

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 codified, and, without legislative action, it will end on 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 serves 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 COVIC-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. 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. The Governor is requesting that the order be codified as it pertains to state hospital employees.

13E	Temporary Nurse Aide Program	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.
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 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. <p>The Governor is not asking that Section 3 of this EO be codified after February 15, 2022.</p>
14E	Address Teacher Staffing Shortage	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

		<p>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.</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 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.</p>