



STATE OF CONNECTICUT

GOVERNOR NED LAMONT

January 21, 2022

Sen. Martin M. Looney
Senate President Pro Tempore

Rep. Matthew Ritter
Speaker of the House of Representatives

Sen. Bob Duff
Senate Majority Leader

Rep. Jason Rojas
House Majority Leader

Sen. Kevin Kelly
Senate Minority Leader

Rep. Vincent J. Candelora
House Minority Leader

VIA ELECTRONIC DELIVERY

Re: Legislative Continuation of Emergency Declarations and Limited Executive Orders

I write today to inform you that pursuant to Special Act 21-5 and the resolutions approving my renewed declarations (HR No. 302 (2021) and SR No. 76 (2021)), my authority to declare a continued state of emergency because of the COVID-19 pandemic and to issue any necessary orders to keep the residents of our state safe expires on February 15, 2022. I am asking the General Assembly, when it comes into session on February 9, 2022, to proclaim a continuation of the public health and civil preparedness emergencies, continue, with any modifications the full General Assembly deems appropriate, the executive orders listed in Exhibit A, and to establish a process to respond quickly in the future to the ongoing public health threat from COVID-19.

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During the legislative session, I am also asking the General Assembly to consider any recommendations from the bipartisan committee created under Section 3 of Special Act 21-5 to review the current statutes covering emergency declarations and orders and to modify those statutes where needed to improve the tools available to all branches of government to respond to public health threats and other emergencies in the future.

The spike in COVID-19 cases, caused by the highly transmissible omicron variant, has reminded us that we are not out of the woods when it comes to COVID-19. During the first week of January, the number of hospitalized patients due to COVID-19 infections increased to rates not seen since April of 2020. We had eleven hospitals report that they were at capacity with COVID-19 patients with an additional seven hospitals reporting that they were quickly approaching capacity. We also saw infections rise in nursing homes during the holiday season, when visitation was particularly high, with positive COVID-19 cases in nursing homes increasing from 84 confirmed cases for the week of December 15 to December 21, 2021 to 679 cases for the week of December 29, 2021 to January 4, 2022. During the same time, we also saw COVID-19 cases increase amongst school employees. The Department of Public Health reported that cases amongst school employees had increased from 477 reported cases on December 29, 2021 to 2,338 reported cases on January 5, 2022. This increase in infections caused more teachers to quarantine resulting in staffing shortages across the state, especially in our largest urban school districts.

In response to the increase in COVID-19 hospitalizations earlier this month, the rise of infections in nursing homes, and the need to keep our children in school, I issued my first executive orders since renewing the emergency declarations in late September. Special Act No. 21-5 permitted me to quickly issue executive orders to waive statutory requirements that limited hospitals' ability to increase bed capacity, increase the number of healthcare workers available to treat COVID-19 patients, take steps to limit the spread of COVID-19 in nursing homes, and relax statutory limits on the number of days a retired teacher can stay or return to the classroom.

I am cautiously optimistic that we have seen the peak of omicron COVID-19 infections. There has been a steady decline over the past week in the number of patients hospitalized due to COVID-19 and the decline follows trends that public health experts have seen with the omicron variant in South Africa and Great Britain. But, while hospitalizations are trending downward, they remain very high and rising nursing home cases continue to pose a challenge. There remains a need to maintain the limited number of executive orders that we have successfully used to respond to both the delta and omicron variants of COVID-19.

The orders facilitate a successful vaccination campaign, implement emergency response efforts that have increased the number of available healthcare workers and teachers, and address child and classroom safety rules. A description of the orders that I recommend the General Assembly continue, with any modifications it deems appropriate, are described briefly below and in the enclosed Exhibit A. I am forwarding 11 executive orders for your consideration. We have operated under a very limited set of executive orders since July of last year, down from a high of almost 300 orders during the first year of the pandemic to these 11 orders.

Vaccination Orders

Vaccination is the most effective means of preventing infection, hospitalization, and death from COVID-19 and of limiting transmission and outbreaks of the disease. Increasing vaccination rates, and booster vaccination rates amongst the eligible population, is therefore critical to respond to and slow the ongoing pandemic. Currently available vaccines continue to protect against severe illness and deaths resulting from infection with the omicron variant. Public health experts, however, are seeing waning protection over time especially in people 65 years and older. Clinical trials have proven that a booster vaccine administered five months after a Pfizer-BioNTech or Moderna primary series, or two months after the J&J/Janssen single-dose vaccine, increase a person's immune response and results in improved protection against COVID-19 infection.

The state has implemented one of the most successful vaccination campaigns in the nation. We have made significant progress in administering vaccines, with more than 91.8% of all Connecticut residents and 95% of people 12 and older having received at least one COVID-19 vaccine dose. There, however, has been a lag in booster vaccines with only about 45.3% of eligible residents having received a booster vaccine. And less than 35% of nursing home staff have received a booster dose.

Executive Orders 14B and 14C require long-term care facility and state hospital workers to receive a booster vaccine, if eligible, by February 11, 2022. These orders protect the elderly and vulnerable by requiring that their care takers be vaccinated. They also strengthen the state's healthcare infrastructure because individuals who have received a booster vaccine are less likely to get infected and are therefore able to continue to provide healthcare services.

We must also continue to make it as simple as possible for all residents to receive a vaccine and booster shot. Executive Order 13C permits healthcare providers to properly administer booster shots by making a person's vaccine information readily available to the healthcare provider even if the patient has misplaced his or her vaccination card. The order also permits school nurses and local health directors to access a person's vaccination status to properly respond to any COVID-19 outbreaks in their jurisdiction. Executive Order 9Q-3 permits an insured individual to go to any available vaccination location, including out-of-network locations, by only permitting out-of-network vaccine providers to bill healthcare insurance carriers the Medicare rate for administering the vaccine. Without the executive order, carriers would be responsible for the difference between the billed and Medicare rate.

Emergency Response Efforts

The remaining executive orders waive statutes to address healthcare worker shortages, facilitate the state's emergency response, and protect vulnerable populations.

There is a statewide staffing shortage of healthcare professionals. Healthcare professionals have been under immense strain over the past two years. The Connecticut Hospital Association recently reported that staffing shortages numbered in the thousands for nurses, and in the hundreds for professionals in the imaging fields, physical therapists, and respiratory

professionals. The staffing shortages are unlikely to abate within the next couple of months. Executive Orders No. 13E and 14D address these shortages by permitting the Commissioner of Public Health to waive certain licensing requirements to increase the number of health care workers available to treat patients with COVID-19 and other conditions requiring hospitalization. The waived requirements allow eligible healthcare workers to safely work in a temporary and supervised status. The orders increase the number of available temporary nurse aids, respiratory care practitioners, registered nurses, clinical nurse specialists, and other healthcare workers.

Well-fitting masks, preferably N95, KN95, or surgical masks, are one of our best tools to combat COVID-19. They have been proven to limit the spread of the disease. Executive Order 13A requires unvaccinated persons to wear a mask, permits municipalities to issue their own mask orders regardless of vaccination status, and clarifies that public and private entities may require masks in their buildings without regard to a person's vaccination status. The order also protects vulnerable populations by permitting the Commissioner of Public Health to designate certain locations as areas where individuals must wear masks regardless of vaccination status. The Commissioner of Public Health requires masks for all persons in healthcare facilities, nursing homes, medical offices, and other congregate living settings.

At the beginning of the pandemic personal protective equipment was difficult to acquire as states competed against each other for a limited supply. Recently, we faced a similar situation in acquiring rapid antigen tests as a bridge to the federal government's distribution of tests which began a couple of days ago. We were able to move quickly and acquire 4.1 million rapid antigen tests in a very competitive environment. To date, we have been able to distribute 3.6 million of these tests to municipalities, schools, and nursing homes. Executive Order 14A-4, which modifies state contracting statutes to facilitate emergency procurement of essential goods and services, permitted us to move as swiftly as we did to acquire the necessary tests. We do not know what situation may arise over the next couple of months and having the ability to quickly purchase goods and services to respond to the emergency facilitates the state's COVID-19 response.

Over the past two years, the state has received federal funding to provide non-congregate housing to individuals experiencing homelessness and survivors of domestic violence to decrease these individuals' exposure to and transmission of COVID-19. Executive Order No. 7P-1 authorizes the state to continue providing this housing and to seek reimbursement from FEMA.

We have also seen a rapid increase in infection rates amongst nursing home residents. The state and nursing homes have made great progress in administering booster vaccines to nursing home residents, with 74% of nursing home residents with complete primary COVID-19 vaccinations having received a booster vaccine as of January 9, 2022. Despite the high booster rates, there is still a significant portion of the nursing home resident population that has not received a booster vaccine and we have seen a rapid increase in infection rates amongst this vulnerable population. The increase coincided with a period of high infection rates amongst the general population and during the holiday season when the number of visitors to nursing homes increases.

Executive Order No. 14F mitigates the opportunity for visitors to introduce COVID-19 into nursing homes by requiring them to demonstrate that they have received a booster vaccine, if eligible, or a negative COVID-19 test result. We have distributed 50,000 individual rapid antigen tests to nursing homes to use for visitors who are unable to acquire a test on their own. The order further provides, according to guidance from the Centers for Medicare & Medicaid, that a nursing home cannot deny entrance to any visitor who is willing to take a rapid antigen test but is unable to do so because the nursing home is not able to provide a rapid antigen test.

Child and Classroom Safety Orders

Keeping schools and childcare centers open throughout the pandemic has been a priority of my administration. We have been able to maintain in-person education for the current school year thanks to the heroic work of our teachers and childcare workers. There is no substitute for an in-person education, especially amongst our most vulnerable students. And a large part of our economy cannot function if parents cannot attend work because there is no one to care for their children.

We must use the scientifically proven tools at our disposal to address this disease. Vaccines and masks are critical to permitting our children to safely attend school and childcare centers. Executive Order No. 9-1 permits the Commissioners of Education and Early Childhood to implement safety and operational rules related to the pandemic. The State Department of Education (“SDE”) and the Office of Early Childhood (“OEC”), in consultation with the Department of Public Health, have developed guidance on mask wearing specifically designed for children in educational settings. The guidance is more in-depth than the general mask order contained in Executive Order No. 13A. The SDE and OEC guidance addresses mask breaks, requires childcare programs and schools to create written policies for mask wearing, and provides exceptions to mask requirements for children with documented medical conditions, special health care needs, or developmental needs. Childcare centers and school boards have successfully implemented these rules and we have been able to keep our childcare centers and schools open.

Executive Order 9-1 has also permitted SDE and OEC to issue binding guidance on quarantine and isolation procedures, enhanced cleaning and ventilation requirements, group size limitations, and social distancing requirements. Maintaining authority for OEC and SDE to quickly act as issues arise pertaining to COVID-19 in early childcare centers and schools is important given how rapidly circumstances have changed throughout the pandemic. The Education and Early Childhood Commissioners are in constant contact with schools and childcare centers and can quickly address issues and implement best practices statewide to accomplish our shared goal of keeping children in educational settings.

As infection rates increased amongst teachers, causing a teacher shortage, we were able to quickly respond and modify the statute on reemployment of teachers that limited retired teachers from continuing to teach because they had exhausted their ability to continue working while receiving a retirement benefit. Executive Order No. 14E helped address the teacher

shortage that existed and by its terms will get us through this school year without having to be continued.

Declarations of Emergency

In addition to asking the General Assembly to continue, with any modifications it deems appropriate, these limited number of orders, I am also asking the General Assembly to continue the declaration of the public health and civil preparedness emergencies. There are compelling reasons to continue the emergency declarations because as the past few weeks have shown, we are still in a state of emergency. The nature of this virus is such that conditions change rapidly, with the resulting need to have the tools in place to respond quickly to an ongoing public health threat.

It is also certainly worth noting that several federal funding sources are contingent on the continuation of the emergency declarations. Based on Connecticut continuing to be in a state of emergency because of the COVID-19 pandemic, FEMA will continue to cover 100 percent of the non-congregate housing costs which is estimated by March 2022 to be \$20 million. Also, as a result of Connecticut certifying that the emergency declaration remains in effect and applying for the federal waiver to the USDA Food and Nutrition Services, the average additional supplement amongst eligible households is \$154.74 per month which equals, for January 2022 alone, a total amount of approximately \$32.6 million for our families in need.

In conclusion, I remain committed to consulting with you and your members regarding this ongoing public health threat. I respectfully request that the General Assembly continue the declarations of a public health and civil preparedness emergencies, continue, with any modifications the General Assembly deems appropriate, the critical orders listed in Attachment A, and establish a process to respond quickly in the future to the ongoing public health threat from COVID-19.

Sincerely,



Ned Lamont
Governor

cc: Members of the General Assembly

ATTACHMENT A

Order Number	Order	ATTACHMENT A Summary (not full text)
EO 7P-1	(DPH, DESPP) Authorization to Provide Non-Congregant Housing for Persons at Risk.	This order authorizes the Commissioner of Public Health, Secretary of the Office of Policy and Management, and Commissioners of Emergency Services and Public Protection and Housing to provide or arrange non-congregant housing with sufficient physical distancing capacity for people who, from the nature of their existing housing or working environments, are at increased risk of exposure to, infection with, or transmission of COVID-19, and to seek reimbursement for any resulting expenditures from appropriate federal agencies or other sources.
EO 9-1	(OEC, SDE) Child and Classroom Safety Rules.	The order provides that the Commissioners of Education and Early Childhood, in consultation with the Commissioner of Public Health, may issue binding guidance, rules, or orders for operation of schools or childcare settings to respond to the COVID-19 pandemic. Such rules or binding guidance includes rules related to the mandatory masks and social distancing.
EO 9Q-3	(DOI, DPH) Out-of-Network COVID-19 Immunization.	This order applies only to a situation where an individual, who is fully insured and has out of network benefits, goes to an out of network provider for the COVID vaccine shot. The EO requires the out of network carrier to reimburse the provider at 100% of the Medicare rate. The provider must accept that rate as payment in full. This EO does not affect how much individuals, whether insured or not, pay for the vaccine, because per the federal CARES act, the vaccine must be provided to all individuals free of charge. This EO only affects how much carriers are required to reimburse out of network providers for providing the vaccine to their insured customers. Without the EO, out of network providers could bill carriers above the Medicare rate and the carrier would have to cover the cost in for the difference between the billed and Medicare rate.
EO 12D	(OTG, DOH) Modification of Summary Process	This Order modifies the summary process for evictions by providing a tenant with 30 rather than 3 days to cure from a notice and directing the courts to suspend summary eviction process by 30 days if either party applies to UniteCT for relief after the proceedings begin. The Governor is not requesting that this order be extended by the legislature after February 15, 2022.
EO 14A, Section 4	Modification of State Contracting Statutes to Facilitate Emergency Procurement of Essential Goods and Services.	This order authorizes the heads of a state contracting agency to waive the provisions of several state statutes that require (1) the competitive solicitation for all purchases and contracts for supplies, materials, and equipment, including, the purchasing, leasing, and contracting for information system and telecommunication system facilities, equipment, and services and (2) the competitive solicitation requirements for contractual provision of essential services. The EO requires the agency head to certify in writing that the waiver is necessary to expedite the essential goods or services to respond to the COVID-19 pandemic and to provide the specific reasons that such exercise meets the requirement that

		the procurement is essential to respond to the COVID-19 pandemic. the specific reason that such exercise meets the requirement that the procurement is essential to respond to the COVID 19 pandemic.
13A	Mask Rule	This order mandates mask wearing in certain settings for certain persons. It does the following things: (1) it requires unvaccinated persons age two and above to wear a mask when indoors and when they cannot maintain a distance of six feet from other persons and when they do not have a medical exemption; (2) it authorizes the DPH Commissioner to order mask wearing in facilities, venues, and other locations that she deems necessary regardless of the person's vaccination status; (3) it permits municipalities to issue their own mask orders for indoor settings within their jurisdiction regardless of the person's vaccination status; and (4) it permits private and public entities to set their own mask rules for locations under their ownership or control.
14B (formerly 13F)	Long Term Care Staff Vaccination	This order protects the elderly and vulnerable by requiring that their care takers be vaccinated. The order requires long-term care facilities to not hire or employ staff or contractors who are not fully vaccinated and boosted by February 11, 2022, have not begun vaccination, or who do not have a medical or religious exemption from the vaccination requirement. There is no testing out option for this group. Long term-care facilities are defined as residential care homes, assisted living service agencies, intermediate care facilities for individuals with intellectual disabilities, managed residential communities, and chronic disease hospitals. Long-term care facilities must verify the vaccination status of their staff by September 27, 2021 and may not continue the employment of staff or contractors who are not vaccinated or exempt from the requirement. They may also not hire new staff or contractors who do not comply with the vaccination requirement. Failure to comply with this order subjects long-term care facilities to civil penalties.
13C	COVID 19 Vaccination Database	This order permits DPH to disclose a person's vaccination status to a person's health care provider, school nurse, or local health director. This order permits health care providers to properly administer booster shots by making a person's vaccine information readily available even if the person has misplaced their original vaccination card. It also permits school nurses and local health directors to access a person's vaccination status to properly respond to any COVID outbreaks within their jurisdiction. The order grants the DPH commissioner the authority to set rules for how and when this vaccination information will be released and for what purpose.
13G and 14C	State, School, and Child Care Employees Vaccination	The order requires teachers and child-care providers be vaccinated and protects patients in state hospitals by requiring that their state employee care takers be vaccinated. These state hospital workers are also required by EO 14C to receive a booster vaccine, if eligible, by February 11, 2022.

		<p>The order also requires state employees more generally to be vaccinated. There is a religious and medical exemption for all workers under the order. There is also a test out option for school, child-care workers, and state workers who do not work in a hospital setting. The state, school boards, and childcare facilities began verifying vaccination status of their employees and other specified workers by September 27, 2021. On and after this date they may no longer hire or maintain contracts with person's who are not fully vaccinated, have not begun vaccination, or do not have an exemption. The Governor is not requesting that this order as it pertains to state employees, teachers, and child-care workers be extended by the legislature after February 15, 2022. The Governor is requesting that the order be extended as it pertains to state hospital employees.</p>
13E	Temporary Nurse Aide Program	<p>This order authorizes the Commissioner of Public Health to adopt, amend, implement, suspend, and revoke training, competency, scope of practice and temporary hiring policies concerning temporary nurse aides and grant a registration to an individual as a temporary nurse aide who complies with the policies adopted. The order requires an institution hiring a temporary nurse aide to comply with such policies adopted by the Commissioner. The order also modifies certain statutes to preclude temporary nurse aides from engaging in any activity for which a license is required pursuant to Chapter 378 of the Connecticut General Statutes.</p>
14D	Addresses Hospital Staffing Shortages and Reduce Cost of Extended UI Benefits	<p>This order provides greater flexibility in the certificate of need process to add additional beds to treat COVID-19 patients, eases certain licensing requirements for nurses and other health professionals, and accounts for federal changes in unemployment insurance funding relating to sequestration.</p> <ol style="list-style-type: none"> (1) This EO modifies the certificate of need statutes and associated regulations to enable the Office of Health Strategy to increase the licensed bed capacity for the treatment of COVID-19 patients. (2) There is also a need to increase the number of healthcare workers available to treat COVID-19 patients. The omicron variant has spread rapidly and has increased the number of workers that are quarantining or not reporting to work. This order modifies certain statutes to permit healthcare graduates to practice prior to licensure for the duration of the emergencies. These are highly trained individuals who can provided needed assistance now and healthcare facilities safely and successfully implemented this order in 2020. (3) Finally, this EO also aids individual businesses and non-profits by relieving them from the cost of preserving the value of UI Extended Benefits despite a federal reduction in those benefits. Instead of being charged to individual businesses and non-profits, the cost will be pooled and covered by the UI trust fund. The cost in question is \$1.28 million. For context, during the height of the pandemic the fund was paying out more than \$50

		<p>million a week in UI benefits. The bipartisan budget allocated \$155 million to the fund. Extended Benefits (EB) is a permanent federal/state unemployment insurance program administered by the states. It extends an additional 13 weeks of UI benefits to claimants who exhaust their 26 weeks of traditional UI benefits during periods of high unemployment. Generally, the federal government covers 50% of the cost of EB and the state covers 50% of the cost. The federal government reduced its payments by roughly 6% for FFY 2020-2022. Rather than reduce benefits to unemployed workers, Connecticut increased its state share to cover the shortfall. Traditionally, it would bill the employers whose employees drew Extended Benefits for that increase. In keeping with our desire to help the hardest-hit businesses manage the effects of the pandemic, this EO will prevent those employers from being charged directly and instead cover the additional cost out of the UI Trust Fund. The Governor is not requesting that Section 3 described above be extended by the legislature after February 15, 2022.</p>
14E	Address Teacher Staffing Shortage	<p>Executive Order No. 14E addresses the current teacher shortage caused by the recent spike in infections. Retired teachers may return to the classroom, while collecting a retirement benefit, but per Section 10-183v(a) of the Connecticut General Statutes they may not receive more than forty-five percent of the maximum salary level for the assigned teaching position. Retired teachers who taught during the fall semester may have exhausted their ability to continue working while receiving a retirement benefit. This order excludes benefits received during the period beginning July 1, 2021 and ending February 15, 2022, and this allows teachers who exhausted their benefit to return for the spring semester. The order also modifies Section 10-183v(b) of the Connecticut General Statutes that allows school districts to hire retired teachers for a maximum of two school years in districts designated by the Commissioner of Education as a subject shortage area or at a school located in a school district identified as a priority school district pursuant to section 10-266p of the Connecticut General Statutes. The modification excludes the period beginning July 1, 2021 and ending February 15, 2022 from being included when calculating the two-year maximum eligibility period. The Governor is not requesting that this order be extended by the legislature after February 15, 2022 because the modification through that date will serve for the entire school year.</p>
14F		<p>This EO requires nursing home visitors to submit proof of vaccination and, if eligible, a booster vaccine or a negative rapid antigen or PCR test. The state will work with nursing homes to provide nursing homes with rapid antigen tests for those visitors who are not able to acquire a test on their own. Following federal rules, nursing homes will not turn</p>

		away visitors who are willing to take a rapid antigen test at the nursing home but are unable to because the nursing home cannot supply a test.
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