludes shotguns, rifles and ammunition for these types of weapons); and if the state law where the sale is taking place prohibits the sale to the individual.

³⁴⁹ *Mental Health Reporting*, GIFFORDS L. CTR., <https://lawcenter.giffords.org/gun-laws/policy-areas/background-checks/mental-health-reporting/> (last visited Oct. 9, 2020).

³⁵⁰ *Id.* Giffords Law Center reports that “[s]ince the Virginia Tech shooting, about half of the states have enacted laws authorizing and requiring the submission of relevant mental illness records to the NICS . . . States that have enacted such laws have, in fact, subsequently submitted greater numbers of records.” Of the states that had submitted the top 15 highest numbers of records as of May 2013, 14 (93%) had enacted such laws, while only two of the 15 poorest performing states (12%) had enacted such laws.”

³⁵¹ *Id.*

should be reported; whether old records that pre-date reporting requirements will be searched for reporting purposes; how the information is reported; who has reporting requirements; and whether individuals seeking to purchase a gun must authorize disclosure of their mental health background.

3. We recommend that all states enact laws that:
 - a. Require reporting of all individuals disqualified from possessing a gun under either federal or state law to NICS and all relevant federal and state agencies.
 - b. Require reporting to NICS, and all relevant federal and state authorities, of all information regarding individuals prohibited by federal or state law from purchasing or possessing a gun due to mental illness, including those individuals with mental health disqualifications prior to enactment of such reporting laws;
 - c. The following information should be included in the reporting:
 - i. court-ordered outpatient treatment,
 - ii. voluntary commitments;
 - iii. people under the care of a court-appointed guardianship due to mental illness;
 - iv. people found incompetent to stand trial
 - v. people found not guilty by reason of insanity
 - vi. people who are prohibited from possessing a weapon under a particular state's law
 - vii. all mental health disqualifications set forth under 18.U.S.C. § 922 (e.g., someone who has been adjudicated as a mental defective or has been committed to any mental institution)
 - d. Require certain categories of professionals, including licensed psychotherapists, law enforcement officials and school administrators, to promptly report mentally ill individuals who demonstrate violent behavior;
 - e. Require that all law enforcement agencies have access to databases containing relevant mental health records;
 - f. Require mental health facilities to report prohibited individuals with mental health conditions to NICS and the relevant state agency if they have not been previously reported by a court;
 - g. Require courts to report prohibited individuals with disqualifying mental health conditions to NICS and the relevant state agencies if they have not been previously reported
 - h. Require that this reporting take place immediately upon the disqualifying event's occurrence
4. The NICS Improvement Amendments Act of 2007 provides for financial incentives to the states to report disqualifying information to NICS. We recommend that the federal government allocate resources to assist the states in providing this essential information to NICS and all other relevant regulatory authorities.

10. The states and the federal government should pass Extreme Risk Protection laws, a/k/a “Red Flag” laws.

Governor Cuomo signed S.2451/A. 2689 into law on February 25, 2019. This legislation establishes extreme risk protection orders as a court-issued order of protection prohibiting a person from purchasing, possessing or attempting to purchase or possess a firearm, rifle or shotgun. The Extreme Risk Protection Order Bill, also known as the Red Flag Bill, allows family and household members and school administrators, in addition to law enforcement, to seek a court order to prevent individuals, who show signs of being a threat to themselves or others, from purchasing or possessing any kind of firearm. This law empowers family members, teachers and school administrators to prevent school shootings by pursuing court intervention. Several states and the District of Columbia currently have Extreme Risk Protective Order (“ERPO”) laws.

A federal bill, H.R. 1236, known as the “Extreme Risk Protection Order Act of 2019,” was introduced in the House on February 14, 2019³⁵² and sent to the Judiciary Committee on September 10, 2019. This act would establish a program under the Department of Justice to award grants to states to implement extreme risk laws, and sets forth minimum standards that states must meet to be eligible for the grants. The funding will go towards: providing training, personnel and resources to law enforcement; training judges, court personnel and law enforcement to accurately identify individuals at risk of harming themselves or others with a firearm; develop protocols, forms and orders to carry out the extreme risk laws; and raise public awareness regarding extreme risk laws. The bill would also empower the federal courts to issue Extreme Risk Protection Orders when sought by law enforcement or family and household members.³⁵³

The Task Force recommends that all states adopt Red Flag laws. This will enable those who are in a position to observe warning signs from an individual who might commit a mass shooting to prevent that from happening and to obtain help for that individual if they are suffering from a serious mental illness. It is critically important that these ERPO laws contain due process safeguards, and do not violate federal and state constitutional protections and other applicable laws.

11. Impose penalties for failure to notify the authorities of stolen or lost guns.

Imposing some significant form of liability for the failure to report a lost or stolen gun within a reasonable period of time after a gun owner learns of the loss or theft would encourage gun owners to keep control of their weapons and limit the likelihood that their guns fall into the wrong hands. It could also limit the willingness of an individual to

³⁵² This was exactly one year after the mass shooting tragedy at the Marjory Stoneman Douglas High School in Parkland, Florida.

³⁵³ Representative Jerold Nadler offered an Amendment to the bill on September 10, 2019, during a Consideration and Mark-up Session by the Committee on the Judiciary, that would authorize federal courts to issue ERPOs. This provision was present in H.R. 3076, the Federal Extreme Risk Protection Order Act of 2019, introduced in the House on June 4, 2019.

serve as a straw buyer if they know that they will face significant liability if a gun they purchased is later recovered by law enforcement.

Federal law does not require individual gun owners to report its loss or theft to law enforcement. It does require licensed firearm dealers to do so within 48 hours of discovering the loss or theft to the United States Attorney General and appropriate local authorities (*See* 18 U.S.C. § 923(g)(6)).

Most of the states do not have laws that require an individual owner of a gun to report its loss or theft. New York requires an owner or person lawfully in possession of a firearm, rifle or shotgun to report its loss or theft within 24 hours from discovery to a police department or sheriff's office. A violation of this provision is a class A misdemeanor crime. N.Y. Penal Law § 400.10.

We recommend that all states and the federal government require the speedy reporting of any lost or stolen gun by gun dealers as well as individual owners. This law should apply to all types of guns, including firearms, rifles and shotguns. The failure to do so is a crime under New York law. We believe that imposing criminal sanctions, along with prohibiting future gun ownership, is the most effective consequence for ensuring compliance with this law.

12. Impose penalties for unlocked and unsecured guns.

Requiring that all guns sold or transferred be enabled with a secure locking device, and that guns be locked and securely stored when not in the possession of the owner, would reduce the likelihood of gun thefts, keep guns out of the wrong hands, and prevent accidental injuries and deaths, particularly of children. Under the Protection of Lawful Commerce in Arms Act, it is unlawful for a licensed importer, manufacturer or dealer to sell or transfer any handgun unless the transferee is provided with a secure gun storage or safety device. This federal law does not apply to private sellers or require the transferee to use the safety device. Governor Cuomo signed into law in July of 2019 a bill (S.6360/A.8174) that makes it a misdemeanor to fail to securely lock or store a firearm, rifle or shotgun if the owner or custodian of the gun lives with an individual under 16 years of age, or someone who is prohibited from possessing a gun due to an extreme risk protection order or a conviction for a felony or serious offense. New York City requires an owner of a firearm, rifle or shotgun to render it inoperable by using a safety locking device while the weapon is out of his or her possession or control, and prohibits the sale or transfer of any firearm without a safety locking device.³⁵⁴ Most states have no laws that speak to this issue, and those that do vary with respect to certain provisions, e.g., when they must be safely stored; if they require a safety lock when sold or transferred and what type of lock must be used. Adam Lanza, who had a history of mental health issues, killed 28 people in the Sandy Hook Elementary School shooting using his mother's guns which he was able to access at the home he shared with her.

³⁵⁴ *Supra* note 313.

We recommend that laws be enacted on both a federal and state level, requiring that all guns, regardless of the type, be disabled with a locking device and safely stored when not in the possession or immediate control of the owner or authorized user; and that locking devices be required on all firearms manufactured, sold or transferred, both by authorized dealers and private individuals. We recommend the imposition of a criminal penalty for failure to comply.

13. Intermediate scrutiny and preponderance-of-the-evidence are appropriate legal standards for review of gun laws that do not substantially burden core Second Amendment rights.

Under current Supreme Court precedent in *District of Columbia v. Heller*, 554 U.S. 570 (2008) and *McDonald v. City of Chicago*, 561 U.S. 3025 (2010), courts should apply a standard no higher than “intermediate scrutiny” when reviewing a gun regulation subject to a Second Amendment challenge. The applicable inquiry is whether the law furthers an important governmental interest, does so by means that are substantially related to that interest and does not burden more conduct than is reasonably necessary to protect that interest. A simple preponderance of the evidence standard should be applied, except in the narrow class of cases in which a challenger can show that the law “substantially” or “severely” burdens a core Second Amendment right.

Post-*Heller* court decisions indicate a consensus exists among the federal appellate courts that “intermediate scrutiny” is the proper standard to apply in most cases challenging gun regulations under the Second Amendment; “strict scrutiny” is reserved for a narrow class of cases in which the law “substantially” or “severely” burdens a core Second Amendment right. See *Worman v. Healey*, 922 F.3d 26, 38 (1st Cir. 2019) (collecting cases) (“In our view, intermediate scrutiny is appropriate as long as a challenged regulation either fails to implicate the core Second Amendment right or fails to impose a substantial burden on that right.”); *N.Y.S. Rifle & Pistol Ass’n, Inc. v. City of N.Y.*, 883 F.3d 45, 56 (2d Cir. 2018) (“Even where heightened scrutiny is triggered by a substantial burden, however, strict scrutiny may not be required if that burden ‘does not constrain the Amendment’s ‘core’ area of protection.’”) (quoting *N.Y. State Rifle & Pistol Ass’n, Inc. v. Cuomo*, 804 F.3d 242, 259 (2d Cir. 2015)); Cf. *Ass’n of N.J. Rifle & Pistol Clubs, Inc. v. Attorney Gen. N.J.*, 910 F.3d 106, 117 (3d Cir. 2018) (“[L]aws that severely burden the core Second Amendment right to self-defense in the home are subject to strict scrutiny.”).

Under “intermediate scrutiny,” courts will uphold the challenged law upon finding it furthers an important government interest and does so by means that are substantially related to that interest. *Ass’n of N.J. Rifle & Pistol Clubs*, 910 F.3d at 119 (“[U]nder intermediate scrutiny[,] the government must assert a significant, substantial, or important interest; there must also be a reasonable fit between that asserted interest and the challenged law, such that the law does not burden more conduct than is reasonably necessary.”) (quoting *Drake v. Filko*, 724 F.3d 426, 436 (3d Cir. 2013)).

“Strict scrutiny” in contrast requires a challenged law to be struck down unless the proponent of the law demonstrates it serves a compelling governmental interest and is narrowly tailored to achieve that interest. *See, Drake v. Filko*, 724 F.3d 426, 436 (3d Cir. 2013) (“At the other end of the spectrum is strict scrutiny, which demands that the statute be “narrowly tailored to promote a compelling Government interest ... [;] [i]f a less restrictive alternative would serve the Government's purpose, the legislature must use that alternative.”) (quoting *United States v. Playboy Entm't Grp., Inc.*, 529 U.S. 803, 813, (2000) (internal citations omitted)).

Recently, it has been suggested that the proper constitutional standard for evaluating gun laws is “strict scrutiny” similar to that applied to rights protected by the First Amendment (i.e., substantially related to the achievement of an important governmental interest and as narrowly tailored as possible). *See N.J. Rifle & Pistol Club.*, 910 F.3d at 127, 134 (Bibas, J. dissenting); *Duncan v. Becerra*, 366 F. Supp. 3d 1131, 1156-1160 (S.D. Cal. 2019), *aff'd*, 970 F.3d 1133 (9th Cir. 2020), enjoining California large capacity magazine ban). The N.R.A. has urged that “strict scrutiny” amendments should be made to state constitutions, and such amendments have passed in Alabama, Louisiana, and Missouri. Todd E. Pettys, *The N.R.A.'s Strict-Scrutiny Amendments*, 104 Iowa L. Rev. 1455, 1456 (2019). Furthermore, while “intermediate scrutiny” analysis puts the burden of proof on the proponent of the challenged gun law, “substantial” evidence has been deemed sufficient to support a “reasonable fit between [the] asserted interest and the challenged law[.]” *N.J. Rifle*, 910 F.3d at 112, 119, 120 n.24. But at least one Circuit Court dissent has urged that something more is required (i.e., “real evidence,” “hard evidence,” “concrete evidence,” “compelling evidence,” “specific proof”) and that “anecdotal evidence” and “armchair reasoning” are insufficient. *Id.* 910 F.3d at 126-127, 130, 133, 134 (Bibas, J. dissenting). Similarly, one district court has found that the “substantial evidence” standard requires “hard facts and reasonable inferences drawn from convincing analysis”—or simply “convincing evidence”—and that “softer forms of evidence “such as history, consensus, [] simple common sense, ... correlation evidence, and ... intuition” are not “enough.” *Duncan v. Becerra*, 366 F. Supp. 3d at 1161, 1176 (citation and quotations omitted).

Based on the *Heller*, *McDonald* and the majority of subsequent federal appellate court case law, the Task Force submits that courts should apply a standard no higher than “intermediate scrutiny” when reviewing a gun regulation subject to a Second Amendment challenge, and inquire whether the law furthers an important governmental interest, does so by means that are substantially related to that interest and does not burden more conduct than is reasonably necessary to protect that interest. A simple preponderance of the evidence standard should be applied, except in the narrow class of cases in which a challenger can show that the law “substantially” or “severely” burdens a core Second Amendment right.

14. The public must be adequately informed of laws that exist to prevent mass shootings and other acts of violence.

Information on how to obtain an Extreme Risk Protective Order, Orders of Protection in Domestic Violence situations and similar court protective orders that will potentially prevent mass shootings, must be widely disseminated and publicized, including on government websites and other appropriate locations. Teachers and those in a position to seek such orders should be instructed on the relevant provisions of the law. For example, in New York, information on how to obtain an Extreme Risk Protection Order can be found on the New York State Unified Court System website at: <https://www.nycourts.gov/CourtHelp/Safety/extremeRisk.shtml>.

New York Bill S.6158/A.7395, signed into law on December 16, 2019, requires that victims of domestic violence be informed of their rights by the police and district attorneys handling domestic violence matters, including specifically the right to ask the court for an order of protection that can require an offender to turn in their firearms and any firearm licenses, and not obtain additional firearms.

We recommend that all states pass similar notification laws and take steps to ensure that these notices are provided to victims of domestic violence, and those in a position to seek ERPOs, as well as the public in general.

15. Better data is needed to understand the causes of mass shootings and support remedial legislation; funding should be provided to the appropriate governmental agencies to collect, maintain and analyze the data.

The Task Force Report reiterates the findings of NYSBA's 2015 report, *Understanding the Second Amendment – Gun Regulation in America Today and Yesterday*, approved by the House of Delegates on March 28, 2015, regarding the need for the government to gather and maintain data regarding incidents of mass shootings and gun violence in general, and to promote research into the cause and effects of this behavior. In order to ensure that law enforcement has the best information to minimize the alarming number of mass shootings, and that there is robust evidentiary support to meet anticipated challenges to proposed gun laws, data should be collected, and studies commissioned, to provide evidence that will accomplish these goals. There is substantially less funding for gun violence research from the federal government than for other major causes of death.

The Bureau of Alcohol, Tobacco, Firearms and Explosives (“ATF”) mission is to protect communities from violent criminals, criminal organizations, and the illegal use and trafficking of firearms, among other things. One of the major ways in which ATF fights crime is by tracing firearms used in crimes.³⁵⁵ In a letter dated June 30, 2016 to

³⁵⁵ The ATF is the “United States’ only crime gun tracing facility.” See ATF’s website at <https://www.atf.gov/resource-center/fact-sheet/fact-sheet-national-tracing-center> (last visited Oct. 9, 2020).

members of Congress contained in a June 2016 GAO Report on Firearms Data,³⁵⁶ it was noted:

The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), a criminal and regulatory enforcement agency within the Department of Justice (DOJ), is responsible for the regulation of the firearms industry and enforcing federal statutes regarding firearms, including enforcing criminal statutes related to the illegal possession, use, transfer, or trafficking of firearms, among other things. The Gun Control Act of 1968,³⁵⁷ as amended, established a system requiring federal firearms licensees (FFL)³⁵⁸ to record and maintain records of firearms transactions and make these records available to ATF for inspection under certain circumstances. To carry out its enforcement responsibilities, ATF maintains certain computerized information on firearms, firearms transactions, and firearms purchasers. Over the years, Congress has balanced the law enforcement need for firearms retail purchaser information with the competing interest of protecting the privacy of firearms owners. To achieve this balance, Congress requires FFLs to provide certain firearms transaction information to ATF, while also restricting ATF's maintenance and use of such information.³⁵⁹ Since 1979, Congress has restricted ATF from using appropriated funds to consolidate or centralize FFL records within the department where ATF is located. [Some internal citations omitted].

These restrictions have resulted in a record keeping system that has posed tremendous challenges to ATF's ability to carry out its mission. As noted in a 2019 video by David Freid on the ATF's National Tracing Center, in Martinsburg, West Virginia: "There, a nonsearchable index of paperwork related to gun purchases is housed in hundreds of shipping

³⁵⁶ United States Government Accountability Office, June 2016, GAO-16-552, "Firearms Data, ATF Did Not Always Comply with the Appropriations Act Restriction and Should Better Adhere to Its Policies" at pp. 1-2, <https://www.gao.gov/assets/680/678091.pdf> (last visited Oct. 9, 2020).

³⁵⁷ *Id.* at footnote 3: "As originally enacted, the Gun Control Act of 1968 required FFLs to submit such reports and information as the Secretary of the Treasury prescribed by regulation and authorized the Secretary to prescribe such rules and regulations as deemed reasonably necessary to carry out the provisions of the act. At that time, ATF was part of the Department of the Treasury."

³⁵⁸ *Id.* at footnote 4: "FFLs are persons—including companies—licensed by ATF, pursuant to federal firearms laws and regulations, to engage in a firearms business, such as manufacturing, purchasing, and selling firearms. FFLs include firearms manufacturers, importers, wholesalers, and retailers, among other things."

³⁵⁹ *Id.* at footnote 5: "For the purposes of this report, ATF maintaining information means keeping information at an ATF facility in a variety of formats—such as electronic and paper copies. Depending on the type of information, statutory and policy restrictions apply to ATF's maintenance of the information, as discussed later in this report."

containers and file boxes. The small federal agency operates with technology so antediluvian that it precludes the use of an Excel spreadsheet. It is the only facility in the country that tracks firearms from a manufacturer to a purchaser.”³⁶⁰

In a 2016 news article published in *The Trace*,³⁶¹ ATF’s record-keeping was described as: “lack[ing] certain basic functionalities standard to every other database created in the modern age. Despite its vast size, and importance to crime fighters, it is less sophisticated than an online card catalog maintained by a small town public library. To perform a search, ATF investigators must find the specific index number of a former dealer, then search records chronologically for records of the exact gun they seek. They may review thousands of images in a search before they find the weapon they are looking for. That’s because dealer records are required to be “non-searchable” under federal law. Keyword searches, or sorting by date or any other field, are strictly prohibited.”

David Chipman, a former 25-year special agent with ATF who oversaw its firearms programs, and who joined the Gifford Law Center as a senior policy advisor afterwards, described conditions as follows in a 2018 interview reported by WUSA9: “‘When you see the tracing center, and how difficult it is for patriots to do their job, that isn’t accidental,’ Chipman said. ‘That’s been set up that way and that’s what makes it so frustrating for the people who are not just trying to solve gun crime, but prevent it from ever happening in the first place.’” The article goes on to quote Neil Troppman, a program manager at ATF’s records center, who said “the facility is filled with roughly 700,000,000 documents. Instead of records being entered into a computer, they are stuffed into shipping containers and stacked in boxes. . . . We house those in a system that is still manually searched . . . [b]ecause we are prohibited from maintaining any sort of a searchable database of names.”³⁶²

The Task Force recommends that the manner in which data is maintained by ATF in connection with gun ownership be improved in order to allow for effectively searching a database that can quickly and accurately trace weapons used in violent crimes, including mass shootings. We also urge Congress to consider lifting the legal restrictions that have forced ATF to maintain records in a fashion that does not allow them to perform their legal obligations thoroughly and efficiently.

In January 2019, Representative Carolyn Maloney (D-NY-12) introduced H.R. 674 and Senator Edward Markey (D-MA) introduced S.184, known as the Gun Violence Prevention

³⁶⁰ Emily Buder, *The Extremely Inefficient-And Only-Way to Trace Guns in the U.S.*, Video by David Freid, *The Atlantic*, August 6, 2019, at: <https://www.theatlantic.com/video/index/595612/firearm-tracing-division/> (last visited Oct. 9, 2020) for a shocking view of the condition of ATF records.

³⁶¹ Dan Friedman, *The ATF’s Nonsensical Non-Searchable Gun Databases, Explained*, *THE TRACE* (Aug. 24, 2016), <https://www.thetrace.org/2016/08/atf-non-searchable-databases/> (last visited Oct. 9, 2020).

³⁶² Eric Flack, *Former ATF agent: Current gun tracing system is ‘insane’*, WUSA9 (June 5, 2018), <https://www.wtsp.com/article/news/investigations/former-atf-agent-current-gun-tracing-system-is-insane/67-561778661> (last visited Oct. 9, 2020).

Research Act of 2019. The legislation directs Congress to appropriate committed funding for the Centers for Disease Control and Prevention to study the gun violence epidemic for the next five fiscal years. Doctors and public health officials from across the country, as well as the communities that are directly impacted by this violence every day, have voiced support of this research and affirmed the need to address gun violence as the health crisis that it is. Both bills have been referred to Committee. We support this legislation and urge its passage.

CONCLUSION

The United States has more mass shootings and more casualties resulting from mass shootings than any other developed country in the world. Although we acknowledge that mass shootings account for only approximately one percent of all gun deaths in this country, we must also state that it is not enough simply to extend “thoughts and prayers” to the communities, families and victims of these repeated, senseless tragedies in every part of the nation. It is not enough to focus solely on the shooters.

We must take a comprehensive approach to this problem. Consistent with the Second Amendment right to bear arms in self-defense in one’s home, it is time – indeed it is past time – for federal and state legislators and other policy makers to enact reasonable and common sense measures to address mass shootings in the United States and to increase research and data collection to evaluate and understand what measures will be most effective. The New York State Bar Association Task Force on Mass Shootings and Assault Weapons has recommended a number of measures in this Report, based on available data and consistent with our review of Second Amendment law, that can reasonably be expected to make progress toward these goals. Available evidence indicates that stronger regulation of guns results in fewer firearm deaths. It is our hope that this Report and these recommendations will contribute to making public policy and law that will further the public good by addressing the epidemic of mass shootings in the United States.

APPENDIX A

Resources and Reference Materials

Organization Resource Websites

- BATTERED WOMEN’S JUSTICE PROJECT, <https://www.bwjp.org/>
- BRADY, <https://bradyunited.org>
- CONGRESSIONAL RESEARCH SERVICE, <https://crsreports.congress.gov>
- EVERYTOWN FOR GUN SAFETY, <https://everytown.org/>
- GIFFORDS LAW CENTER TO PREVENT GUN VIOLENCE, <https://lawcenter.giffords.org/>
- GUN VIOLENCE ARCHIVE, <https://www.gunviolencearchive.org/>
- NY SAFE ACT, <https://safeact.ny.gov/>
- *Regional Gun Violence Research Consortium*, ROCKEFELLER INSTITUTE GOV’T, <https://rockinst.org/gun-violence/>
- THE COALITION TO STOP GUN VIOLENCE, <https://www.csgv.org/>
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United States Department of Justice Resources

- U.S. DEP'T JUST., FBI, NATIONAL CRIME INFORMATION CENTER (NCIC)
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Congressional Resources

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Report of the New York State Bar Association Task Force on Mass Shootings and Assault Weapons

Comments of the Committee on Disability Rights

November 4, 2020

Introduction

On or about October 20, 2020, the New York State Bar Association Task Force on Mass Shootings and Assault Weapons (the “Task Force”) issued its report on Mass Shootings and Assault Weapons (the “Report”). The Task Force was appointed in the Summer of 2018 by then New York State Bar Association (“NYSBA”) President Michael Miller to update the Association’s 2015 Report *Understanding the Second Amendment – Gun Regulation in America Today and Yesterday*, with a more specific focus on the role of mass shootings and assault weapons in the continuing tragedy of gun violence in America. The Task Force was charged with developing appropriate recommendations for firearm regulations based on available data in an effort to reduce the incidence of mass shootings and the numbers of deaths and injuries that result from mass shootings.¹ The work of the Task Force is largely to be commended. The Report and recommendations in the areas of enhanced waiting periods and enhanced background checks; uniformity of rules regarding purchases in stores and gun shows; whether private sellers should be required to conduct background checks on the domestic violence registry; and Federal and State model regulation of assault weapons and related accessories such as large ammunition magazines, “bump stocks” and other devices are thoughtful and well taken.

¹ Report, p 7.

We appreciate this opportunity to offer the Task Force observations from our Disability Rights Committee (the “Committee”), which is devoted to addressing issues of concern to people with disabilities. Our members form a robust advocacy community composed of attorneys in the public sector and the private bar, many of whom work in areas related to disability advocacy, litigation, and civil rights. In addition, our members include many people with disabilities, both obvious and inconspicuous. Our comments do not reach every topic area of the Report, and focus, instead, on issues of civil liberties and vulnerable populations, and on the highly complex links between violence, mental illness, and gun control.²

Our Committee certainly does not object to the laudable goal of addressing the serious problem of gun violence, and particularly the scourge of mass shootings that take place, all too frequently, around the country. As the Report demonstrates, there are many ways government can regulate firearms, assault weapons in particular, but the Report fails to consider how that regulation can properly occur without infringing on the constitutional rights afforded people, especially people with disabilities, to privacy and due process.³

² See *In Gun Debate, a Misguided Focus on Mental Illness*, Richard A. Friedman, New York Times, December 17, 2012, available at <http://www.nytimes.com/2012/12/18/health/a-misguided-focus-on-mental-illness-in-gun-controldebate.html>.

³ Because the Task Force was charged with examining whether or not any connection could be drawn between mental health and mass shootings, the Task Force membership should have, but did not, we understand, extend to people with disabilities or advocacy groups for people with disabilities. The Report does note that “the members of the Task Force were selected to provide a balance of perspectives on these issues. They include avid hunters, target shooters, and gun owners as well as those who do not own or use firearms. They include people who live in rural and other upstate areas of New York State as well as residents of New York City and the greater metropolitan area. Some are solo practitioners and lawyers who practice in large and small firms, current or former prosecutors, and criminal defense counsel. They are people of various political beliefs.” Report, p. 8. Regrettably, the voices of the constituencies living with mental health disabilities are missing from “collaborative process” that has resulted in the Report and in the recommendations rendered by the Task Force. The Task Force also failed to reach out to our Committee while writing the Report, which was shared with us just days before the report is scheduled to be presented to the NYSBA House of Delegates at the November 7, 2020 meeting.

These circumstances explain, to a fair degree, why the language of the Report as it relates to people with disabilities is fairly stigmatizing. The terminology “Suffering from mental illness,” “suffering from serious mental illness,” and “suffering from such severe disorders” appears in numerous places in the text of the Report. See, e.g., *Ten Commandments for How to Talk About Mental Health Focus on the person, not their illness*, available at

Accordingly, we direct our comments and concerns to the area of the Report that attempts to “demonstrate the connection between mental health issues and mass shootings and discusses efforts by the federal government and several states to prevent persons with mental health problems from purchasing or possessing firearms, which, in turn, may prevent mass shootings or other gun violence including suicide.”⁴

Comments

Gun control measures can be placed into one of three categories. First are laws that regulate or restrict particular types of guns or ammunition, regardless of the purchaser. These sorts of regulations generally raise few, if any, constitutional issues. Second are proposals that regulate how people acquire guns, again regardless of the identity of the purchaser. These sorts of regulations may raise due process and privacy concerns, but can, if carefully crafted, respect civil liberties. Third are measures, such as the ones supported in the Report, that restrict categories of purchasers — such as people with mental disabilities — from buying or owning or having access to a gun. These sorts of provisions too often are not evidence-based, reinforce negative stereotypes, and raise significant equal protection, due process, and privacy issues.

We believe that the Report goes too far in its recommendations supporting this third category of measures. The Task Force uncritically embraces, and calls for further expansion, of the categories of people with disabilities mandatorily entered into federal and state databases, including the “Disqualifying Data Database,” established under the NY Safe Act and maintained under the auspices of the New York State Department of Criminal Justice Services (“DCJS”).⁵

<https://www.psychologytoday.com/us/blog/the-recovery-coach/201706/ten-commandments-how-talk-about-mental-health>.

⁴ Report, p. 13; Section 3.

⁵ Report, pp. 82-84, 75-76. *See* NY SAFE Act § 19 amending N.Y. Mental Hygiene Law §§ 7.09(j) and 13.09(g)(i).

The Task Force also supports nationwide establishment of legislative regimes enacting extreme risk protection orders (“ERPOs”), i.e., “red flag” laws.”

Gun control laws, like any laws, should be fair, effective, and not based on prejudice or stereotype. There is no data that shows that people with mental health issues have a propensity for violence in general or gun violence in particular. People with mental illness are no more violent than the general population and, are in fact, actually 12 times more likely to be victims of violent crime opposed to perpetrators.⁶ The data is clear that mental disability is not the primary cause of gun violence.

As Dr. Richard Frideman warned in a New York Times article published in 2012, when New York enacted the N.Y. Safe Act, “[a]ll the focus on the small number of people with mental illness who are violent serves to make us feel safer by displacing and limiting the threat of violence to a small, well-defined group. But the sad and frightening truth is that the vast majority of homicides are carried out by outwardly normal people in the grip of all too ordinary human aggression to whom we provide nearly unfettered access to deadly force.”⁷

Data actually does show that young, white men are most likely to be mass shooters — the issue and demographic that politicians care about most – despite accounting for a tiny fraction of gun violence. And men under 35 commit most murders.⁸ Entering information about all white

⁶ See *The Population Impact of Severe Mental Illness on Violent Crime*, Seena Fazel, M.B.Ch.B., M.R.C.Psych., M.D.; Martin Grann, C.Psych., Ph.D., *Am J Psychiatry* 2006;163:1397-1403, available at <http://ajp.psychiatryonline.org/article.aspx?articleid=96905>. See also The Educational Fund To Stop Gun Violence, *Guns, Public Health and Mental Illness: Summary of the Best Available Research Evidence*, Feb. 2018, available at <http://efsgv.org/wp-content/uploads/2018/02/Guns-Public-Health-and-Mental-Illness-1.pdf>.

⁷ *Supra* n. 1.

⁸ See, e.g., *Are white males responsible for more mass shootings than any other group?* Politifact, The Poynter Institute, October 2017, available at <https://www.politifact.com/factchecks/2017/oct/06/newsweek/are-white-males-responsible-more-mass-shootings-an/>. The most comprehensive public data compilation of U.S. mass shootings is the spreadsheet of mass shooting incidents from 1982-2020, has been compiled by Mother Jones. See *US Mass Shootings, 1982-2020: Data From Mother Jones' Investigation*, available at <https://www.motherjones.com/politics/2012/12/mass-shootings-mother-jones-full-data/>.

men under the age of 35 into the National Instant Criminal Background Check System (“NICS”) databases and barring them from acquiring weapons would be more appropriate, as the statistical correlation between these individuals with gun violence would be stronger. But, that approach, rightfully, should not be entertained. Nor should the Task Force’s shockingly casual, and insulting, presumption that all people with mental health challenges constitute a danger to society at large.

The DCJS Database

The Report endorses the DCJS Disqualifying Data Database and offers it as a model for other jurisdictions to adopt.⁹ We urge the Task Force to consider, at the very least, whether strong privacy protections must attach to the numerous people with disabilities caught up in these types of databases.¹⁰

All New Yorkers under guardianship¹¹ or living with a developmental disability or with mental illness¹² are in this database administered by New York State criminal justice personnel.

⁹ “New York State has enacted a number of measures to ensure that federal and state authorities have access to records that show whether an individual is disqualified from purchasing firearms due to mental health or other reasons.” Report, pp. 82-84.

¹⁰ The Task Force has given short shrift to an assessment of an individual’s “privacy considerations,” noting only that “Federal and state privacy laws do not prevent states from sharing relevant mental health records with the [federal] NICS system.” Report, p. 85.

¹¹ N.Y. Judiciary Law §212(2)(q).

¹² The N.Y. Safe Act amended N.Y. Mental Hygiene Law § 7.09(j) and § 13.09(g) mandating the transfer of names and all non-clinical identifying information to DCJS concerning all persons:

a. who have had a guardian appointed for them pursuant to any provision of state law [ie MHL Article 81 or SPCA 17-A], based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease, they lack the mental capacity to contract or manage their own affairs, and

b. who have been involuntarily committed to a facility pursuant to article fifteen of this chapter [Admission of the Mentally Retarded to Schools], or article seven hundred thirty [Mental Disease Or Defect Excluding Fitness To Proceed] or section 330.20 of the criminal procedure law [Procedure following verdict or plea of not responsible by reason of mental disease or defect] or sections 322.2 or 353.4 of the family court act [both relating to juvenile delinquents incapacitated by virtue of mental illness, mental retardation or developmental disability], and

c. who have been involuntarily committed to a hospital pursuant to MHL article nine or section 402

In addition, the database contains the names and addresses of those New Yorkers whose treating clinicians have referred them to county mental health personnel and DCJS, for criminal investigation under MHL § 9.46.¹³

The New York State Division of Criminal Justice Services has no need to maintain an ongoing database that includes the name and address of anyone's daughter with Down's Syndrome or son with ADD or grandmother with Alzheimer's disease, the progress of which disease has led family members to obtain an order of guardianship for her to manage her funds and allow her to live her life safely in her own home and out of an institutional placement. There are no privacy protections afforded the disabled and/or elderly New Yorkers who are mandated into the DCJS "Disqualifying Data Database" by virtue of their being under orders of guardianship or living with a disability or mental illness.¹⁴ There are no privacy protections afforded the MHL § 9.46 reported patients who are mandated into this DCJS database.¹⁵

State and local law enforcement should not have carte blanche to access the names and identifying information contained in this extensive disability database in the performance of their ordinary duties.

[Commitment of mentally ill inmates] or 508.2 [Removal of sick prisoners from jail for mental health treatment] of the Correction Law or article seven hundred thirty or section 330.20 of the criminal procedure law or sections 322.2 or 353.4 of the family court act, and

d. who have been involuntarily committed to a secure treatment facility pursuant to MHL article ten [Sex Offenders Requiring Civil Commitment or Supervision].

¹³ N.Y. Executive Law § 837(19); N.Y. Mental Hygiene Law § 9.46.

¹⁴ For almost 50 years, N.Y. Mental Hygiene Law § 33.13 has not impeded law enforcement activity; it affords law enforcement entirely appropriate access to both the identifying information and even clinical information of New Yorkers with disabilities while offering New Yorkers with disability their privacy rights and a modicum of protection against stigma. The NY Safe Law amended NY Mental Hygiene Law §33.13 to eliminate long-standing privacy protections afforded disabled New Yorkers.

¹⁵ The lack of protection afforded those in the DCJS Disqualifying Data Database stands in stark contrast to the State Police controlled "Statewide License and Record Database" of all licensed gun owners in New York. The gun owners' database specifically exempts the "records assembled or collected for purposes of inclusion in such database" from disclosure pursuant to FOIL. See N.Y. Penal Law § 400.02.

Task Force Recommendation to Expand the Categories of Individuals Prohibited from Purchasing or Possessing Firearms under Federal and State Law

The Task Force has recommended that the categories of individuals who are prohibited from purchasing or possessing firearms under both federal and state law include: (i) individuals undergoing court-ordered outpatient mental health treatment, and (ii) individuals who have voluntarily committed themselves to a mental health hospital.¹⁶

The Committee notes that very few of the individuals in New York State who are the recipient of a “Kendra’s Law Order,” also known as Assisted Outpatient Treatment or AOT, was put under court-ordered outpatient treatment due to violent behaviors directed at others.¹⁷ Individuals receiving AOT services are afforded priority access to care coordination and other services necessary to ensure their safety and successful community living. The fact that a person is under an AOT order should never automatically equate to a mark of danger.

Similarly, there is a preference in the mental health system, in New York State and in other locales, that a person voluntarily seek out mental health treatment and services.¹⁸ Persons with mental health conditions are capable of making their own decisions regarding their care, and mental health treatment and services can only be effective when the individual embraces the treatment and services, not when the services are coercive and involuntary. Just as with people who are under AOT orders, the fact that a person has voluntarily sought inpatient psychiatric

¹⁶ Report, pp.73-76.

¹⁷ See *New York State Office of Mental Health, AOT Home: Reports: Recipient Outcomes: Harmful Behavior*, available at https://my.omh.ny.gov/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FAOT%2F_portal%2FAOT%20Assisted%20Outpatient%20Treatment%20Reports&page=Recipient%20Outcomes%20-%20Harmful%20Behavior%20Reduction.

¹⁸ The legal mandate is set forth in N.Y. Mental Hygiene Law § 9.21(“(a) It shall be the duty of all state and local officers having duties to perform relating to the mentally ill to encourage any person suitable therefor and in need of care and treatment for mental illness to apply for admission as a voluntary or informal patient.”).

services should not stand as a mark of danger.¹⁹ Stigmatizing a person who has sought help and treatment in this fashion has the potential to drive this person away from seeking services.

Task Force’s Support for ERPO Legislative Regimes

The Task Force endorses Extreme Risk Protective Orders (“ERPOs), or so-called “red flag,” laws.²⁰ ERPOs allow a court to intervene in potentially major and intrusive ways on a person’s liberty and property interests without any indication, much less suggestion, that the person has engaged in any criminal conduct – or even that he or she may do so imminently. In that regard, the bill places judges in the unenviable – indeed, impossible – position of trying to predict who may and may not become a mass murderer. Speculating as to an individual’s propensity for violence based solely on a history of mental illness works a discrimination against those living with mental disabilities and increases the risk that a decision will be tainted by implicit bias.²¹

Psychiatry and the medical sciences have not succeeded in this realm, and there is no basis for believing courts will do any better. The result will likely be a significant impact on the rights of many innocent individuals in the hope of preventing a tragedy. ERPO programs generally do not provide adequate privacy and due process protections to the individual subjected to the ERPO order,²² and are also likely to be used in a manner that disproportionately affects already

¹⁹ The Task Force clearly manifests its belief that any person voluntarily seeking mental health services constitutes a risk to public safety, noting that “[a]ny subsequent restoration of the individual’s right to possess a firearm should be determined after balancing the individual’s right to purchase or possess a firearm against **any continuing public safety concerns.**” Report, p. 76 [emphasis supplied].

²⁰ Report, pp. 61-71. The New York State ERPO is at CPLR Article 63.

²¹ See *Disarming Dangerous Persons: How Connecticut’s Red Flag Law Saves Lives Without Jeopardizing Constitutional Protections*, Nielsen, David, 23 *Quinnipiac Health L.J.* 253 (2020).

²² The Report acknowledges that “there have been concerns raised by attorneys, including the Criminal Justice Section and the Committee on Mandated Representation of the New York State Bar Association,¹⁵⁵ that the implementation of New York’s Red Flag law raises due process, constitutional, and right to counsel concerns that should be addressed.” Report, p. 72 and Appendix A. But these concerns are raised by the Task Force only in connection to the

vulnerable populations, especially young people and communities traditionally subject to disparate treatment by law enforcement.²³ To the extent that any ERPO regime is appropriate and effective, and an analysis recently conducted by the Rand Corporation has determined that they are not effective,²⁴ state laws authorizing ERPOs must be carefully crafted to focus on evidence-based risk factors for violence.

We would urge the Task Force to consider, for example, the six recommendations offered by the National Alliance on Mental Illness (“NAMI”)²⁵ to maximize the positive impact of ERPOs and to prevent unintended consequences or abuses of these laws. NAMI’s recommendations are these:

- 1) First, state ERPO laws should emphasize that determinations of risk should be based on individualized assessments rather than stereotypical assumptions about specific groups of people that are not grounded in evidence. An individual’s history of mental illness or

potential for criminal jeopardy that may attach to an ERPO respondent and do not reflect a disability rights impact perspective.

²³ The Committee also notes that courts evaluating ERPO petitions must grapple with First Amendment concerns when the court must discern whether troubling comments made by the individual who is the subject of an ERPO petition are just crass shenanigans, isolated outbursts, or a justifiable reason to take away a person’s, or their families’, firearms. If the language is neither a true nor credible threat, the speech is constitutionally protected speech. *See, e.g., He Wrote ‘Kill All Women,’ but a Judge Returned His Guns*, available at <https://www.nytimes.com/2019/11/18/us/gun-seizures.html?action=click&module=Top%20Stories&pgtype=Homepage>.

²⁴ The Rand Corporation published a report in April 2020 in which the Rand researchers “found no qualifying studies” showing that extreme risk protection orders decreased, inter alia, rates of suicide, defensive gun use, mass shootings, officer-involved shootings, unintentional injuries and deaths, or violent crime. Ultimately, the Corporation identified only one study, the Kivisto study, that met its criteria for a qualified study on the effectiveness of extreme risk protection orders. And upon reviewing the findings of that study, the Rand Corporation concluded that the evidence linking extreme risk protection orders to variance in suicide rates was inconclusive. *See Research Review Methodology*, Rand Corp. (Apr. 22, 2020), <https://www.rand.org/research/gun-policy/methodology.html>.

²⁵ *See* Statement of Ron Honberg, Arlington, Virginia, on Behalf Of The National Alliance On Mental Illness Regarding Senate Judiciary Committee Hearing On “Red Flag Laws: Examining Guidelines For State Action,” March 26, 2019, available at https://www.nami.org/getattachment/About-NAMI/NAMI-News/2019/NAMI-Provides-Testimony-to-U-S-Senate-Judiciary-Co/2019-03-26_NAMI-Senate-Judiciary-ERPO-written-testimony.pdf?lang=en-US.

specific diagnosis is not a good predictor for violence. It is therefore neither necessary nor appropriate to specifically identify mental illness as a risk factor in state or federal laws. Doing so reinforces historical stigma and prejudice towards people with mental illness, without providing useful guidance on how to accurately assess potential risk factors.

- 2) Second, as with any deprivation of individual liberty, it is very important to ensure that subjects of ERPO petitions are afforded due process protections, including whenever possible, notice that a petition has been filed and a hearing scheduled, the right to present evidence in one's own behalf, and the right to periodic reviews to assess whether it is necessary to continue the order.

- 3) Third, law enforcement officers assigned responsibility for removing firearms from individuals subject to ERPOs should receive training in crisis de-escalation and crisis intervention.²⁶ The removal of firearms from individuals who are reluctant to give up their guns or who are in crisis can be difficult and even potentially volatile. In such situations, protecting the safety of officers and the individuals they are responding to is of paramount importance. The nationally recognized Crisis Intervention Team (CIT) model is a proven best practice for training first responders on crisis intervention and for linking those people who require mental health care with needed services and supports.

²⁶ The Committee notes with respect to this recommendation that law enforcement should not only receive de-escalation training, but should also receive training on what to do when they encounter an individual with a disability, as the range of disabilities, their presentation and manifestation, and escalating triggers, can vary.

- 4) Fourth, the use of stigmatizing language and terminology should be avoided in writing or describing these laws. Terms like “Red Flag Laws” risk increasing stigma towards people who have been historically marginalized and subjected to prejudice and discrimination, such as people with mental illnesses. Perhaps the most blatant example is the term used to refer to mental illness in the federal law authorizing the NICS system, “adjudicated as mentally defective.” Terms such as these are offensive and upsetting to people with mental illness and may even indirectly reinforce perceptions that mental health care should be avoided because of potentially adverse consequences. The term “Extreme Risk Protection Order” is both less stigmatizing and more accurately describes the purpose of these laws, which is to reduce risks and save lives.
- 5) Fifth, authority to initiate petitions for ERPOs in state laws must always be expanded to include health care professionals. Most existing laws currently limit standing to petition for ERPOs to law enforcement officers and (in some states) family members and/or educational professionals.²⁷
- 6) Finally, if ERPOs are to be successfully implemented, it is necessary for states to expend resources on educating key stakeholders, including law enforcement, families, and others, about these laws and how to utilize them. Funding for training and the development of written resources for law enforcement, lawyers, judges, health and social service providers,

²⁷ With respect to this recommendation, the Committee notes the importance of protecting the therapeutic alliance between health care professionals and their patients. But the Committee also recognize that these professionals are often best positioned to recognize crisis situations and when their patients are at risk of harming themselves or others. Although laws such as HIPAA and state confidentiality statutes set forth privacy protections, they also contain exceptions that permit communicating information when necessary to protect the safety of individuals or the public. Adding health care professionals to the list of those with authority to initiate petitions should not establish a mandate, but rather could create an option for practitioners to act when circumstances so dictate.

and family members is necessary. Public education about the availability of these laws and how to use them will also be important, as will be technical assistance on the ground. The implementation of laws authorizing ERPOs will only be effective if assertive efforts are undertaken to educate stakeholders about these laws and provide training and technical assistance on how to use them.

Conclusion

The Task Force has taken on an incredible task in analyzing and offering recommendations with respect to Mass Shootings and Assault Weapons. Our comments are offered to provide a disability perspective on these issues. We would welcome the opportunity to work with the Task Force on this extraordinary initiative.

Joseph Ranni, Esq.
Alison Morris, Esq., Co-Chairs

The Committee recognizes the substantial contributions of the following Disability Rights Committee members in authoring this Comment.

Beth Haroules, Esq.
Sheila E. Shea, Esq.
Simeon Goldman, Esq.

**NEW YORK STATE BAR ASSOCIATION
MINUTES OF EXECUTIVE COMMITTEE MEETING
REMOTE MEETING
October 15, 2020**

Present: Jonathan Behrins, Mark A. Berman, T. Andrew Brown, David Louis Cohen, Norman P. Effman, Donna England, Margaret J. Finerty, Jean F. Gerbini, Sarah E. Gold, Henry M. Greenberg, Richard M. Gutierrez, Andre R. Jaglom, Scott M. Karson, Sherry Levin Wallach, Richard C. Lewis, Michael A. Marinaccio, Ronald C. Minkoff, Domenick Napoletano, Marne L. Onderdonk, Aimee L. Richter, William T. Russell, Jr., Mirna M. Santiago, Robert T. Schofield, IV, Adam Seiden, Diana S. Sen, Carol A. Sigmond, Jean Marie Westlake.

Mr. Karson presided over the meeting as President of the Association.

1. Certification of Supreme Court Justices. Mr. Karson reported on the decision of the Unified Court System to deny certification or recertification to the majority of eligible Supreme Court justices age 70 to 76 in light of its need for budget reductions. He asked the Executive Committee for its input on issuing a statement in support of certification/recertification in addition to the statement he had previously released. After discussion, a motion was adopted to table consideration until additional documentation has been provided or until after Election Day on November 3, 2020.
2. Adjournment. There being no further business, the meeting of the Executive Committee was adjourned.

Respectfully submitted,



Sherry Levin Wallach
Secretary

**NEW YORK STATE BAR ASSOCIATION
MINUTES OF EXECUTIVE COMMITTEE MEETING
REMOTE MEETING
September 23, 2020**

Present: Jonathan Behrins, T. Andrew Brown, David Louis Cohen, Norman P. Effman, Donna England, Margaret J. Finerty, Jean F. Gerbini, Sarah E. Gold, Henry M. Greenberg, Richard M. Gutierrez, Andre R. Jaglom, Scott M. Karson, Sherry Levin Wallach, Richard C. Lewis, Michael A. Marinaccio, Ronald C. Minkoff, Mark J. Moretti, Domenick Napoletano, Aimee L. Richter, William T. Russell, Jr., Mirna M. Santiago, Adam Seiden, Diana S. Sen, Carol A. Sigmond, Tucker C. Stanclift, Jean Marie Westlake.

Mr. Karson presided over the meeting as President of the Association.

1. Consideration of Proposed Resolution re Supreme Court Vacancy. Mr. Karson outlined a proposed resolution urging the Senate to defer action to confirm a nominee to fill the vacancy occasioned by the passing of the late Justice Ginsburg until a new Senate is seated in January 2021 and moved its adoption. A motion to amend by substituting a resolution proposed by Ms. Sigmond and Mr. Minkoff was approved by a vote of 14-6. The following resolution was adopted by the Executive Committee:

WHEREAS, the death of United States Supreme Court Associate Justice Ruth Bader Ginsburg on September 18, 2020 has saddened all who believe in the rule of law and the independence of the judiciary;

WHEREAS, Justice Ginsburg was a trail blazing jurist, the second and longest tenured woman to serve on the Supreme Court, who before her elevation argued before the Court six times – winning five of those cases, and throughout her career advancing principles of equality in our society;

WHEREAS, the New York State Bar Association extends its deepest sympathies on her passing to Justice Ginsburg's family, the members of the Supreme Court, her current and former clerks, the staff of the Supreme Court and her many friends;

WHEREAS, the average time to confirm an Associate Justice is 71 days in the modern era;

WHEREAS, selection of an Associate Justice is a matter of national concern and debate; and

WHEREAS, the process for selecting an Associate Justice is crucial to the perception that as the final arbiter of the law the Supreme Court and the individual justices are engaged in the equal and blind application of the law to the facts, such that any effort to politicize the selection and confirmation of a member of the Supreme Court will impair the credibility, legitimacy, authenticity and fidelity of its decisions;

NOW, THEREFORE, IT IS

RESOLVED, that the New York State Bar Association urges that the process for selecting a new Associate Justice of the Supreme Court proceed with due care and deliberation and on a timetable not driven by political considerations so as to ensure that the record of any proposed new member of the Supreme Court will be fully and fairly reviewed and investigated publicly in order to protect the credibility and legitimacy of our highest Court; and be it further

RESOLVED, that the President of the Association is hereby directed to transmit this resolution to all appropriate authorities and take such other and further action as may be required to implement this resolution.

2. Adjournment. There being no further business, the meeting of the Executive Committee was adjourned.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Sherry', with a long horizontal flourish extending to the right.

Sherry Levin Wallach
Secretary

**NEW YORK STATE BAR ASSOCIATION
MINUTES OF EXECUTIVE COMMITTEE MEETING
REMOTE MEETING
June 12 and 26, 2020**

Present: Jonathan Behrins, Mark A. Berman, T. Andrew Brown, John P. Christopher, David Louis Cohen, Norman P. Effman, Donna England, Margaret J. Finerty, Jean F. Gerbini, Sarah E. Gold, Henry M. Greenberg, Richard M. Gutierrez, Andre R. Jaglom, Scott M. Karson, Sherry Levin Wallach, Richard C. Lewis, Michael A. Marinaccio, Ronald C. Minkoff, Mark J. Moretti, Domenick Napoletano, Marne L. Onderdonk, Aimee L. Richter, William T. Russell, Jr., Mirna M. Santiago, Robert T. Schofield, IV, Adam Seiden, Diana S. Sen, Carol A. Sigmond, Jean Marie Westlake.

Guests: Carrie H. Cohen, Hermes Fernandez, Karen Gallinari, John H. Gross, Prof. Lisa Grumet, Seymour W. James, Jr., Glenn Lau-Kee, Michael Miller, Mary Beth Morrissey, Joseph E. Neuhaus, Marta Galvan Ricardo, Hon. Shira A. Scheindlin, Hon. Alan D. Scheinkman, Lorraine H. Silverman, Prof. Roy D. Simon.

Mr. Karson presided over the meeting as President of the Association.

1. Mr. Karson called the meeting to order and welcomed the new members of the Executive Committee.
2. Approval of minutes of April 3 and June 1 and 9, 2020 meetings. The minutes were accepted as distributed.
3. Report of staff leadership. Executive Director Pamela McDevitt updated the Executive Committee with respect to staff, communications, and technology during the ongoing COVID-19 pandemic. The report was received with thanks.
4. Report of Finance Committee. John H. Gross, chair of the committee, reported on the impact of the COVID-19 pandemic on Association revenue, expenses, and investments, as well as the Association's move to digital CLE. The report was received with thanks.
5. Report of President. Mr. Karson highlighted the items in his written report, a copy of which is appended to these minutes.
6. Report and recommendations of Committee on Children and the Law. Committee chair Lorraine H. Silverman, together with committee member Lisa Grumet, outlined proposed legislation to conform juvenile offender and adolescent offender provisions in the Criminal Procedure Law. After discussion, a motion was adopted to approve the report and recommendations.
7. Report and recommendations of Committee on Standards of Attorney Conduct. Committee chair Roy D. Simon, together with Joseph E. Neuhaus, past chair of the committee, outlined proposed amendments to the comments to Rules 1.6, 4.2, 7.1 and 7.5 of the Rules of Professional Conduct. After discussion, a motion was adopted to endorse the report and recommendations for favorable action by the House.
8. Report and recommendations of Committee on Technology and the Legal Profession. In his capacity as immediate past chair of the committee, Mr. Berman reviewed the committee's report recommending that the CLE Board require lawyers to complete one MCLE credit in cybersecurity

for their next two registration cycles. After discussion, a motion was adopted to endorse the report and recommendations for favorable action by the House.

9. Report and recommendations of Commercial and Federal Litigation Section. Hon. Shira A. Scheindlin, past chair of the section, reviewed the section's follow-up report to its 2017 report entitled "If Not Now, When? Achieving Equality for Women Attorneys in the Courtroom and ADR." After discussion, a motion was adopted to endorse the report and recommendations for favorable action by the House.
10. Report and recommendations of Health Law Section. Karen Gallinari, chair of the section, together with Hermes Fernandez, the section's immediate past chair, and Mary Beth Morrissey, chair of the section's COVID-19 task force, reviewed the section's report containing recommendations with respect to the COVID-19 pandemic and the four resolutions being offered by the section for the House's consideration. After discussion, a motion was adopted to endorse the amendment of Resolution 3 to provide, "That a vaccine subject to scientific evidence of safety and efficiency by made widely available, widely encouraged and, if the public health authorities conclude necessary, required, unless a person's physician deems vaccination to be clinically inappropriate." A motion was then adopted to endorse Resolutions 1, 2 and 4 for favorable action by the House.
11. Report of the Treasurer. In his capacity as Treasurer, Mr. Napoletano updated the committee with respect to the results of operations for the first five months of 2020. Through May 31, 2020, the Association's total revenue was \$15.6 million, a decrease of approximately \$831,000 from the previous year, and total expenses were \$9.9 million, a decrease of approximately \$403,000 over 2019. The report was received with thanks.
12. Report and recommendations of Task Force on the Parole System. Seymour W. James, Jr. and William T. Russell, Jr., co-chairs of the task force, reviewed the task force's recommendations with respect to additional areas of reform, following up on the task force's November 2019 report. Mr. Effman offered, and the task force accepted, two amendments to the report. After discussion, a motion was adopted to endorse the report and recommendations for favorable action by the House.
13. Report and recommendations of Task Force on Domestic Terrorism and Hate Crimes. Carrie H. Cohen, chair of the Task Force, outlined the task force's recommendations for legislative and policy changes to improve the federal and state legal systems' response to hate crime. A motion was adopted to endorse the report and recommendations for favorable action by the House.
14. Report and recommendations of Special Committee on Association Structure and Operations. Glenn Lau-Kee, chair of the committee, outlined the committee's recommendation that the Association Bylaws be amended to make specific provisions for remote meetings. After discussion, a motion was adopted to endorse the report and recommendations for favorable action by the House.
15. Discussion of Executive Committee liaison responsibilities and duties of Vice Presidents. Mr. Karson led a discussion of liaisons' roles in facilitating communication, providing guidance on policy and procedure, and encouraging sections and committees to undertake projects. He asked liaisons to maintain regular contact with their groups, encourage them to submit reports for consideration by the Executive Committee and/or House of Delegates and comment on reports submitted by other groups, and to be mindful of the need for diversity. Mr. Karson also reviewed the responsibilities of Vice Presidents, as set forth in the Bylaws, to promote relations with local bars and members in their respective districts. He noted the importance of informing local bar leaders, including those of minority and specialty bars, of Association initiatives and encouraged them to advise the Association of local bar concerns. He encouraged both Executive Committee

liaisons and Vice Presidents to make reports to the Executive Committee with respect to items of interest or concern.

16. New Business.

- a) Pro Bono Immigration Representation. Mr. Greenberg reported that the Governor's Office had expressed interest in developing a program for providing pro bono representation of immigrant victims of domestic violence. He would keep the committee apprised of details as available.
- b. Broadband Access. Past President Michael Miller outlined a proposed resolution calling for improved broadband access in rural areas of New York State. After discussion, a motion was adopted to endorse the following resolution for favorable action by the House:

WHEREAS, the New York State Bar Association ("NYSBA") supported resolution 10B at the 2019 American Bar Association ("ABA") annual meeting which was adopted by the ABA House of Delegates and called on Congress, state, local, territorial, and tribal legislatures to enact legislation and appropriate adequate funding to ensure equal access to justice for Americans living in rural communities by assuring affordable high speed broadband access is provided throughout the United States; and

WHEREAS, in April 2020, the NYSBA House of Delegates adopted the exhaustive report of the NYSBA Task Force on Rural Justice, which documented that, inter alia, there is a significant lack of technology infrastructure in vast portions of New York State, that large portions of New York State have limited broadband availability and some areas are completely without any broadband service whatsoever; and

WHEREAS, the report of the NYSBA Task Force on Rural Justice recommended, inter alia, that NYSBA adopt a resolution that urges New York State to ensure that broadband access reaches all corners of New York State; and

WHEREAS, the Covid-19 pandemic, stay-in-place order and quarantine have made it abundantly clear that broadband service is an important communications tool which has become vitally necessary for educational purposes, medical care ("telemedicine"), business and commerce, as well as access to justice; and

WHEREAS, there has been unprecedented unemployment as a result of the Covid19 pandemic; and

WHEREAS, a public works program to build sufficient broadband access throughout New York State would provide significant employment opportunities to a large number of New Yorkers and provide badly-needed broadband access to New York citizens who currently have unreliable broadband service, or none at all;

NOW THEREFORE, NYSBA urges the Governor of the State of New York and the New York State Legislature to prioritize and appropriate funding sufficient to provide affordable high speed broadband access to all corners of New York State, with emphasis and urgency on rural areas; and

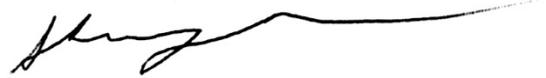
NYSBA further urges the President of the United States and the United States Congress to prioritize and appropriate funding for the expansion of a 21st century digital

infrastructure sufficient to provide affordable high speed broadband access to all areas of the nation, with emphasis and urgency on rural areas.

- c) Bar Examination. Marta Galvan Ricardo, co-chair of the Committee on Legal Education and Admission to the Bar, and Hon. Alan D. Scheinkman, chair of the Task Force on the New York Bar Examination, presented reports on authorizing the President to send a letter to the Chief Judge regarding concerns on the administration of the bar examination in September 2020. No action was taken on the matter.

- 17. Adjournment. There being no further business, the meeting of the Executive Committee was adjourned.

Respectfully submitted,



Sherry Levin Wallach
Secretary