

NY FORWARD

A GUIDE TO REOPENING NEW YORK & BUILDING BACK BETTER



MAY 2020

The logo features the letters 'NY' in a bold, orange, sans-serif font. To the right of 'NY' is a light blue right-pointing arrow. To the right of the arrow is the word 'FORWARD' in a bold, dark blue, sans-serif font.

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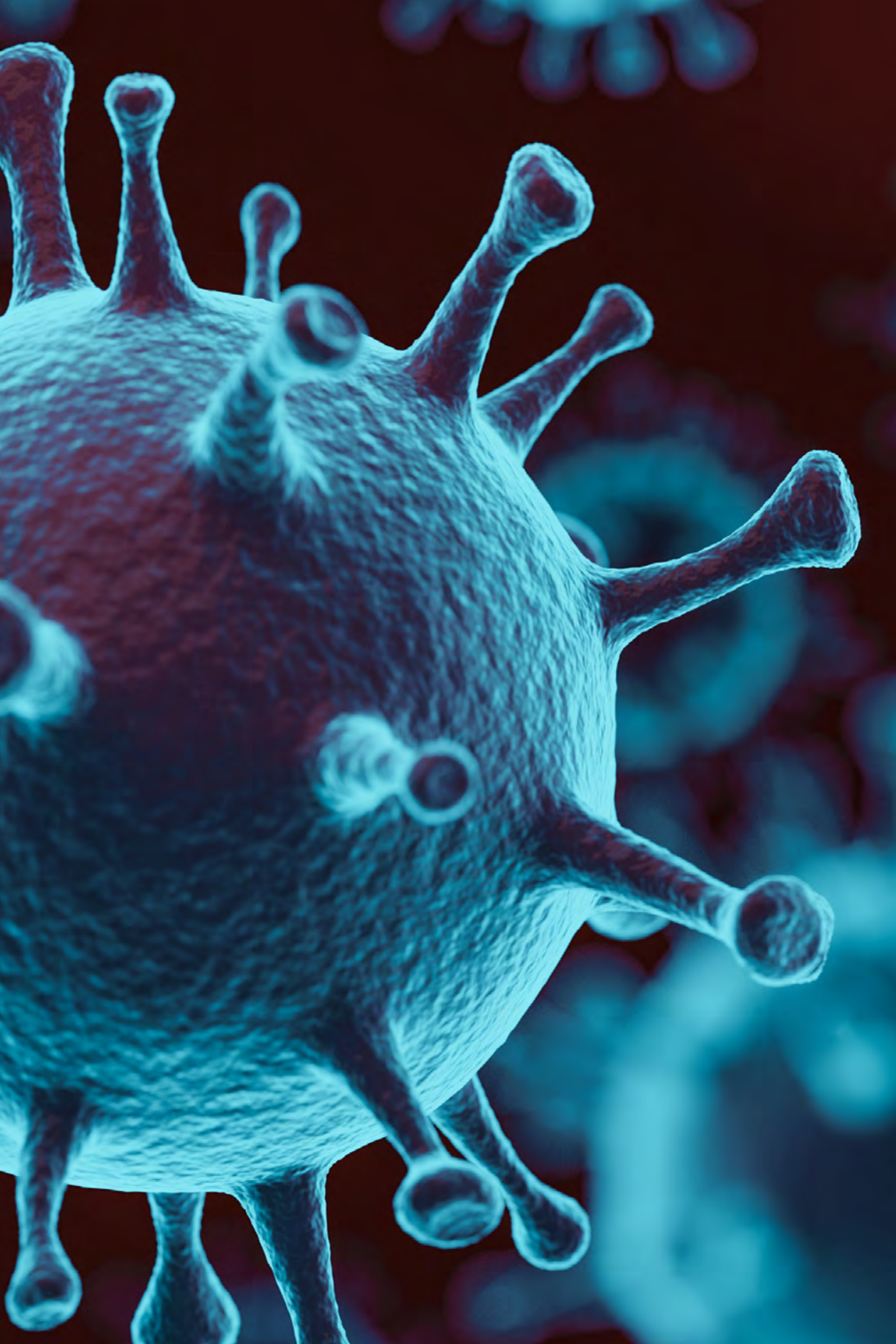
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A microscopic view of coronavirus particles, showing their characteristic spherical shape with a textured surface and a distinct outer layer. The particles are rendered in shades of blue and cyan against a dark background.

A Message from Governor Andrew M. Cuomo



In my nine years as Governor of the great State of New York, we've seen major storms like Hurricane Irene, Hurricane Lee, and Superstorm Sandy. We've seen homes washed away by flooding along Lake Ontario and record snowfall in Buffalo.

But the invisible spread of COVID-19 is like no challenge we've ever dealt with before.

The first official case of COVID-19 in New York was confirmed on March 1, 2020. At the time, there were only 85 confirmed COVID cases across the entire United States. The economic and social health of New York – the fairest, safest, and most resilient big state in the country – had never been stronger. Ideas like social distancing and contact tracing were just theories whose effectiveness against future diseases was debated in scientific journals.



To say the pandemic turned our lives upside down over the more than two months since would be an extraordinary understatement.

At the time of this writing, more than 300,000 New Yorkers have been diagnosed with COVID-19, out of nearly 1.3 million Americans in all – a number that continues to rise in other parts of the nation. Tens of millions of people have been isolated in their homes for weeks on end. Businesses, schools, and services across the state have shut down, or fully transitioned to digital platforms. Most employees in New York are working from their homes, and many are not working at all.

But during one of the darkest, hardest moments of our history, I've also seen New York at her best.

WE MUST MAKE REOPENING DECISIONS BASED ON FACT. NO POLITICS. NO SPIN. NO EMOTION. NO CONSPIRACIES. JUST THE FACTS AND THE DATA AND THE SCIENCE.

- GOVERNOR ANDREW M. CUOMO, 4/2/2020

Doctors and nurses are putting in 100-hour (or more) weeks, saving lives even as they put their own at risk. Transit workers are sanitizing every subway car and every bus every single night, so that essential workers can safely get where they are needed. Frontline workers like firefighters, EMTs, police officers, bus drivers, grocery store workers, and janitors are being treated as the heroes they are, applauded, literally, by strangers at 7:00 p.m. every night.

In mid-March, we asked retired and inactive healthcare professionals from across the state and country to come support New York. Nearly 100,000 healthcare workers answered the call, coming out of retirement and volunteering to go back to work, flying from the other side of the country or getting in their cars and driving hundreds of miles to pitch in when we needed it most.

More than one million New Yorkers have been tested for COVID-19, more per capita than any major state or country on the globe, helping us identify hotspots, isolate outbreaks, and stop the spread. And that's despite the fact that, at the onset of this crisis, the State was entirely reliant on the federal Centers for Disease Control and Prevention (CDC) to conduct diagnostic testing – a multi-day process from test

to result that proved wholly inadequate to meet the challenge of this crisis. So on February 29th, New York State secured federal approval to conduct our own tests, and set an ambitious, nation-leading target of conducting 1,000 tests per day. Within one month, we were testing more than 20,000 people every day. This was a herculean task, scaling up from zero to over one million in just two months.

And millions of New Yorkers have done their part, too. They've stayed home, keeping themselves and their loved ones safe. They've washed their hands, worn masks and gloves, and checked in on their neighbors. And despite the fear and anxiety that underlies every moment of this crisis, they've kept their faith in each other – no small miracle itself.

Together, we've done the hard work of successfully flattening the curve – so far. The data indicates that, as of today, we're past the very worst of this crisis.

But by no means are we out of the woods yet. History shows us the deadly consequences of hasty, hurried re-openings.

As the first wave of the 1918 influenza epidemic hit America, cities across the country shut down public gatherings, implemented strict isolation protocols, and required people to wear masks in public. After 10 weeks, the country's mortality rate began dropping.

However, some cities and states quickly ended their restrictions, just as the curve began flattening, thinking the danger was over. But others, including New York, kept most of the measures in place for weeks after deaths began measurably declining.

What happened? The cities that relaxed their restrictions early were hit with a sharp resurgence of the flu – and in some cases, saw death rates even higher than during the previous wave.

But when the resurgence came to New York, where restrictions hadn't been loosened until the mortality rate was near-zero, the death rate stayed low – lower, in fact, than anywhere else on the eastern seaboard.

George Santayana said that “those who cannot remember the past are condemned to repeat it.” We're already seeing that play out during the COVID-19 pandemic – places that reopened too soon have seen the virus reemerge.

We can't make that mistake in New York. As we begin the process of “un-pausing”, restarting our economy and bringing our state into a new normal, our decisions and actions must be guided by science and facts, not politics or opinions.

This report charts a course for New York to follow, setting a regional approach – one we can adjust, based on data we'll continually monitor – designed to open as many parts of the state as possible, for as many people as possible, as soon as it is demonstrably safe to do so.

The COVID-19 pandemic presented us with an unprecedented challenge. And yet, like all challenges, from the Great Depression to 9/11 to hurricanes like Sandy and Irene, it's also an unprecedented opportunity, if we choose to seize it.

It's a moment to rethink our most basic assumptions about the role of government and the security it provides its constituents – all of them. It's a chance to address both surface and systemic problems with resources equal to the task. It's an opportunity to not just build back, but build back better – smarter, tougher, more resilient, and more equal.

The road ahead of us might seem daunting, but so was the scale of what we needed to build from the ground up at the dawn of this crisis. The totality of our initial response to the outbreak – the things we did by working together – were unimaginable just two months ago.

New Yorkers have proven what they are capable of. They have proven themselves to be New York Tough – and tough enough to be smart, united, disciplined, and loving. By harnessing that same effort and courage, our state can emerge from this crisis stronger than ever.

Here's how we're going to do it.



Governor Andrew M. Cuomo

May 2020





I: A Global Pandemic **Actions Taken and Lessons Learned**


Though New York’s public health infrastructure had been tested before, when diseases like Zika, Ebola, avian influenza, and H1N1 influenza threatened our state, the scale, force, and speed with which COVID-19 hit us was unlike anything we’ve seen in generations. In the 70-plus days since the virus was first confirmed to have reached New York, we’ve learned a great deal, both about the virus, and about how to best contain and combat it.

The actions we took will inform our next steps, because the guiding approach of our initial recovery must be continued monitoring and controlling of the virus, constantly guided by data and science. We can’t recover if we start regressing.

THE STATE MUST LEAD

On March 3, New York State passed legislation providing an emergency appropriation of \$40 million dollars and authorizing emergency management measures, which together allowed the State government to swiftly respond to the crisis.¹ At a time of debilitating gridlock in Washington, the emergency measures demonstrated that our Legislature understood the urgency of the situation and the need for action.

1. Press Release, “During Coronavirus Briefing, Governor Cuomo Signs \$40 Million Emergency Management Authorization for Coronavirus Response.” March 3, 2020. www.governor.ny.gov/news/during-coronavirus-briefing-governor-cuomo-signs-40-million-emergency-management-authorization.



**LOOK AT THE DATA.
FOLLOW THE SCIENCE.
LISTEN TO THE EXPERTS.
BE SMART.”**

- GOVERNOR ANDREW M. CUOMO , 5/5/2020

Competent, effective government is critical in any crisis. The emergency management authorization provided crucial flexibility to the New York State government as it entered the uncharted territory of a global pandemic, and it proved essential to the State’s swift response. It empowered the Executive Branch to immediately swing into action and procure the resources the State needed to respond to the evolving situation, from building the necessary staffing, to spearheading response efforts, to ramping up testing capabilities faster than any other state in the country.

In passing the emergency legislation, the Legislature sent a clear message to New Yorkers that their government had their back, and stood ready to help tackle whatever challenges lay ahead.

STAY HOME. STOP THE SPREAD.

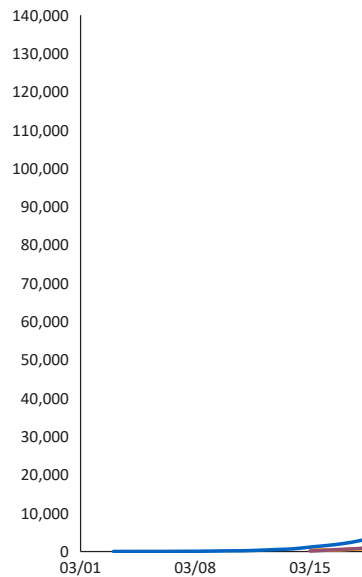
WE CAN SLOW THE SPREAD

The funding appropriated and the powers granted to the Executive Branch at the outset of the crisis allowed all levels of government to act, quickly and comprehensively, to combat and contain the virus. Viewed in total, these actions prove that we are not helpless against this new enemy. We dramatically reduced the number of New Yorkers who contracted COVID-19 from initial projections.

Based on the initial, rapid increase in the number of infections the state saw, the world's leading epidemiologists and virologists projected a staggering amount of damage. On March 29, a Columbia University team projected a peak of 136,000 COVID-19 hospitalizations in New York City alone. McKinsey & Company, a consulting firm, projected a "severe" scenario with a peak of 110,000 COVID-19 hospitalizations statewide, and a "moderate" scenario with a peak of 55,000 COVID-19 hospitalizations. A team of global health statisticians at the Institute for Health Metrics and Evaluation at the University of Washington, in partnership with the Bill and Melinda Gates Foundation, projected a peak of 73,000 hospitalizations statewide.

COVID-19

Total number of COVID-19 hospitalizations



1. Scenario curves based on NYS-specific parameters given actual data.
2. This projection reflects total hospitalization demand for NYC. Source: Yang, Kandula, and Shaman. "Eight-week model projection of COVID-19 hospitalizations in New York State." Institute for Health Metrics and Evaluation. Source: "COVID-19 projections." Institute for Health Metrics and Evaluation.

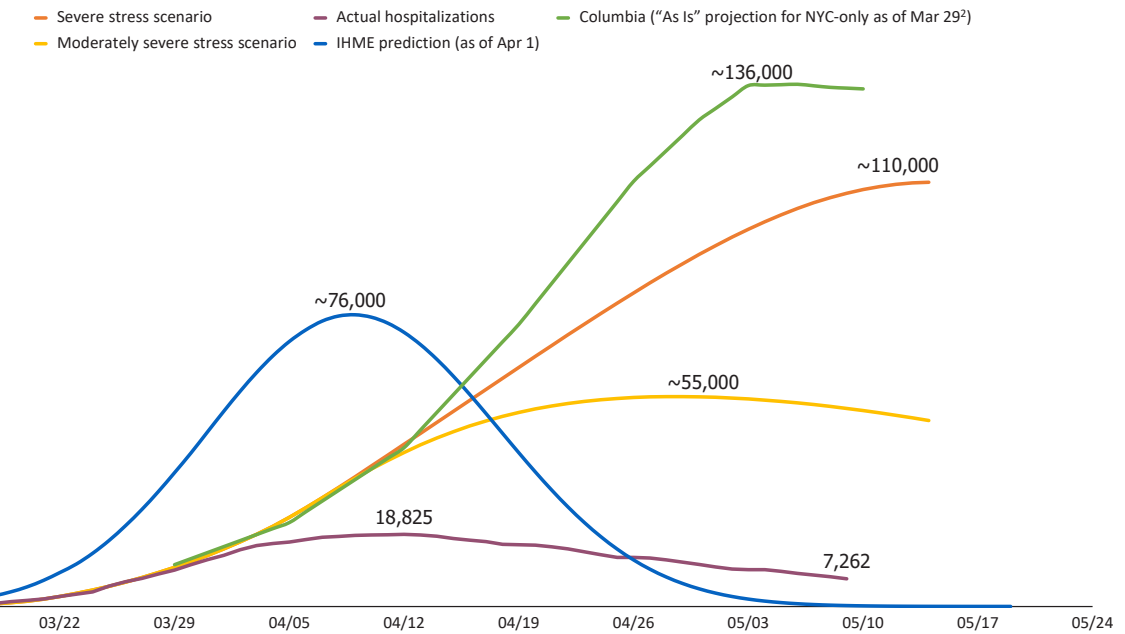
E SPREAD. SAVE LIVES.

In actuality, to date the number of hospitalizations in New York State peaked on April 12th, at 18,825 total hospitalizations – a fraction, thankfully, of even the most conservative projections.

New York is proof that it's possible to significantly slow the spread of the virus and “bend the curve” – the trajectory of destruction that the virus was on.

HOSPITALIZATIONS IN NY - PROJECTED VS. ACTUAL

Projections¹, as of 05/09/2020



¹ Projections data, plotted against March 15 data; actuals data plotted through May 9, 2020 and reflects social measures in place as of 3/29
² "Estimates of COVID-19 in New York City." Columbia University. March 29, 2020
Last updated: April 1, 2020



NEW YORKERS WILL CONTINUE TO RISE TO THE CHALLENGE

New York succeeded in slowing the spread of the virus through aggressive mitigation measures and widespread public buy-in – the individual choices of millions of New Yorkers. The New York PAUSE (Policies Assuring Uniform Safety for Everyone) plan, including the order that all non-essential workers stay at home provided the critical and

correct framework for a state government’s response to the pandemic.² Orders to limit non-essential gatherings, close schools statewide, and shut down in-office work for non-essential employees helped limit COVID-19’s ability to spread throughout the state, and allowed the state to quickly identify emerging hotspots and focus its medical response resources there. The state also implemented “Matilda’s Law” - named for the former First Lady of New York, Matilda Cuomo - to protect our most vulnerable populations, including individuals age 70 and older, those with compromised immune systems and those with underlying illnesses. The measure requires those individuals stay home and limit home visitation to immediate family members or close friends in need of emergency assistance and if necessary to visit such individuals, visitors should get prescreened by taking their temperature.

Most important, the past eight weeks have shown the real, life-saving effects of sound, fact-based policies, conveyed clearly and calmly. While directives are only as good as the willingness of our state’s citizens to follow them, if you give them the facts, New Yorkers can be trusted to do the right thing.

2. Press Release, “Governor Cuomo Signs the 'New York State on PAUSE' Executive Order.” March 20, 2020. <https://www.governor.ny.gov/news/governor-cuomo-signs-new-york-state-pause-executive-order>.

HOSPITAL SYSTEMS MUST COORDINATE

There are approximately 200 hospitals across New York State. But prior to this pandemic, these institutions had little history of working together in an organized, strategic, and purposeful fashion – coordination that this crisis demanded to ensure no area or hospital was overwhelmed by COVID patients.



To remedy this gap, the State had to create and manage entirely new systems and procedures, virtually overnight. Key to this was engineering a new “Surge & Flex” program, designed to prevent the virus from overwhelming our healthcare network.

To build hospital capacity, New York State required hospitals to delay elective procedures and increase their number of beds by at least 50 percent, including by turning single rooms into doubles and freeing meeting rooms and other areas for patient care. The State worked with our partners in the federal government to deploy and stand up temporary hospitals in Downstate hotspots and deploy the US Naval Ship Comfort to New York Harbor, creating thousands of additional beds and bringing staff and resources like ventilators to New York. And we drafted contingency plans with large-scale venue operators,



hotels, and college dormitory operators to ensure we were prepared for a worst-case scenario, if it came to that. In total, New York went from a 4,160-bed capacity, available to treat patients with severe respiratory illnesses, to a more than 10,000-ICU bed capacity, an increase of 140 percent, and from 53,000 total hospital beds to more than 90,000 in just weeks.

Of course, more beds require more staffing, and New York simultaneously took a number of creative steps to increase the bench of qualified personnel to staff this increased capacity. Modifying regulations allowed nurses, doctors, and other medical professionals licensed in other states to practice in New York, and permitted retired professionals who no longer held valid licenses to practice, provided they had not lost their license due to misconduct.

The state also established a nation-leading web portal to connect professionals willing to serve with hospitals needing immediate help.

Ninety-five thousand healthcare workers from New York and across the nation came to our aid when we needed them most – a heroic act of selflessness and bravery that we will never forget.

To flex the state’s resources statewide, we convened the Hospital Capacity Coordination Committee, a consortium of the state’s hospital systems to develop and implement a patient-balancing system and execute a program for directing life-saving ventilators and other medical devices to facilities where the demand outweighed the supply. To coordinate this combined effort, a comprehensive data-reporting process was set up, analyzing up-to-date information about the scope and severity of COVID-19 cases across the state in real time, as well as the healthcare network’s capacity to handle these shifting needs.

Taken together, the “Surge & Flex” strategy enabled New York to save lives and avoid the type of catastrophic failure of the healthcare system that Italy and other nations experienced.

THE ECONOMIC IMPACT OF THE PANDEMIC HAD (AND HAS) TO BE ADDRESSED

The measures New York has taken to mitigate the spread of COVID-19 in the state are unprecedented in our lifetimes. Restricting economic activity helped to flatten the curve and



prevented innumerable deaths. But it also caused devastating financial hardship for workers, businesses owners, and the state budget. Even as the state acted to prepare to handle its apex of infections, it had to simultaneously address the economic challenges borne by so many.

Our top priority was to ensure that families can meet their basic needs. We made an additional \$200 million in emergency food assistance available for more than 700,000 low-income households enrolled in the Supplemental Nutrition Assistance Program (SNAP),³ and waived the seven-day waiting period for workers eligible for unemployment benefits.⁴

3. Press Release, "Amid Ongoing COVID-19 Pandemic, Governor Cuomo Announces New York State is Ramping up Antibody Testing, Critical to Reopening Economy." April 10, 2020. <https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-announces-new-york-state-ramping-antibody-testing>.

4. Press Release, "After Weeks of Demanding Approval, Governor Cuomo Announces FDA Gives New York State Authority to Conduct All COVID-19 Testing at Public and Private Labs." March 13, 2020. <https://www.governor.ny.gov/news/after-weeks-demanding-approval-governor-cuomo-announces-fda-gives-new-york-state-authority>.

New York State also launched the Nourish New York Initiative to purchase food and food products from over 2,100 Upstate farms, which were experiencing a collapse in demand and were, in some cases, forced to dump excess milk and produce, and direct it to food banks across the state. This initiative is distributing 2.8 million gallons of milk and 8.2 million gallons of yogurt from local dairy producers, as well as 10.1 million pounds of apples and 10 million pounds of cabbage, to feed over 20,000 New York families. And we partnered with local dairy producers to process excess milk into products like yogurt, cheese, sour cream and cream cheese, and distributed those products to food banks and those in need.⁵

At the same time, the State took unprecedented steps to prevent New Yorkers from losing their homes due to the pandemic. First, New York State established a moratorium on any residential or commercial evictions until at least June 20, 2020 – later extended to August 20.⁶ The Department of Financial Services then directed New York State mortgage servicers to provide 90-day mortgage relief to borrowers affected by the pandemic, including waiving mortgage payments based on financial hardship, protection from negative reporting to credit bureaus, grace periods for loan modification, elimination of late payment fees and online payment fees, and postponement or suspension of foreclosure proceedings.⁷

5. NBC New York, "20,000 Families Expected to Receive Food From 'Nourish New York' Initiative." May 7, 2020 www.nbcnewyork.com/news/coronavirus/20000-families-expected-to-receive-food-from-nourish-new-york-initiative/2407033/.
6. Press Release, "Amid Ongoing COVID-19 Pandemic, Governor Cuomo Announces Moratorium on COVID-Related Evictions Will Be Extended Until August 20th." May 7, 2020. www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-announces-moratorium-covid-related-evictions-will.
7. Press Release, "Governor Cuomo Signs Executive Order Mandating Businesses That Require In-Office Personnel to Decrease In-Office Workforce by 75 Percent." (March 19, 2020) www.governor.ny.gov/news/governor-cuomo-signs-executive-order-mandating-businesses-require-office-personnel-decrease

As the scope of the pandemic became clearer, the Executive Branch proposed and Legislature passed legislation guaranteeing job protection and pay for New Yorkers who have been quarantined as a result of COVID-19.⁸ This groundbreaking measure helped ensure that New Yorkers could take care of themselves and their loved ones without jeopardizing their economic security, by relieving the economic pressure too many workers felt to go into work while sick.

For the New Yorkers who were laid off or furloughed and needed financial relief, the New York State Department of Labor worked around the clock to process over 1.8 million completed applications for unemployment benefits, and paid out over \$6 billion in benefits in less than two months.

To accomplish this, the State launched a new, streamlined application for New Yorkers to apply for unemployment insurance, including a new unemployment benefit created especially for the pandemic. The Department of Labor also increased the number of staff handling calls and processing applications from 400 people, working five days a week, to up to 3,100 individuals working seven days a week.

Finally, the State worked to make sure every New Yorker got the federal benefits they deserve. The federal CARES Act provided cash payments of up to \$2,400 to millions of

8. Press Release, "Governor Cuomo Announces Three-Way Agreement with Legislature on Paid Sick Leave Bill to Provide Immediate Assistance for New Yorkers Impacted By COVID-19." March 17, 2020.

Americans. However, payments were not automatically made to people who make below the federal tax filing threshold, meaning hundreds of thousands of the lowest income New



Yorkers would not have received their payments unless they provide their information to the IRS. New York State launched an awareness campaign, reached out directly to individuals, and partnered with community organizations to make sure the proper documentation was completed, and families got the support they needed, and were entitled to.⁹

The state also directed \$7.5 million in COVID-19 Business Counseling support to 70 non-profit partners across the state. The funding enabled these organizations to provide small businesses with necessary guidance to secure disaster assistance, such as Small Business Administration Economic Injury Disaster Loans, amid the COVID-19 pandemic.¹⁰

Despite the unparalleled and largely unforeseeable devastation the pandemic wrought on New York's economy and millions of workers, we made sure that no New Yorker was left out or left behind.

9, Press Release, "Amid Ongoing COVID-19 Pandemic, Governor Cuomo Issues Executive Order Directing All NYS Public and Private Labs to Coordinate with State DOH to Prioritize Diagnostic Testing." April 17, 2020. www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-issues-executive-order-directing-all-nys-public.

TESTING IS CRUCIAL TO STEM THE VIRUS' TIDE

At the outset of this pandemic, New York's public health professionals, due to the lack of testing, had no comprehensive dataset showing the overall scope of the problem or the prevalence of COVID-19 in specific locations. They had little ability, therefore, to strategically and effectively direct resources to areas with the greatest need.

This problem was compounded by the virtual inability to identify infected individuals during the crucial first few days when the virus was spreading. Experts now estimate that more than 10,000 cases were prevalent in New York City in February, before New York's first case was discovered on March 1, facilitated due to ongoing travel from Europe to New York.¹¹ Public health experts recommend that the most effective way to contain a virus is to test, to identify positive cases; trace and test the contacts of those who test positive; and isolate those infected.

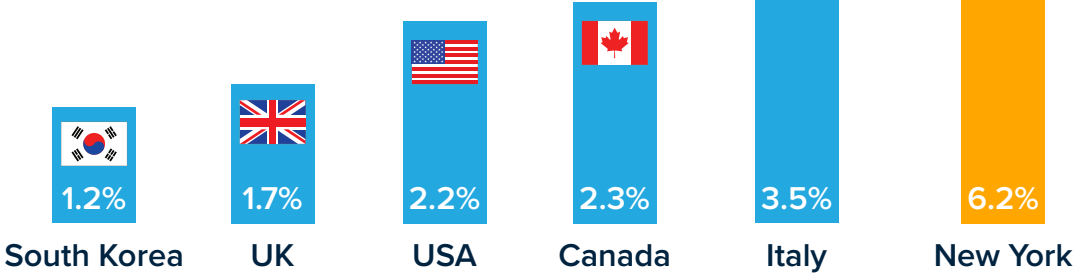
10. Press Release, "Amid Ongoing COVID-19 Pandemic, Governor Cuomo Issues Executive Order Moving New York Presidential Primary Election to June 23rd." March 28, 2020. www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-issues-executive-order-moving-new-york.

11. New York Times, "Hidden Outbreaks Spread Through U.S. Cities Far Earlier Than Americans Knew, Estimates Say." April 23, 2020. www.nytimes.com/2020/04/23/us/coronavirus-early-outbreaks-cities.html.





TOTAL DIAGNOSTIC TESTS BY POPULATION

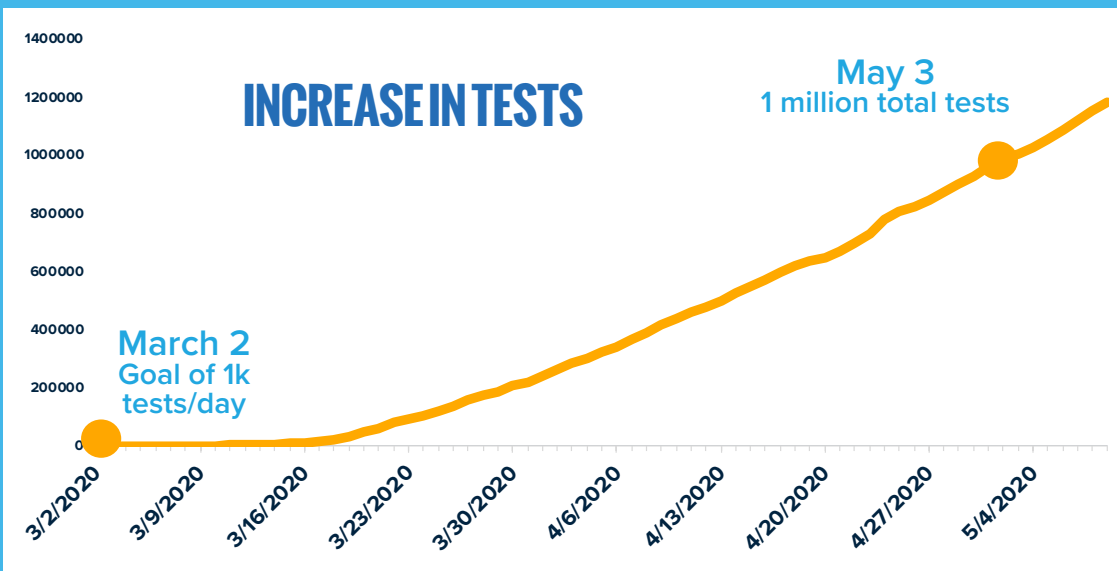


But when the threat of COVID-19 first emerged, only the CDC in Atlanta was permitted to test for the virus, and they were able to perform only a very limited number of tests. New York forged ahead. The State Department of Health developed its own testing method, and the State worked to secure approval from the federal Food and Drug Administration (FDA) to authorize DOH to use the test, which was granted on February 29th.

After receiving federal authorization, New York developed the most extensive COVID-19 testing operation in the world – in weeks, enabling more than 200 New York State-licensed labs to provide COVID-19 testing. Scaling up testing enabled the state to expand diagnostic testing criteria from just symptomatic New Yorkers to the millions of essential workers on the frontlines, including all first responders, healthcare

workers and essential employees, and New Yorkers in the most-impacted zip codes – even those who aren't symptomatic. This expansion is helping the state quickly identify and isolate when infections occur among those most exposed and vulnerable to the virus.

As soon as the FDA granted permission to use the New York State test, the State began constructing more than two dozen drive- and walk-through testing stations, opening the first station in New Rochelle on March 13. This created opportunities for New Yorkers in all corners of the state to get tested and for the State track and contain the spread of the virus. And with private testing facilities now on line, over one million New Yorkers have been tested for COVID-19.



To support this testing ramp up, the State enlisted the help of the National Guard to assemble 500,000 testing kits, comprised of a vial, transport media, and cotton swab, and distributed many of these kits to local governments in support of municipal testing efforts.

At the same time the state was expanding its ability to run diagnostic tests, the State Department of Health developed one of the nation's first and most-accurate tests to detect antibodies to the COVID-19 infection in an individual's blood. This serology test is a critical

NATION'S LARGEST ANTIBODY STUDY RESULTS

Regions	Percent Positive
New York State Overall	12%
Capital District	2.2%
Central New York	1.9%
Finger Lakes	2.6%
Hudson Valley (without Westchester/Rockland)	3%
Long Island	11.4%
Mohawk Valley	2.7%
North Country	1.2%
NYC	19.9%
Southern Tier	2.4%
Westchester/Rockland	13.8%
Western New York	6%

NYC	Percent Positive
NYC Overall	19.9%
Bronx	27.6%
Brooklyn	19.2%
Manhattan	17.3%
Queens	18.4%
Staten Island	19.2%

WEIGHTED RESULTS	
Race	Percent Positive
Asian	11.1%
Black	17.4%
Latino/ Hispanic	25.4%
Multi/Other	14.4%
White	7%

tool in the State's efforts to understand the scope of infection, potential immunity, and how to design the best strategies to reopen New York. This test enabled the State to launch the nation's largest antibody random survey – 15,000 samples – conducted at grocery stores and community centers across the state to help determine how many New Yorkers were infected by COVID-19, and to draw the first true map for experts and public health professionals to truly understand the virus' spread.

As the antibody testing was brought to scale, the State tested essential workers on the frontlines of our fight against the pandemic – providing antibody testing for healthcare workers, first responders, transit workers, and members of the New York State Police and New York City Police Department, with more tests scheduled for even more essential and frontline workers.

This critical data on the number of New Yorkers in frontline professions who were infected has been a central part of the state's understanding of what measures are necessary to protect our essential heroes from the virus.



MAINTAIN STRATEGIC RESERVES OF CRITICAL RESOURCES

Since the first day New York began confronting this crisis, the State's response, like every other state across the country, has been greatly impeded by worldwide shortages of critical medical supplies.



Early projections from experts indicated New York would need up to 37,000 ventilators. Yet at the outset of the pandemic, the state had fewer than 7,000 on hand. In the absence of federal leadership, New York called on Washington to invoke the Defense Production Act and nationalize production, pursued vendors across the globe, and led the charge to implement strategic coordination of ventilators across New York regions and across the country, bringing ventilators to hotspots where infections had spiked, and then moving the machines to where they were needed next.

New York also relied on her friends across the country to share resources as needed. When states like California and Oregon had more ventilators than they needed, they rushed them to New York. And when New York passed its hospitalization apex, and its ventilator capacity exceeded its need, the State returned the favor and sent ventilators on to her friends in New Jersey, Michigan, and Massachusetts.

Through these efforts, and out-of-the-box thinking like retrofitting BiPAP machines to match a regular ventilator's capacity, New York was able to meet its ventilator needs across the state.

The COVID-19 pandemic also created a mad scramble for personal protective equipment (PPE) across the nation. The federal government's fragmented and siloed emergency response plan impeded intergovernmental coordination and stymied procurement by the states. Meanwhile, competition among states, private entities and the federal government drove up the prices of these critical resources. Procurement teams reached out to every supplier and called on manufacturers of other products to retrofit their factories to make PPE.





Supporting this state effort, private companies, charitable organizations, philanthropists, foreign countries, fellow states, and individual citizens stepped up and answered New York's call to help, donating equipment, supplies, and services to the state's COVID-19 relief efforts. Within the first 60 days of the emergency, the state received free flights, transportation, and hotel rooms to transport and house the frontline medical volunteers who answered our call to help combat the surge, as well as face shields, gowns, gloves, masks and other medical supplies.

When hand sanitizer became scarce and reports of price-gouging raised alarm bells, New York State manufactured its own product, and delivered it to

critical sites. In the eight weeks since the program began, two million bottles of NYS Clean hand sanitizer have been distributed to hospitals, nursing homes, food banks, public housing residents, food handlers, the Red Cross, first responders, schools and colleges, healthcare workers, homeless organizations, law enforcement, unions, transportation systems and faith-based organizations across all 62 counties.

All of these supply shortages have a common cause. For years, New York's healthcare providers, and those across the country, have relied on foreign manufacturers to produce the needed equipment, and maintained minimal inventory of critical PPE. When the global pandemic hit, and every country on the planet was seeking the same equipment, these supply chains dried up, and hospitals didn't have adequate reserves.

Going forward, New York and her regional peer states have committed to develop a regional supply chain for personal protective equipment, other medical equipment, and testing resources. Flexible, innovative, and effective intergovernmental coordination is crucial to managing future pandemics, and in the absence of streamlined federal leadership, the states must take the lead.



DIFFERENT REGIONS HAVE DIFFERENT REQUIREMENTS

The impact of the COVID-19 pandemic has been starkly different in different states and different regions throughout the country. The unique density of Downstate New York, for example, combined with a large number of airline passengers flying into our regional airports – more than fly to any other State – made New York the most impacted state in the country, while states with spread out populations and little interstate travel, like Montana, were relatively less impacted.

Similarly, the course of the pandemic has differed in different regions within New York. Yates County, for example, did not have a COVID-19 diagnosis until April 1. By that time, Long Island had nearly 20,000 confirmed cases, and New York City had over 50,000.

A smart response must be sensitive to these regional differences, allocating resources based on need.

But we also have to recognize that isolated hotspots can occur, without warning, in areas where the virus is otherwise relatively

absent or under control. A single “super-spreader” at a crowded wedding, sporting event, or other large gathering can lead to dozens of infections – an overnight crisis. While hard decisions have to be made based on facts and probability, the ability to respond quickly and nimbly is critical to containing the spread of the virus.

...BUT REGIONS MUST COORDINATE

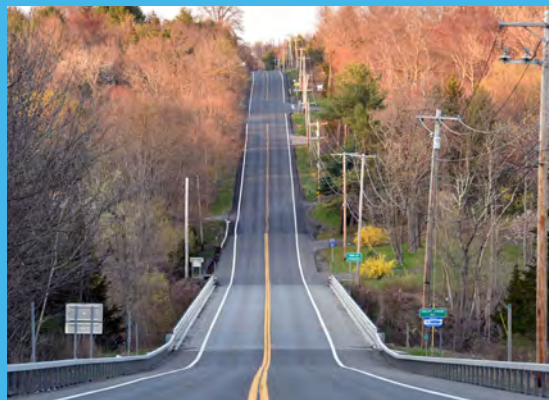
The virus, of course, does not recognize jurisdictional boundaries, and it demands a regionally comprehensive and coordinated response.

New York has led the country in coordinating its actions with those of its neighbors. New York convened the tristate region’s governors, and later facilitated the expansion of that working group to include a bipartisan group of Governors from Pennsylvania, Delaware, Rhode Island and Massachusetts.

To the extent feasible, this collaboration has allowed the region to avoid disparities between the states in their closure of certain activities. If one state, for example, closes its restaurants or beaches or movie theaters, but a neighboring state – or county, even – leaves those facilities open, residents of the former state will inevitably flock to the latter, increasing the risk of spread in both places. By coordinating their efforts regionally, New York and her neighbors have been able to successfully avoid creating these so-called “attractive nuisances.”

Perhaps most important, New York has organized this regional working group into a purchasing cooperative. Shortages of medical equipment forced states to bid against one another for the same limited supply of equipment. As a result, vendors were able to price-gouge New York and other states, costing taxpayers dearly in the midst of an economic crisis. Additionally, rather than coordinate among the States and establish an orderly process for distributing equipment where it was most needed, the federal government sought to purchase equipment for its own stockpile, outbidding states and pushing prices up even further. This situation was untenable.

While the states will continue to partner with the federal government during this global and national public health crisis, it's now abundantly clear that the states have to also work together to identify the entire region's needs, aggregate demand, reduce costs, stabilize the supply chain, and stockpile. By partnering with each other, states across the eastern seaboard have proven that, when principals communicate with each other, and work with and for each other, the whole group is stronger.



FEDERAL ASSISTANCE IS CRUCIAL

But for all the power states have when they work together on a regional level, some aspects of the response to a major pandemic are beyond the fiscal and operational capacity of any state. State governments can't be expected to manage an international supply chain, while also trying to put together a statewide testing protocol, coordinating their labs, building an army of tracers, managing hospital capacity, reopening their economy, and more. And the country can't expect states to appropriate sufficient funds to kickstart a national economy – to restart schools, transportation systems, and healthcare networks – without federal assistance, especially with so many states, including New York, facing budget shortfalls. That's why it was especially disappointing when the initial federal COVID stimulus package failed to include critical funding for the states.

Federal support, especially during a crisis, is indispensable, and New York has partnered extensively with the federal government throughout the COVID-19 pandemic to get New Yorkers the resources they need to stay safe.

When the projection models showed New York's expected need exceeded its capacity, the State worked with the federal government to quickly deploy the Army Corps of Engineers and the Federal Emergency





Management Agency (FEMA) to help put up temporary hospitals in Downstate hotspots – including building a 2,500 bed temporary hospital at the Javits Convention Center -- and deploy the US Naval Ship Comfort to New York Harbor, augmenting our hospital capacity with 1,000 additional beds, as well as staff and resources like ventilators.

Taken together, these actions have helped New York buck the national trend and flatten the curve. As we move towards reopening the state and kickstarting our economy, this success must be protected. *Primum non nocere* must be our guiding principle over the coming weeks and months – to first, do no harm.

Our actions affect our destiny. Even as we reopen, we must continue our aggressive mitigation efforts, until the threat of COVID-19 is completely eradicated.

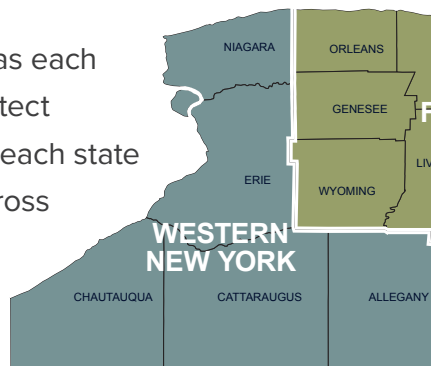


A blurred industrial scene with a red helmet in the foreground and sparks flying on the left. The background shows a complex network of metal beams and lights.

II: New York Forward

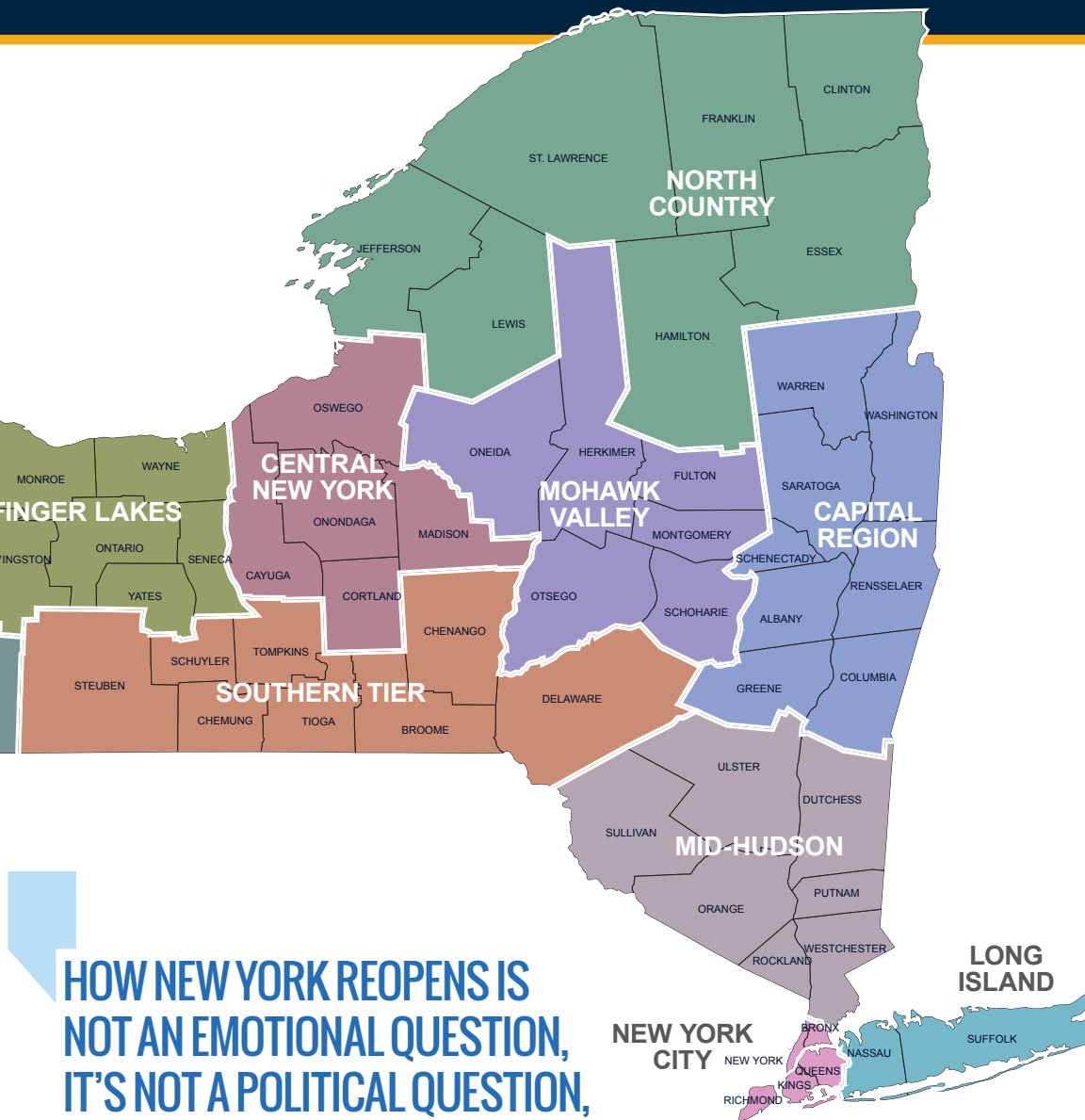
Our plan to reopen the state, “New York Forward,” focuses first and foremost on getting people back to work and easing social isolation, without triggering renewed spread of the virus or overwhelming the hospital system.

New York will reopen on a regional basis as each region meets the criteria necessary to protect public health. Just as COVID-19 impacted each state across the country – and each country across the globe – in a different way and at a different scale, so too does it impact different regions across our vast and diverse state differently.



Rather than requiring a region like the North Country – whose geographic density is more in line with Montana than its Downstate neighbors – to reopen only when the entire state is ready to do so, this localized method of reopening will allow more people to get back to work and the economy to reopen sooner.

Under New York Forward, we can keep ahead of the virus, reopening our economy with a deliberative, data-driven strategy to protect the health and safety New Yorkers and be ready if and when a second wave of the virus hits.



HOW NEW YORK REOPENS IS NOT AN EMOTIONAL QUESTION, IT'S NOT A POLITICAL QUESTION, IT'S NOT AN ANECDOTAL QUESTION, IT'S NOT A GUT INSTINCT QUESTION. FOLLOW THE FACTS. FOLLOW THE DATA.”

-GOVERNOR ANDREW M. CUOMO, 5/5/20



METRICS TO GUIDE REOPENING

It is imperative that we use data and good public health principles to reopen. To that end, state and local officials will monitor four core factors to determine if a region can reopen.

The loosening of restrictions in New York will be considered on a regional basis, based on the following criteria. These criteria are designed to allow phased re-openings to begin in each region only if:

- **The infection rate is sufficiently low;**
- **The health care system has the capacity to absorb a potential resurgence in new cases;**
- **Diagnostic testing capacity is sufficiently high to detect and isolate new cases; and**
- **Robust contact-tracing capacity is in place to help prevent the spread of the virus.**

1. MONITORING NEW INFECTIONS

The first key to reopening is continuing to control the rate of transmission of COVID-19, which limits infections and ensures that healthcare facilities are not overwhelmed.

The rate of reproduction over time, R_t , measures how many people a virus carrier infects. At New York's high point, experts believe that the state had an R_t of more than 3, meaning every carrier was infecting three more people, spreading exponentially, and leading to an epidemic we could not control. NY PAUSE succeeded in lowering our rate of transmission to below one – not just slowing the rate of spread but achieving a decline in new cases.

Metric #1: Decline in Total Hospitalizations

The Centers for Disease Control and Prevention (CDC) recommends that reopening be dependent on a downward trajectory of hospitalizations and infections over a 14-day period. The CDC also recognizes the need to tailor the application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild). Accordingly, before a phased re-opening begins, a region must experience a sustained decline in total net hospitalizations – the total number of people in the hospital each day, calculated on a three-day rolling average – over the course of a 14-day period. Alternatively, regions that have seen few COVID cases overall will satisfy this metric if the daily net increase in total hospitalizations (measured on a three-day rolling average) has never exceeded 15.

Metric #2: Decline in Deaths

Another important metric for monitoring the infection rate is the number of daily deaths. Before reopening, a region must experience a sustained decline in the three-day rolling average of daily hospital deaths over the course of a 14-day period. Alternatively, regions that have seen few COVID cases overall will satisfy this metric if the three-day rolling average of daily new hospital deaths has never exceeded 5.

Metric #3: New Hospitalizations

In addition to monitoring the decline in disease trajectory, it's important to monitor the absolute level of infection in each region. This is because it's possible for a region that has seen a high level of infections – for example, New York City – to see a sustained decline in hospitalizations and deaths over a 14-day period, while still having an underlying infection rate that is too high to allow for a safe phased re-opening. One reliable metric for evaluating the level of infection is the number of new hospitalizations occurring each day. Accordingly, a phased re-opening for each region will be conditioned on the occurrence of fewer than two new hospitalizations per 100,000 residents (measured on a three-day rolling average).

GROSS HOSPITALIZATIONS 3 DAY AVERAGE

Regions	Regional Population	Total Numbers of hospitalizations to reach 2 per 100k	3-day rolling average gross hospitalizations	3-day rolling average gross hospitalizations per 100k residents
Capital Region	1,084,941	22	5	0.46
Central New York	775,470	16	10	1.33
Finger Lakes	1,202,978	24	11	0.89
Long Island	2,839,436	57	100	3.51
Mid-Hudson	2,321,965	46	70	3.00
Mohawk Valley	485,302	10	3	0.69
New York City	8,398,748	168	298	3.55
North Country	418,971	8	0	0.08
Southern Tier	633,037	13	1	0.21
Western New York	1,381,361	28	23	1.64
NYS Total	19,542,209	391	521	2.67

2. HEALTHCARE CAPACITY

This pandemic has made clear that having enough hospital capacity is critical. Upon the recommendations of public health experts, every region must have the healthcare capacity to handle a potential second surge in cases – regions must have at least 30 percent of their total hospital and ICU beds available at all times.

Metric #4: Hospital Bed Capacity

In addition to ensuring that disease progression is contained, guidance from both the CDC and World Health Organization (WHO) require that regional health system capacity remain sufficient to absorb a potential resurgence of new cases. Phased re-openings will therefore be conditioned on the hospital bed capacity in each region. Regions must have at least 30 percent of their total hospital beds available before a phased re-open can begin.

Metric #5: ICU Bed Capacity

Nearly 30% of hospitalizations for COVID-19 ultimately require critical care. It is therefore critical that regional health care systems not only maintain sufficient bed capacity for a potential resurgence in cases, but also achieve sufficient capacity for ICU beds specifically. Accordingly, regions must have at least 30 percent of their ICU beds available before a phased re-opening can begin. In addition, to ensure nurses and doctors have the personal protective equipment (PPE) they need, every hospital must also have at least 90 days of PPE stockpiled. The State is working with the hospitals, nursing homes, and other facilities to develop a timeline to build a robust stockpile. We can't afford to risk another scramble for PPE while medical personnel are left under-protected.

3. DIAGNOSTIC TESTING AND CONTACT TRACING CAPACITY

The key to controlling the virus is aggressive testing and tracing, so that hotspots can quickly and effectively be isolated.

New York has worked hard to scale up testing at rates higher than any state or country in the world. Hospitalization rates are important, but testing identifies the full rate of spread. Regions can watch that rate move, and adjust their reopening strategies as needed.



Widespread testing is also key to effective contact tracing. This allows health officials to identify asymptomatic carriers, who are spreading the virus undetected, and isolate them before they infect others.

Metric #6: Diagnostic Testing Capacity

Widespread diagnostic testing is a key lynchpin on which our ability to contain the spread of the virus depends. Testing is critical to identifying new infections, isolating them, and tracing their contacts. Phased re-openings will depend on the ability of each region to achieve 30 tests per 1,000 people per month, consistent with the recommendation of Dr. Deborah Birx of the White House Coronavirus Task Force. New York scaled up testing at rates higher than any state or country in the world. The State is committed to continuing to rapidly expand our capacity statewide to help all regions meet this threshold.

Metric #7: Contact Tracing Capacity

The CDC and WHO also recommend that robust contact tracing programs be in place before local governments consider easing restrictions. Contact tracing helps prevent the spread of COVID-19 by rapidly interviewing positive patients; identifying their close contacts; interviewing and alerting those contacts to the risk of infection; and instructing those contacts to quarantine or isolate for 14 days, to be sure they don't spread COVID-19 to others. In collaboration with experts and partner organizations, DOH has established region-specific thresholds for the number of contact tracers required, based on the characteristics within each region.



Contact tracing, meanwhile, helps prevent the spread of COVID-19 through four key steps:

- First, labs report positive cases of COVID-19 to contact tracers on a daily basis via a state reporting system.
- Contact tracers then interview positive patients to identify people they may have been in contact with over the past 14 days. Based on the results of the interview, tracers will advise the positive individual to get tested, and either isolate or quarantine themselves for the following 14 days to prevent further spread of the virus.
- The contact tracer then notifies and interviews each contact of the original positive individual to alert them to their risk of infection, and instructs those contacts to quarantine or isolate for 14 days to prevent further spread.
- Finally, the contact tracer monitors those contacts by text throughout the duration of their quarantine or isolation to see if the contacts are showing any symptoms.



Members of the tracing team will also work with any individual being traced who needs social services assistance, such as housing, food, or medicine, while they are quarantined or isolated.

The State is building a nation-leading contact tracing program to monitor and control the infection rate. NYS DOH is working with former New York City Mayor Mike Bloomberg and the Johns Hopkins Bloomberg School of Public Health to recruit and train an army of contact tracers to meet the needs of each region statewide, including from State, City and County Health Departments. The program will operate through the next flu season, and it will be implemented in coordination with tristate neighbors New Jersey and Connecticut.

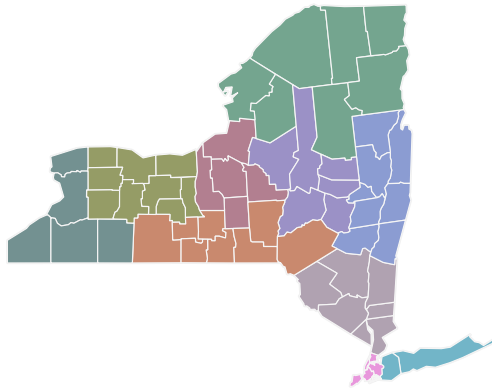
ONGOING MONITORING

Once a phased re-opening begins, it is essential that the rate of transmission be carefully monitored and remain under control. Each region must appoint an oversight institution as its “control room” to monitor the regional infection rate during the phased reopening. This team of local elected officials, as well as hospital and state representatives, will monitor the above metrics and other key indicators, and can slow or shut off reopening if indicators are

**Regional COVID-19 Metrics:
Where Regions Currently Stand**

Regions

- Capital Region
- Central New York
- Finger Lakes
- Long Island
- Mid-Hudson
- Mohawk Valley
- New York City
- North Country
- Southern Tier
- Western New York



© OpenStreetMap

	14-Day Decline in net Hospitalizations OR Under 15 new Hospitalizations (3-day avg)	14-Day Decline in Hospital Deaths OR Fewer than 5 deaths (3-day avg)	New Hospitalizations (Under 2 per 100K residents - 3 day rolling avg)	Share of total beds available (threshold of 30%)	Share of ICU beds available (threshold of 30%)
Capital Region	0 18 ✗	1 6 ✗	1.17 ✓	36% ✓	54% ✓
Central New York	0 6 ✓	1 3 ✓	0.99 ✓	43% ✓	53% ✓
Finger Lakes	0 11 ✓	1 4 ✓	1.22 ✓	43% ✓	51% ✓
Long Island	32 425 ✓	1 99 ✗	2.88 ✗	30% ✗	33% ✓
Mid-Hudson	30 132 ✓	4 69 ✗	2.38 ✗	33% ✓	50% ✓
Mohawk Valley	1 4 ✓	3 2 ✓	0.34 ✓	51% ✓	63% ✓
New York City	31 820 ✓	30 502 ✓	2.54 ✗	27% ✗	22% ✗
North Country	20 3 ✓	8 1 ✓	0.24 ✓	52% ✓	64% ✓
Southern Tier	0 5 ✓	1 2 ✓	0.32 ✓	45% ✓	47% ✓
Western New York	0 28 ✗	1 9 ✗	2.17 ✗	43% ✓	54% ✓

The up to date monitoring dashboard can be found at

problematic. This team will also monitor business' compliance with reopening guidelines and ensure that local officials are enforcing these rules when necessary.

The State's public dashboard will allow regions and the public to see where regions are in meeting the metrics, and if certain areas are slipping and in need of additional actions to control the virus and protect the public's health – a "circuit breaker."

Report as of May 13, 2020		
Metrics Met		
Capital Region		5/7
Central New York		7/7
Finger Lakes		7/7
Long Island		4/7
Mid-Hudson		5/7
Mohawk Valley		7/7
New York City		4/7
North Country		7/7
Southern Tier		7/7
Western New York		4/7

30 per 1k residents tested monthly (7-day avg of new tests per day)	Contact tracers 30 per 100K residents or based on infection rate	Metrics Met
1,299 / 1,085 ✓	Expected ★	5/7 ✗
1,052 / 775 ✓	Yes ✓	7/7 ✓
1,721 / 1,203 ✓	Yes ✓	7/7 ✓
4,617 / 2,839 ✓	Expected ★	4/7 ✗
4,044 / 2,322 ✓	Expected ★	5/7 ✗
562 / 485 ✓	Yes ✓	7/7 ✓
13,824 / 8,399 ✓	Expected ★	4/7 ✗
497 / 419 ✓	Yes ✓	7/7 ✓
1,004 / 633 ✓	Yes ✓	7/7 ✓
1,539 / 1,381 ✓	Expected ★	4/7 ✗



PHASED REOPENING OF BUSINESSES

Each region will reopen businesses in phases, with at least two weeks in between each phase. This allows state and local leaders to monitor the effects of the reopening and ensure hospitalization and infection rates are not increasing before moving to the next phase and permitting more economic activity.

	Greater Economic Impact	Lower Economic Impact
Low Infection Rate	Industry greater economic impact, low risk of workplace or customer infection spread	Industry less economic impact, low risk of workplace or customer infection spread
High Infection Rate	Industry greater economic impact, higher risk of workplace or customer infection spread	Industry less economic impact, higher risk of workplace or customer infection spread

The phase-in plan prioritizes businesses considered to have a greater economic impact and inherently low risks of infection for the workers and customers,

followed by other businesses considered to have less economic impact, and those that present a higher risk of infection spread.

Additionally, when phasing-in reopenings, regions must not open attractions or businesses that would draw a large number of visitors from outside the local area.

There is, unsurprisingly, a significant demand by people right now across New York and our neighboring states to gather and enjoy each other's company. While people should be able to have fun, facilities or events that attract hundreds of people from outside the region pose a significant public health danger as we try to carefully reopen. These places should be closed and events should continue to be postponed or cancelled until the threat of COVID-19 has subsided.

As businesses reopen, they will not be returning to business as usual. Transmission of COVID-19 will remain a threat to employees and customers for some time, and business owners will need to adapt to this “new normal.”

Each business and industry must have a plan to protect employees and consumers, make the physical work space safer and implement processes that lower risk of infection in the business.

PHASE 1



Construction
Manufacturing
Wholesale Trade
Select Retail for Curbside Pickup Only

Agriculture, Forestry, and Fishing

PHASE 2



Professional Services
Finance and Insurance
Retail
Administrative Support

Real Estate, Rental, and Leasing

PHASE 3



Restaurants and Food Services

PHASE 4



Arts, Entertainment, and Recreation
Education

In developing these plans, businesses will need to consider three main factors.

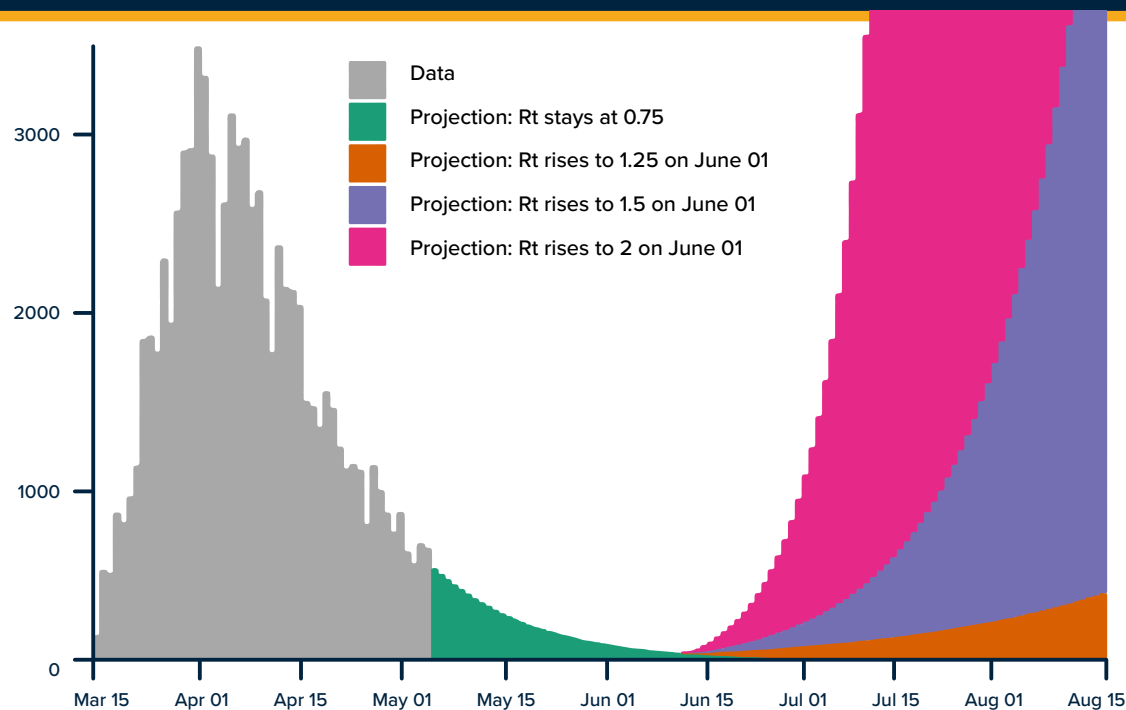
The first factor is protections for employees and customers.

These include possible adjustments to workplace hours and shift design as necessary to reduce density in the workplace; enacting social distancing protocols, and restricting non-essential travel for employees.

The second is changes to the physical workspace, including requiring all employees and customers to wear masks if in frequent close contact with others and implementing strict cleaning and sanitation standards.

The last factor for businesses to consider is implementing processes that meet our changing public health obligations, like screening individuals when they enter the workplace, or reporting confirmed positives to customers. While these processes will vary from business to business, almost everyone will have to adapt, in some way or another, to our new normal.

The State has created and deployed the **New York Forward Reopening Advisory Board**, to help guide the state's reopening strategy and develop industry specific safety guidelines, and regions should consider them a resource throughout this process. The advisory board is chaired by former Secretaries to the Governor Steve Cohen and Bill Mulrow and includes over 100 business, community, and civic leaders from industries across the state.



As businesses and citizens alike grow more and more restless, the pressure on elected leaders to act based on emotion or politics, rather than facts and data, will increase. But both the public health and economic stakes are too high right now to let opinion guide decision-making.

The New York Forward Plan is evidence-based, sound, and driven by science and economics, not politicians. It's how we reopen our state and put New York back to work as safely and as quickly as we can.



Reinforcing New York State Nursing Homes
By law and regulation, nursing homes MUST.
Protecting nursing homes is our number one priority.
SAFE HOME. STOP THE SPREAD. SAVE LIVES.



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|||: Leadership


During a crisis, New Yorkers look to their elected officials, across all levels of government, for leadership. And from the first day of the outbreak, COVID-19 has been no different. As we work together to start reopening New York and prevent a second wave, our efforts will require continued strong, decisive leadership from all levels of government, driven by a select few guiding principles that New Yorkers have come to expect from their representatives in government.

PEOPLE WANT THE FACTS

When COVID-19 first appeared in New York, we faced an epidemic on two fronts – one caused by the novel coronavirus, and another caused by fear.

Take, for example, social distancing. During the first few weeks after the initial confirmation, some politicians announced they planned to issue what they called “shelter in place” orders – a term associated with nuclear disasters and active shooters, rather than a call to spend the day at home, when possible.

The confusion bred chaos – rumors of mandatory quarantining and travel bans abounded, despite legal



WE ARE TAKING EVERY ACTION TO MAKE SURE NEW YORKERS ARE SAFE. BUT UNDUE ANXIETY AND FEAR IS A THREAT IN ITSELF. LET'S FIGHT FEAR WITH FACTS.”

- GOVERNOR ANDREW M. CUOMO, 3/5/2020

and practical dubiousness. And people rightly grow afraid when they think no one is in charge, when they don't have the all the information, or when they don't trust the information they're getting.

There's a fine line between being candid and inciting fear. People need to be aware of the threat they face – aware enough to act, and protect themselves and others. But on the other hand, essential workers need to know that government is working diligently to ensure it's safe for them to leave their homes and go into work – to keep our hospitals, grocery stores, and transit lines operating.

That's why I was so proud of the work many of my colleagues in public service performed during the chaotic first few weeks of the outbreak.

We were in constant communication with the public, relaying all of the facts as they came in. Not sensationalized, not editorialized – just the facts, the antidote to fear and anxiety.

We worked with each other, putting politics and histories aside to cut through red tape and ensure all New Yorkers had the resources and support they needed to get through the day, at least. And while we didn't know for sure, at the time, what COVID-19 would ultimately bring to New York, we acted quickly and effectively to prepare the state for the worst, even as we hoped for, and worked for, the best.

As regions start to phase-in their reopenings, local leaders need to communicate factually and clearly with their constituents – explaining the facts on the ground that are driving decision-making and making that data available to the public.

Many are rightfully eager to reopen quickly and may be frustrated by the need to go slowly and deliberately. Understanding their leaders' decisions will calm anxiety and stop the spread of rumors. The New York Forward Plan provides a framework for that conversation, identifying the metrics that officials can use to measure the infection rate and the readiness of local hospitals and contact tracers to handle those cases.



PAY SPECIAL ATTENTION TO VULNERABLE POPULATIONS

Tragically, the virus, and the measures needed to stop the spread, disproportionately impact the same vulnerable populations: older and lower-income New Yorkers. The New York Forward plan builds in metrics to monitor and control the spread of the virus, but as officials phase-in reopening, they also have an obligation to pay special attention to these vulnerable populations, including the frontline workers who are most at risk.

For older and immunocompromised New Yorkers, leaders should emphasize the need for heightened safety precautions and continued social distancing, especially as businesses start to reopen. Since these New Yorkers will continue to stay at home longer than most, officials should continue to ensure that these residents have access to the food, medicine, and other support they need.

State and local leaders must also continue monitoring nursing homes and other long-term care facilities to make sure they are protecting the most vulnerable in society.

Under federal and state laws nursing homes are required to immediately certify to the Department of Health that they have complied with all regulations, directives, and guidance, including cohorting COVID-positive patients and staff, and if they cannot transferring the resident to another facility; staff temperature checks every 12-hours; mandating PPE; that all nursing homes test residents and staff twice a week; and prohibiting visitors. Additionally, to protect all nursing home residents, DOH requires all patients test negative upon discharge from a hospital before being admitted into a nursing home facility. DOH is inspecting facilities that have not complied with these directives, including separation and isolation policies, staffing policies, and inadequate personal protective equipment. If DOH determines that the facilities failed to comply with the directives and guidance, the facilities could be fined or lose their operating license. The State has also been working with nursing homes and to provide access to every nursing home facility in the state to staffing assistance (including the state's nation-leading volunteer portal), PPE and providing tests to staff and residents as well as testing kits.

Testing has found that low-income New Yorkers and communities of color have paid a disproportionate price for this disease. Additionally, 52 percent of New York's frontline workers are people of color. Of those frontline workers, 63 percent of public transit workers, 69 percent of building cleaning service workers, and 51 percent of healthcare workers are people of color.¹² People of color are also disproportionately represented in delivery and childcare services, and approximately one third of frontline workers are members of low-income households.

12. Center for Economic and Policy Research, "A Basic Demographic Profile of Workers in Frontline Industries." April 7, 2020. <https://cepr.net/a-basic-demographic-profile-of-workers-in-frontline-industries/>

The state has been laser-focused on these communities. We launched a partnership with Ready Responders to bring healthcare services, including increased COVID-19 diagnostic testing, to New York City Housing Authority residents and churches across New York City. And we launched an effort with the State University of New York at Albany and Northwell Health, led by SUNY Albany President Havidán Rodríguez, to collect new data on health disparities and recommend actions the State can take to address them. This data collection complements our mandate requiring unprecedented demographic data collection and reporting by all New York hospitals for all new COVID patient admits. Now, as regions bring businesses back online, local officials must also work to prevent these communities from continuing to bear the brunt of the pandemic, including through increased testing and equitable resource allocation.

The virus is also an ongoing source of added pressure and concern during pregnancies. In response, the State formed the COVID-19 Maternity Task Force, led by Secretary to the Governor



COVID-19 FATALITIES IN NEW YORK

Race	New York City		Rest of State	
	% of Fatalities	% of Population	% of Fatalities	% of Population
Hispanic	34%	29%	14%	12%
Black	28%	22%	18%	9%
White	27%	32%	60%	74%
Asian	7%	14%	4%	4%
Other	4%	3%	4%	1%

In a survey of 1,650 newly hospitalized COVID-19 patients in NYC, of the 21 zip codes with the most new COVID-19 hospitalizations, 20 have greater than average black and/or Latino populations.

Melissa DeRosa. Accepting the Task Force’s recommendations, the State enacted measures diversifying birthing site options and supporting patient choice; extending the period of time a healthy support person can accompany a mother post-delivery; mandating testing of all pregnant New Yorkers; and ensuring equity in birthing options. The Task Force also developed an awareness campaign and conducted a review of the impact of COVID-19 on pregnancy and newborns, with special emphasis on reducing racial disparities in maternal mortality.

Finally, there has been a reported uptick in the number of domestic violence cases in the state. Because of continued social distancing guidelines, domestic violence victims are even more vulnerable and unsafe while isolated at home, without being able to get away from their abuser. The State has launched a text message and confidential online service to aid victims, but local officials and law enforcement should ensure all avenues of local support are available to victims.

New Yorkers in need of help can text 844-997-2121, or can confidentially reach a professional at www.opdv.ny.gov

EDUCATE AND HOLD BUSINESSES ACCOUNTABLE TO GUIDELINES

When New York went on PAUSE, most New Yorkers did the right thing, closing non-essential businesses and refraining from large gatherings that would exacerbate the spread. For those that did not, local governments have been key partners with the New York State PAUSE Enforcement Assistance Task Force in reaching out to businesses to inform them of the social density orders and their



responsibility to protect the health and safety of themselves and others. Where that was insufficient, local law enforcement has issued penalties or closures where appropriate.

Under New York Forward, regions will be reopening at different paces, led by the data, and communication to businesses about the rules of the road will be critical. Local leaders should continue with their strategy of outreach and education to businesses that are not in compliance with guidelines. For continued or egregious non-compliance, local law enforcement are empowered to enforce the rules.



PLAN FOR SCHOOL REOPENINGS

Schools and colleges will be reopened. But the question for each region is when, how, and for whom.

How can K-12 schools monitor the spread of COVID-19? How do we instill parent confidence and reinforce student safety? When, and how, will extra-curricular activities reopen? Do protocols for special student populations change?

On college campuses, how will housing, meals, and gatherings work? What steps need to be taken to ensure student mental health? How can colleges best work together to share services and offer opportunities across public and private systems? Would any alternative academic calendars work?

And what role will technology play in the education system's new normal?

Each school and college will face its own myriad set of new challenges. Regional leaders should develop a localized reopening plan, with support from the Reimagine Education Advisory Council of educators, students, parents and education leaders, to be submitted to the state for approval, that addresses how they plan to reopen their schools – and reopen them safely.

PAY ATTENTION TO MENTAL HEALTH AND WELLBEING

The rapid and dramatic response to COVID-19 – shutting down the economy and asking people to stay home – had many ancillary disruptions. Chief among them was an impact to mental health.



A lot of New Yorkers have been touched by grief. Avoiding neighbors in the street is profoundly disorienting. Going weeks without seeing family and close friends is profoundly dispiriting. The entire experience of quarantine is profoundly isolating. Half of all Americans have said that their mental health has been negatively impacted by the pandemic, and experts have measured a rise in drug and alcohol consumption. The anxiety, depression, insomnia, loneliness – the feeling of isolation – is not going away soon.

Mental health and wellbeing is an even bigger concern for frontline workers. Healthcare workers, essential workers, and first responders are all working long hours under incredible stress, worried about their own health or bringing an infection home.



The State has developed mental health support resources for all New Yorkers. We set up a mental health hotline, and recruited thousands of mental health professionals to provide free counseling to anyone who needs it. The State has partnered with the Kate Spade New York Foundation and Crisis Text Line to provide 24/7 emotional support for frontline healthcare workers. New York has also partnered with Headspace to offer free meditation and mindfulness content as a mental health resource for all of us as we cope with this unprecedented public health crisis.

New Yorkers can access a collection of science-backed, evidence-based guided meditations, along with at-home mindful workouts, sleep exercises, and children's content to help address rising stress and anxiety.

The mental health challenges posed by the pandemic will persist, even as we begin to reopen. State and local leaders need to continue to address these problems.

This doesn't mean just providing more resources to New Yorkers. It means leaders should speak to their anxieties, reminding New Yorkers that they are not alone, that things will get better, and that they should get the help they need.

Moving New York forward will be complicated at times. And it will be frustrating for many who are also trying to adapt to a new reality – too slow for some, too fast for others.

But moments like these are why elected officials were put in office. Over the last two months, millions of New Yorkers have put aside their personal and political differences and come together to support each other and keep our state safe. We owe it to them to do the same – to put aside party and ideology and work together to communicate clearly, with one voice, and make progress happen for all New Yorkers.

New Yorkers can make an appointment for free online mental health services at 1-844-863-9314

Frontline workers in need of emotional support can text NYFRONTLINE to 741-741

Access free meditation and mindfulness resources at www.headspace.com/ny





IV: Individual Responsibility

Since day one of this crisis, people across New York and across the country have turned to their local, county, state, and federal governments for direction. As well they should – government should be the primary driver and manager of our societal response during an emergency.

Further, much attention has rightfully focused on the bravery of our heroic frontline workers – the medical staff working endless hours to save lives, the first responders keeping us safe, the grocery store staff, food delivery workers and cooks, transit workers, and so many more who have been going out every day to serve their communities.

But all citizens also have an important role to play in combating this crisis– an individual responsibility to uphold their end of the social contract, show respect for their fellow New Yorkers, and help keep those around them safe.

That means continuing to social distance, continuing to wear a mask, continuing practicing good hand hygiene or wearing gloves, and continuing to stay inside as much as possible.

Of course, it's not plausible to be inside 100% of the time – you have to go get groceries, check the mail, and walk the dog. Still, the fact is that every minute someone's interacting with the public, they're increasing the risk to themselves, and they're increasing the risk to other people. Taking unnecessary risks also disrespects the sacrifices of frontline workers. Failing to do your part could mean more people get infected, potentially overwhelming hospitals or infecting health care workers themselves.

AN INDIVIDUAL'S ROLE IS TO ACT RESPONSIBLY AND INTELLIGENTLY FOR YOURSELF, YOUR FAMILY, AND FOR YOUR COMMUNITY. WEAR A MASK.

- GOVERNOR ANDREW M. CUOMO, 5/3/2020

COVID-19 is a vicious virus. It's highly contagious. It may live on surfaces for days. It doesn't take much at all for anyone, including younger people, to catch this virus. And there's so much we still don't know about it. While initial data indicated that children were less at-risk than other age groups, we've recently seen a troubling rise in deaths from a possible complication of COVID-19 in children, presenting symptoms similar to Kawasaki disease – a rare inflammatory condition – and toxic shock syndrome.

The single most important person keeping you safe, keeping your family safe, and keeping everyone around you safe, is yourself. Taking every protective precaution isn't about any one of us – it's about all of us.



The last couple of months have been unbelievably hard. But in some ways, the weeks and months ahead of us now will be even tougher. As spring gives way to summer and it gets warmer and nicer outside, as the economy eases back into motion, as the statistics look more and more encouraging, and as cabin fever reaches a breaking point, New Yorkers are going to have to dig in and keep doing what they've been doing so well:

Staying inside and avoiding others. Wearing a mask, all the time. Washing their hands. And keeping certain businesses and industries temporarily closed.

This is part of our new normal, at least for the time being. It's frustrating – there's no denying that. But now is our make or break point. If we double down on our efforts and fulfill our social responsibility now, we can rid New York of this virus for good.



IT IS US,
TOGETHER,
VERSUS
THE VIRUS.”

- GOVERNOR ANDREW M. CUOMO
5/4/2020




The COVID-19 crisis has challenged our state and our country like nothing we've faced in generations. But in the face of incredible adversity, we've also seen the grace and sense of community that makes us special. From the parent in Syracuse who has added "Algebra teacher" to their list of titles, to Dennis Ruhnke, the retired farmer in Kansas who mailed New York his extra N-95 mask so that we could give it to a frontline worker who needed it, people everywhere have stepped up and pulled together to help us weather this storm. If we each do our part, and continue supporting each other and lifting each other up, we will beat this virus, and come out stronger on the other side.





V: Build Back Better



**YOU DON'T WANT TO BUILD
BACK WHAT WAS.
YOU WANT TO BUILD BACK
BETTER THAN BEFORE.”**

- GOVERNOR ANDREW M. CUOMO, 4/25/2020

The hard truth is that we can't just reopen New York the way it was, because the COVID-19 pandemic has fundamentally altered our state and our way of life. To simply reopen would mean trying to return to the old normal – a normal that no longer exists.

The New York we build back will be different than the pre-COVID New York. But in the unprecedented challenge this crisis posed, there is an unprecedented opportunity to plan ahead, think differently, and build back better than ever before. History has repeatedly shown us that times of crisis can shock the body politic into lasting change that improves society for generations to come.

The Great Chicago Fire of 1871, which killed 300 people, left 100,000 people homeless, and destroyed over three square miles of the city, led to stricter fire safety laws and building codes, including banning wooden buildings within city limits – measures that have saved countless lives since.

The Triangle Shirtwaist Factory Fire in 1911 was the deadliest industrial disaster in New York’s history, causing the deaths of 146 garment workers. It led to Governor Al Smith and Frances Perkins passing the first state workplace guarantees in the country later that year – a model for the nation that improved worker safety across America.

The Great Depression – the longest, deepest, and most widespread economic downturn of the 20th century – was reversed through President Franklin Delano Roosevelt’s New Deal legislation, leading to the dawn of the “American Century” and the creation of a social safety net, including Social Security.

From World War II, the deadliest conflict in human history, with as many as 85 million people killed, came the United Nations; unprecedented opportunity for women in the workforce; and the GI Bill, which helped more than 8 million veterans go back to school.

After 2,977 innocent Americans lost their lives on September 11, 2001, in the deadliest terrorist attack on American soil, the Department of Homeland Security was established, representing the largest restructuring of the U.S. government in contemporary history.

And after Superstorm Sandy left devastation in its path in 2012, New York State built back stronger, made its infrastructure more resilient, and established the Governor’s Office of Storm Recovery, dedicated to centralizing recovery and rebuilding efforts in impacted areas of New York State.

Today, we have another chance to make ourselves better for having gone through hell. This is a moment not just to reexamine and intelligently build back core parts of our society and our economy to be more resilient to future pandemics, but to reimagine – to chart a new course and a new vision for New York’s future, and finally address the systemic issues that, for too long, have limited opportunity and progress for all.

BETTER EDUCATION SYSTEM

Beginning in early March, schools across the state began moving to distance-learning models as the virus spread across New York. By early May, all schools across the state had been closed for the remainder of the academic year – an unprecedented step that placed an enormous burden on administrators, teachers, parents, and students alike. Lesson plans had to be adapted to fit online classrooms. Child care had to be provided. And tens of thousands of students who rely on their schools for free or reduced-price breakfasts and lunches had to be fed.

Going forward, we must explore ways in which our education can be reimaged, including by examining ways technology can be used to provide more opportunities to students, reduce educational inequality, and better meet the educational needs of students with disabilities.



Over the coming months, New York State will partner with the Bill and Melinda Gates Foundation, as well as local education leaders from across the state, to convene experts and develop a blueprint to adapt our state’s education system for this new normal. To aid in the development of these plans, in early May, the State launched a Reimagine Education Advisory Council, made up of educators, students, parents and education leaders, to help districts reimagine schools as they prepare to reopen.

By doing so, we will build an education system that is able not just to serve students during a global pandemic, but to address inequalities that, for too long, have created disparities between richer and poorer school districts.



BETTER HEALTHCARE SYSTEM

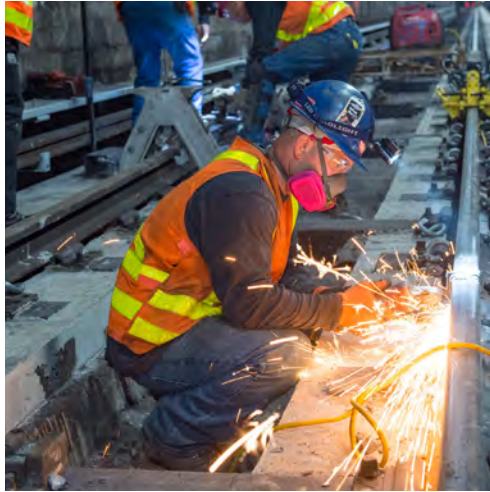
The COVID-19 crisis exposed operational issues with New York's healthcare system, forcing us to adapt on the fly through creative strategies like the Surge and Flex initiative. We must learn from this experience and be better prepared for when the next medical crisis hits our state – a matter of if, not when.

This will be accomplished through a number of approaches. New York can rethink and harden our healthcare system by continuing and expanding the tele-medicine and remote-care healthcare options whose use and popularity grew over the last two months, strategically balancing our medical resource stockpile across the state, and expanding frontline healthcare worker employment opportunities, we can harden our healthcare system today against the challenges of tomorrow. Michael Dowling, President and CEO of Northwell Health and former State Director of Health, Education, and Human Services under Governor Mario Cuomo, will help New York on this critical endeavor.

BETTER TRANSPORTATION NETWORK

In the midst of the pandemic, the MTA completed the L-Train project, which repaired the Hurricane Sandy-damaged Canarsie Tunnel under the East River without shutting down the train's service. The project was finished three months ahead of schedule and \$100 million under budget. This project – the result of outside-the-box thinking by a panel of international transit experts – is proof that creative thinking and challenging the conventional wisdom can yield extraordinary results.

Now, with mass transit systems in New York City and across the state operating on alternate schedules – including shutting down the MTA's subway system from 1:00-5:00 am – and receiving increased attention from



sanitation and repair crews, we have a chance to find ways to increase service, reduce costs, and protect the health of workers and riders alike.

GREATER SOCIAL EQUITY

The pandemic exacerbated existing inequality among New Yorkers. African Americans and Latinos across the state faced disproportionately high COVID-19 fatality rates. A 15,000-person random antibody survey conducted by the state further demonstrated that communities of color saw disproportionately high rates of COVID-19 infection. Recent data also demonstrates that residents of low-income and non-white communities are entering hospitals at a higher rate.

Several factors drive these disparities, among them that frontline workers in healthcare, transit, and law enforcement are disproportionately people of color, and that, on average, African American and Latino New Yorkers have less access to healthcare than other New Yorkers, and higher rates of pre-existing medical conditions that render patients particularly vulnerable to COVID-19.

New York's response has focused with special intensity on easing the virus' impact on communities of color, including launching targeted testing programs at churches and public housing complexes within impacted communities of color, and distributing more than one

million protective masks and more than ten thousand gallons of hand sanitizer to public housing residents. We've launched an effort with the State University at Albany and



Northwell Health to examine the underlying, systemic issues at work, collect more data, and recommend ways to act on it. This research will enable us to make the type of reforms necessary for our state and this country to be better for having gone through this.

Even as we've worked as a state to expand testing to all corners of New York, and even as we've continued our day-one commitment to ensure every single person has the care and coverage they need – including mental health and wellness coverage – New York is committed to learning the lessons from this crisis and using this opportunity to make social progress a reality for every New Yorker.



BETTER PUBLIC SAFETY

Throughout this crisis, New Yorkers have been reminded, once again, of the truly heroic work our first responders – healthcare workers, firefighters, EMTs, police and corrections officers, and others – perform on a daily basis. But we’ve also been reminded that, while saying thank you is great, our actions are what count.

New York has conducted random antibody survey testing to fully understand the impact of the virus on our first responders. Across the board, our first responders saw lower rates of infection than the public at large. These findings reconfirm the State’s approach from Day One – to ensure our frontline heroes have the protective equipment they need to stay safe as they serve New Yorkers every day.

But developing better lines of coordination between federal, state, and local authorities, and ensuring first responders have the supplies and protective equipment they need to face any crisis must be a top priority for every elected official as we enter our new normal. It's the thanks our heroes need and deserve

BETTER HOUSING SUPPORT

Public health crises and housing reforms have always gone hand-in-hand. Poor conditions in 19th and 20th century tenement housing spurred revolutionary sanitary and ventilation regulations, including the New York State Tenement House Act, a progressive reform that still governs New York City low-rise building law today.

The crisis of our era exposed our need to focus more attention on residents of public housing, who have disproportionately suffered during this crisis, and address homelessness by ensuring access to quality, affordable housing for New York's most vulnerable citizens. The reimagining of our housing system should include examining how expanded affordable housing options can reduce density in crowded living environments and better ensure that, during a contagious disease outbreak, New Yorkers have the housing options needed to protect themselves and their families.

BETTER INTEGRATION OF TECHNOLOGY IN STATE SYSTEMS

Many opportunities that New York has to build back better depend on widespread and equitable access to new technologies and broadband internet. To reimagine our state, we have to integrate our practices and systems with the best advanced technology tools.

Eric Schmidt, former Google CEO and Executive Chairman and founder of Schmidt Futures, will lead a 15-member Blue Ribbon Commission and use what the state has learned during the COVID-19 pandemic, combined with new technologies, to improve technology access for all New Yorkers.

A BETTER ECONOMY FOR ALL

Like every state across the country, every aspect of New York's economy – thriving just weeks ago – has been devastated by the COVID-19 crisis. Nearly two million New Yorkers are out of a job, and tens of billions in tax revenue is lost.



We must – we will – rebuild our economy and get the state back to work. But we must also do it in a way that makes our state’s fiscal health and workforce more resilient.

Millions of workers have spent the last two months telecommuting or working from home – policies that will inevitably need to continue and expand as technology becomes more accessible and employers grow more flexible. And because the pandemic exposed how vulnerable a supply chain that relies too heavily on foreign countries is, to be prepared for the next crisis, we must create new jobs and manufacture our own critical goods and supplies here at home.

Franklin Roosevelt’s comprehensive, progressive, and creative efforts as Governor of New York and President of the United States helped lead our state and our country out of the depression following the Wall Street Crash of 1929 and laid the foundation for decades of unprecedented prosperity. Today, we again have an opportunity to rebuild a healthy, just, strong, and resilient workforce, and we must take it.

This pandemic has made many of the systemic faults across every aspect of our society, our laws, and our support systems even more clear.

The solutions won’t be easy – and aren’t even necessarily clear today.

But what is clear is our obligation to learn from these exposures, to think differently, and to act boldly to better ourselves and our state.

T H A N K



053
Business Park
On 7th Street

WE YOU
DREVIERS





VI: Excelsior

The New York State Motto is “Excelsior” – Latin for “ever upward.” Since its adoption in 1778, it has served as a reminder of both our state’s continued pursuit of excellence, and our unwavering belief in a brighter future.

That credo has never been more important to our identity than right now.

Because while we will never forget the pain and devastation this crisis brought to our state...

While we will mourn those we’ve lost, and remember the bravery, compassion, and heroism of the countless New Yorkers who stepped up when called upon...

And while we will be humbled by the lessons COVID-19 taught us...

We can’t, we won’t, let it break us.
That’s not in our DNA.

This recovery and rebuild will require New Yorkers, in both the public and private sectors, to be bold. To make decisions and act. To think big, and have the courage to make that vision a reality.



“YOU GET KNOCKED ON YOUR REAR IN LIFE. THAT HAPPENS. THE QUESTION IS, DO YOU GET UP? AND IF YOU GET UP, HOW DO YOU GET UP. ARE YOU A BETTER PERSON FOR HAVING GOTTEN KICKED ON YOUR REAR END?”

-GOVERNOR ANDREW M. CUOMO, 4/22/2020



It will require a renewed commitment by government to performance and expertise.

That is what we owe our citizens.

And it will require all New Yorkers to put their faith in competent elected officials, guided by facts, rather than by optics, celebrity, and press releases. That is what we owe our state.

But if we each do our part – if we’re tough, smart, disciplined, unified, and loving – then we will get through this together. We’ll learn from it. And we’ll be better for it.

That’s the New York way.

APPENDIX

I. Members of the New York Forward Re-Opening Advisory Board

II. Executive Orders No. 202, 202.6, 202.7, 202.8

III. Protocol for COVID-19 Testing Applicable to All Health Care Providers and Local Health Departments

IV. New York State County Health Office Contact Information

I. Members of the New York Forward Re-Opening Advisory Board

- Quenia Abreu
President New York Women’s Chamber of Commerce
- Elizabeth Alexander
President, The Andrew W. Mellon Foundation
- Vincent Alvarez
President, NYC Central Labor Council
- Stuart Appelbaum
President, Retail, Wholesale and Department Store Union
- Robert Bakish
CEO, Viacom
- Ajay Banga
CEO, MasterCard
- Kathy Behrens
President, Social Responsibility & Player Programs,
National Basketball Association
- Bill Berkley
Chair, NYU

- Greg Biryla
State Director, National Federation
of Independent Business
- Albert Bourla
CEO, Pfizer
- Elizabeth Bradley
President, Vassar College
- Kyle Bragg
President, SEIU 32BJ
- Heather Briccetti
President & CEO, The Business Council
- Tory Burch - Executive Chair, Tory Burch LLC
- Gerrard P. Bushell - former President and CEO of the
Dormitory Authority of the State of New York (DASNY)
- James Cahill
President, NYS Building and Construction Trades
- Wellington Chen
Executive Director of Chinatown
Business Improvement District
- Mario Cilento
President, NYS AFL-CIO

- Henry Cisneros
Siebert, Brandford, Shank & Co.
- Dr. Katherine Conway-Turner
President, SUNY Buffalo State College
- Steven M. Cohen
Former Secretary to the Governor
- Lou Coletti
President, Building Trades Employers Association
- Stacey Cunningham - President, NYSE
- Vijay Dandapani
President & CEO, Hotel Association of NYC
- Sonya Del Peral
Nine Pin Ciderworks
- Mylan Denerstein
Partner, Gibson, Dunn & Crutcher
- Alicia Fernandez Dicks
President/CEO, Community Foundation of
Oneida and Herkimer
- James Dolan
CEO, Madison Square Garden

- Gary Douglas
President & CEO, North Country Chamber of Commerce
- Jonathan Drapkin
President & CEO, Hudson Valley Pattern for Progress
- Stacey Duncan
Executive Director, The Agency
- Leecia Eve
Vice President of State Government Affairs, Verizon
- Alicia Fernandez Dicks
President & CEO, Community Foundation of Oneida and Herkimer
- Melissa Fleischut
President & CEO, NYS Restaurant Association
- Bill Ford
CEO, General Atlantic LLC
- Jane Fraser
President, Citigroup
- Adena Friedman
President & CEO, Nasdaq
- Joanna Geraghty
President & COO, Jetblue Airways Corp

- Raymond Gindi
COO, Century 21
- Ken Goldberg
President, Amusement and Music
Operators Association of NY
- Bea Grause
President, Healthcare Association of New York State
- Jonathan Gray
President & COO, Blackstone Group
- George Gresham
President, 1199SEIU
- Horacio Gutierrez
General Counsel, Spotify
- Sabrina HoSang Jordan
CEO, Caribbean Food Delights, Inc.
- Maria Imperial
CEO, YWCA White Plains & Central Westchester
- Shirley Ann Jackson
President, Rensselaer Polytechnic Institute
- Dr. Amarilis Jacobo
President, National Hispanic Dental Association

- Jeremy Jacobs Jr
Co-Chief Executive Officer, Delaware North
- Michele Johnson
YWCA of Elmira
President of YWCAs NYS
- René Jones
Chair & CEO, M&T Bank
- Michel Khalaf
President & CEO, MetLife
- Pat Kane
Executive Director, New York State Nurses Association
- Gary LaBarbera
President, Building and Construction Trades Council
of Greater New York
- Mary Beth Labate
President, Commission on Independent Colleges
and Universities
- Kevin Law
President & CEO, Long Island Association, Inc.
- Jon Ledecky
Co-Owner, NY Islanders

- Kewsong Lee
Co-CEO, Carlyle Group
- Randy Levine
President, NY Yankees
- Mayra Linares-Garcia
VP of Public Affairs and Communications at Liberty
Coca-Cola Beverages
- Melanie Littlejohn
Chair, Board of Directors, CenterState CEO
- Melinda Mack
Executive Director, NYATEP
- Joanie Mahoney
Chief Operating Officer, SUNY ESF
- Carl McCall
Former Chair, SUNY Board of Trustees; Former NYS
Comptroller
- Brenda McDuffie
President & CEO at Buffalo Urban League
- James McKenna
CEO, Regional Office of Sustainable Tourism

- Cheryl McKissack Daniel
President & CEO, McKissack & McKissack
- Father Joseph McShane
President, Fordham University
- Elizabeth Moore
General Counsel, Con Edison
- Wes Moore
CEO, Robin Hood
- Marc Moria
President & CEO, National Urban League
- William J. Mulrow
Former Secretary to the Governor
- John McAvoy
Chairman, President & CEO, Con Edison
- Danny Meyer
CEO, Union Square Hospitality Group
- Dr. Belinda S. Miles
President, SUNY Westchester Community College
- Frankie Miranda
President & CEO, Hispanic Federation

- George Miranda
International Vice President- At Large, Teamsters
- Orinthia T. Montague - President, Tompkins Cortland
Community College
- Henry Munoz
- Candice Niu - Executive Director, China General
Chamber of Commerce
- Brian O'Donoghue
- Ana Oliveira
President & CEO, The New York Women's Foundation
- Kim Pegula
President and CEO, Pegula Sports and Entertainment
- Elizabeth Peralta - Executive Director, National
Supermarket Association
- Clotilde Perez-Bode Dedecker - President/CEO,
Community Foundation for Greater Buffalo
- Charles Phillips
Chair, Infor
- Martha Pollack
President, Cornell University

- Ted Potrikus
President & CEO, Retail Council of New York State
- Christine Quinn
President & CEO, Women in Need
- Ken Raske
President, Greater NY Hospital Association
- Scott Rechler
CEO & Chairman, RXR Realty
- Andrew Rigie
President, NYC Hospitality Alliance
- Linda Brown-Robinson
President, Syracuse Onondaga NAACP
- Lisa Rosenblum
Vice Chair, Altice
- Jane Rosenthal
Co-Founder & CEO, Tribeca Enterprises
- Steven Rubenstein
Chairman, Association for a Better New York
- Bill Rudin
Rudin Management Company

- Kevin Ryan
Co-Founder, MongoDB
- Julie Samuels
President, Tech:NYC
- Rob Sands
Chairman, Constellation Brands
- Theresa Sanders
President of the Urban League of Long Island
- Jaime Saunders
CEO, United Way of Greater Rochester
- Diane Serratore
Executive Director, Help From People to People
- Jeff Shell
CEO, NBC Universal
- Carlo Scissura
President & CEO, NY Building Congress
- Leonard Schleifer
CEO, Regeneron Pharmaceuticals
- Josh Silverman
CEO, Etsy

- Lisa Sorin
President, Bronx Chamber of Commerce
- Rob Speyer
President & CEO, Tishman Speyer
- Ty Stone
President, Jefferson County Community College
- Ken Sunshine
President, Sunshine Sachs
- Steve Swartz
President & CEO, Hearst; Co- Chair, Partnership for NYC
- Chandrika Tandon
Chair, Tandon Capital Associates
- Elinor Tatum
Publisher and Editor in Chief, New York Amsterdam
News
- Crickett Thomas-O'Dell
Regional Director, Workforce Development Institute
- Bill Thompson
Chairman, CUNY
- Merryl Tisch
Chairman, SUNY

- Erin Tolefree
Executive Vice President, Baldwin Richardson Foods
- Clara Tsai
Brooklyn Nets
- Elizabeth Velez
CEO Velez Organization & Chair, NY Building Congress
- Fanny Villarreal
Executive Director, YWCA Syracuse Onondaga County
- Dennis Walcott
Former NYC School Chancellor
- John Waldron
President and COO, Goldman Sachs
- Darren Walker
President, Ford Foundation
- Peter Ward
President, NY Hotel & Motel Trades Council, AFL-CIO
- Nicole Wegman
Senior Vice President, Wegmans
- Anthony Welters
Executive Chairman, Blacklvy Group, LLC

- Jim Whelan
President, Real Estate Board of New York
- Jeff Wilpon
COO, NY Mets
- Tren'ness Woods-Black
Sylvia's Restaurant
- Sheena Wright
President & CEO, United Way of New York City
- Kathy Wylde
President & CEO, Partnership for NYC
- Jo-Ann Yoo
Executive Director, Asian American Federation
- Kristine M. Young
President, Orange County Community College
Loures Zapata - President & CEO at South Bronx Overall
Economic Development Corporation

II. Executive Orders No. 202, 202.6, 202.7, 202.8

No. 202

EXECUTIVE ORDER

Declaring a Disaster Emergency in the State of New York

WHEREAS, on January 30, 2020, the World Health Organization designated the novel coronavirus, COVID-19, outbreak as a Public Health Emergency of International Concern;

WHEREAS, on January 31, 2020, United States Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the entire United States to aid the nation's healthcare community in responding to COVID-19;

WHEREAS, both travel-related cases and community contact transmission of COVID-19 have been documented in New York State and more are expected to continue; and

WHEREAS, New York State is addressing the threat that COVID-19 poses to the health and welfare of its residents and visitors.

NOW, THEREFORE, I, Andrew M. Cuomo, Governor of the State of New York, by virtue of the authority vested in me by the Constitution and the Laws of the State of New York, hereby find, pursuant to Section 28 of Article 2-B of the Executive Law, that a disaster is impending in New York State, for which the affected local governments are unable to respond adequately, and I do hereby declare a State disaster emergency for the entire State of New York. This Executive Order shall be in effect until September 7, 2020; and

IN ADDITION, this declaration satisfies the requirements of 49 C.F.R. 390.23(a)(1)(A), which provides relief from Parts 390 through 399 of the Federal Motor Carrier Safety Regulations (FM CSR). Such relief from the FM CSR is necessary to ensure that crews are available as needed.

FURTHER, pursuant to Section 29 of Article 2-B of the Executive Law, I direct the implementation of the State Comprehensive Emergency Management Plan and authorize all necessary State agencies to take appropriate action to assist local governments and individuals in containing, preparing for, responding to and recovering from this state disaster emergency, to protect state and local property, and to provide such other assistance as is necessary to protect public health, welfare, and safety.

IN ADDITION, by virtue of the authority vested in me by Section 29-a of Article 2-B of the Executive Law to temporarily suspend or modify any statute, local law, ordinance, order, rule, or regulation, or parts thereof, of any agency during a State disaster emergency, if compliance with such statute, local law, ordinance, order, rule, or regulation would prevent, hinder, or delay action necessary to cope with the disaster emergency or if necessary to assist or aid in coping with such disaster, I hereby temporarily suspend or modify, for the period from the date of this Executive Order through April 6, 2020 the following:

Section 112 of the State Finance Law, to the extent consistent with Article V, Section 1 of the State Constitution, and to the extent necessary to add additional work, sites, and time to State contracts or to award emergency contracts, including but not limited to emergency contracts or leases for relocation and support of State operations under Section 3 of the Public Buildings Law; or emergency contracts under Section 9 of the Public Buildings Law; or emergency contracts for professional services under Section 136- a of the State Finance Law; or emergency contracts for commodities, services, and technology under Section 163 of the State Finance Law; or design-build or best value contracts under and Part F of Chapter 60 of the Laws of 2015 and Part RRR of Chapter 59 of the Laws of 2017; or emergency contracts for purchases of commodities, services,

and technology through any federal GSA schedules, federal 1122 programs, or other state, regional, local, multi-jurisdictional, or cooperative contract vehicles;

Section 163 of the State Finance Law and Article 4-C of the Economic Development Law, to the extent necessary to allow the purchase of necessary commodities, services, technology, and materials without following the standard notice and procurement processes;

Section 97-G of the State Finance Law, to the extent necessary to purchase food, supplies, services, and equipment or furnish or provide various centralized services, including but not limited to, building design and construction services to assist affected local governments, individuals, and other non-State entities in responding to and recovering from the disaster emergency;

Section 359-a, Section 2879, and 2879-a of the Public Authorities Law to the extent necessary to purchase necessary goods and services without following the standard procurement processes;

Sections 375, 385 and 401 of the Vehicle and Traffic Law to the extent that exemption for vehicles validly registered in other jurisdictions from vehicle registration, equipment and dimension requirements is necessary to assist in preparedness and response to the COVID-19 outbreak;

Sections 6521 and 6902 of the Education Law, to the extent necessary to permit unlicensed individuals, upon completion of training deemed adequate by the Commissioner of Health, to collect throat or nasopharyngeal swab specimens from individuals suspected of being infected by COVID-19, for purposes of testing; and to the extent necessary to permit non-nursing staff, upon completion of training deemed adequate by the Commissioner of Health, to perform tasks, under the supervision of a nurse, otherwise limited to the scope of practice of a licensed or registered nurse;

Subdivision 6 of section 2510 and section 2511 of the Public Health Law, to the extent necessary to waive or revise eligibility criteria, documentation requirements, or premium contributions; modify covered health care services or the scope and level of such services set forth in contracts; increase subsidy payments to approved organizations, including the maximum dollar amount set forth in contracts; or provide extensions for required reports due by approved organizations in accordance with contracts;

Section 224-b and subdivision 4 of section 225 of the Public Health Law, to the extent necessary to permit the Commissioner of Health to promulgate emergency regulations and to amend the State Sanitary Code;

Subdivision 2 of section 2803 of the Public Health Law, to the extent necessary to permit the Commissioner to promulgate emergency regulations concerning the facilities licensed pursuant to Article 28 of the Public Health Law, including but not limited to the operation of general hospitals;

Subdivision 3 of section 273 of the Public Health Law and subdivisions 25 and 25-a of section 364-j of the Social Services Law, to the extent necessary to allow patients to receive prescribed drugs, without delay;

Section 400.9 and paragraph 7 of subdivision f of section 405.9 of Title 10 of the NYCRR, to the extent necessary to permit general hospitals and nursing homes licensed pursuant to Article 28 of the Public Health Law (“Article 28 facilities”) that are treating patients during the disaster emergency to rapidly discharge, transfer, or receive such patients, as authorized by the Commissioner of Health, provided such facilities take all reasonable measures to protect the health and safety of such patients and residents, including safe transfer and discharge practices, and to comply with the Emergency Medical Treatment and Active Labor Act (42 U.S.C. section 1395dd) and any associated regulations;

Section 400.11 of Title 10 of the NYCRR, to the extent necessary to permit Article 28 facilities receiving patients as a result of the disaster emergency to complete patient review instruments as soon as practicable;

Section 405 of Title 10 of the NYCRR, to the extent necessary to maintain the public health with respect to treatment or containment of individuals with or suspected to have COVID-19;

Subdivision d and u of section 800.3 of Title 10 of the NYCRR, to the extent necessary to permit emergency medical service personnel to provide community paramedicine, transportation to destinations other than hospitals or health care facilities, telemedicine to facilitate treatment of patients in place, and such other services as may be approved by the Commissioner of Health;

Paragraph 3 of subdivision f of section 505.14 of Title 18 of the NYCRR, to the extent necessary to permit nursing supervision visits for personal care services provided to individuals affected by the disaster emergency be made as soon as practicable;

Sections 8602 and 8603 of the Education Law, and section 58-1.5 of Title 10 of the NYCRR, to the extent necessary to permit individuals who meet the federal requirements for high complexity testing to perform testing for the detection of SARS-CoV-2 in specimens collected from individuals suspected of suffering from a COVID-19 infection;

Subdivision 4 of section 6909 of the Public Health Law, subdivision 6 of section 6527 of the Education Law, and section 64.7 of Title 8 of the NYCRR, to the extent necessary to permit physicians and certified nurse practitioners to issue a non-patient specific regimen to nurses or any such other persons authorized by law or by this executive order to collect throat or nasopharyngeal swab specimens from individuals suspected of suffering from a COVID-19 infection, for purposes of testing, or to perform such other tasks as may be necessary to provide care for individuals diagnosed or suspected of suffering from a COVID-19 infection;

Section 596 of Title 14 of the NYCRR to the extent necessary to allow for rapid approval of the use of the telemental health services, including the requirements for in-person initial assessment prior to the delivery of telemental health services, limitations on who can deliver telemental health services, requirements for who must be present while telemental health services are delivered, and a recipient's right to refuse telemental health services;

Section 409-i of the Education Law, section 163-b of the State Finance Law with associated OGS guidance, and Executive Order No. 2 are suspended to the extent necessary to allow elementary and secondary schools to procure and use cleaning and maintenance products in schools; and sections 103 and 104-b of the General Municipal

Law are suspended to the extent necessary to allow schools to do so without the usual advertising for bids and offers and compliance with existing procurement policies and procedures;

Article 7 of the Public Officers Law, section 41 of the General Construction Law, and section 3002 of the Public Health Law, to the extent necessary to permit the Public Health and Health Planning Council and the State Emergency Medical Services Council to meet and take such actions as authorized by law, as may be necessary to respond to the COVID-19 outbreak, without meeting quorum requirements or permitting the public in-person access to meetings, provided that any such meetings must be webcast and means for effective public comment must be made available; and

FURTHER, I hereby temporarily modify, for the period from the date of this Executive Order through April 6, 2020, the following laws:

Section 24 of the Executive Law; Sections 104 and 346 of the Highway Law, Sections 1602, 1630, 1640, 1650, and 1660 of the Vehicle and Traffic Law; Section 14(16) of the Transportation Law; Sections 6-602 and 17-1706 of the Village Law; Section 20(32) of the General City Law; Section 91 of Second Class Cities Law; Section 19-107(ii) of the New York City Administrative Code; and Section 107.1 of Title

21 of the New York Codes, Rules and Regulations, to the extent necessary to provide the Governor with the authority to regulate traffic and the movement of vehicles on roads, highways, and streets.

G I V E N under my hand and the Privy Seal of the State in the City of Albany this seventh day of March in the year two thousand twenty.

BY THE GOVERNOR

Secretary to the Governor

No. 202.6

EXECUTIVE ORDER

CONTINUING TEMPORARY SUSPENSION AND MODIFICATION OF LAWS RELATING TO THE DISASTER EMERGENCY

WHEREAS, on March 7, 2020, I issued Executive Order Number 202, declaring a State disaster emergency for the entire State of New York;

WHEREAS, both travel-related cases and community contact transmission of COVID-19 have been documented in New York State and are expected to be continue;

WHEREAS, in order to facilitate the most timely and effective response to the COVID 19 emergency disaster, it is critical for New York State to be able to act quickly to gather, coordinate, and deploy goods, services, professionals, and volunteers of all kinds; and

NOW, THEREFORE, I, Andrew M. Cuomo, Governor of the State of New York, by virtue of the authority vested in me by Section 29-a of Article 2-B of the Executive Law to temporarily suspend or modify any statute, local law, ordinance, order, rule, or regulation, or parts thereof, of any agency during a State disaster emergency, if compliance with

such statute, local law, ordinance, order, rule, or regulation would prevent, hinder, or delay action necessary to cope with the disaster emergency or if necessary to assist or aid in coping with such disaster, I hereby temporarily suspend or modify, for the period from the date of this Executive Order through April 17, 2020 the following:

Section three of the Public Officer's Law shall not apply to an individual who is deemed necessary to hire or to engage in a volunteer capacity to provide for an effective and efficient emergency response, for the duration of such emergency;

Subparagraph (i) of subdivision 1 of section 73 of the Public Officers Law Section shall not apply to any person who is hired, retained, appointed, or who volunteers in any way to assist New York State in its response to the declared emergency;

Subparagraph 5 of section 73 of the Public Officers Law Section shall not apply to a state officer or employee, or a volunteer who is facilitating contributions or donations to assist New York State in its response to the declared emergency;

Subparagraph 8 of section 73 of the Public Officers Law Section 73(8) and section 74 of the Public Officer's Law shall not apply to volunteers or contractors who assist New

York State in its response, provided that any recusals shall be adhered to if determined necessary by the appointing entity;

Legislative Law Section 1-M is suspended to the extent that any agency may receive a donation in kind or otherwise, in any amount from any source, provided such donation is made to the State and is administered by a state agency in furtherance of the response effort;

State Finance Law Section 11, to the extent necessary to facilitate an efficient and effective New York State emergency disaster response, shall not apply to any state agency efforts to further the response to the declared emergency;

NOW, THEREFORE, by virtue of the authority vested in me by Section 29-a of Article 2-B of the Executive Law to issue any directive during a disaster emergency necessary to cope with the disaster, I hereby issue the following directives for the period from the date of Executive Order through April 17, 2020:

Effective on March 20 at 8 p.m.: All businesses and not-for-profit entities in the state shall utilize, to the maximum extent possible, any telecommuting or work from home procedures that they can safely utilize. Each employer shall reduce the in-person workforce at any work locations by 50% no later than March 20 at 8 p.m. Any essential business or entity providing essential services or functions shall

not be subject to the in-person restrictions. This includes essential health care operations including research and laboratory services; essential infrastructure including utilities, telecommunication, airports and transportation infrastructure; essential manufacturing, including food processing and pharmaceuticals; essential retail including grocery stores and pharmacies; essential services including trash collection, mail, and shipping services; news media; banks and related financial institutions; providers of basic necessities to economically disadvantaged populations; construction; vendors of essential services necessary to maintain the safety, sanitation and essential operations of residences or other essential businesses; vendors that provide essential services or products, including logistics and technology support, child care and services needed to ensure the continuing operation of government agencies and provide for the health, safety and welfare of the public;

Any other business may be deemed essential after requesting an opinion from the Empire State Development Corporation, which shall review and grant such request, should it determine that it is in the best interest of the state to have the workforce continue at full capacity in order to properly respond to this disaster. No later than 5 p.m. on March 19, 2020, Empire State Development Corporation shall issue guidance as to which businesses are determined to be essential.

G I V E N under my hand and the Privy Seal of the State in the City of Albany this eighteenth day of March in the year two thousand twenty.

BY THE GOVERNOR

Secretary to the Governor

No. 202.7

EXECUTIVE ORDER

**CONTINUING TEMPORARY SUSPENSION AND
MODIFICATION OF LAWS RELATING TO THE DISASTER
EMERGENCY**

WHEREAS, on March 7, 2020, I issued Executive Order Number 202, declaring a State disaster emergency for the entire State of New York;

WHEREAS, both travel-related cases and community contact transmission of COVID-19 have been documented in New York State and are expected to be continue;

WHEREAS, in order to facilitate the most timely and effective response to the COVID 19 emergency disaster, it is critical for New York State to be able to act quickly to gather, coordinate, and deploy goods, services, professionals, and volunteers of all kinds; and

NOW, THEREFORE, I, Andrew M. Cuomo, Governor of the State of New York, by virtue of the authority vested in me by Section 29-a of Article 2-B of the Executive Law to temporarily suspend or modify any statute, local law, ordinance, order, rule, or regulation, or parts thereof, of any agency during a State disaster emergency, if compliance with

such statute, local law, ordinance, order, rule, or regulation would prevent, hinder, or delay action necessary to cope with the disaster emergency or if necessary to assist or aid in coping with such disaster, I hereby temporarily suspend or modify, for the period from the date of this Executive Order through April 18, 2020 the following:

The suspensions made to the Public Officer's Law, including provisions of Section 73 and Section 74, by Executive Order 202.6 are hereby modified to require that such suspensions and modifications shall only be valid with respect to a person hired for a nominal or no salary or in a volunteer capacity.

IN ADDITION, by virtue of the authority vested in me by Section 29-a of Article 2-B of the Executive Law to issue any directive during a disaster emergency necessary to cope with the disaster, I hereby issue the following directives for the period from the date of Executive Order through April 18, 2020:

Any notarial act that is required under New York State law is authorized to be performed utilizing audio-video technology provided that the following conditions are met:

The person seeking the Notary's services, if not personally known to the Notary, must present valid photo ID to the Notary during the video conference, not merely transmit it prior to or after;

The video conference must allow for direct interaction between the person and the Notary (e.g. no pre-recorded videos of the person signing);

The person must affirmatively represent that he or she is physically situated in the State of New York;

The person must transmit by fax or electronic means a legible copy of the signed document directly to the Notary on the same date it was signed;

The Notary may notarize the transmitted copy of the document and transmit the same back to the person; and

The Notary may repeat the notarization of the original signed document as of the date of execution provided the Notary receives such original signed document together with the electronically notarized copy within thirty days after the date of execution.

Effective March 21, 2020 at 8 p.m. and until further notice, all barbershops, hair salons, tattoo or piercing parlors and related personal care services will be closed to members of the public. This shall also include nail technicians, cosmetologists and estheticians, and the provision of electrolysis, laser hair removal services, as these services cannot be provided while maintaining social distance.

The provisions of Executive Order 202.6 requiring in-person work environment restrictions are modified as follows: Effective March 21, 2020 at 8 p.m. and until further notice all businesses and not-for-profit entities in the state shall utilize, to the maximum extent possible, any telecommuting or work from home procedures that they can safely utilize. Each employer shall reduce the in-person workforce at any work locations by 75% no later than March 21 at 8 p.m. Any essential business or entity providing essential services or functions shall not be subject to the in-person restrictions.

G I V E N under my hand and the Privy Seal of the State in the City of Albany the nineteenth day of March in the year two thousand twenty.

BY THE GOVERNOR

Secretary to the Governor

No. 202.8

EXECUTIVE ORDER

**CONTINUING TEMPORARY SUSPENSION AND
MODIFICATION OF LAWS RELATING TO THE DISASTER
EMERGENCY**

WHEREAS, on March 7, 2020, I issued Executive Order Number 202, declaring a State disaster emergency for the entire State of New York;

WHEREAS, both travel-related cases and community contact transmission of COVID-19 have been documented in New York State and are expected to be continue;

WHEREAS, in order to facilitate the most timely and effective response to the COVID-19 emergency disaster, it is critical for New York State to be able to act quickly to gather, coordinate, and deploy goods, services, professionals, and volunteers of all kinds; and

NOW, THEREFORE, I, Andrew M. Cuomo, Governor of the State of New York, by virtue of the authority vested in me by Section 29-a of Article 2-B of the Executive Law to temporarily suspend or modify any statute, local law, ordinance, order, rule, or regulation, or parts thereof, of any

agency during a State disaster emergency, if compliance with such statute, local law, ordinance, order, rule, or regulation would prevent, hinder, or delay action necessary to cope with the disaster emergency or if necessary to assist or aid in coping with such disaster, I hereby temporarily suspend or modify, for the period from the date of this Executive Order through April 19, 2020 the following:

In accordance with the directive of the Chief Judge of the State to limit court operations to essential matters during the pendency of the COVID-19 health crisis, any specific time limit for the commencement, filing, or service of any legal action, notice, motion, or other process or proceeding, as prescribed by the procedural laws of the state, including but not limited to the criminal procedure law, the family court act, the civil practice law and rules, the court of claims act, the surrogate's court procedure act, and the uniform court acts, or by any other statute, local law, ordinance, order, rule, or regulation, or part thereof, is hereby tolled from the date of this executive order until April 19, 2020;

Subdivision 1 of Section 503 of the Vehicle and Traffic Law, to the extent that it provides for a period of validity and expiration of a driver's license, in order to extend for the duration of this executive order the validity of driver's licenses that expire on or after March 1, 2020;

Subdivision 1 of Section 491 of the Vehicle and Traffic Law, to the extent that it provides for a period of validity and expiration of a non-driver identification card, in order to extend for the duration of this executive order the validity of non-driver identification cards that expire on or after March 1, 2020;

Sections 401, 410, 2222, 2251, 2261, and 2282(4) of the Vehicle and Traffic law, to the extent that it provides for a period of validity and expiration of a registration certificate or number plate for a motor vehicle or trailer, a motorcycle, a snowmobile, a vessel, a limited use vehicle, and an all-terrain vehicle, respectively, in order to extend for the duration of this executive order the validity of such registration certificate or number plate that expires on or after March 1, 2020;

Section 420-a of the vehicle and traffic law to the extent that it provides an expiration for temporary registration documents issued by auto dealers to extend the validity of such during the duration of this executive order.

Subsection (a) of Section 602 and subsections (a) and (b) of Section 605 of the Business Corporation Law, to the extent they require meetings of shareholders to be noticed and held at a physical location.

NOW, THEREFORE, by virtue of the authority vested in me by Section 29-a of Article 2-B of the Executive Law to issue any directive during a disaster emergency necessary to cope with the disaster, I hereby issue the following directives for the period from the date of Executive Order through April 19, 2020:

The provisions of Executive Order 202.6 are hereby modified to read as follows: Effective on March 22 at 8 p.m.: All businesses and not-for-profit entities in the state shall utilize, to the maximum extent possible, any telecommuting or work from home procedures that they can safely utilize. Each employer shall reduce the in-person workforce at any work locations by 100% no later than March 22 at 8 p.m. Any essential business or entity providing essential services or functions shall not be subject to the in-person restrictions. An entity providing essential services or functions whether to an essential business or a non-essential business shall not be subjected to the in-person work restriction, but may operate at the level necessary to provide such service or function. Any business violating the above order shall be subject to enforcement as if this were a violation of an order pursuant to section 12 of the Public Health Law.

There shall be no enforcement of either an eviction of any tenant residential or commercial, or a foreclosure of any residential or commercial property for a period of ninety days.

Effective at 8 p.m. March 20, any appointment that is in-person at any state or county department of motor vehicles is cancelled, and until further notice, only on-line transactions will be permitted.

The authority of the Commissioner of Taxation and Finance to abate late filing and payment penalties pursuant to section 1145 of the Tax Law is hereby expanded to also authorize abatement of interest, for a period of 60 days for a taxpayers who are required to file returns and remit sales and use taxes by March 20, 2020, for the sales tax quarterly period that ended February 29, 2020.

GIVEN under my hand and the Privy Seal of the State in the City of Albany this twentieth day of March in the year two thousand twenty.

BY THE GOVERNOR

Secretary to the Governor

III. Protocol for COVID-19 Testing Applicable to All Health Care Providers and Local Health Departments

DATE: April 26, 2020

TO: Health Care Providers, Health Care Facilities, and Local Health Departments

FROM: New York State Department of Health

Background:

Amid the ongoing COVID-19 pandemic, the New York State Department of Health (NYSDOH) continues to monitor the situation and work to expand COVID-19 diagnostic and serologic testing for New Yorkers.

Purpose:

Appropriate and efficient standards for testing are an essential component of a multi-layered strategy to prevent sustained spread of COVID-19 in New York State and to ensure resources are being efficiently and equitably distributed. New York State continues to increase testing capacity for COVID-19 on a daily basis. However, until such time as we are at full capacity, this

guidance is necessary to ensure that New York State prioritizes resources to meet the most urgent public health need.

Diagnostic and/or serologic testing for COVID-19 shall be authorized by a health care provider when:

- An individual is symptomatic or has a history of symptoms of COVID-19 (e.g. fever, cough, and/or trouble breathing), particularly if the individual is 70 years of age or older, the individual has a compromised immune system, or the individual has an underlying health condition; or
- An individual has had close (i.e. within six feet) or proximate contact with a person known to be positive with COVID-19; or
- An individual is subject to a precautionary or mandatory quarantine; or
- An individual is employed as a health care worker, first responder, or other essential worker who directly interacts with the public while working; or
- An individual presents with a case where the facts and circumstances – as determined

by the treating clinician in consultation with state or local department of health officials – warrant testing.

Based on individual clinical factors, health care providers should use clinical judgement to determine the appropriate COVID-19 test(s) (i.e. diagnostic or serologic) that should be obtained.

Testing Prioritization:

On April 17, 2020, Executive Order 202.19 was issued requiring the establishment of a single, statewide coordinated testing prioritization process that shall require all laboratories in the state, both public and private, that conduct COVID-19 diagnostic testing, to complete such COVID-19 diagnostic testing only in accordance with such process.

To support the statewide coordinated testing prioritization, health care providers should take the following prioritization into consideration when ordering a COVID-19 test:

1. Symptomatic individuals, particularly if the individual is part of a high-risk population, including persons who are hospitalized; persons residing in nursing homes, long-term care facilities, or other congregate care settings; persons who have a compromised immune system; persons who have an underlying health condition; and persons who are 70 years of age or older.

2. Individuals who have had close (i.e. within six feet) or proximate contact with a person known to be positive with COVID-19.

3. Individuals who are employed as health care workers, first responders, or in any position within a nursing home, long-term care facility, or other congregate care setting, including but not limited to:

- Correction/Parole/Probation Officers
- Direct Care Providers
- Firefighters
- Health Care Practitioners, Professionals, Aides, and Support Staff (e.g. Physicians, Nurses, Public Health Personnel)
- Medical Specialists
- Nutritionists and Dietitians
- Occupational/Physical/Recreational/Speech Therapists
- Paramedics/Emergency Medical Technicians (EMTs)

- Police Officers
- Psychologists/Psychiatrists
- Residential Care Program Managers

4. Individuals who are employed as essential employees who directly interact with the public while working, including but not limited to:

- Animal Care Workers (e.g. Veterinarians)
- Automotive Service and Repair Workers
- Bank Tellers and Workers
- Building Code Enforcement Officers
- Child Care Workers
- Client-Facing Case Managers and Coordinators
- Counselors (e.g. Mental Health, Addiction, Youth, Vocational, Crisis, etc.)
- Delivery Workers

- Dentists and Dental Hygienists
- Essential Construction Workers at Occupied Residences or Buildings
- Faith-Based Leaders (e.g. Chaplains, Clergy Members)
- Field Investigators/Regulators for Health and Safety
- Food Service Workers
- Funeral Home Workers
- Hotel/Motel Workers
- Human Services Providers
- Laundry and Dry Cleaning Workers
- Mail and Shipping Workers
- Maintenance and Janitorial/Cleaning Workers
- Optometrists, Opticians, and Supporting Staff
- Retail Workers at Essential Businesses (e.g. Grocery Stores, Pharmacies, Convenience Stores, Gas Stations, Hardware Stores)

- Security Guards and Personnel
- Shelter Workers and Homelessness Support Staff
- Social Workers
- Teachers/Professors/Educators
- Transit Workers (e.g. Airports, Railways, Buses, and For-Hire Vehicles)
- Trash and Recycling Workers
- Utility Workers

Diagnostic Testing Access:

Individuals who fit these prioritization categories and do not currently have access to testing can call the New York State COVID-19 Hotline at 1-888-364-3065 or visit the NYSDOH website <https://covid19screening.health.ny.gov/> to be screened for eligibility, and if eligible, have an appointment set up at one of the State's Testing Sites.

Precautions:

Any release of information must adhere strictly to the Health Insurance Portability and Accountability Act (HIPAA) and any other applicable federal and state laws governing personal health information. Providers who have questions can contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 1-866-881-2809 during evenings, weekends, and holidays.

IV. New York State County Health Office Contact Information

ALBANY COUNTY

Albany County Department of Health

Phone: 518-447-4580

Fax: 518-447-4698

ALLEGANY COUNTY

Allegany County Department of Health

Phone: 585-268-9250

Fax: 585-268-9264

BROOME COUNTY

Broome County Health Department

Phone: 607-778-2802

Fax: 607-778-2838

CATTARAUGUS COUNTY

Cattaraugus County Health Department

Phone: 716-373-8050

Fax: 716-701-3737

Disease Control/Zika Questions: 716-701-3394

CAYUGA COUNTY

Cayuga County Health Department

Phone: 315-253-1560

Fax: 315-253-1156

CHAUTAUQUA COUNTY

Chautauqua County Health Department

Phone: 716-753-4590

Fax: 716-753-4640

CHEMUNG COUNTY

Chemung County Health Department

Phone: 607-737-2028

Fax: 607-737-3576

CHENANGO COUNTY

Chenango County Health Department

Phone: 607-337-1660

Fax: 607-337-1720

CLINTON COUNTY

Clinton County Department of Health

Phone: 518-565-4840

Fax: 518-565-4717

COLUMBIA COUNTY

Columbia County Department of Health

Phone: 518-828-3358

Fax: 518-828-5894

CORTLAND COUNTY

Cortland County Health Department

Phone: 607-753-5036

Fax: 607-753-5209

DELAWARE COUNTY

Delaware County Public Health Services

Phone: 607-832-5200

Fax: 607-832-6021

DUTCHESS COUNTY

Dutchess County Department of Behavioral and Community Health

Phone: 845-486-3432

Fax: 845-486-3448

ERIE COUNTY

Erie County Department of Health

Phone: 716-858-6976

Fax: 716-858-8701

Disease Control/Zika Questions: Epidemiology: 716-858-7697

ESSEX COUNTY

Essex County Health Department

Phone: 518-873-3500

Fax: 518-873-3539

FRANKLIN COUNTY

Franklin County Public Health Services

Phone: 518-481-1710

Fax: 518-483-9378

FULTON COUNTY

Fulton County Public Health Department

Phone: 518-736-5720

Fax: 518-762-1382

GENESEE COUNTY

Genesee County Public Health Department

Phone: 585-344-2580

Fax: 585-345-3064

GREENE COUNTY

Greene County Public Health Department

Phone: 518-719-3600

Fax: 518-719-3781

HAMILTON COUNTY

Hamilton County Public Health Nursing Service

Phone: 518-648-6497

Fax: 518-648-6143

HERKIMER COUNTY

Herkimer County Public Health Nursing Service

Phone: 315-867-1176

Fax: 315-867-1444

JEFFERSON COUNTY

Jefferson County Public Health Service

Phone: 315-786-3710

Fax: 315-786-3761

LEWIS COUNTY

Lewis County Public Health

Phone: 315-376-5453

Fax: 315-376-7013

LIVINGSTON COUNTY

Livingston County Department of Health

Phone: 585-243-7270

Fax: 585-243-7287

MADISON COUNTY

Madison County Department of Health

Phone: 315-366-2361

Fax: 315-366-2697

MONROE COUNTY

Monroe County Health Department

Phone: 585-753-2991

Fax: 585-753-5115

MONTGOMERY COUNTY

Montgomery County Public Health Department

Phone: 518-853-3531

Fax: 518-853-8218

NASSAU COUNTY

Nassau County Department of Health

Phone: 516-227-9500

Fax: 516-227-9696

After Hours and Weekends Emergencies: 516-742-6154

NEW YORK CITY

New York City Department of Health and Mental Hygiene

Phone: 347-396-4100

Fax: 347-396-4135 or 347-396-4136

NIAGARA COUNTY

Niagara County Department of Health

Phone: 716-439-7435

Fax: 716-439-7402

ONEIDA COUNTY

Oneida County Health Department

Phone: 315-798-6400

Fax: 315-266-6138

ONONDAGA COUNTY

Onondaga County Health Department

Phone: 315-435-3252

Fax: 315-435-5720

ONTARIO COUNTY

Ontario County Public Health

Phone: 585-396-4343

Fax: 585-396-4551

Phone: 800-299-2995

ORANGE COUNTY

Orange County Health Department

Phone: 845-291-2332

Fax: 845-291-2341

ORLEANS COUNTY

Orleans County Health Department

Phone: 585-589-3278

Fax: 585-589-2873

OSWEGO COUNTY

Oswego County Health Department

Phone: 315-349-3545

Fax: 315-349-3435

OTSEGO COUNTY

Otsego County Health Department

Phone: 607-547-4230

Fax: 607-547-4385

PUTNAM COUNTY

Putnam County Health Department

Phone: 845-808-1390

Fax: 845-808-1937

RENSSELAER COUNTY

Rensselaer County Department of Health

Phone: 518-270-2626

Fax: 518-270-2638

After hours emergency line call: 518-857-4660

ROCKLAND COUNTY

Rockland County Department of Health

Phone: 845-364-2512

Fax: 845-364-2628

SARATOGA COUNTY

Saratoga County Public Health Services

Phone: 518-584-7460

Fax: 518-583-1202

SCHENECTADY COUNTY

Schenectady County Public Health Services

Phone: 518-386-2824

Fax: 518-382-5418

SCHOHARIE COUNTY

Schoharie County Department of Health

Phone: 518-295-8365

Fax: 518-295-8786

SCHUYLER COUNTY

Schuyler County Public Health Department

Phone: 607-535-8140

Fax: 607-535-8157

SENECA COUNTY

Seneca County Health Department

Phone: 315-539-1925

Fax: 315-539-9493

ST. LAWRENCE COUNTY

St. Lawrence County Public Health Department

Phone: 315-386-2325

Fax: 315-386-2203

After Hours: 315-454-2363

STEUBEN COUNTY

Steuben County Public Health

Phone: 607-664-2438

Fax: 607-664-2166

SUFFOLK COUNTY

Suffolk County Department of Health Services

Phone: 631-854-0000

Fax: 631-854-0108

SULLIVAN COUNTY

Sullivan County Public Health Services

Phone: 845-292-5910

Fax: 845-513-2276

TIOGA COUNTY

Tioga County Public Health Department

Phone: 607-687-8600

Fax: 607-223-7019

TOMPKINS COUNTY

Tompkins County Health Department

Phone: 607-274-6600

Fax: 607-274-6680

ULSTER COUNTY

Ulster County Department of Health

Phone: 845-340-3150

Fax: 845-334-8337

WARREN COUNTY

Warren County Health Services

Phone: 518-761-6580

Fax: 518-761-6422

WASHINGTON COUNTY

Washington County Public Health Services

Phone: 518-746-2400

Fax: 518-746-2461

WAYNE COUNTY

Wayne County Public Health

Phone: 315-946-5749

Fax: 315-946-5762

Off Hours Emergency Number: 315-946-9711

WESTCHESTER COUNTY

Westchester County Department of Health

Phone: 914-813-5000

Fax: 914-813-5003

WYOMING COUNTY

Wyoming County Health Department

Phone: 585-786-8890

Fax: 585-786-3537

YATES COUNTY

Yates County Health Department

Phone: 315-536-5160

Fax: 315-536-5146



GOVERNOR ANDREW M. CUOMO